THE POCER INDEX: APPLICATION OF A NOVEL ENDOSCOPIC SCORE IN A REAL-LIFE COHORT OF PATIENTS WITH CROHN'S DISEASE AFTER SURGERY

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In a retrospective cohort of 103 Crohn's disease patients post-ileocolonic resection, the POCER Index and Rutgeerts score showed moderate correlation and complementary predictive performance for postoperative recurrence and clinical relapse.

KEY POINTS

- At 6 months postoperatively, 48.3% of patients had postoperative recurrence by Rutgeerts score versus 16.5% by POCER score, with moderate correlation (r=0.613) between the scoring systems.
- Rutgeerts score ≥ 2 at 6-12 months predicted clinical relapse at 18-24 months with higher sensitivity (88.24%) but lower specificity (58.82%), while POCER ≥ 2 showed lower sensitivity (35.29%) but higher specificity (86.42%).
- A combined mean score ≥ 1.5 (Rutgeerts plus POCER divided by two) predicted clinical relapse with AUROC 0.768, sensitivity 88.24%, and specificity 67.06%, potentially outperforming either score alone.
- All patients received prophylactic biologic therapy (48% adalimumab, 27% infliximab, 17% ustekinumab, 7% vedolizumab), and 63% had at least one risk factor for recurrence (smoking or penetrating disease).

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