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Summary

ARTIFICIAL INTELLIGENCE-ASSISTED DETECTION AND OPTICAL DIFFERENTIATION OF COLORECTAL LESIONS IN LYNCH SYNDROME SURVEILLANCE (CADLY2): AN INTERNATIONAL RANDOMISED CONTROLLED TRIAL

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Colorectal | Endoscopy | Digestive Oncology

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In the largest randomized trial to date involving Lynch syndrome patients, AI-assisted colonoscopy (CADEYE) did not significantly improve adenoma detection compared with conventional white-light endoscopy in expert surveillance centres.

KEY POINTS

- 733 Lynch syndrome patients were randomized 1:1 to conventional white-light endoscopy or AI-assisted colonoscopy across nine European expert centres
- Adenoma detection rate was 30.9% with white-light endoscopy versus 33.8% with AI-assisted colonoscopy (OR 1.14, 95% CI 0.84–1.56, p=0.405)
- No significant differences were observed in adenomas per colonoscopy (0.6 vs 0.5, RR 1.00, p=0.979), advanced adenoma detection rate (9.2% vs 10.2%, p=0.619), or colorectal cancer detection rate (1.9% vs 1.4%, p=0.580)
- AI-based computer-aided diagnosis for optical polyp characterization showed sensitivity of 84.4% and specificity of 90.9%, comparable to endoscopists' performance using NICE or JNET classification
- The incremental benefit of AI-assisted colonoscopy may be limited in expert Lynch syndrome surveillance settings

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