

**Results:** A total of 108 new inflammatory bowel disease cases were diagnosed during the study period: 87 had ulcerative colitis, 16 Crohn's disease, and 5 indeterminate colitis. The incidence of ulcerative colitis, Crohn's disease, and indeterminate colitis for each study year was 6.85, 5.33, and 7.38 per 100,000; 0.95, 1.11, and 1.57 per 100,000; and 0.47, 0.21, and 0.42 per 100,000, respectively. The average 3-year standardized incidence of ulcerative colitis, Crohn's disease, and indeterminate colitis was 6.52, 1.21, and 0.37 per 100,000, respectively. The mean patients' age at onset of ulcerative colitis, indeterminate colitis, and Crohn's disease was 49.95 (SD, 17.03), 49.80 (SD, 17.71), and 34.94 years (SD, 0.37), respectively.

**Conclusions:** The average 3-year incidence of ulcerative colitis in Kaunas region was found to be lower as compared with that in many parts of Central and Western Europe. The incidence of Crohn's disease was low and very similar to other countries of Eastern Europe. Age at onset of the diseases appeared to be older than that reported in the Western industrialized countries.

### P637

#### Incidence and clinical characteristics of inflammatory bowel disease in the Faroe Islands during 2005–2009

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**Background:** Limited data are available on incidence and phenotype of inflammatory bowel disease (IBD) in the Faroe Islands. The most recent prospective study dates back to 1981–1988 and showed a mean incidence of 20.3/10<sup>5</sup>/year for ulcerative colitis (UC) and 3.6/10<sup>5</sup>/year for Crohn's disease (CD). We aimed to update these figures by conducting a population-based study of incidence, phenotypes, and age- and sex-distribution of IBD in the Faroe Islands between January 1, 2005 and December 31, 2009.

**Methods:** We constructed a cohort of all patients who were diagnosed with inflammatory bowel disease from January 1, 2005 to December 31, 2009 in the Faroe population of 49,000 individuals from the national patient registry. All hospital records, endoscopy records and pathology records were carefully reviewed and the diagnoses were strictly assessed using the Copenhagen Criteria.

**Results:** During 2005–2009, 87 patients were diagnosed with IBD (47 UC, 18 IC and 22 CD), yielding a mean annual IBD incidence of 35.5/10<sup>5</sup>. The incidence of UC/IC had increased from 20.3/10<sup>5</sup> in the 1980s to a current incidence of 26.8/10<sup>5</sup> and the incidence of CD had increased from 3.6/10<sup>5</sup> in the 1980s to 8.7/10<sup>5</sup> in the new millenium. Among patients with UC/IC, the male to female ratio was 1.23 with a mean age at diagnosis of 38.4 years (range, 3 to 76 years). Forty percent had pancolitis at time of diagnosis, whereas 32.3% had proctitis, and 27.7% left sided colitis. In patients with CD, the male to female ratio was also increased (1.63) and the mean age at diagnosis was 40.5 years. The majority of patients had pure colonic CD (47.6%), whereas 19.1% had involvement of both colon and the small intestine, and 33.3% had small bowel affection only.

**Conclusions:** Over the last 30 years, the incidence of IBD, and especially CD, has increased in the Faroe Islands, with a male predominance in disease and with the majority of patients presenting with pancolitis or colonic CD. The IBD incidence of 35.5/10<sup>5</sup> points towards a strong genetic disposition in this population, whereas the increase in incidence over time is assumed to reflect specific changes in environmental exposures in this population. These observations merit detailed investigation.

### P638

#### Impact of extra-intestinal cancer diagnosis and treatment on inflammatory bowel disease outcome

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**Background:** The occurrence of extra-intestinal cancer in a patient with inflammatory bowel disease (IBD) may worsen the course of IBD due to a modification of IBD treatment, gastrointestinal side effects of chemotherapy or radiotherapy, or a pro-inflammatory effect of malignant lesions. The aim of our study was to evaluate the impact of cancer and its management on IBD outcome.

**Methods:** 80 IBD patients (51 Crohn's disease, 29 ulcerative colitis, 33 men, mean age at diagnosis 40 yrs) diagnosed with extra-intestinal cancer were selected in the MICISTA database, including 7500 cases of IBD. IBD activity (a year was considered as active if at least one flare occurred), medical treatment and surgery, collected prospectively, were compared before and after cancer diagnosis. Moreover, patients with cancer were compared to control patients without cancer matched (1 on 3) on age, sex, disease phenotype (CD or UC) and age at IBD diagnosis. Results were expressed as median and interquartile range (IQR). Comparisons were performed using non parametric tests.

**Results:** During the 3 years following cancer diagnosis, IBD was active in 41 patients (51%), immunosuppressants were started or continued in 18 patients (22%; thiopurines n=9, methotrexate n=8, anti-TNF n=2), and surgery was required in 13 patients (16%; 9 CD, 4 UC). In the 55 patients who had a prospective follow up, percentage of active years was 27% (IQR 0–50) before, and 19% (IQR 0–53) after cancer diagnosis (NS). Comparison of these two consecutive periods did not show significant changes in the number of patients who received immunosuppressants (20 vs. 24, NS) and required surgery (8 vs. 15, NS). Patients treated with chemotherapy (n=27) had the same percentage of active years than those who did not receive chemotherapy (33 vs. 32.5%, NS). Compared to controls (2121 patient-years), evolution after cancer diagnosis (629 patient-years) was characterized by a lesser use of immunosuppressants (19% vs. 25%, p<0.001), and increased rate of surgery (4% vs. 2.5%, p<0.05), but percentage of active years was similar (30.7 vs. 30.4%). Individual variations in IBD activity after cancer diagnosis were not statistically different in patients with cancer and their matched controls.

**Conclusions:** Occurrence of extra-intestinal cancer impacts IBD therapeutic management, with less use of immunosuppressants and more surgery. However in the long-term, cancer diagnosis does not seem to influence IBD activity.

### P639

#### Influence of extraintestinal manifestations in health-related quality of life in inflammatory bowel disease patients

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**Background:** Inflammatory bowel diseases (IBD) for Crohn's disease (CD) as well as ulcerative colitis (UC) patients are frequently associated with extraintestinal manifestations (EIM). The aim of this study was to assess if the presence of EIM was associated with a worse health-related quality of life (HRQOL) in IBD patients regardless of the activity of the disease.

**Methods:** A cross-sectional, prospective study with consecutive patient recruitment was designed. All adult patients with IBD who attended our IBD Unit were consecutively included. Patients were examined for the main reactive and non-reactive EIM of IBD. Reactive conditions were defined as those related to acute gut inflammation, i.e. dermatologic lesions, major eye complications and peripheral osteoarthritis. Associated non-reactive conditions were those unrelated to gut inflammation,