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Summary

MIG (CXCL9) CHEMOKINE IS A KEY BIOMARKER THAT DISCRIMINATES BETWEEN PEDIATRIC IBD PATIENTS AND NON-IBD PATIENTS IN A NOVEL BIOMARKER MODEL

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IBD

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A study of 95 pediatric patients undergoing first diagnostic colonoscopy found that serum biomarkers, particularly MIG, can predict IBD diagnosis with 0.84 classification accuracy, though biomarkers did not reliably predict disease subtype or progression to biologic treatment.

KEY POINTS

- Six biomarkers (IL22, IL8, TARC, GROA, MIG, and IL18) were strongly associated with pediatric IBD diagnosis on univariate analysis and Volcano plot
- MIG was identified as the key biomarker to discriminate between pediatric IBD patients and non-IBD patients using SPLS-DA analysis
- Classification accuracy for predicting IBD diagnosis improved from 0.70 cross-validated AUROC to 0.84 using SPLS-DA methodology
- The prediction model did not successfully predict disease subclasses (Crohn's disease versus ulcerative colitis) or progression to biologic treatment within one year
- This research may be relevant to clinicians seeking less invasive diagnostic approaches for pediatric IBD, given that endoscopy requires general anesthesia in children

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