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Summary

PROSPECTIVE VIDEO-BASED STUDY ASSESSING EFFECT OF COMPUTER-ASSISTED OPTICAL DIAGNOSIS ON DISTINGUISHING SESSILE SERRATED FROM HYPERPLASTIC AND ADENOMATOUS COLORECTAL POLYPS

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Current computer-aided diagnosis systems not trained to recognize sessile serrated lesions do not significantly improve endoscopist diagnostic accuracy for these polyps, though they improve accuracy for hyperplastic polyps and adenomas when correct.

KEY POINTS

- In a video-based study of 17 endoscopists reviewing 115 polyps, current CADx systems misclassified all sessile serrated lesions as either hyperplastic polyps (52.6%) or tubular adenomas (47.4%) because they are not trained to recognize this polyp type.
- Endoscopist accuracy for sessile serrated lesion diagnosis varied widely by experience: expert gastroenterologists 52.3%, trainee gastroenterologists 38.2%, expert surgeons 22.1%, and trainee surgeons 14.9%.
- When CADx displayed a correct diagnosis for hyperplastic polyps or adenomas, endoscopist accuracy improved significantly (hyperplastic polyps 63.7% vs 38.4% without CADx; adenomas 81.5% vs 70.5%), but accuracy worsened when CADx was incorrect (24-25%).
- CADx display did not significantly change endoscopist accuracy for sessile serrated lesions (37.2% with CADx vs 33.1% without, p=0.05), even when an incorrect adenoma or hyperplastic polyp diagnosis was shown.
- This study is relevant for endoscopists using or considering computer-aided diagnosis systems and highlights the need for improved CADx algorithms trained to recognize sessile serrated lesions.

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