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Summary

From scope to bedside: AI in direct patient care

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Endoscopy

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Artificial intelligence applications beyond polyp detection can improve patient selection, reduce unnecessary procedures, enhance quality assurance, and support clinical decision-making across the colorectal cancer care pathway.

KEY POINTS

- The speaker reported AI-based risk stratification flowcharts can identify very high-risk patients (capturing 20% of colorectal cancers) and very low-risk patients who can safely defer colonoscopy.
- A study by the speaker showed AI-assisted optical diagnosis reduced unnecessary polypectomies by 50-80% without missing adenomas, though the speaker expressed frustration that optical diagnosis remains underutilised even without AI.
- AI quality assurance systems were reported to increase adenoma detection rate by 43% in a meta-analysis, helping identify inadequate cleaning, confirm cecal intubation, and assess mucosal exposure.
- The speaker stated AI reduced capsule endoscopy reading time to nearly 5 minutes and achieved 99.6% sensitivity in triaging positive versus negative biopsies in digital pathology.
- In the Q&A, the speaker acknowledged implementation barriers including limited commercial incentives for some applications, endoscopist resistance to quality-monitoring tools, and generalisability concerns, suggesting scientific societies must promote adoption and that reduced liability could incentivise use of certified AI systems.

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