multicentre study using the myIBDcoach platform is ongoing to validate the PRIQ and subsequently report the risk of mild and moderate infections across different treatment regimens in IBD patients (NCT04151420).

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Iron deficiency anaemia in inflammatory bowel disease: Diagnosis, quality of life and iron treatment preferences among European patients
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Background: Iron-deficiency anaemia (IDA) is a major complication in inflammatory bowel disease (IBD). A European patient survey was conducted to analyse the IDA diagnostic journey and the impact of IDA on patients’ quality of life (QoL).

Methods: This quantitative survey was conducted in the UK, Spain, Italy and Germany between 28 May and 24 August 2020. The questions had been pre-validated by patients in an initial qualitative research phase. Adult patients with IDA associated with IBD and current or last haemoglobin level(s) greater than 8 g/dl, or IDA perceived to be mild or moderate were included. Patients on ferric maltol were excluded due to focus on traditional iron therapies. Selected Short Form-36 measures were used to assess the QoL. Results are presented as the percentage of respondents.

Results: A total of 173 patients were included (54% female; 98% aged ≤67 years). For months before their IDA diagnosis, most patients experienced IDA symptoms such as extreme fatigue 57%, weakness 45%, headache/dizziness 38% and sleeping difficulty 36%. IDA was typically diagnosed during either regular IBD check-ups or when the patient asked about their symptoms (37% each). Patients felt limited in carrying out daily activities such as running (77%), climbing stairs (65%), or walking more than a mile (64%). As a result of being fatigued, most patients (58%) also felt limited in their ability to complete work or college/university activities. Initially most patients (66%) received oral iron, and 34% received intravenous iron (IV). At the time of the survey, 71% were receiving oral iron and 28% IV iron. In 27% patients, side-effects with both oral and IV iron were the main challenge with IDA treatment. The three most frequently experienced side-effects were, with oral iron: black faeces 42%, stomach pain 37% or constipation 30%; and with IV iron: diarrhoea 23% or headache 21%. One in two patients had to wait 2 or more weeks to start their IV treatment. Once given, 57% patients had to return at least every 1–2 months for new IV iron injections. The majority patients who experienced both oral and IV therapies preferred oral treatments over IV (59% versus 41%). Home-based administration was the predominant reason (by 50%) for oral treatment preference. Most patients (64%) who preferred IV treatment valued fewer side-effects versus oral iron.

Conclusion: Patients with IBD and IDA are limited in their daily activities. Enduring IDA symptoms such as extreme fatigue often precede and trigger the IDA diagnosis. While challenges remain with both oral and IV iron, oral iron tablets are preferred due to home-based administration. The ongoing COVID pandemic may thus increase the demand for better oral iron treatments of IDA in patients with IBD.

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The feasibility of a digital platform for improving disease management among patients with Ulcerative Colitis
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Background: Ulcerative colitis is an idiopathic inflammatory condition of the colon and is the most common form of inflammatory bowel disease worldwide. It is a systemic disorder with no cure and therefore needs lifelong monitoring and management. This study’s objective was to assess the feasibility and preliminary effectiveness of using a digital therapeutic intervention to improve disease management among patients with ulcerative colitis.

Methods: Nine patients were recruited by the Finnish Crohn’s and Colitis Patient Association to participate in a 4-week intervention via a digital platform (Sidekick Health). The primary outcomes included patient ratings of the platform and its therapeutic effects and patient reports of quality of life, physical activity, and medication adherence (on a scale from 0–10). Questionnaires were administered before and after the intervention. The study was conducted during the spring of 2019.

Results: All nine participants completed the intervention (age-range=25–45, eight females and one male). Although not statistically significant, on average, all measures showed improvements from pre to post-intervention: quality of life improved for 7/9 participants (an average improvement of 10.3%), physical activity increased for 6/9 participants (an average of 3.3% increase). Also, medication adherence improved among 6/9 participants (improvement by 6.4% on average), supported by platform data indicating that 8/9 participants had used the platform medication reminders. In 86% of the daily reminders, they were acted upon and rewarded within the platform. Post-program, patients reported their experience of the program and when asked if they would recommend the program to others, the average score was 8.67 out of 10 possible. Also, 8/9 participants agreed or strongly agreed with the statement that the program had changed their health for the better.

Conclusion: This small feasibility study suggests a digital therapeutic intervention is feasible and possibly an effective way to improve disease management among patients with ulcerative colitis. A more extensive study of this intervention is warranted.

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The COVID19 pandemic impact on Inflammatory Bowel Disease Patients Management in a Romanian Tertiary Gastroenterology Centre
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Background: The IBD patients management has been challenging during the ongoing COVID-19 pandemic, due to lockdowns, limitation of access to medical facilities and new recommendations regarding patient management. The implications of the COVID-19
pandemic on IBD patient’s management were assessed in our Tertiary Gastroenterology Centre in Bucharest, Romania.

