

CADe (SKOUT®) Improves Adenoma Detection Across Almost All Endoscopic and Procedural Factors



Research Goal

Examine endoscopist and colonoscopy procedure-level factors to determine where computer-aided detection devices (CADe) may offer the most benefit for patients and physicians.

Post-hoc analysis of multi—center randomized controlled trial

CADe (SKOUT)

VS

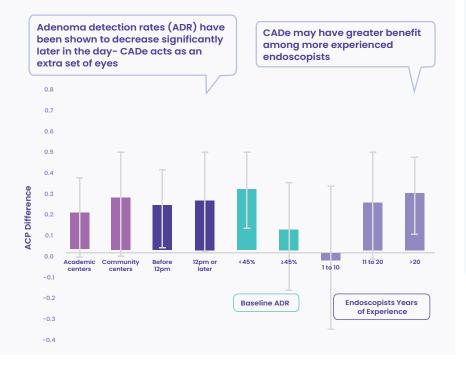
Standard Colonoscopy

Key Results

- CADe (SKOUT) was beneficial across:
 - Academic and community centers
 - All times of day
 - Baseline ADR <45% and >45%

Guidelines for a high-quality colonoscopy, including adequate bowel prep and withdrawal time ≥8 mins, must be maintained with CADe.

Positive APC difference between CADe (SKOUT) and control group for most endoscopic and procedural factors



"Our results show that CADe helps gastroenterologists in both academic and community practices, at all times of the day, with the largest increase for physicians with more than 20 years of experience and those with ADR lower than 45%."



Aasma Shaukat, MD, MPH Robert M. and Mary H. Glickman Professor of Medicine at NYU Grossman School of Medicine & SKOUT clinical trial investigator

Endoscopist and procedure-level factors associated with increased adenoma detection with the use of a computer-aided detection (CADe) device¹



Scan to read the study