

**Background:** We sought to define the effectiveness of tofacitinib in a real-world (RW) cohort of patients with moderate to severe ulcerative colitis (UC).

**Methods:** This was a multi-center retrospective observational cohort study (2017–2020). Clinical response and remission were defined as a reduction in Simple Clinical Colitis Activity Index (SCCAI) or partial Mayo score (PMS) of  $\geq 3$ , and SCCAI  $\leq 2$  or a PMS  $\leq 1$ , respectively.

**Results:** We included 73 patients (47% male; median age 26 years [IQR 19.5–39.5], disease duration 7 years [IQR 2.5–14.5], follow-up 7.1 months [IQR 3–12]), 91% biologics-experienced, and 74%  $\geq 2$ -biologics. Half of patients used concomitant steroids. Overall, 56.1% discontinued therapy due to either lack of response and/or adverse events (AEs), median time to discontinuation - 9.7 months (IQR 3.4–16). Based on per-protocol analysis, after induction (week 8–16), 33.3% achieved response, 23.3% remission, and 19% corticosteroid free remission. At early maintenance (week 26), 50% achieved response, 26.8% remission, and 24.4% corticosteroid free remission. There were no differences between biologics-experienced and naïve patients. Seventeen patients (23.2%) had an AE: herpes zoster- 2.7%, hospitalization- 12.3%, and colectomy- 2.7%. Remitters had higher albumin level compared with non-remitters ( $4.2 \pm 0.35$  Vs.  $3.8 \pm 0.35$ ,  $P=0.023$ , respectively).

**Conclusion:** In this multicenter RW cohort of highly biologics - experienced patients with UC, those who continued tofacitinib throughout induction achieved 50% response and 27% remission. Tofacitinib was well-tolerated.

## P523

### Survey to identify patient characteristics, treatment preferences and impact of inflammatory bowel disease (IBD) on quality of life across 7 countries in Europe

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**Background:** The treatment paradigm for inflammatory bowel disease (IBD) is becoming increasingly diverse and complex. It is suggested that engaging patients through shared decision-making optimises treatment selection in line with clinical need and patient preference and expectations. This patient survey aimed to explore patients' preferences towards attributes of currently available advanced therapies for IBD as well as the impact of IBD on patients' quality of life (QoL) across 7 countries in Europe. The demographic profile of the study cohort and findings on the patient-rated impact of IBD on QoL are reported here.

**Methods:** An online, cross-sectional survey (October 2020 to January 2021) enrolling adults aged  $\geq 18$  years who self-reported having and being previously/currently treated for Crohn's disease (CD) or ulcerative colitis (UC) was conducted across Europe (France, the UK, Spain, Italy, Belgium, Switzerland and the Netherlands). Patient perspectives on IBD care and preferences regarding specific attributes of existing treatment options were explored using the Carenity platform and via partnerships with local organisations. This descriptive

analysis evaluated the demographic and clinical profile of respondents, treatment management and impact on QoL.

**Results:** Overall, 686 patients (CD: 360; UC: 326) across 7 countries completed the survey. Among CD and UC patients, respectively, 71.9% and 57.7% were females; mean age (range) was 48.0 (19.0–77.0) and 50.0 (19.0–82.0) years; and mean disease duration (range) was 13.6 (0.2–49.1) and 11.0 (0.1–68.7) years. Overall, 37.5% of CD patients reported fistulising CD, and 9.4% (CD) and 10.1% (UC) of patients had a stoma or pouch; 76.7% (CD) and 78.5% (UC) of patients were being treated for IBD. Approximately 50.0% of patients with IBD were full-time or part-time employed at the time of survey. Abdominal pain, fatigue, and stool frequency were ranked by 83%, 79%, and 73% patients with CD, respectively, as the symptoms most impacting QoL; 79%, 71%, and 61% patients ranked energy status, general well-being and daily activities, respectively, as the most impacted aspects. Abdominal pain, stool frequency and fatigue were ranked by 73%, 72% and 67% patients with UC, respectively, as the symptoms most impacting QoL; the most impacted aspects were similar to those of patients with CD. Patients in both groups prioritised general well-being, energy status and daily activities as aspects for improvement through treatment.

**Conclusion:** This large European survey highlights the most impactful symptoms and QoL aspects from the patient perspective. These findings can support clinical decision-making and treatment strategies to improve treatment outcomes and patient QoL.

## P524

### Endoscopic dilations of intestinal stenosis in Crohn's disease

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**Background:** The occurrence of intestinal stenosis is a common and potentially serious complication of Crohn's disease (CD). These strictures represent 20% of the surgical indications in CD. Endoscopic dilation is an alternative to surgery for endoscopically accessible stenosis. The aim of this study is to evaluate the effectiveness of endoscopic balloon dilation (EBD) in CD intestinal stenosis.

**Methods:** This retrospective, descriptive study realized between January 2015 and October 2020, included CD patients diagnosed at least 6 months before and complicated with symptomatic intestinal stenosis (abdominal pain, bloating, nausea and vomiting). Anorectal strictures were excluded. All patients had a cross-sectional imaging before intestinal dilation to determine the characteristics of the stenosis and exclude abscess and fistula tract near the stenosis which constitute a contraindication of EBD. All patients underwent an EBD during a colonoscopy under sedation by propofol. The short-term success of EBD has been established on both technical (passage of the endoscope across the site of stenosis after dilation) and clinical level (relief of intestinal obstructive symptoms). The long-term efficacy was defined by no need for surgery within 6 months after dilation.

**Results:** Twelve patients (6 males and 6 females), with an average age of 32 years  $\pm 7.7$ , were included. The average interval between onset of CD and the onset of intestinal stricture was 8 years. Eight patients had a history of bowel resection. The stenosis was located at the terminal ileum or ileocaecal valve in 4 cases, ileocolic anastomosis in 8 cases. The stenosis was ulcerated in 9 cases, inflammatory in 5 cases