TNF blockers, particularly when associated with other immunosuppressors, are

**CONCLUSION:**

**P024**

**Clinical Aspects and Associated Factors With Surgical Reection in Crohn’s Disease Patients**

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BACKGROUND: Anti-tumor necrosis factor (TNF)-a has revolutionized the treatment of inflammatory bowel diseases (IBD), modifying their natural history. Loss of response to anti-TNFs is a clinical challenge and has been associated with formation of antibodies.

**AIM:** To identify predictive factors of antibodies to infliximab (ATI) formation in IBD patients.

**METHODS:** Retrospective single-center study including all consecutive IBD patients being treated with infliximab. Patients with at least one anti-infliximab level determination and minimum follow-up of six months after the first testing. Presence of ATI was considered if at least one determination was positive during the follow-up and infliximab levels at this testing were registered. Clinical and demographic data obtained included disease phenotype, surgical background, duration of infliximab therapy, use of premedication, concomitant immunomodulator therapy at the time of testing, compliance, occurrence of an infusion reaction and biochemical assessment at the time of first induction treatment.

**RESULTS:** 104 patients were included, 56 females (53.8%) with mean age of 38.2 ± 13.1 years. The overall prevalence of detectable ATI was 28.8% (30) and the mean time to its formation was 32.8 ± 24.3 months. Most (66.7%) patients with ATI had simultaneously nontherapeutic levels of infliximab. Patients treated concomitant immunomodulators were less likely to develop ATI (33% versus 88%, P < 0.001). Additionally, it was found that patients with Ulcerative Colitis (UC) were more likely to have detectable ATI than those with Crohn Disease (CD) (44.4% vs 23.4%, P = 0.04). However, UC patients were less treated with concomitant immunomodulators (48.1% vs 80.5%, P = 0.001). At logistic regression analysis only lack of immunomodulator use (P < 0.001), OR 13.5, CI 95%, 4.83–64.0 was independently associated with ATI formation.

**CONCLUSION(S):** Concomitant immunomodulator therapy was the only protective factor for the ATI formation, supporting its institution to prevent loss of response to anti-TNFs.

**P027**

**Could Capsule Endoscopy Guide the Therapeutic Regimen of Infliximab in Inflammatory Bowel Disease?**

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**BACKGROUND:** Infliximab is a monoclonal antibody against tumor necrosis factor a approved for induction and maintenance of remission in inflammatory bowel disease (IBD). Therapeutic monitoring, with determination of infliximab levels, allows to guide therapeutic decisions and helps to prevent loss of response.

**AIM:** To identify predictive factors of non-therapeutic infliximab levels (<0.90 μg/mL in IBD patients.

**METHODS:** Retrospective single-center study including patients treated with infliximab with at least one determination of infliximab levels and with a minimum follow-up of six months. Clinical and demographic data obtained included disease phenotype, surgical background, duration of infliximab therapy, presence of anti-infliximab antibodies at the time of analysis, concomitant immunomodulator therapy, compliance, occurrence of an infusion reaction and biochemical assessment at the time of the last determination infusion.

**RESULTS:** 104 patients were included, 56 females (53.8%) with a mean age of 38.2 ± 13.1 years. The overall prevalence of non-therapeutic infliximab levels was 29.8%. In the majority (90.4%) of the patients, the first determination was performed during maintenance therapy. 29.0% of the patients

**BACKGROUND:** Capsule endoscopy is a widely recognized method to study the small bowel, including in patients with suspected or established Crohn’s Disease (CD). The Lewis Score (LS) is a valuable tool in this setting, able to assess inflammatory activity. TOP 100, a new software tool of the RAPID Reader, emerged with the purpose of assisting in the time-consuming capsule reading process, by automatically selecting 100 images that will most likely contain abnormalities.

**AIM:** Evaluate the agreement between TOP 100 and classic reading (CR) in determining LS in the setting of suspected or established CD.

**METHODS:** Retrospective study including consecutive patients undergoing small bowel capsule endoscopy (SBE) for suspected established CD. One experienced reader performed CR, reported findings and calculated the LS. Another experienced reader, blinded to the CR results, reviewed all SBE videos using TOP 100 and calculated the LS.

**RESULTS:** One hundred fifteen patients were included, 86 females (74.8%), mean age of 36.2 ± 12.1 years. Eighty-one patients reduced SBE for suspected CD and 34 (29.6%) for established CD. SBE detected significant inflammatory activity (LS ≥ 135) in 64 patients (55.2%). We verified a strong agreement between the two methods of capsule reading (Kappa = 0.83, P < 0.001), with an agreement of 89.6% of the cases. They agreed in 83.6% of SBE with insignificant inflammatory activity (LS < 135) (Kappa = 0.83, P < 0.001), 76.4% in mild inflammatory activity (135 ≤ LS ≤ 790) (Kappa = 0.78, P < 0.001) and 86.7% in moderate to severe disease (LS > 790) (Kappa = 0.92, P < 0.001). All cases of moderate to severe inflammatory activity detected by CR were identified by TOP 100 as significant (LS ≥ 135) inflammatory activity. A good agreement was verified in all tertiles (P < 0.001).

**CONCLUSION(S):** Although the classical review of the entire video remains the gold standard, the TOP 100 has been shown to be a useful tool in assisting the reader in a prompt calculation of LS, in particular for identifying patients with moderate to severe inflammatory disease.