In a multi-centric study from The American Journal of Gastroenterology, records from three reference centers from a city at the south of Brazil were researched. Data from hospital admission registries, available in the Brazilian health system national bank (DATASUS), were retrospectively collected, regarding IBD-related hospitalizations with surgical procedures. The validated DISCERN questionnaire determined quality, with scores rated as Good (56–75), Fair (36–55), or Poor (<36). The DISCERN quality score was 44.04 (57.17 for professional sites vs 42.31 for consumer sites) with no significant difference between website categories. Consumer sites compared to professional sites were less likely to report potential adverse effects of cannabis use (30.68% vs 75%, P = 0.0024) and less likely to acknowledge areas of uncertainty (47.73% vs 83.33%, P = 0.0009). 34% of the websites mentioned shared decision making with a medical provider, with no significant difference between consumer and professional websites (P = 0.6023).

### TIME-TREND ANALYSIS

**Gut:** Time-Trend Analysis of Hospitalization and Surgery Rates in Patients With Inflammatory Bowel Disease (IBD). A Google search using the terms "Crohn's disease" and "IBD and marijuana" was performed to obtain the available websites. Websites were excluded if it was an inappropriate format (i.e., blog posts, general webpages, advertisements), inaccessible, or not specific for Crohn's disease. Sites were categorized by intended audience: professional or consumer. The validated Flachs-Kincade Grade Level Calculation determined readability. The validated DISCERN questionnaire determined quality, with scores rated as Good (56–75), Fair (36–55), or Poor (<36). The DISCERN quality score was 44.04 (57.17 for professional sites vs 42.31 for consumer sites) with no significant difference between website categories. Consumer sites compared to professional sites were less likely to report potential adverse effects of cannabis use (30.68% vs 75%, P = 0.0024) and less likely to acknowledge areas of uncertainty (47.73% vs 83.33%, P = 0.0009). 34% of the websites mentioned shared decision making with a medical provider, with no significant difference between consumer and professional websites (P = 0.6023).

### CONCLUSION

A multi-centric study from The American Journal of Gastroenterology found that the validated DISCERN questionnaire determined quality, with scores rated as Good (56–75), Fair (36–55), or Poor (<36). The DISCERN quality score was 44.04 (57.17 for professional sites vs 42.31 for consumer sites) with no significant difference between website categories. Consumer sites compared to professional sites were less likely to report potential adverse effects of cannabis use (30.68% vs 75%, P = 0.0024) and less likely to acknowledge areas of uncertainty (47.73% vs 83.33%, P = 0.0009). 34% of the websites mentioned shared decision making with a medical provider, with no significant difference between consumer and professional websites (P = 0.6023).
occurring in 53.2% of patients with DC and 59.1% in UC. Recurrent use of corticosteroids (27.7% in CD and 27.9% in UC) followed by treatment de-escalation (29.8% in DC and 22.7% in UC) were also causes of treatment modification. Currently, 21.4% of patients with CD use immunosuppressants as monotherapy and 44.6% use immunosuppressants as monotherapy compared to UC, where 0% and 3% use immunosuppressants as monotherapy for ASUC (P < 0.001). In UC, 30.3% use 5-aminosalicylic acid (5-ASA) as monotherapy, 15.2% require combined therapy with 5-ASA and immunosuppressants and 9.1% require combined therapy with biological, immunosuppressants and 5-ASA. Corticosteroids are still being used in combination with 5-ASA in 24.2% of this sample. Median time until biological prescription was 14 months in CD and UC, respectively (P = 0.011).

CONCLUSION: In this study, most patients required treatment modification, most cases due to lack of response. This finding highlights the severity of PIBD, where immunosuppression and combined therapy are often required. Monotherapy was statically more frequent in CD than UC. This probably reflects a misconception in immunosuppression in UC. Use of corticosteroids was also more frequently seen in UC than CD.

P069

Admission Steroid Use, Serum Albumin and Endoscopic Severity Predict Intraavenous Steroid Failure in Patients With Acute Severe Ulcerative Colitis

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BACKGROUND: About 40% of patients with acute severe ulcerative colitis (ASUC) fail corticosteroid therapy, hence it is important to develop criteria which can predict steroid failure earlier. Our aim was to identify variables (clinical, biochemical and endoscopic) and develop a novel day 1 score for predicting steroid failure.

METHODS: All admissions for ASUC (fulfilling Truelove and Witts Criteria) between January 1, 2015 and July 31, 2020 at GCUH and from January 1, 2018 to July 31, 2020 at LGH were retrospectively analysed. Review of electronic medical records was performed and clinical, endoscopic, laboratory data were collected. Steroid failure was defined as need for rescue therapy (medical or surgical). For comparisons of proportions, we used Pearson’s chi square test or Fisher’s exact tests. Quantitative data were compared using t-test or Wilcoxon rank sum test. To test independent predictive factors, a logistic regression model was constructed with the requirement for rescue therapy as the dependent variable.

