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Summary

PALLIATIVE DRAINAGE BY ERCP IN MALIGNANT DISTAL BILIARY OBSTRUCTION – A MULTICENTRE COHORT STUDY: CAN WE PREDICT THE 90-DAY MORTALITY FOLLOWING STENT PLACEMENT?

Inês Costa Santos

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A Portuguese multicentre study of 217 patients identified four independent predictors of 90-day mortality after ERCP-guided biliary stenting for unresectable malignant obstruction and developed a prediction model with AUROC 0.833.

KEY POINTS

- Independent predictors of 90-day mortality were primary tumour size less than 3 cm (OR 0.394), stage IV disease (OR 3.776), intrahepatic biliary obstruction (OR 3.727), and palliative chemotherapy after ERCP (OR 0.44).
- The prediction model achieved an AUROC of 0.833 with 73.9% sensitivity and 76.3% specificity at optimal cut-off, with scores below 0.2 indicating low mortality risk and scores at or above 0.9 indicating high risk.
- All predictive factors can be determined before ERCP, potentially enabling pre-procedure risk stratification to guide selection of appropriate palliative strategies.
- The cohort included 217 patients (mean age 74 years) with pancreatic cancer (53.5%) and cholangiocarcinoma (26.7%) as the most common primary tumours, with metallic stents used in 53.9% of cases.

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