

FAECAL CALPROTECTIN IS A NON-SPECIFIC MARKER OF INFLAMMATION IN ADULTS OVER THE AGE OF 50

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Poster

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A retrospective study of 247 patients over age 50 found faecal calprotectin had high sensitivity but low specificity and positive predictive value for inflammatory bowel disease, raising questions about its diagnostic utility in older adults.

KEY POINTS

- Among 247 patients over 50 (median age 61) who underwent FC testing followed by colonoscopy, 6% were diagnosed with IBD and 16% with other significant gastrointestinal pathology including colorectal cancer, polyps over 1cm, microscopic colitis, or infectious colitis.
- Using a 50µg/g cut-off, FC had 93.8% sensitivity for IBD versus no significant organic pathology but only 46.4% specificity and 12.7% positive predictive value; raising the cut-off to 150µg/g improved specificity to 70.3% but positive predictive value remained low at 18.6%.
- All five colorectal cancer patients had FC above 50µg/g, though only three exceeded 150µg/g; FIT testing showed 75% sensitivity and 71.3% specificity for IBD at 10µg/g cut-off.
- The authors suggest the low specificity may reflect high prevalence of other colonic pathology in older adults that can mildly elevate FC, and call for prospective studies to clarify FC's role in this age group.
- This material is relevant to clinicians evaluating the utility of faecal calprotectin testing in patients over 50 with gastrointestinal symptoms.

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