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 biologicals as monotherapy compared to UC, where 0% and 3% use immunosuppressants or biologicals as monotherapy (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 and 159 in CD and UC, respectively (P=0.511).

CONCLUSION: In this study, most patients required treatment modification, most cases due to lack of response. This finding highlights the severity of PBD, where immunosuppression and combined therapy are often required. Monotherapy was statically more frequent in CD than UC. This probably reflects the misdiagnosis in patients with 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 Intravenous Steroid Failure in Patients With Acute Severe Ulcerative Colitis

Subharran Deloahana1, Kokkadasam Ramaswamy Pradeep1, Shukla Dheeraj1, Muttar Hadi1, Bhullar Manoche1, Ishaq Naveed1, McIvor Carolyn1, Edwards John1, Moxen Waled1

1. Gold Coast University Hospital, Gold Coast, Queensland, Australia; 2. Logan Hospital, Meadowbrook, Queensland, Australia

**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 determine independent predictive factors, a logistic regression model was constructed with the requirement for rescue therapy as the dependent variable.

**RESULTS:** There were 159 patients with 194 episodes of ASUC included. Seventy-seven (50.3%) female, median disease duration 1.8 years (0–6), 53 (73%) were index presentation of UC as ASUC. Forty-three (22.2%) episodes were on biological therapy at presentation (26 episodes on anti-TNF antagonists, 17 on Vedolizumab). Seventy-five (38.6%) episodes were on oral corticosteroids at admission. Eighty-eight (45.3%) episodes required rescue therapy (43 episodes received medical rescue (15 cyclosporine/68 Infliximab) and 5 underwent direct colectomy). Seventeen (8.7%) episodes had a colectomy during the admission for ASUC. On univariate analysis of admission variables, oral steroids (OR 4.21, P < 0.001, CI 1.88–9.79), CRP (OR 1.09, P = 0.001, CI 1.00–1.01), UCEIS score (OR 2.14, P < 0.001, CI 1.58–2.90) were significant for predicting steroid failure. Fecal calprotectin was not predictive of need for rescue therapy (OR 1, P = 0.983). On multivariable regression analysis oral steroids at admission, albumin and UCEIS score remained significant. We developed a novel score (ASUC score) allocating 1 point to each variable (S. albumin: ≤ 50 g/L, Steroid use at admission, albumin and UCEIS > 7). A score of ≥ 2 was significant for predicting steroid failure. For each point increase in the score, the odds of ulcerative colitis failure were 1.96 (95% CI 1.77–2.18), 2.44 (95% CI 1.40–4.21) and 4.38 (95% CI 1.57–12.05) for patients with a score of 1, 2 and ≥ 3, respectively. The area under ROC curve of the ASUC score was 0.92 (area under ROC curve: 0.87, 95% CI 0.82–0.92).

**CONCLUSION:** With this observation, a simple day 1 score can be used for predicting steroid failure in acute severe ulcerative colitis.

**P070**

Outcomes of Acute Severe Ulcerative Colitis in Older Adults

Kokkadasam Ramaswamy Pradeep1, Subharran Deloahana1, Shukla Dheeraj1, Muttar Hadi1, Bhullar Manoche1, Ishaq Naveed1, McIvor Carolyn1, Edwards John1, Moxen Waled1

1. Gold Coast University Hospital, Gold Coast, Queensland, Australia; 2. Logan Hospital, Meadowbrook, Queensland, Australia

**BACKGROUND:** Approximately 40% of patients with acute severe ulcerative colitis (ASUC) do not respond to steroids. There is paucity of data on the outcomes of ASUC in the older adult (≥60 years of age). The primary objective of our study was to assess steroid failure rate. The secondary outcomes assessed were need for colectomy during same admission, at 3 and 12 months; mortality during admission for ASUC, at 3 months and 12 months.

**METHODS:** All admissions for ASUC (fulfilling Truelove and Witts Criteria) between January 1, 2015 and July 31, 2020 at Gold Coast University Hospital and from January 1, 2018 to July 31, 2020 at Logan Hospital were analysed. Review of electronic medical records was performed. Steroid failure was defined as need for rescue therapy (medical or surgical). For comparisons of proportions, we used Pearson’s chi square analyses or Fisher’s exact tests. Non-parametric data were compared using Kruskal-Wallis test. Parametric data were compared using Student’s t-test. To test for independent predictive factors a logistic regression model was constructed with steroid failure as the dependent variable.

**RESULTS:** We analyzed 194 episodes (153 patients) of ASUC, of which 41 episodes (32 patients) were in patients who were ≥ 60 years of age at the time of ASUC event. 29 episodes (23 patients) in whom UC was diagnosed ≥ 60 years of age. Fourteen (43.7%) female, median disease duration 2 years (0–6), median Charlson Comorbidity Index 3 (2–4). Fourteen (34.1%) episodes occurred in patients on biological therapy (8 on anti-TNF antagonists, 8 on Vedolizumab). 15 (36.6%) episodes were on oral corticosteroids at admission. Eighteen (43.9%) required rescue therapy (2 episodes underwent colectomy, 16 episodes received medical rescue therapy (11 infliximab, 5 cyclosporine); 7 patients received IFX 5 mg/kg, 4 patients received IFX 10 mg/kg. In adults ≥60 years, 5 (12.2%) episodes had a colectomy during the admission for ASUC (vs 7.8% in adults < P = 0.001) when compared to patients < 60 years of age. There was no mortality in patients < 60 years of age. On univariate analysis of admission variables, albumin (OR 0.83, P = 0.015, CI 0.70–0.96), CRP (OR 1.01, P = 0.033, CI 1.00–1.02), UCEIS score (OR 3.68, P = 0.016, CI 1.27–10.60) were significant for predicting steroid failure. On multivariate regression analysis, UCEIS score and albumin remained significant.

**CONCLUSION:** In patients who are ≥ 60 years old, 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

Ramjiy戈s Sheuk1, Keffyroy Alef, Halabiy Viswimm1, Stendi Jese2, Dave Maneecol1

1. University of California, Davis, Sacramento, United States

**BACKGROUND:** Perianal fistulas 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.

**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:** Ten patients with refractory perianal fistula underwent fecal diversion surgery from June 1, 2016 to June 1, 2020. Fistula healing was evaluated through imaging or exam under anesthesia. 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. 5/11 patients had perianal fisticotomy at 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 peristomal wounds/skin infection (3/10), high ostomy output/dehydration (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.