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Summary

# COULD BEST-J ALSO BE BEST-E? VALIDATION OF A PREDICTING MODEL FOR DELAYED BLEEDING AFTER GASTRIC ENDOSCOPIC SUBMUCOSAL DISSECTION ON A EUROPEAN SAMPLE

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

**The BEST-J score, a Japanese-developed risk prediction model for delayed bleeding after gastric endoscopic submucosal dissection, demonstrated excellent accuracy when validated in a European cohort of 161 patients.**

## KEY POINTS

- The BEST-J score showed an AUC of 0.907 (95%CI 0.801-1.000, p<0.001) for predicting delayed bleeding in the European sample, with a cut-off of ≥3 points achieving 90% sensitivity and 92% specificity.
- Among 161 patients undergoing gastric ESD, 10 (6.2%) experienced delayed bleeding with a median time to bleeding of 7 days.
- The score stratifies risk using clinical factors including anticoagulant use (vitamin K antagonists or direct oral anticoagulants +4 points each), antiplatelet use (+2 points), chronic kidney disease (+3 points), and lesion characteristics (≥30mm, multiple lesions, or lower-third location +1 point each).
- Risk categories distributed as 68.9% low risk (0-1 points), 18.0% intermediate (2 points), 9.9% high (3-4 points), and 3.1% very high (≥5 points).
- The authors suggest the validated score may help guide selection of patients for prophylactic therapies after gastric ESD in European populations.

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