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Summary

HEAD TO HEAD COMPARISON OF A RAPID AND A CONVENTIONAL FECAL CALPROTECTIN KIT AS PREDICTOR OF CLINICAL SCORE IN ULCERATIVE COLITIS AND CROHN'S DISEASE

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A new rapid fecal calprotectin kit using polyclonal antibodies showed better specificity for predicting clinical remission in inflammatory bowel disease patients compared to a standard commercial kit in a study of 36 patients.

KEY POINTS

- The rapid fecal calprotectin kit (RFC) predicted endoscopic remission with 100% specificity at a cut-off of 139 µg/g in both ulcerative colitis and Crohn's disease patients, while the standard commercial kit required a higher cut-off of 246 µg/g to achieve comparable specificity of 96.3-96.4%.
- In patients in clinical remission, the RFC kit measured lower mean calprotectin values with upper confidence intervals close to the normal limit (60 µg/g in UC, 69 µg/g in CD), whereas the standard kit measured values almost three times higher than normal in remission.
- The study included 16 ulcerative colitis and 20 Crohn's disease patients on maintenance therapy evaluated every three months from May 2022 to March 2024 using validated clinical scoring systems.
- Both kits showed significant area under the curve in ROC analysis for predicting remission ($p<0.0001$), but the standard kit's sensitivity decreased to 52.2-71.4% at the higher cut-off needed for adequate specificity.

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