conditions the annual rate is still exponentially rising, for GI conditions the annual rate has plateaued at a rate of about 70 trials per year since 2016 (Figure 1). Sub-analysis of the trends for the respective GI conditions is presented in Figure 2. Most GI trials were funded by individuals, universities, and organizations (listed as Others) (412/491, 83.9%). 49/491 (10.0%) were funded by industry and 32/491 (6.5%) were funded by the National Institutes of Health (NIH) or other U.S. Federal agencies.

CONCLUSION: Overall, clinical trials in microbiome continue to increase although in the GI field the rate is plateauing. The role of microbiome interventions in various GI conditions is being explored with the most commonly investigated condition being IBD.

[3208] Figure 1. Patient Characteristics and Crohn’s and Colitis Pregnancy Knowledge (CCPKnow) scores.

[3209] Figure 2. Crohn’s and Colitis Pregnancy Knowledge (CCPKnow) score range and knowledge level.

INTRODUCTION: With 1.6 million inflammatory bowel disease (IBD) diagnoses in the United States (US), the vast majority are in persons during their reproductive years. Compared to 6% of women in the general population, 17% of women with IBD remain voluntarily childless. A hypothesis for this difference lies in the lack of education around pregnancy while managing IBD. This may be rooted in a fear of the effect IBD or its medications would have on conception and pregnancy or vice versa. Herein, we aim to evaluate the pregnancy-related knowledge of women and men with IBD in a single-center US population.

METHODS: A total of 43 persons (21 male and 22 female) with IBD, from a US based population were administered a questionnaire comprising 17 questions from a previously validated Crohn and Colitis Pregnancy Knowledge Score (CCPKnow). Scores of 0–7, 8–10, 11–13, and ≥14, were categorized as “poor,” “adequate,” “good,” and “very good” levels of disease related knowledge. Statistical analysis was performed using R. For univariate analyses, differences in continuous mean scores of CCPKnow were analyzed by demographic data and exploratory measures (Figure 1) using independent t-tests for normally distributed data, Mann-Whitney U test for skewed data and ANOVA for multi-level variables. Univariate and multivariate analyses was conducted under a Gaussian distribution.

RESULTS: Knowledge scores ranged from 0 to 14. Thirty-one (72.1%) respondents scored “poor,” 9 (20.9%) scored “adequate,” 2 (4.7%) scored “good,” and 1 (2.3%) scored “very good” (Figure 2). Women scored significantly better than men (mean CCPKnow score 6.2 vs. 3.4, P < 0.01). ANOVA analysis revealed decreasing knowledge scores post-IBD diagnosis (P = 0.01). Univariate linear regression analyses revealed that female gender (Beta = 2.80, P = 0.02), part-time employment status (Beta = 3.26, P = 0.03), years post-diagnosis (Beta = 3.00, P < 0.01), and pre-conception counseling on the effects of IBD-related medications (Beta = 3.32, P < 0.01) were significantly independently associated with better knowledge scores. Upon multivariate analysis, knowledge scores significantly decreased 6–10 years post-diagnosis (Beta = −5.50, P = 0.01).

CONCLUSION: As 72.1% of patients were categorized as having “poor” disease related knowledge, the need for targeted patient education on this subject is paramount. Thus, a lack of disease-related knowledge may be contributing to the higher rate of childlessness among IBD patients.

A Highly Specific Calprotectin Immunoassay for More Accurate Determination of IBD vs IBS

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INTRODUCTION: Calprotectin is a calcium- and zinc-binding protein produced by neutrophils. It is highly resistant to pancreatic proteases and bacterial degradation in the intestine and stable in feces.1 Under conditions of intestinal inflammation, neutrophil presence is increased and calprotectin is released into the gastrointestinal lumen.2 Measurement of fecal calprotectin offers a non-invasive way of differentiating patients with inflammatory bowel disease (IBD) from patients with irritable bowel syndrome (IBS) and identifying patients requiring further screening via colonoscopy.1 Unfortunately, current tests for calprotectin vary significantly in their specificity for IBD determination,