

VALIDATION OF THE BEST-J SCORE, A PREDICTION MODEL FOR DELAYED BLEEDING AFTER GASTRIC ENDOSCOPIC SUBMUCOSAL DISSECTION, IN A WESTERN CENTER

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Poster

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The BEST-J score, originally validated in Asian populations, demonstrated acceptable accuracy for predicting delayed bleeding after gastric endoscopic submucosal dissection in a Western cohort.

KEY POINTS

- In 252 gastric ESD procedures at a Western tertiary center, the BEST-J score showed acceptable predictive accuracy for delayed bleeding with an AUC of 0.777 and negative predictive value of 99.1% at a cut-off score of 3 or higher.
- Five patients (2.0%) experienced delayed bleeding with a median time to bleeding of 11 days, while 81.3% of procedures were classified as low risk (0-1 points) by the BEST-J score.
- The optimal cut-off value of 3 or higher matched the original high-risk threshold and had 60.0% sensitivity and 88.7% specificity for predicting delayed bleeding.
- The authors conclude the BEST-J score is particularly useful for identifying low-risk patients and serves as a clinical decision-making support tool in Western populations.

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