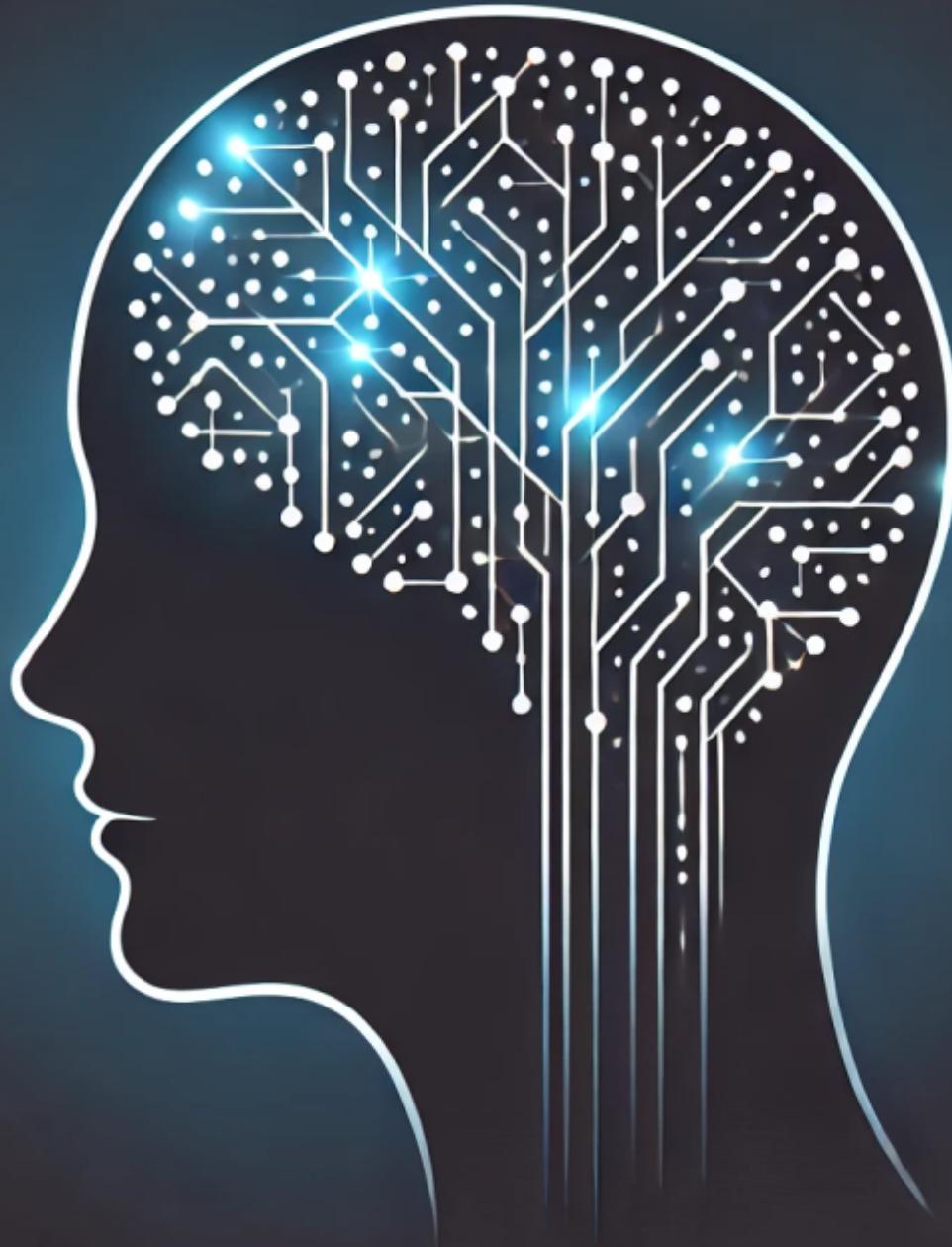


AI in GI

What You Need to Know to Not be Obsolete

Brennan Spiegel, MD, MSHS, FACG

Cedars-Sinai

