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Summary

CLINICAL VALIDATION OF POLYDEEP, A COMPUTER-AID DIAGNOSIS SYSTEM: RANDOMISED MULTICENTRE CLINICAL TRIAL WITH TANDEM COLONOSCOPY DESIGN

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Colorectal

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In a multicentric randomised tandem colonoscopy trial, the AI-based Computer-Aided Detection system PolyDeep did not reduce adenoma miss rate when used by experienced endoscopists in a colorectal cancer screening population.

KEY POINTS

- The PolyDeep Advance 2 trial randomised 244 patients (after exclusions) to first colonoscopy with or without PolyDeep assistance in a tandem colonoscopy design, with the primary endpoint of adenoma miss rate.
- Adenoma miss rate was 21.6 percent with PolyDeep assistance versus 17.0 percent without assistance (p=0.2), showing no statistically significant difference.
- No statistically significant differences were observed for any secondary endpoints, including serrated lesion miss rate (23.4 percent vs 24.0 percent), polyp miss rate (22.0 percent vs 19.0 percent), or advanced lesion miss rate (10.9 percent vs 10.4 percent).
- The study population included patients with positive faecal immunochemical test or requiring surveillance after advanced adenoma resection, with 727 colonic lesions detected (66.4 percent adenomas, 23.8 percent serrated lesions).
- This trial is relevant to gastroenterologists and endoscopists evaluating AI-assisted colonoscopy technologies in expert practice settings.

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