failure associated with short bowel syndrome (SBS–IF). Here, we report characteristics of patients who achieved enteral autonomy with TED (0.05 mg/kg/day).
Methods: Patients enrolled in placebo-controlled studies received either TED or placebo and subsequently enrolled in the extension studies; additional patients enrolled directly in the extensions. All patients received TED in the extensions. Data for up to 3.5 years of TED treatment in CL0600–004 and/or CL0600–005; STEPS, STEPS-2, and/or STEPS-3 are presented.
Results: 16 of the 134 patients treated with TED 0.05 mg/kg/day achieved independence from PS after 12–130 weeks of treatment. Baseline demographics and disease characteristics varied widely (ages, 34–69 years; 50% men; remaining small intestine, 26–250 cm; PS requirements, 3.5–13.4 L/week). Because of small patient numbers, a statistical analysis for predictive factors associated with PS independence could not be performed; however, more patients who achieved PS independence had colon-in-continuity (n = 12/16) and/or lower baseline PS requirements (<7 L/week, n = 11/16). The most commonly reported serious adverse event (AE) in all treated patients was catheter sepsis; gastrointestinal AEs were common and were the main reason for discontinuation.
Conclusion: TED resulted in independence from PS and enteral autonomy in some patients with varied characteristics. A number of patients reached independence after 18 months of TED therapy, suggesting benefit with long-term treatment.
Research was supported by NPS Pharmaceuticals, Inc.

Disclosure of Interest: P. Jeppesen Grant/Research Support from: NPS Pharmaceuticals, Inc, Consultant for: NPS Pharmaceuticals, Inc, Other: advisory board member and study investigator for NPS Pharmaceuticals, Inc, J. Boullata Other: study investigator and advisory board member for NPS Pharmaceuticals, Inc, T. Ziegler Other: study investigator for NPS Pharmaceuticals, Inc, U.-F. Pape Other: study investigator and advisory board member for NPS Pharmaceuticals, Inc, K. Iyer Consultant for: NPS Pharmaceuticals, Inc, Other: study investigator and advisory board member for NPS Pharmaceuticals, Inc, M. Kunecki Other: study investigator for NPS Pharmaceuticals, Inc, S. Schneider Other: study investigator and advisory board member for NPS Pharmaceuticals, Inc, N. Youssef Other: employee of NPS Pharmaceuticals, Inc, K. Fujioka Consultant for: NPS Pharmaceuticals, Inc, Other: study investigator for NPS Pharmaceuticals, Inc.

PP132-SUN
HYPERURICEMIA IN RENAL TRANSPLANT RECIPIENTS

M. Erkmen Uyar[1], Z. Bal[1], B. Gurlek Demirci[1], S. Sezer[1].
[1]*Nephrology, Baskent University, Ankara, Turkey*

Rationale: Uric acid is known to impair endothelial cell function and to stimulate the development of renal interstitial fibrosis. The aim of this study is to evaluate the association between hyperuricemia with graft dysfunction and development of cardiovascular risk disorders in renal transplant recipients.
Methods: 100 kidney transplant recipients (31 female, 38.7±11 years) with creatinine <2 mg/dl were enrolled. The biochemical parameters including the uric acid levels in the third year of post transplantation period were retrospectively recorded and searched for the predictive value in yearly determined graft function and body composition analyses (Tanita BC hyphen; 420MA), pulse wave velocity (Pwv) (SphygmoCor system). Hyperuricemia was defined as an uric acid level of ⩾6.5 mg/dl that persisted for at least two consecutive tests.
Results: Hyperuricemia was 37% at the third year after transplantation. Hyperuricemic patients (n: 27) had significantly higher glucose (p: 0.037), LDL (p: 0.037), triglyceride (p: 0.042), total cholesterol (p: 0.007) and PTH (p: 0.003) levels than normouricemic patients. According to antropometric data sagittal abdominal diameter (p: 0.002), triceps skin fold thickness (p: 0.022), waist (p: 0.001) and hip circumferences (p: 0.013); body weight (p: 0.001), fat mass (p: 0.014), muscle mass (p: 0.016), visceral fat rating (p: 0.001) and BMI (p: 0.001) were significantly higher in hyperuricemics than normouremic patients. Hyperuricemic patients had significantly higher PWv levels (p: 0.0001) and LVMI (p: 0.044) than normouremic patients. Yearly decline in eGFR levels were significantly higher in hyperuricemic patients (7.6% vs. 9.6%, p: 0.0001) than normouricemic ones.
Conclusion: Post-transplant hyperuricemia had a strong impact on decline in renal function, and associated with cardiovascular risk predictors as hypertension, arterial stiffness and left ventricular hypertrophy.

Disclosure of Interest: None Declared.

PP133-SUN
TAUROLIDINE LOCK IN HOME PARENTERAL NUTRITION PATIENTS: RANDOMIZED, CONTROLLED CLINICAL TRIAL

S. Klek[1], K. Szczepanek[1], A. Hermanowicz[2], A. Galas[3].
[1]*General and Oncology Surgery Unit, Stanley Dudrick's Memorial Hospital, Skawina,* [2]*Department of Pediatric Surgery, Medical University of Bialystok, Bialystok,* [3]*Chair of Epidemiology and Preventive Medicine, Jagiellonian University Medical College, Krakow, Poland*

Rationale: In some studies taurolidine lock helped to reduce the incidence of catheter-relater bloodstream infections (CRBSIs) during home parenteral nutrition (HPN). It has never been studied in patients with a relatively low CRBSI rate. Therefore, the aim of this study was to analyze the clinical value of taurolidine in HPN patients with a low infection rate.
Methods: The CRBSI ratio at Skawina and Bialystok HPN centers has remained at 0.3–0.4 episodes/patient/year for the last eight years. In November 2012, 30 patients (17 M, 13 F, mean age 52.3 years) were randomized to one of three groups: 2% taurolidine lock (group A), 1.35% taurolidine + citrate lock (B), and control – saline flush (C). Patients were observed for 12 consecutive months for catheter-related complications.
Results: The total number of catheter days reached 10 968, with the following number of days per group: group A, 3658; group B, 3650; and group C, 3660. No complications were observed in the control group, while patients in the study groups suffered from one catheter infection (group A) and one occlusion (group B). The CRBSIs were treated successfully with antibiotics. The cost of treatment in groups A and B was significantly higher than that in group C ($p < 0.05$).
Conclusion: The study did not show any clinical value of taurolidine in HPN patients with a low infection rate.

Disclosure of Interest: S. Klek Speaker bureau of: B Braun Nutricia Baxter Fresenius Nestle, K. Szczepanek: None Declared, A. Hermanowicz: None Declared, A. Galas: None Declared.