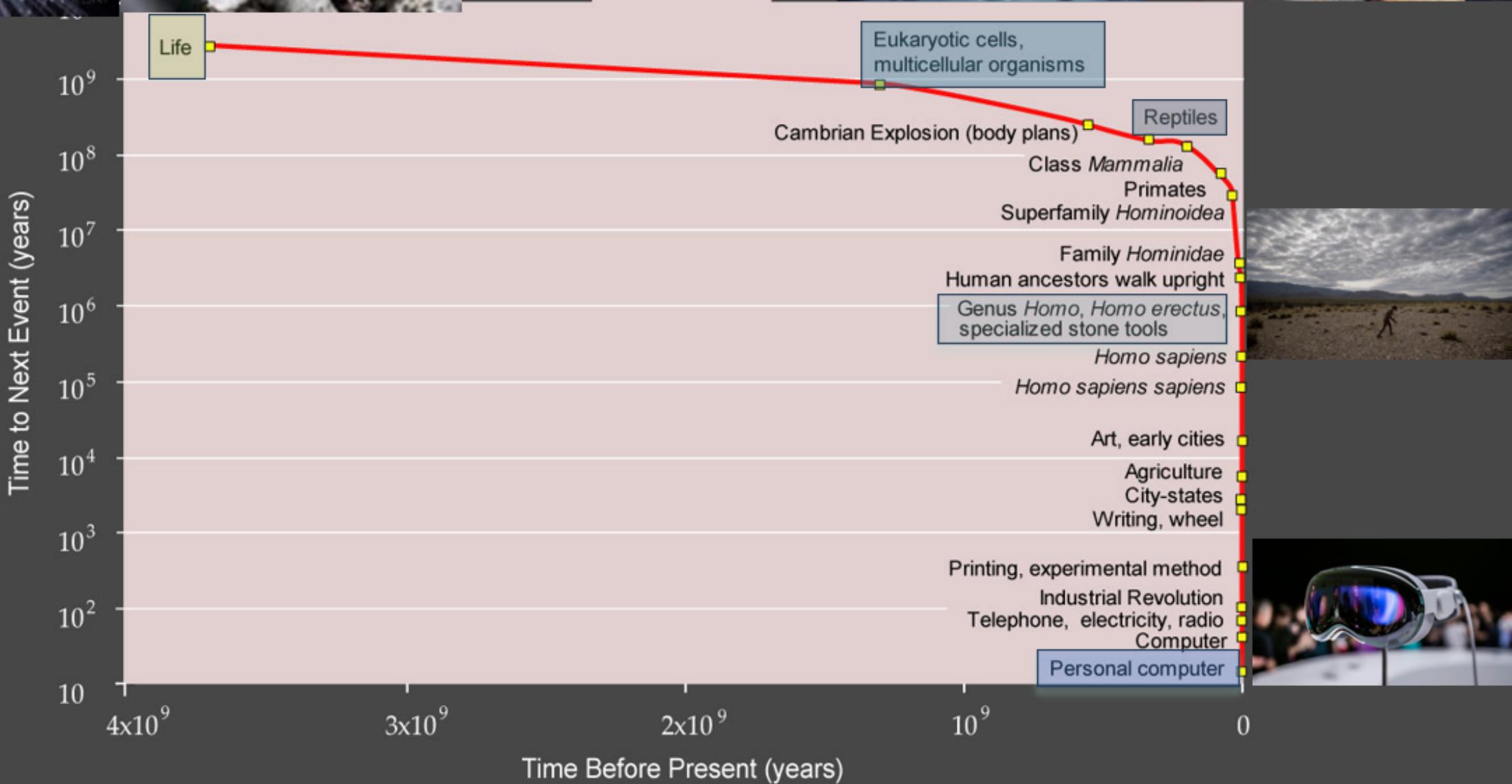




Used under creative commons license



Linear Plot

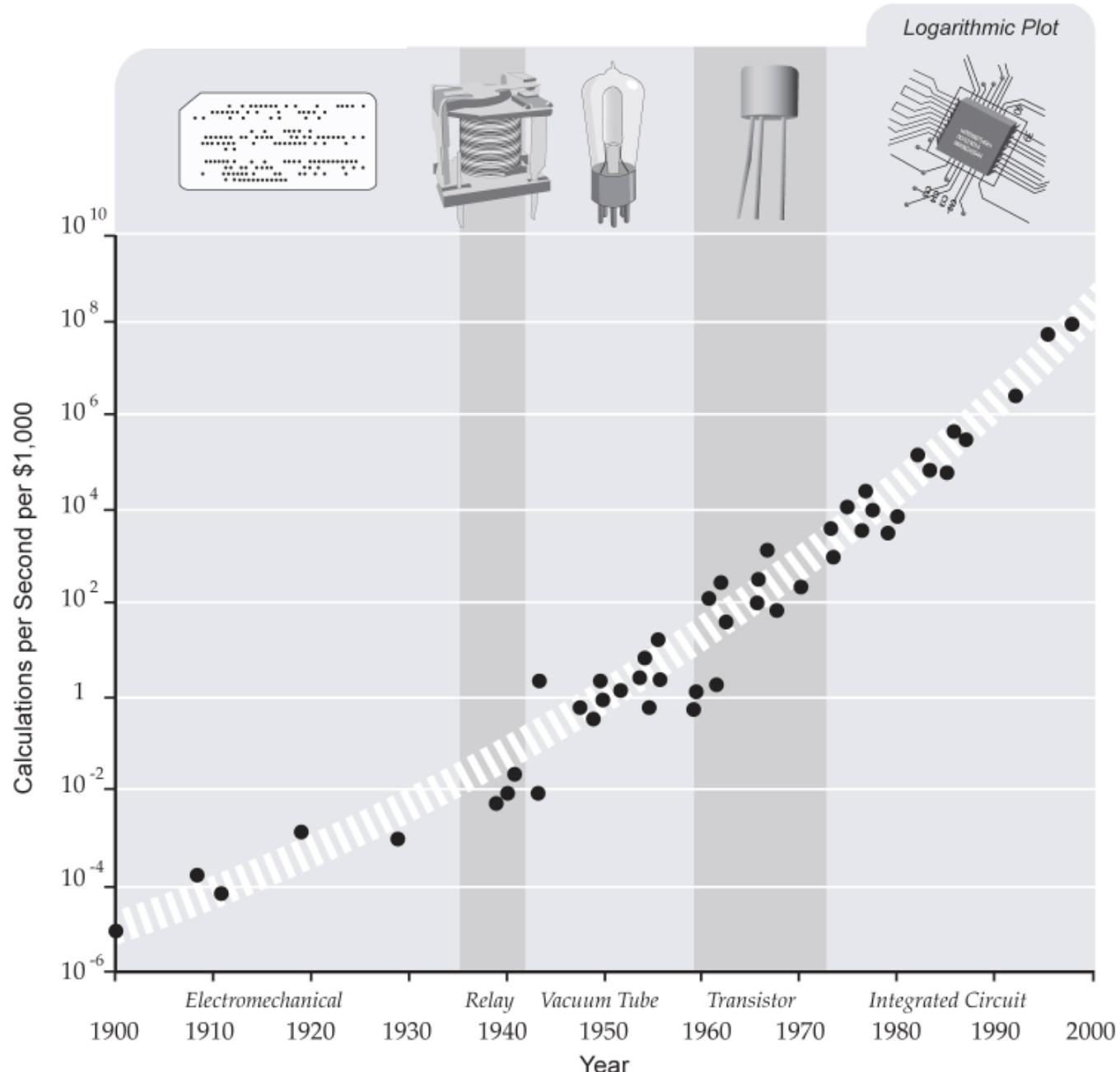


