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Summary

# EXISTING ARTIFICIAL INTELLIGENCE SYSTEMS DO NOT IMPROVE SESSILE SERRATED LESION DETECTION: A META-ANALYSIS OF RANDOMIZED CONTROLLED STUDIES

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**Meta-analysis of 12 randomized controlled trials involving 9237 patients found no significant difference in sessile serrated lesion detection between AI computer-aided detection and standard colonoscopy.**

## KEY POINTS

- The pooled SSL detection rate was 4.6% with CADe versus 4.0% with standard colonoscopy, with a risk ratio of 1.15 that was not statistically significant (95% CI 0.95-1.39).
- No significant difference was observed in mean sessile serrated lesions per colonoscopy between the two approaches (mean difference 0.01, 95% CI -0.02 to 0.03).
- When analysis was restricted to screening or surveillance colonoscopy only, results remained non-significant with SSLDR of 5.7% for CADe versus 4.9% for standard colonoscopy (RR 1.15, 95% CI 0.92-1.45).
- The authors suggest that future randomized controlled trials should be designed with SSL as a primary outcome using highly trained AI systems.
- This systematic review and meta-analysis is relevant for gastroenterologists and endoscopists evaluating AI-assisted colonoscopy technologies for serrated lesion detection.

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