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in Lombardy, between February 20th and May 20th, 2020. The main endpoints were to assess the cumulative incidence of COVID-19 and its outcome (hospitalization/death) among IBD patients on biologic therapy and to identify any variations among the different classes of biologic agents. Secondly, we compared the results with the incidence of COVID-19 in the general population of Lombardy in the same period and the incidence of symptoms suggestive of COVID-19 in our study population compared with those of a second cohort of IBD patients undergoing non-biologic therapies and coming from the same geographic area.

Results: Overall, 1816 IBD patients on biologic therapy were enrolled. The cumulative incidence of COVID-19 was 3.9 per 1000 (7/1816) with a hospitalization rate of 57% and a case-fatality rate (CFR) of 29%. In our Cohort, the gut-selective therapy (Vedolizumab and Etrolizumab) was the only risk factor of developing symptomatic COVID-19 (OR 8.7, 95% CI 1.7–45.0, $p=0.01$). Conversely, non-gut selective anti-cytokine agents were associated with a lower incidence of infection (OR 0.13, 95% CI 0.02–0.74) and development of symptoms (OR 0.60, 95% CI 0.37–0.98). Compared to the general population of Lombardy, a lower incidence of COVID-19 was observed (3.9 vs 8.5 per 1000 with a RR 0.45, 95% CI 0.21–0.95); conversely, in terms of hospitalization rate and CFR, the clinical outcome was not statistically different. Finally, compared to a second cohort of 565 IBD patients treated with non-biologic conventional therapies, a significantly lower risk of symptomatic disease was observed in patients on biologic agents (OR 0.3, 95% CI 0.2–0.4, $p<0.01$).

Conclusions: Compared to the general population, IBD patients on biologic therapy are not exposed to a higher risk of COVID-19; compared to gut-selective agents, cytokine blockers are associated with a lower incidence of symptomatic infection, supporting the decision of maintaining the ongoing treatment.

OC.06.8

THE EMERGING ROLE OF TELEMEDICINE IN GASTROENTEROLOGY DURING THE COVID-19 PANDEMIC: A STUDY ON ITS FEASIBILITY AND PATIENTS' TRUST

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Background and aim: During the on-going COVID-19 pandemic telemedicine has enabled many patients with chronic diseases worldwide to get access to remote assistance. Telemedicine has emerged as the ideal solution to overcome the restrictions in place on performing regular non-urgent follow-up visits for chronic patients and continuing patients' assistance. Some positive reports on the use of telemedicine in gastroenterology among healthcare providers and patients have been published, but a patient's trust perspective about telemedicine has so far been unavailable. Our study aimed at ascertaining telemedicine feasibility and gastroenterological patients' trust in telemedicine during the COVID-19 pandemic.

Materials and methods: At our Gastroenterology Unit in Milan (Italy), which is a tertiary referral center for Inflammatory Bowel Diseases (IBD) and Celiac Disease (CeD), telemedicine was used in place of on-site follow-up visits scheduled but not provided during the COVID-19 pandemic. All IBD and CeD outpatients were contacted by phone and telemedicine visits were arranged for patients with mild-to-moderate symptoms, with bio-umoral alterations or as needed for those who requested it. The patients' trust in telemedicine was assessed through an adapted version of the PATient Trust Assessment Tool (PATAT) questionnaire. The primary endpoint was

expressed patient's trust as assessed through the questionnaire. The secondary endpoint was feasibility and acceptance of telemedicine.

Results: A total 188 out of 218 scheduled (86.2%) telemedicine visits were performed and among these a total of 163 (86.7%) questionnaires completed was accomplished. The primary endpoint of trust in the telemedicine service was achieved in 95.2%, 89.7% and 87.3% of the respondents for the three selected key statements about trust in the telemedicine service, its capability to solve clinical problems and ease to use, respectively.

Conclusions: Our results showed that during the COVID-19 pandemic telemedicine visits were feasible for most of our patients with chronic gastroenterological diseases, and that most patients accepted and trusted telemedicine as an alternative to the traditional in-person examination.

OC.06.9

ASSESSMENT OF SARCOPENIA AND NUTRITIONAL STATUS IN A COHORT OF PATIENTS WITH CROHN'S DISEASE

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Background and aim: Altered body composition may negatively impact on the clinical outcome and quality of life of patients with IBD. Sarcopenia, defined as a progressive loss of skeletal muscle mass and function, is commonly observed in patients with IBD and can be reliably assessed by computed tomography (CT) which allows accurate and reproducible quantification of both abdominal adipose tissues (subcutaneous and visceral), as well as skeletal muscles. We aimed to assess the prevalence of sarcopenia in Crohn's disease (CD) patients undergoing contrast-enhanced CT (CECT). We further investigated the associations of sarcopenia with visceral fat parameters, disease severity and surgery.

Materials and methods: 40 CD patients (22F, aged 44±16 yrs; BMI 20.8±3.7) who underwent CECT for clinical assessment were retrospectively enrolled. CECT was performed using a 64-rows multi-detector equipment after i.v. injection of non ionic iodinated contrast media with a tailored scan delay. Demographic and clinical data were collected at the date of abdominal CT. Clinical outcome included the rate of surgery within one year. The skeletal muscle index (SMI) at the level of third lumbar vertebra was used to assess sarcopenia defined as a SMI < 38.5 cm²/m² in women and < 42 cm²/m² in