**Value of fecal Calprotectin in IBD:**

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  “The first study to show that fecal calprotectin is equally sensitive in colonic and small bowel CD.”

- **Mindemark, M. & Larsson, A. 2012**, Ruling out IBD: Estimation of the possible economic effects of pre-endoscopic screening with F-calprotectin, *Clinical Biochemistry*
  
  “The estimated demand for colonoscopies was reduced by 50 % to 67 %. This corresponded to a cost avoidance of approximately up to € 2.13 million.”

**Diagnosis of IBD patients:**

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  “…we demonstrated, that the diagnostic accuracy of monoclonal antibody testing of calprotectin is superior to both polyclonal antibody testing…”

  
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- **Labaere, D. et al., 2014**, Comparison of six different calprotectin assays for the assessment of inflammatory bowel disease, *United European Gastroenterology Journal*
  
  “The Elia [Phadia] cut off for diagnosis was optimal at a level of 15 mg/g. This is as low as the detection limit of the assay, which is analytically unacceptable.”

- **Manz, M. et al., 2012**, Value of fecal calprotectin in the evaluation of patients with abdominal discomfort: an observational study, *BMC Gastroenterology*
  
  “All together, those results support the concept that fecal calprotectin is a useful marker in the evaluation of patients with abdominal discomfort…”

- **Sydora, M. J. et al., 2012**, Validation of a point-of-care desk top device to quantitate fecal calprotectin and distinguish inflammatory bowel disease from irritable bowel syndrome, *Journal of Crohn’s and Colitis*
  
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- **Turvill, J. et al., 2018**, Evaluation of the clinical and cost-effectiveness of the York Faecal Calprotectin Care pathway, *Frontline Gastroenterol*
  
  “The sensitivity and specificity of the York Faecal Calprotectin Care Pathway (YFCCP) are 0.94…and 0.92…”

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- **Berinstein, J.A. et al., 2019**, The Clinical Accuracy of the BÜHLMANN fCAL ELISA in the Differentiation of Inflammatory Bowel Disease From Irritable Bowel Syndrome: A Multicenter Prospective Case-Control Study, *Crohn’s & Colitis 360*
  
  “In differentiating IBD from IBS, the BÜHLMANN fCAL ELISA is very sensitive (93.3%) at a cutoff <80 μg/g and balanced sensitivity (84.4%) and specificity (85.4%) at a cutoff >160 μg/g (AuROC 0.933).”
• Pavlidis, P. et al., 2013, Diagnostic accuracy and clinical application of faecal calprotectin in adult patients presenting with gastrointestinal symptoms in primary care, *Scandinavian Journal of Gastroenterology*

  “This study provides the first evidence on the use of fCal [BÜHLMANN fCAL® ELISA] testing in primary care….to be used as part of the pathway for management of patients with suspected IBS.”

• Seenan, JP. et al., 2015, Are we exposing patients with a mildly elevated faecal calprotectin to unnecessary investigations?, *Gastroenterology*

  “we propose an alternative diagnostic approach of repeating the FC after 6-8 weeks in patients with values of 100-200 µg/g.”

• Walsham and Sherwood, 2016, Fecal calprotectin in inflammatory bowel disease, *Clinical and Experimental Gastroenterology*

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  “Routine fecal calprotectin testing in children with CD in clinical remission is useful to predict relapse.”


  “The area under the curve (AUC) for discrimination between subgroup of patients in remission vs moderate disease was 0.90 with cut-off level of 300 µg/g and sensitivity 0.89, specificity 0.82.”

• Peura, S. et al., 2017, Normal values for calprotectin in stool samples of infants from the population-based longitudinal born into life study, *Scand J Clin Lab Invest*

  “To conclude, determining the upper limits for normal values enable the use of the turbidimetric immunoassay as a diagnostic tool for gastrointestinal disorders in children under 2 years, facilitating fast and cost-efficient monitoring of gastric inflammation.”

• Prell, C. et al., 2014, Comparison of three tests for faecal calprotectin in children and young adults: a retrospective monocentric study, *BMJ Open*

  “In conclusion, measurement of FC in paediatric patients with unspecific symptoms is very helpful in order to avoid invasive procedure.”


  “…we present the first correlation study of rapid POC calprotectin testing in a pediatric IBD cohort in the United States.”

• Rodriguez-Belvis, M. V. et al., 2019, Normal fecal calprotectin levels in healthy children are higher than in adults and decrease with age, *Paed & Child Health*

  “Normal FC values in healthy children (particularly in infants) are higher than those considered to be altered in adults and show a negative correlation with age. It is necessary to reconsider the upper limits of FC levels for paediatric patients according to age,...”

• Zhu, Q. et al., 2016, Fecal Calprotectin in Healthy Children Aged 1-4 Years, *PLOS ONE*

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- Burri, E. et al., 2014, Diagnostic yield of endoscopy in patients with abdominal complaints: incremental value of faecal calprotectin on guidelines of appropriateness, *BMC Gastroenterology*
- Calafat, M. et al., 2015, High Within-day Variability of Fecal Calprotectin Levels in Patients with Active Ulcerative Colitis: What Is the Best Timing for Stool Sampling? *Inflamm Bowel Dis*
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- Dhaliwal, A. et al., 2014, Utility of faecal calprotectin in inflammatory bowel disease (IBD): what cut-offs should we apply? *Frontline Gastroenterology*
- Du, L. et al., 2016, Within-Stool and Within-Day Sample Variability of Fecal Calprotectin in Patients With Inflammatory Bowel Disease, *J Clin Gastroenterol*
- Ferreiro-Iglesias, R. et al., 2015, Usefulness of a rapid faecal calprotectin test to predict relapse in Crohn’s disease patients on maintenance treatment with adalimumab, *Scandinavian Journal of Gastroenterology*
- Frin, A-C. et al., 2016, Accuracies of fecal calprotectin, lactoferrin, M2-pyruvate kinase, neopterin and zonulin to predict the response to infliximab in ulcerative colitis, *Digestive and Liver Disease*
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