**Methods:** Using the hospital’s medical system, records of IBD patients admitted between 15th of March and 15th of August 2020 have been retrospectively reviewed and compared to a control cohort of consecutive IBD patients admitted to our unit during the corresponding period of 2019, registering the epidemiological features, patient management and the incidence of COVID-19 infection.

**Results:** 410 individual IBD cases were managed in our unit in 2020 compared to 532 in 2019, with a significant shift towards one-day hospitalization: 1059 admissions (9% ward hospitalizations, 91% one-day hospitalizations) compared to 1327 cases in the corresponding period of 2019 (17.8% ward hospitalizations, 82.2% one day hospitalizations). There was no statistically significant difference between the distribution of patient’s gender, IBD phenotype or newly diagnosed IBD cases between the two periods. A significantly lower proportion of admitted patients received 5-aminosalicylic acid (29% vs. 41.2%, p<0.0001), whereas a substantially higher number of patients were prescribed biological therapy in 2020 in comparison to the corresponding 2019-time frame (79.5% vs 57.9%, p<0.0001). The distribution of the biological agent used was significantly different, mainly due to the increase of vedolizumab prescription in 2020 (p<0.0001). Among the newly diagnosed cases 50.0% had a severe disease requiring a biological agent (vs 30.2% in 2019, p=0.05). Moreover, from our previously diagnosed patients, 7.1% needed the initiation of biological therapy due to disease flare-up (vs. 4.3% in 2019, p=0.003). During the study period in 2020, seven IBD patients (1.7%) were diagnosed with severe acute respiratory syndrome coronavirus 2 (SARS-Cov2) infection, all of them with mild symptoms without impact on the IBD course.

**Conclusion:** The COVID-19 pandemic led to reorganizing medical care, restricting the hospital admissions in favour of severe IBD cases, favouring telemedicine for mild disease and optimization of treatment for moderate to severe IBD with an increased use of biologicals aimed to maximize the risk/benefit ratio. Incidence of SARS-Cov2 infection during the first wave of COVID-19 infection in our study group was 1.7% and did not adversely impact the IBD disease course.

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**Rescue treatment with original versus biosimilar infliximab in biologic-naïve patients with moderate-severe Ulcerative Colitis and corticosteroid failure**

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**Background:** Infliximab is effective as rescue therapy in moderate-severe Ulcerative Colitis (UC). Subsequently, a biosimilar of infliximab has been approved for the same indications, as its effectiveness is considered similar to the original infliximab. Our aim was to analyse the colectomy rate and the efficacy of original infliximab (Remicade®) versus biosimilar infliximab (Inflectra®) in patients with moderate-severe UC who failed to respond to intravenous corticosteroids.

**Methods:** We performed a retrospective and observational study in two hospitals in the Basque Country. All patients hospitalised between 2010–2020 with moderate-severe UC, without response to intravenous corticosteroids and rescue treatment with infliximab were consecutively included. Two cohorts were established: the first one from 2010 to 2015 in patients treated with Remicade®, and the second one from 2015 to 2020 in patients with Inflectra®. We assessed all patients that had received at least one dose of infliximab. Patients were followed for a period of one year until loss of response or colectomy. Early colectomy is the surgery performed until week 12, and late colectomy between week 12 and one year. At the moment of hospitalisation all patients were clinically and endoscopically evaluated by Mayo Score. The clinical response was assessed in week 14 and 52.

**Results:** A total of 85 patients were evaluated, 53 (64.4%) in Remicade® group and 32 (37.6%) in Inflectra® group. 21.17% (18/85) of the patients had a colectomy in one year. 77.7% of the colectomies took place in the first 12 weeks (14/18, 7 patient in each group). Rates of early (13.8% vs 21.9%, p=0.297) and late colectomy (17% vs 28.1%, p=0.223) showed a numerical but non-statistically significant difference in favour of Remicade®. Transfusion (OR=4.20, IC 95% [1.38–12.77], p=0.011) and the presence of cytomegalovirus in the colonic mucosa (OR=4.07, IC 95% [1.31–12.63], p=0.015) were univariate predictors of colectomy. A statistically significant difference was found in clinical remission at week 14 (49.1% vs 25%, p=0.040) but not at week 52 (73.7% vs 50%, p=0.074) in patients with Remicade® versus Inflectra®. Neither clinical activity nor mucosa activity showed relationship with risk of colectomy.

**Conclusion:** 1. The rescue therapy with infliximab in patients with moderate-severe Ulcerative Colitis who failed to respond to intravenous corticosteroids could show a favourable trend for Remicade® against Inflectra®. However, further research is needed to confirm it.

2. The need of transfusion and the presence of cytomegalovirus in the colonic mucosa could be predictive factors of colectomy.

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**The impact of the COVID-19 pandemic on gastroenterologists providing care to inflammatory bowel disease patients in Canada: preliminary data of a cross-sectional survey**

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**Background:** We aim to explore the impact of COVID-19 pandemic-related restrictions on gastroenterologists providing care to inflammatory bowel disease (IBD) patients in Canada.

**Methods:** We invited 28 Canadian gastroenterology societies, 14 academic centres and 101 community hospitals and private clinics