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Summary

UEG Week+ | UEG Journal Best Paper Award 2023: AI use in colorectal cancer surveillance of patients with Lynch syndrome

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A pilot randomized trial in 101 Lynch syndrome patients found AI-assisted colonoscopy detected significantly more flat adenomas than white light endoscopy, though overall adenoma detection rates were not significantly different.

KEY POINTS

- The speaker reported adenoma detection rates of 26% with white light endoscopy versus 36% with AI-assisted endoscopy in Lynch syndrome patients, a difference that was not statistically significant in this pilot study.
- Detection of flat lesions (Paris IIb morphology) was significantly higher with AI assistance, stated as 8% in the white light arm versus 34% in the AI arm.
- The study was underpowered, and the speaker stated 764 patients would be needed for adequate statistical power; a follow-up multicenter trial has been initiated with this target enrollment.
- Lynch syndrome is underdiagnosed, with the speaker reporting population risk of 1 in 300 to 340 but only approximately 5% of affected individuals currently identified.
- The speaker stated that in MLH1 mutation carriers, the risk of post-colonoscopy colorectal cancer is up to 40% despite two-year surveillance intervals, highlighting the clinical challenge.
- The speaker recommended that Lynch syndrome patients be managed in dedicated expert centers, a position he stated is endorsed by ESGE guidelines.

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