PREDICTION OF MORTALITY CAUSED BY OTHER CAUSES THAN ESOPHAGEAL ADENOCARCINOMA AFTER SUCCESSFUL ENDOSCOPIC ERADICATION THERAPY FOR BARRETT'S NEOPLASIA USING THE CHARLSON COMORBIDITY INDEX

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 16, 2023

The Charlson Comorbidity Index accurately predicts mortality from causes other than esophageal cancer in patients successfully treated with endoscopic eradication therapy for Barrett's esophagus neoplasia.

KEY POINTS

- In 1,154 patients followed for a median 59 months after successful endoscopic eradication therapy, 154 patients (13%) died from unrelated causes, with baseline Charlson Comorbidity Index scores significantly higher in those who died (4.0) versus those alive (2.9).
- Mortality risk increased with higher Charlson Comorbidity Index quartiles: 7% for scores under 2, 11% for 2-3, 21% for 3-4, and 27% for scores above 4.
- The Charlson Comorbidity Index demonstrated acceptable discrimination with a C-statistic of 0.78 (95% CI 0.72-0.84) and reasonable calibration, with results confirmed as robust through sensitivity analyses.
- The authors conclude this simple score could be used to guide patient-tailored management decisions, such as when to stop follow-up after successful treatment, accounting for mortality risk from causes other than recurrent disease.

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