Moore's Law

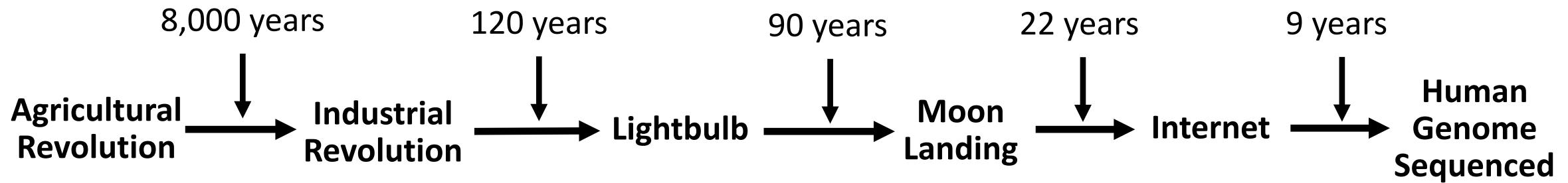
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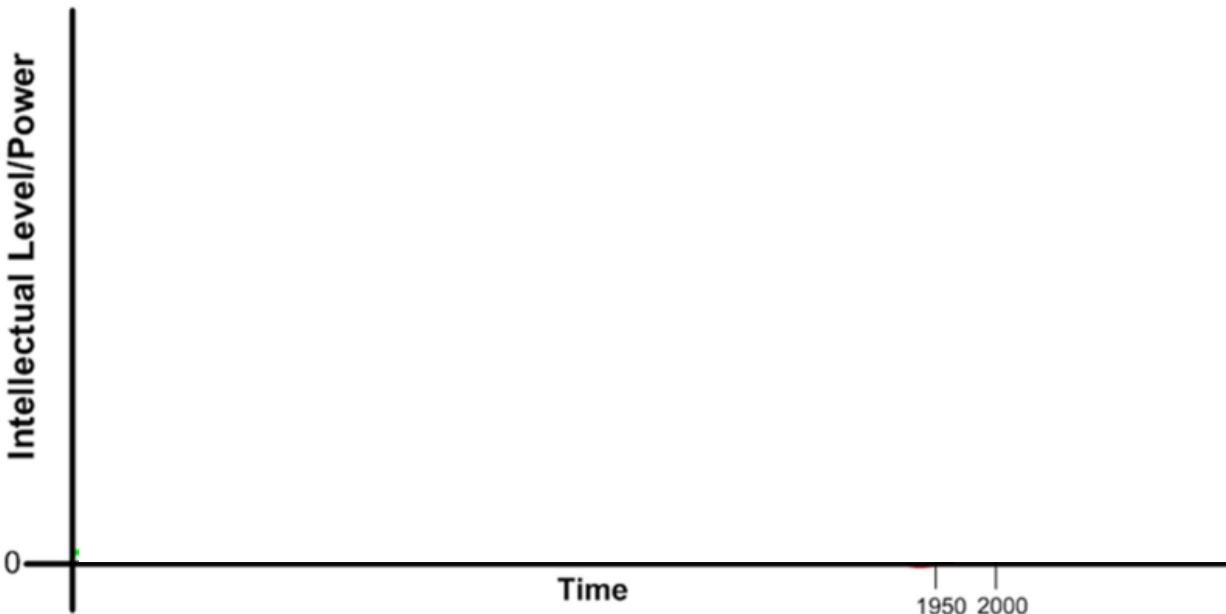