RESULTS: There were 153 patients with 194 episodes of ASUC included. Seventy-seven (50.3%) patients were < 60 years of age at the time of ASUC event. 29 episodes (23 patients) in 0.001). The OR of admission variables, albumin (OR 0.88, P = 0.033, CI 1.00-1.01), UCEIS score (OR 3.68, P = 0.016, CI 1.27-10.60) were significant for predicting steroid failure. On multivariate regression analysis, serum albumin (OR 0.88, CI 0.85-0.97) and UCEIS score remained significant. On multivariate regression analysis, serum albumin (OR 0.88, CI 0.85-0.97) and UCEIS score remained significant.

CONCLUSION: In patients who are ≥ 60 years of age, steroid failure rate, the need for colectomy during the same admission and colectomy at 12 months is similar to a population.

P071

Fistula Healing After Fecal Diversion Surgery in Perianal Crohn’s Disease: A Case Series

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BACKGROUND: Perianal fistulae are seen in 25% of patients with Crohn’s disease and are often refractory to medical therapy. Fecal diversion is used to treat perianal fistula, with 63% in clinical improvement, however data on fistula healing rates are often not reported. This case series aims to evaluate the response of complete fistula healing in complex perianal Crohn’s disease after fecal diversion surgery.

METHODS: Patients with perianal Crohn’s disease who underwent fecal diversion surgery from June 1, 2016 to June 1, 2020 with colorectal surgeons at UC Davis were selected through electronic medical record chart extraction using ICD-10 and CPT codes.

RESULTS: Eleven patients were referred perianal perianal fistula undergoing fecal diversion surgery from June 1, 2016 to June 1, 2020. Fistula healing was evaluated through imaging or exam under anesth. One patient was lost to follow up after surgery and not included in the outcomes. Time to follow up ranged from 4 to 24 months, with a mean of 11 months. Patient were aged 22–60 years (P = 0.015). Ten of 11 patients were in therapeutic failure at the time of surgery. 4/10 (40%) had complete fistula healing, 6/10 (60%) had persistent fistula, and 3/10 (30%) were readmitted within 90 days for complications. Most frequent complications observed were perineal wounds/skin infection (3/10), high ostomy output/dehiscence (2/10), bowel obstruction (1/10). Two patients required proctectomy.

CONCLUSION: Fistula healing rates after fecal diversion were low, at 40% and is accompanied by frequent complications such as output high ostomy.

P072

The Pathway IBD Care in Rio de Janeiro From a Tertiary Referral Center Point of View

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BACKGROUND: It's well-established that both Crohn's disease and ulcerative colitis are public health challenge worldwide; the complexity of the diagnosis and the lack of familiarity with the disease among patients with the different IBT phenotypes can cause a delay in IBT recognition, referral to an appropriate medical speciality, which in turn delay the diagnostic process and delay the patient pathway care since first symptoms until attendance in a tertiary IBD outpatient unit.

METHODS: Retrospective cohort study involving outpatients from a reference IBD unit from a University Federal Hospital in Rio de Janeiro (HUCFF-UFRJ), from 2015 to 2018. The data collected through structured interviews and medical record review were: sex, age at diagnosis, family history, initial and definitive diagnosis, the interval between symptoms onset and definitive diagnosis, disease type and phenotype, extra-intestinal manifestations (EM), number of medical appointments until definitive diagnosis, type of health system unit where the diagnosis occurred, and first treatment. Statistics were performed using SPSS® software.

RESULTS: There were 188 patients included, 99 (52.6%) with CD and 89 (47.3%) with UC, the majority female (56.4%) with a predominant age group of 17–40 years in both diseases (72.7% CD, 52.8% UC). Family IBD history was more frequent in CD (21.2% vs 12.1%) (P = 0.08). Pre- dominant initial treatment in the UC was with aminosalicylates (39.8%), whereas in CD, the use of symptomatic treatments (24.2%) prevailed. In both diseases, the presumptive IBD diagnosis was made in the private health system (40.4% CD, 46.1% UC), but the definitive diagnosis occurred mainly at the university public hospital (CD: 60.6% vs 21.2%, UC: 50.6% vs 31.5% UC, respectively), not occurring in basic care units. The earlier diagnosis (less than a year) was more significantly obtained in UC (50.6%) in comparison to CD patients (28.3%) (P = 0.001). The first symptoms in CD were in decrescent order: abdominal pain (78.8%), diarrhea (70.7%), and weight loss (63.6%); and in UC: rectal bleeding (80.9%), diarrhea (76.4%), and abdominal pain (33.9%). EIM was present in 43.7% UC and 34.4% CD, with a higher frequency of rheumatological manifestations in both diseases (DC 23.2%, UC 21.3%).

CONCLUSION: Despite the predominance of classic initial symptoms, the diagnosis of IBD was complex and mostly referred in this center with a significant delay, mainly in CD patients. The introduction of therapeutic drug monitoring in the therapeutic window of opportunity in early disease mostly progressive course of disease, delaying or preventing complications and patient’s quality of life. However, the local expertise, availability of minimal testing resources and an IBD care pathway with standardized referral patterns are necessary to provide an early diagnosis and treatment.

P073

Analysis of Dysbiosis in Crohn’s Disease by Next-Generation Sequencing: One Size Does Not Fit All

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The American Journal of GASTROENTEROLOGY VOLUME 115 | SUPPLEMENT | DECEMBER 2020 www.amjgastro.com