Modified colorectal CA screening score improves risk prediction

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(HealthDay)—A modified colorectal cancer screening score improves

risk prediction of advanced neoplasia, according to a study published online May 31 in the *Journal of Gastroenterology and Hepatology*.

Joseph J.Y. Sung, M.D., Ph.D., from the Chinese University of Hong Kong, and colleagues validated a modified risk algorithm based on the Asia Pacific Colorectal Screening (APCS) score for prediction of advanced neoplasia. A random sample of 3,829 Chinese asymptomatic screening participants undergoing a colonoscopy acted as the derivation cohort; performance of the score was assessed in 1,915 subjects in a validation cohort.

The researchers found that the prevalence of advanced neoplasia was 5.4 and 6.0 percent in the derivation and validation cohorts, respectively. In multivariate regression analysis, old age, male gender, family history of colorectal cancer, smoking, and body mass index (BMI) were significant predictors. Better predictive capability and lower number needed to screen were seen for a BMI cut-off of >23 kg/m^2 versus >25 kg/m^2. Within the validation cohort, 8.4, 57.4, and 34.2 percent were categorized as average risk, moderate risk, and high risk, respectively, with corresponding prevalence of advanced neoplasia of 3.8, 4.3, and 9.3 percent. Compared with using predictors of APCS alone, the c-statistics of the modified score had better discriminatory capacity (c-statistics, 0.65 versus 0.60).

"Incorporating BMI into the predictors of APCS score was found to improve risk prediction of advanced neoplasia and reduce colonoscopy resources," the authors write.

More information: Abstract
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