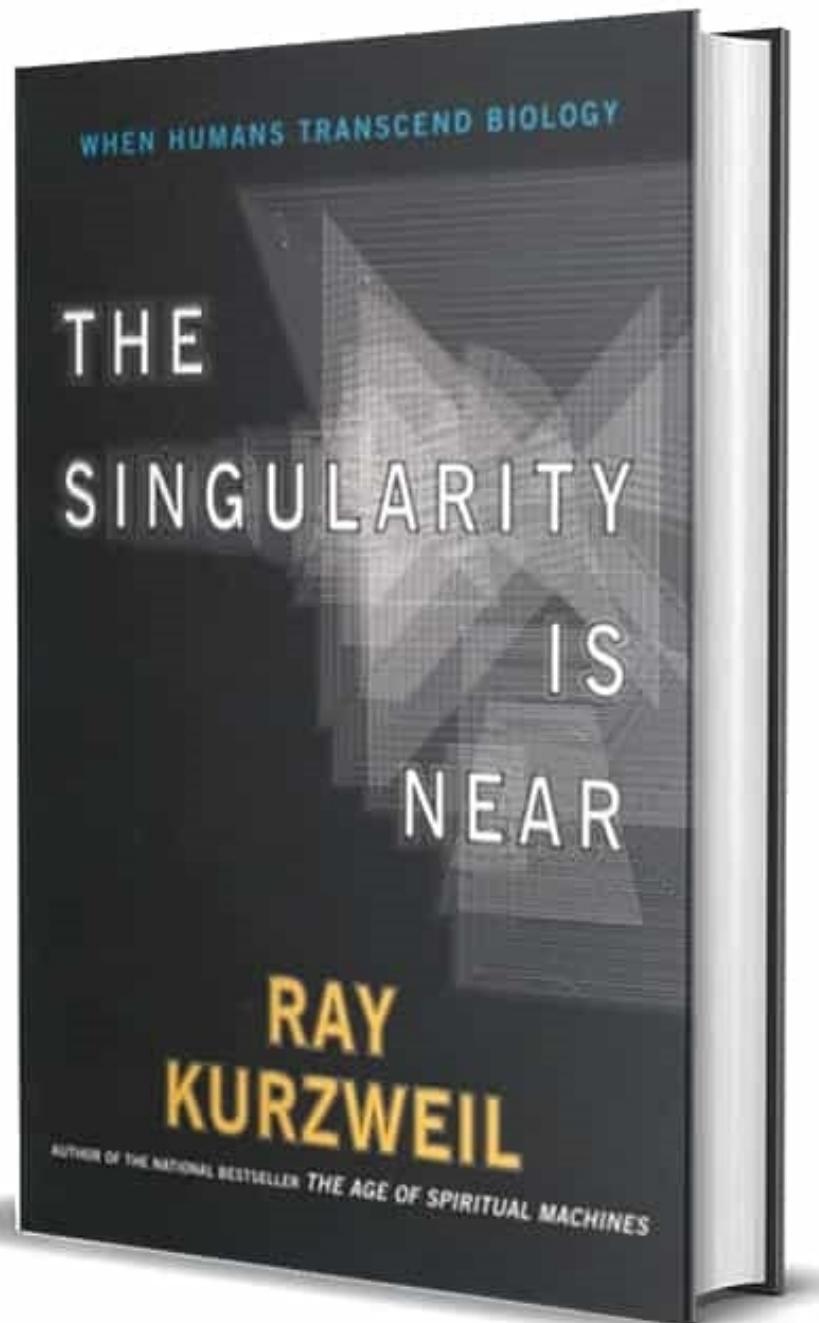
The number of transistors on a chip will double approximately every two years

