

O07 PREDICTORS OF CLINICAL OUTCOME IN CHILDREN WITH ULCERATIVE COLITIS (UC)

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At diagnosis (dx) serologic response to microbial antigens is associated with severe Crohn disease. Similar studies have not been reported in children with UC. **OBJECTIVE:** To determine whether serologic response or other clinical characteristics at dx predict the need for colectomy or rescue therapy to prevent colectomy in children with UC.

Methods: Data are drawn from the Peds IBD Collaborative Research Group Registry, a prospective, multicenter N Amer observational database of children newly diagnosed with IBD. Those with UC, >6 months follow-up and serology testing (IBD 7 Panel, Prometheus) were evaluated.

Results: 30 children (Grp1) underwent colectomy (n=15) or successful rescue therapy with infliximab (n=15). 92 (Grp2) did not. Grp1 vs Grp2 had similar age at dx (12±4 v 12±3 yrs), follow-up duration (3±2 v 3±2 yrs), pancolitis at dx (83 v 83%), and moderate-severe UC at both dx (73 v 66%) and 30 days after dx (27% v 11%). Serologic response rates were similar: pANCA (80 v 78%), anti-ompC (7 v 11%), ASCA IgA (3 v 4%), ASCA IgG (0 v 3%), anti-CBir1 (19 v 37%). Treatments by 30 days after dx differed in the use of 5-ASA (Grp1 41%, Grp2 73%, p=. 03) and infliximab (Grp1 10%, Grp2 0%, p<. 2), but not steroids (61 v 49%) or immunomodulators (22 v 12%).

Conclusion: 25% of children with UC require colectomy or rescue therapy within a mean of 3 yrs after dx. However, outcome following initial therapy is not predicted by a child's clinical features at dx or serologic responses to nuclear or microbial antigens.