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Summary

# THE DUBLIN SCORE: A NEW VISION FOR ASSESSMENT OF ULCERATIVE COLITIS

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**A retrospective study of 50 ulcerative colitis patients found that the DUBLIN score, which combines disease activity and extent, correlated strongly with UCEIS and inflammatory markers but did not demonstrate superior performance to UCEIS alone.**

## KEY POINTS

- The DUBLIN score showed statistically significant correlation with UCEIS (r=0.913, p<0.0001), Nancy histological index (r=0.857, p<0.0001), and CRP (r=0.660, p<0.0001).
- Both DUBLIN score and UCEIS were significantly associated with disease extension (p<0.0001), need for colectomy (p<0.0001), and need for immunomodulators, but not with need for biotherapy.
- For predicting treatment failure at follow-up (occurring in 40% of patients), AUROC was 0.913 for DUBLIN score versus 0.924 for UCEIS.
- The DUBLIN score did not demonstrate superior performance to UCEIS despite its additional assessment of disease extent and its correlations with inflammatory and clinical markers.

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