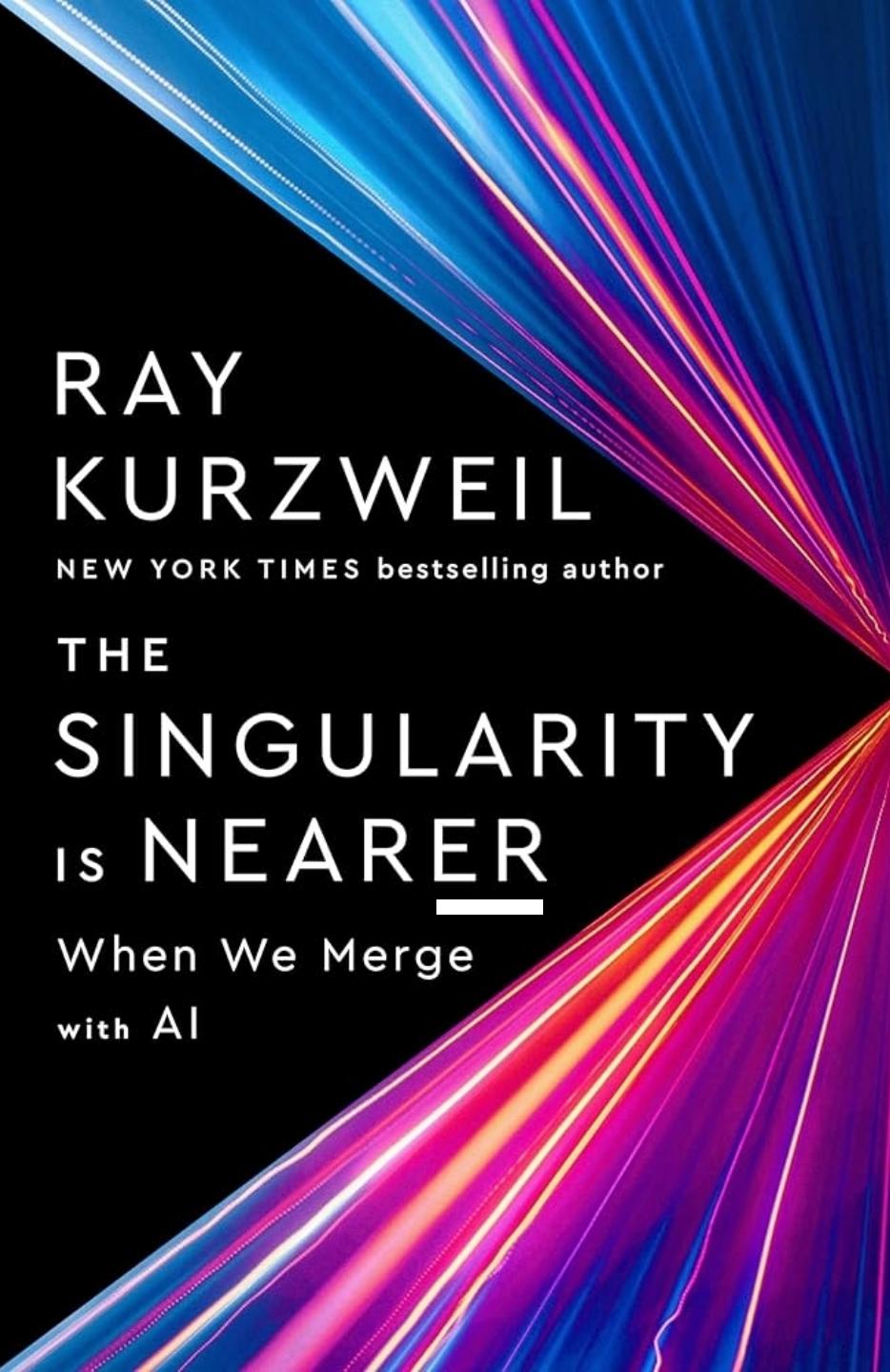
Gordon Moore, Co-Founder
Intel Corporation, 1965



