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Summary

# PERFORMANCE OF PREDICTIVE SCORES FOR SUCCESSFUL BILIARY DRAINAGE AFTER ERCP-GUIDED STENTING IN UNRESECTABLE MALIGNANT BILIARY OBSTRUCTION – A MULTICENTRE COHORT STUDY

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**A Portuguese multicentre retrospective cohort study (N=217) externally validated two predictive scores for clinical success after ERCP-guided biliary stenting in unresectable malignant biliary obstruction, finding that the 6-week complete clinical success score demonstrated good accuracy (AUROC 0.737) while the 2-week early success score did not perform well (AUROC 0.597).**

## KEY POINTS

- In the cohort, 81.9% of patients (113/138 with available data) achieved ≥50% reduction in total bilirubin within 2 weeks after stenting, and 55% (72/131) achieved normalization within 6 weeks.
- The predictive score for complete clinical success at 6 weeks (using pre-endoscopic total bilirubin, presence/absence of extrahepatic biliary obstruction, and stent type) had an AUROC of 0.737 (95% CI 0.650-0.825, p<0.001), comparable to the original validation cohort (AUROC 0.76).
- The predictive score for early clinical success at 2 weeks (using extrahepatic obstruction, peritoneal carcinomatosis, stent type, and pre-endoscopic alkaline phosphatase) had an AUROC of 0.597 (95% CI 0.471-0.723, p=0.13), indicating poor discriminative ability.
- The complete clinical success score can be applied before ERCP since all variables are determinable pre-endoscopically or at the time of procedure, potentially informing management and follow-up strategies.

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