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Summary

UEG Week+ | Interview with Top Abstract Awardee

Pieter Sinonquel

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A novel academic AI system for polyp detection using a second-observer real-time unblinding design did not meet its superiority endpoint, but the AI detected significantly more true adenomas than endoscopists while endoscopists over-called non-neoplastic lesions in an attempt to compete with the system.

KEY POINTS

- The speaker reported that the primary superiority endpoint was not reached; the AI system did not detect significantly more polyps than endoscopists overall.
- Of 115 lesions called polyps by endoscopists but not detected by AI, only 66 (55.7%) were true polyps on histology, whereas of over 86 lesions detected by AI and missed by endoscopists, 82 were confirmed true polyps.
- The AI system was trained on more than 200,000 polyps across three major processor types (Pentax, Fujifilm, Olympus) and included all types of virtual chromoendoscopy and polyp histologies in proportions matching clinical prevalence.
- Mean adenoma detection rate was 34% at baseline and both PDR and ADR significantly increased during the trial, which the speaker attributed to a Hawthorne effect with endoscopists attempting to outperform the AI.
- The study used a unique second-observer real-time unblinding design in which trained observers monitored the AI output and alerted endoscopists only when a detection could not be classified as a clinically irrelevant false positive.
- The speaker disclosed plans to commercialize the system and is developing a next-generation model to differentiate hyperplastic polyps, adenomas, and sessile serrated polyps.

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