subscores. Ten patients (9.7%) underwent colectomy within a median of 6.7 [4.3–10.6] months. Adverse events were observed in 15 (16.9%) patients, of whom 4 (4.5%) had severe adverse events including three patients with exacerbation of UC leading to hospitalization, and a 62 years-old men who died from a myocardial infarction four months after ustekinumab initiation.

Conclusion: In this real-world cohort study that included patients with refractory ulcerative colitis to multiple therapies, more than one-half of patients were still treated by ustekinumab and one-third were in steroid-free clinical remission, after 52 weeks.

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Early therapeutic drug monitoring after induction therapy with infliximab: correlation with intestinal ultrasound

C. Nascimento*[1], B. Morão[1], C. Frias Gomes[1], T. Cúrdia Gonçalves[2], F. Castro[2], M. Moreira[2], J. Cotter[2], F. Pereira[3], A. Caldeira[3], R. Sousa[3], R. Coelho[4], G. Macedo[4], C. Macedo[5], M. Ferreira[5], M. Cravo[1], L. Glória[1], J. Torres[1], C. Palmela[1]

[1]Hospital Beatriz Ângelo, Gastrenterology, Loures, Portugal, [2]Hospital da Senhora da Oliveira, Gastrenterology, Guimarães, Portugal, [3]Unidade Local de Saúde de Castelo Branco- EPE- Hospital Amato Lusitano, Gastrenterology, Castelo Branco, Portugal, [4]Centro Hospitalar de São João, Gastrenterology, Porto, Portugal, [5]Centro Hospitalar e Universitário de Coimbra, Gastrenterology, Coimbra, Portugal

Background: Therapeutic drug monitoring (TDM) in patients receiving infliximab (IFX) has a role in assessing treatment and managing outcomes. Infliximab trough levels (ITL) have been suggested as useful markers for treatment optimization in Crohn's disease (CD).Our goals were: to assess the relationship between ITL and transmural inflammation as assessed by intestinal ultrasound(IUS), following induction therapy with IFX; to assess which clinical, laboratorial or IUS parameters better predicted adequate levels by the end of induction therapy.

Methods: Prospective multicentric cohort study including patients with active CD starting IFX therapy. Clinical disease activity assessed using the Harvey-Bradshaw index (HBI), C-reactive protein (CRP), fecal calprotectin (FC) were measured at week 0 and after induction therapy (week 14). IUS was performed at week 0 and 14, bowel wall thickness (BWT) from the worst segment was selected for analysis. Ileocolonoscopy was performed at W0 and SES-CD was registered. ITL were measured at W14.

Results: We included 36 patients with CD (61% male; median age 30 years (range 16–73)). According to Montreal classification, most patients were A2 (69%), had ileocolonic disease (L3 56%) and an inflammatory phenotype (B1 58%).Perianal disease was present in 42%. Combination therapy was used in 61%. After induction therapy, 81% were in clinical remission (HBI <5) and 43% had laboratorial remission (normal CRP and FC). IUS response (decrease >25% in BWT) was observed in 24% of patients and remission (BWT normalization) in 11%. Median ITL were 4.3 (IQR 2.3–8.1) and 64% had ITL >3 ug/ml. There was a good negative correlation between ITL and SES-CD (r=-0.492, p=0.003). Adequate ITL were associated with lower HBI (1.5 vs 4.5, p=0.052), laboratory remission (61% vs 15%, p=0.014), lower BWT (4 vs 5.5 mm, p=0.009) and sonographic response (39% vs 0%, p=0.014) at W14. At the end of induction, we found a fair to good correlation between ITL and HBI (r=-0.430, p=0.009),CRP (r=-0,510, p=0.001), FC (r=-0.590, p=0.001) and BWT (R=-0.506, p=0.002). Receiver operating characteristic (ROC) curve analysis showed that FC at W14 had the largest area under the curve (AUC) in predicting adequate ITL (0.813 vs 0.716 vs 0.739 vs 0.772, p<0.05).

Conclusion: Patients with higher disease burden measured by ileocolonoscopy at baseline had lower ITL after induction. Adequate ITL were associated with laboratorial remission and sonographic response at the end of induction, with a good correlation with clinical, laboratorial and sonographic parameters. These findings suggest that adequate IFX levels after induction are associated with a better control of inflammation in IBD, so early proactive TDM during induction may be helpful in treatment management.

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The Impact of Anxiety in Patients With Inflammatory Bowel Diseases Treated With Biologics during COVID Lockdown. A Comparative Study between Hospitalized and non-hospitalized patients

L. Bertani* MD[1,2], B. Barberio[3], F. Zanzi[1], D. Maniero[3], L. Ceccarelli[4], I. Marsilio[3], M. Minciotti[2], F. Coppini[1], G. Lorenzon[3], M.G. Mumolo[4], F. Zingone[3], F. Costa[4], E.V. Savarino[3]

[1]University of Pisa, Translational Research and New Technologies in Medicine and Surgery, Pisa, Italy, [2]Tuscany North West ASL, Massa Apuane Hospital, Massa, Italy, [3]University of Padua, Surgery-Oncology and Gastroenterology - DISCOG, Padua, Italy, [4]Pisa University Hospital, General Surgery and Gastroenterology, Pisa, Italy

Background: The first wave of COVID-19 pandemic management implied to remain at home in order to reduce the spread of the infection. Several patients with inflammatory bowel diseases (IBD) treated with biologics had to go to the hospital to perform intravenous (i.v.) therapies, whereas patients treated with subcutaneous (s.c.) ones could remain at home. Since immumodulatory therapies as well as the access to high-risk places like hopitals have been associated to an increased risk of infections, we have investigated whether patients hospitalized or treated at home showed similar levels of anxiety related to the pandemic situation.

Methods: We conducted a survey including consecutive IBD patients treated with biologics at three Italian referral centers referring to the first lockdown period. We included consecutive adult patients in clinical and biochemical remission treated with biologics, administered i.v. or s.c. Patients experiencing a disease flare during these months were excluded from the study, in order to avoid potential biases related to disease activity. Patients underwent the normally scheduled clinical visits, performed at home by using phone or video calls for patients treated with s.c. drugs and only in specific cases (i.e. suspected COVID symptoms) for patients treated with i.v. ones. We administered to all patients the Hospital Anxiety and Depression Scale (HADS) questionnaire and other 11 questions, specifically related to COVID and its implications. Group differences in continuous and nominal variables were tested by Kruskal–Wallis test and Fisher exact test, respectively.

Results: A total of 189 IBD patients were recruited, 112 (59.3%) treated with i.v. drugs and 77 (40.7%) with s.c. ones. The two groups of patients had similar scores in the 14 single items of the HADS questionnaire (p>0.10 for all). The total HADS score obtained by the