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Summary

EFFICACY OF COMPUTER-AIDED DETECTION SYSTEM ON ADENOMATOUS AND SERRATED LESION DETECTION DURING COLONOSCOPY: RESULTS FROM A MULTINATIONAL RANDOMIZED CONTROLLED TRIAL IN THE ASIA-PACIFIC (PROJECT CAD)

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In this Asia-Pacific RCT of 1,373 screening colonoscopy participants, computer-aided detection (CADe) did not improve adenoma detection rate (54.7% vs. 53.9%, p=0.38) but significantly increased sessile serrated lesion detection rate (9.0% vs. 6.0%, OR 1.55), particularly among endoscopists with fewer than 10,000 prior procedures.

KEY POINTS

- CADe assistance showed no significant difference in adenoma detection rate (54.7% CADe vs. 53.9% standard, OR 1.04, 95% CI 0.83–1.30, p=0.38), adenomas per colonoscopy (1.17 vs. 1.24), or advanced adenoma detection rate (5.5% vs. 7.6%).
- Sessile serrated lesion detection rate was significantly higher with CADe (9.0% vs. 6.0%, OR 1.55, 95% CI 1.03–2.33), as was sessile serrated lesions per colonoscopy (0.11 vs. 0.07, RR 1.65, 95% CI 1.09–2.50).
- The SSL detection benefit was observed among endoscopists with 500–4,999 (10.1% vs. 5.4%) and 5,000–9,999 (11.9% vs. 3.6%) prior colonoscopies, but not among those with 10,000 or more procedures (7.0% vs. 7.5%).
- CADe did not prolong withdrawal time (median 9 minutes in both groups for cases without polypectomy) or increase non-neoplastic lesion resection rate (14.7% vs. 13.4%, OR 1.11, 95% CI 0.82–1.50).

– The study enrolled asymptomatic individuals aged 50–79 years undergoing primary screening (75%) or post-FIT colonoscopy (25%), with procedures performed by endoscopists experienced in 500 or more colonoscopies, using multiple approved CADe devices (EndoBRAIN-EYE, ENDO-AID, CAD EYE, WISE VISION).

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