

DOES ONE AI FIT ALL? PERFORMANCE OF A DEDICATED BARRETT'S CADE FOR DETECTION OF GASTRIC NEOPLASIA

Pradeep Bhandari

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Poster

Oesophagus

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A commercially available Barrett's esophagus Computer-Aided Detection system demonstrated high sensitivity and specificity for gastro-oesophageal junction neoplasia but poor performance for true gastric neoplasia detection.

KEY POINTS

- The Barrett's CADe system achieved 83.87% sensitivity and 82.50% specificity for gastro-oesophageal junction neoplasia detection in 31 neoplastic and 40 non-neoplastic cases.
- For true gastric neoplasia, the same system achieved only 45.00% sensitivity and 68.42% specificity in 20 neoplastic and 19 non-neoplastic cases.
- Sensitivity was higher for polypoidal gastro-oesophageal junction lesions (87.50%) compared to non-polypoidal gastric lesions (37.50%).
- The authors conclude that Barrett's CADe appears to analyse features beyond morphology alone and that a dedicated CADe system will need to be developed for true gastric neoplasia.
- This study is relevant to endoscopists and developers working on artificial intelligence applications for upper gastrointestinal neoplasia detection.

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