**Caries Risk Prediction models in medical healthcare setting**

Table 2. Evaluation of medical CRA models predicting caries risk at 2 years

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| --- | --- | --- | --- | --- | --- | --- |
| *Model I-A: All lesions (ICDAS codes 2-6)* | | | | | | |
| Adjusted\* N | AUC (95%CI) | Cut-off | Sensitivity | Specificity | Accuracy§ | Pseudo R2 |
| 276 | 0.81 (0.75-0.87) | 0.213 | 78 | 73 | 74 | 0.33 |
| *Model I-B: Moderate-extensive lesions (ICDAS codes 3-6)* | | | | | | |
| Adjusted\*\* N | AUC (95%CI) | Cut-off | Sensitivity | Specificity | Accuracy§ | Pseudo R2 |
| 299 | 0.91 (0.85-0.97) | 0.067 | 83 | 87 | 87 | 0.35 |

\*Risk predictors (17) in Model I-A: ***Prenatal factors-*** Ethnicity, maternal childbearing age, maternal occupation, parity status, history of chronic maternal illness, monthly household income, prenatal tobacco smoke exposure; ***Peri-natal factor***: mode of delivery; ***Post-natal factors:*** History of allergies before 12 months (runny nose: 9-12 months; itchy rashes: 6-12 months), history of allergy before first tooth eruption (runny nose, itchy rashes), intake of medications (oral medicines: 6-12 months; nebulizers: 9-12 months; antibiotics: 9-12 months; medications for runny nose: 0-12 months), BMI (12 months), history of infection (ear infection/vomiting/diarrhoea) before first tooth eruption, number of teeth present (12 months), duration of breastfeeding (in months), child’s age for first tooth eruption (in months), age of introduction of solid food (in months)

**\*\***Model I-B: Having the same predictors as those of Model I-A, but without monthly household income and mode of delivery (owing to high standard error)

*§Accuracy calculated as [(sensitivity x prevalence of outcome) + (specificity x non-prevalence of outcome)/100].*