appendectomy and surrogate markers of luminal inflammation (use of immunomodulators, biologic agents and history of intestinal surgery) to increase risk of breast cancer. Further prospective studies are needed to confirm these findings which have implications on aggressive screening of breast cancer in females with IBD.

Table 1. Demographic and clinical characteristics of individuals with Crohn’s disease (CD) and Ulcerative Colitis (UC) with breast cancer and individuals with IBD without breast cancer. P-values (Chi-square test) are <0.0001 for all comparisons unless otherwise indicated in table.

<table>
<thead>
<tr>
<th>Clinical characteristic</th>
<th>CD with breast cancer (n=7)</th>
<th>UC with breast cancer (n=6)</th>
<th>CD and UC with breast cancer (n=13)</th>
<th>CD without breast cancer (n=1,271)</th>
<th>UC without breast cancer (n=1,197)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>45 (20–70)</td>
<td>55 (20–90)</td>
<td>50 (20–90)</td>
<td>43 (20–90)</td>
<td>45 (20–90)</td>
<td>0.001</td>
</tr>
<tr>
<td>Gender</td>
<td>3 (42.86%) Male, 4 (57.14%) Female</td>
<td>4 (66.67%) Male, 2 (33.33%) Female</td>
<td>7 (53.85%) Male, 6 (46.15%) Female</td>
<td>600 (46.89%) Male, 671 (53.11%) Female</td>
<td>556 (46.32%) Male, 641 (53.68%) Female</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Family history of breast cancer</td>
<td>1 (14.29%)</td>
<td>0 (0%)</td>
<td>1 (7.69%)</td>
<td>1 (0.07%)</td>
<td>0 (0%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Smoking history</td>
<td>3 (42.86%)</td>
<td>3 (50%)</td>
<td>6 (46.15%)</td>
<td>379 (29.63%)</td>
<td>301 (25.06%)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

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FACTORS ASSOCIATED WITH FECAL URGENCY IN INFLAMMATORY BOWEL DISEASE PATIENTS: A CROSS-SECTIONAL STUDY FROM SPARC IBRD

Hamzeh Jajeh, Ghadeer Dawwas, James Lewis

Background: Fecal urgency among patients with inflammatory bowel disease (IBD) can lead to psychological, functional, and social distress. Factors associated with urgency remain poorly understood.

Objective: To examine the association between urgency and fecal calprotectin concentration, rectal bleeding, stool frequency, perianal disease, and disease duration.

Methods: The results are based on data obtained from the IBD Plexus program of the Crohn's & Colitis Foundation. This cross-sectional study used data from Study of a Prospective Adult Research Cohort with IBD (SPARC IBRD), a multicenter longitudinal study. We included patients with an urgency score at their first study visit. Urgency was rated on a 5-point Likert scale from no to severe urgency. The Kruskal-Wallis test was used to compare fecal calprotectin levels across fecal urgency scores. Logistic regression models were used to evaluate the association of fecal urgency with the amount of rectal bleeding, stool frequency, perianal disease (for Crohn's disease (CD)), disease involving the rectum (for CD), disease duration, while adjusting for age and gender in each model.

Results: 2289 patients were included (54% female, 67% CD, mean age 43). The fecal calprotectin concentration was significantly associated with fecal urgency scores (P-value = 0.01). In adjusted models of the overall population, CD vs UC was not associated with urgency (odds ratio (OR) 0.89; 95% confidence interval (CI) 0.70–1.13). Fecal urgency was associated with stool frequency (> 4 stools more than normal, OR 2.49; 95% CI 1.46–4.25) but not amount of bleeding. Among patients with CD, perianal disease (OR 3.40; 95% CI, 1.18–9.79) was associated with fecal urgency.

Conclusion: In this study of patients in SPARC IBRD, factors associated with fecal urgency were fecal calprotectin levels, stool frequency, and perianal disease.

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INFECTION AND OUTCOMES OF HOME PARENTERAL NUTRITION IN PATIENTS WITH CROHN’S DISEASE IN OMLSTED COUNTY, MINNESOTA, USA

Zeinab Bakshy, Siddhant Yadav, William Harmsen, William Tremaine, Bradley Salonen, Sara Bonnes, Edward Loftus

Introduction: Patients (pts) with Crohn’s disease (CD) undergoing multiple surgeries are at risk of extensive bowel resections, short bowel syndrome (SBS) and malnutrition and may need home parenteral nutrition (HPN). The aim of our study was to estimate the incidence of HPN use in pts with CD in a population-based cohort, and to assess clinical outcomes and complications associated with nutritional intervention.

Methods: This study was a retrospective population-based cohort using Rochester Epidemiology Project to identify pts who were diagnosed with CD between 1970 and 2011 in Olmsted County. To identify the individuals who required HPN, these pts were crossed against the list of those who enrolled in the local HPN program. Descriptive statistics were used to evaluate incidence and clinical outcomes.

Results: Four hundred ninety-nine pts with CD were diagnosed in Olmsted County between 1970 and 2011. Of these, 14 received HPN between 1992 and 2018. The pts were followed for a median of 16.85 years after diagnosis of CD (interquartile range (IQR), 12.25–24.70) and required HPN a median of 7.67 years after diagnosis (IQR 6–15.90). Among the 14 receiving HPN, 85.71% were females. Eleven (78.57%) had moderate to severe CD and 12 (85.71%) pts involved with fistulizing disease. Crohn’s disease involved the ileum in 92.86%, colon in 71.43%, and proximal GI in 42.86% of the pts. Thirty-nine (92.86%) pts underwent surgery primarily due to obstruction (84.62%). Other indication included: failure of medical therapy (46.15%), fistulizing disease (46.15%), severe pain (30.77%), abdominal abscess (23.08%), bleeding (15.38%), and necrosis (15.38%). Median number of bowel resections was 4 (range, 0–7). Twelve pts (85.71%) had a stoma placed.

The median duration of HPN was 2.48 years (range, 0.11–16.36). Indications for HPN included SBS in 64.28%, malnutrition in 28.57% and bowel rest in 21.43%. The mean number of hospitalizations after the start of HPN was 5 (range, 0–20). Catheter-related bloodstream infections occurred in 10 (71.43%) pts, and 3 (21.43%) had a thrombus. Four pts had a thrombosis, Four pts had a thrombosis, and 2 pts had a deep vein thrombosis. Parenteral nutrition-associated liver disease occurred in 2 (14.29%) of pts. The pts body weight increased a median of 2.5 kilograms (kg) 6 months after the start of HPN but decreased a median of 1 kg at 12 months. Four (30.77%) pts were on HPN at time of last follow-up. Five (35.71%) pts deceased mainly due to CD.

Conclusion: Less than 4% of pts with CD need HPN. Most pts on HPN have moderate to severe disease who have undergone extensive bowel resection with resultant SBS and malnutrition. Approximately 70% were able to discontinue HPN, Interestingly, after 6 months, pts lost most of the weight they gained during the first 6 months of HPN. It was possible that this was due to noncompliance, or increased metabolic needs because of active disease.