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Inflammatory bowel disease I
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INTEROBSERVER AGREEMENT OF THE MONTREAL CLASSIFICATION PARAMETERS IN CROHN'S DISEASE AND ULCERATIVE COLITIS, AS CAPTURED IN THE INFLAMMATORY BOWEL DISEASE INFORMATION SYSTEM (IBDIS) - A EUROPEAN CROHN'S AND COLITIS ORGANISATION (ECCO) SUPPORTED PROJECT

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INTRODUCTION: Montreal Classification was developed as a simple tool to categorize Crohn's Disease (CD) and Ulcerative Colitis (UC) based on clinical variables. However, this classification has not been formally subjected to a validation process. We determined interobserver agreement (IOA) of those variables as captured on a web-based documentation system supporting electronic patient records.

AIMS & METHODS: 15 records of patients with CD (n = 12) or UC (n = 3) were independently evaluated by 41 observers, who were members of ECCO and Young ECCO from 22 different countries and data entered using a standardized inflammatory bowel disease information system (IBDIS), which also captures the Montreal Classification. IOA was calculated as a percentage of the observers' agreement with a predetermined reference observer and by Cohen's kappa.

RESULTS: Among the 41 observers 25 were clinical consultants and 16 were trainees. In CD patients, IOA for age at diagnosis, location and perianal disease was 91% (CI% = +/-2.6%), 84% (k = 0.69) and 100% (k = 1.00), respectively. However, IOA for behavior (B1, B2, B3) was 62% (k = 0.41). In comparison kappa for behavior as reconstructed from investigations as directly entered into IBDIS was k = 0.77, (p < 0.0001 versus MC). In UC patients, IOA for extent and severity was 85% (k = 0.79) and 88% (k = 0.83), respectively.

CONCLUSION: We conclude that there is an appreciably low IOA on the behavior of CD, whereas all other Montreal Classification parameters have a very good IOA as captured in IBDIS. The moderate IOA on behavior may have a substantial impact on results from studies aiming to draw robust conclusions from this variable's association.