after infliximab treatment; 2) the short-term outcome of a new series of severe UC patients treated with a three-infusion regimen of infliximab.
Material and methods: Patients from the Italian multicentric study were evaluated for survival free from colectomy by serial clinical evaluation. The new series of patients was evaluated for colectomy rate at 2 months after the first infliximab infusion.
Results: 70 patients who avoid colectomy at 2 months were followed-up for a median time of 38.8 months (IQR 4–91); among them, 63 patients (90%) had a follow-up longer than 1 year. During the follow-up period, 15 patients (21%) underwent colectomy. Including early colectomies reported in the Italian multicentric study (12 of 83 patients, 14.5%), the overall survival free from colectomy was 66% after a median time of 41 months. A new series of 37 patients underwent treatment with a three-infusion regimen of infliximab 5 mg/kg for severe steroid-refractory UC. Seven patients (19%) underwent colectomy at 2 months.
Conclusions: This study confirms that infliximab is an effective rescue therapy in patients with severe UC unresponsive to intravenous steroid treatment, with two third of patients surviving free from colectomy after more than three years from the first infusion.
L. Inflammatory bowel diseases 3. Ulcerative colitis

OC3.11.6

THIOPURINE-METHYL-TRANSFERASE (TPMT) ACTIVITY IN INFLAMMATORY BOWEL DISEASE (IBD) PATIENTS IS NOT AFFECTED BY CO-ADMINISTRATION OF SALYCILATES

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Background and aim: Thiopurines are widely used in inflammatory bowel disease (IBD). It has been reported that co-administration of aminosalicylates (mesalamine -5ASA- or sulphasalazine –SASP-) significantly inhibits TPMT activity, and may result in higher rates of thiopurine toxicity. Aim of this study was to analyse the effect of 5ASA or of oral steroids on TPMT activity.
Material and methods: Within a study protocol approved by local Ethical Committee, all consecutive patients (n=169) attending IBD outpatients were recruited. A blood sample was drawn, and intra-erythrocyte TMPT activity was analysed by means of a standardised high pressure liquid chromatography (HPLC) assays. In patients undergoing thiopurine treatment, we also evaluated the levels of 6-thioguanosine-nucleotides (6TGN) and 6-methyl-mercaptopurine (6MMP).
Results: Up to now 169 IBD patients were enrolled (79 Crohn's disease, 86 ulcerative colitis, 4 indeterminate colitis). Concomitant medications were: 5ASA in 118 (70%), systemic steroids (GCS) in 16 (10%), azathioprine (AZA) in 64 (38%) cases, respectively. No difference in TPMT activity was observed according to gender, age, diagnosis, use of thiopurines or other clinical variables was noted. Median TPMT activity was 26.84 (95%CI 24.40-28.63) and 30.32 (825.13-39.8) nmol/h/g Hgb in patients on 5ASA (5ASA+, n=118) and not on 5ASA (5ASA-, n=51), respectively (p=0.124).
Data regarding median TPMT activity, and metabolites levels according to AZA status are reported in Table 1; p values are non-significant for all comparisons.

Table 1

	AZA+ n=64	AZA- n=105	AZA+ & 5ASA+ n=38	AZA+ & 5ASA- n=26
TPMT nmol/h/g Hgb	27.56	26.98	26.94	34.03
95% CI	25.1- 37.86	23.85-30.85	23.01-32.86	22.52-54.85
6TGN pmol/8×10^8 RBC	149.98	NA	157.32	163.17
95% CI	121.4-191.9	NA	106.6-213.2	111-212.8
6MMP pmol/8×10^8 RBC	565.52	NA	615.01	599.61
95% CI	361.5-1,009.3	NA	159.1-1,654.6	239.1-1,351.1

95% CI: 95% confidence interval; n: number; NA: not applicable; Hgb: haemoglobin; RBC: red blood cell.

Conclusions: Aminosalicylates were prescribed in a large proportion of IBD patients considered in the study. No significant effects of 5ASA on TPMT activity were noted, although a non-significant trend towards a lower TPMT was observed. However this mild effect does not interfere with metabolites levels. Observation on a larger group of patients in ongoing in order to confirm these observations. If these data will be confirmed co-administration of aminosalicylates and thiopurines may be considered safe.
L. Inflammatory bowel diseases 3. Ulcerative colitis