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Summary

AI in the endoscopy room: Assistant or disruptor

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Nurses

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Artificial intelligence in colonoscopy increases adenoma detection rate by approximately 22% across all endoscopist skill levels, but requires careful integration into training to avoid de-skilling and maintain endoscopist competence and autonomy.

KEY POINTS

- The speaker reported that AI-assisted colonoscopy increased ADR by 21-22% in meta-analysis and a large US study of over 300,000 procedures across 42 centers with more than 700 endoscopists, with all endoscopists improving regardless of baseline ADR
- AI also increased advanced adenoma detection by 15%, improved sessile serrated lesion detection, and prevented the afternoon performance dip that affects human endoscopists
- The speaker's study found that AI optical diagnosis enabling leave-in-situ strategy maintained oncological benefit while reducing unnecessary polypectomies by 50-80%
- De-skilling remains a concern, with conflicting evidence from studies: a Polish study showed worse performance after AI removal, while a three-year Japanese study found high-performing endoscopists sustained gains and lower performers returned to baseline
- The speaker emphasized that improved performance metrics do not equal improved competence, as AI may cause automation bias and attention hijacking, preventing trainees from developing independent judgment
- The speaker recommended training endoscopists to full competence before AI introduction, using AI as a second reader after forming independent opinions, teaching AI literacy, and testing performance without AI after implementation to ensure autonomy

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