**Chronic Pancreatitis Prognosis Score (COPPS): Preliminary Results From a Prospective Multicenter, International Validation Study.**

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**Background:** We recently developed a multivariate scoring system for chronic pancreatitis using BMI, pain, CRP, platelets and HbA1c. COPPS allowed objective monitoring of disease severity, determining risk for readmission to hospital and length of hospital stay in a prospective development cohort and retrospective validation cohort, recruited in Germany and Denmark (Beyer G et al. Gastroenterology. 2017). The predictive performance of COPPS in a diverse population is unknown. Here we validate COPPS in an international cohort of chronic pancreatitis patients.

**Methods**: We prospectively recruited 252 patients between 04/2016 and 01/2018 with chronic pancreatitis from 8 centers in Europe, Japan, India and North America. At baseline COPPS, demographics and etiological factors were recorded. Patients were followed for one year. The primary end-point was number of readmissions to hospital and the combined length of all hospital stays during that period. The study was approved by IRB of all centers.

**Results**: Of 252 included patients 220 had full data available for analysis (26,4% female, median age at diagnosis 50 years, alcohol and idiopathic most common etiology). Mean COPPS was 8.06 points (SD ±1.84), with 46, 122 and 52 patients in the respective COPPS category A, B, C. Mean number of hospital admissions during follow-up was 1,07 (SD ±1.60) with a mean number of 9,63 days (SD ±23.35) spent in hospital. COPPS correlated with both primary endpoints (p<0,01). Patients with COPPS category B, C had a significantly higher risk for readmission (p<0,05). Regular bootstrapping with 1000 repeats excluded significant bias.

**Conclusion**: Chronic Pancreatitis Prognosis Score (COPPS) reliably predicts the risk for readmission in a large, prospective, international cohort of patients with chronic pancreatitis. This supports the potential value of COPPS as a reliable tool for severity grading of chronic pancreatitis. Recruitment to this cohort will continue until a final number of 500 subjects is reached.