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Summary

DEVELOPMENT AND INTERNAL-EXTERNAL VALIDATION OF A DYNAMIC MULTIVARIABLE PREDICTION MODEL FOR ADVANCED COLORECTAL NEOPLASIA IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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A dynamic multivariable prediction model for advanced colorectal neoplasia in inflammatory bowel disease patients, based on eight clinical predictors and pooled data from six surveillance cohorts, demonstrated moderate to good discrimination and good calibration.

KEY POINTS

- The model includes eight predictors: extensive disease, prior dysplasia, primary sclerosing cholangitis, male sex, IBD type, post-inflammatory polyps, age, and maximal endoscopic inflammation.
- Among 3,731 IBD patients followed for a median of 5.7 years (26,336 patient-years), 146 individuals developed advanced colorectal neoplasia (57 high-grade dysplasia, 89 colorectal cancer).
- The model achieved a c-statistic of 0.74 for 5-year and 0.75 for 10-year prediction windows, with 90% of 10-year predicted risks between 0.9% and 18.7%.
- Model discrimination improved when restricted to data from 2010 onwards; generalizability results varied across cohorts and should be interpreted with caution due to varying cohort sizes.
- The authors state that formal external validation, relating predicted risks to surveillance intervals, and evaluation in clinical practice are needed before clinical application.

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