Exponential Growth of Technological Breakthroughs







RAY
KURZWEIL

NEW YORK TIMES bestselling author

THE
SINGULARITY
is NEARER

When We Merge
with AI

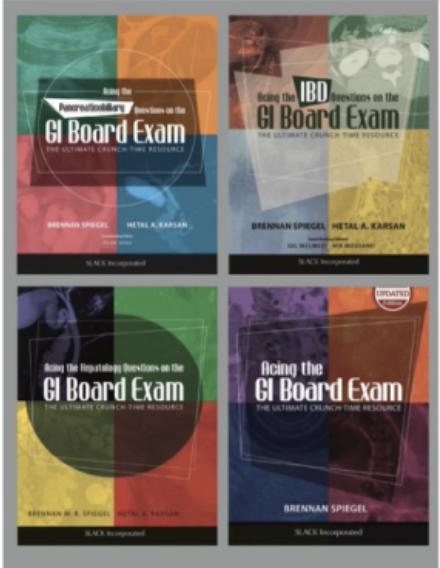


Brennan Spiegel, MD, MSHS

@BrennanSpiegel

Can **#AI** pass a medical board exam? I administered a 16-question exam to **#ChatGTP** based on my GI board review books. The computer answered confidently. How did it do? Well...the responses are both fascinating and troubling. Watch: youtube.com/watch?v=BQsYWI... **#GITwitter #MedTwitter**

Can ChatGPT Pass the GI Board Exam?



VS.



11:17 AM · Dec 11, 2022



Brennan Spiegel, MD, MSHS

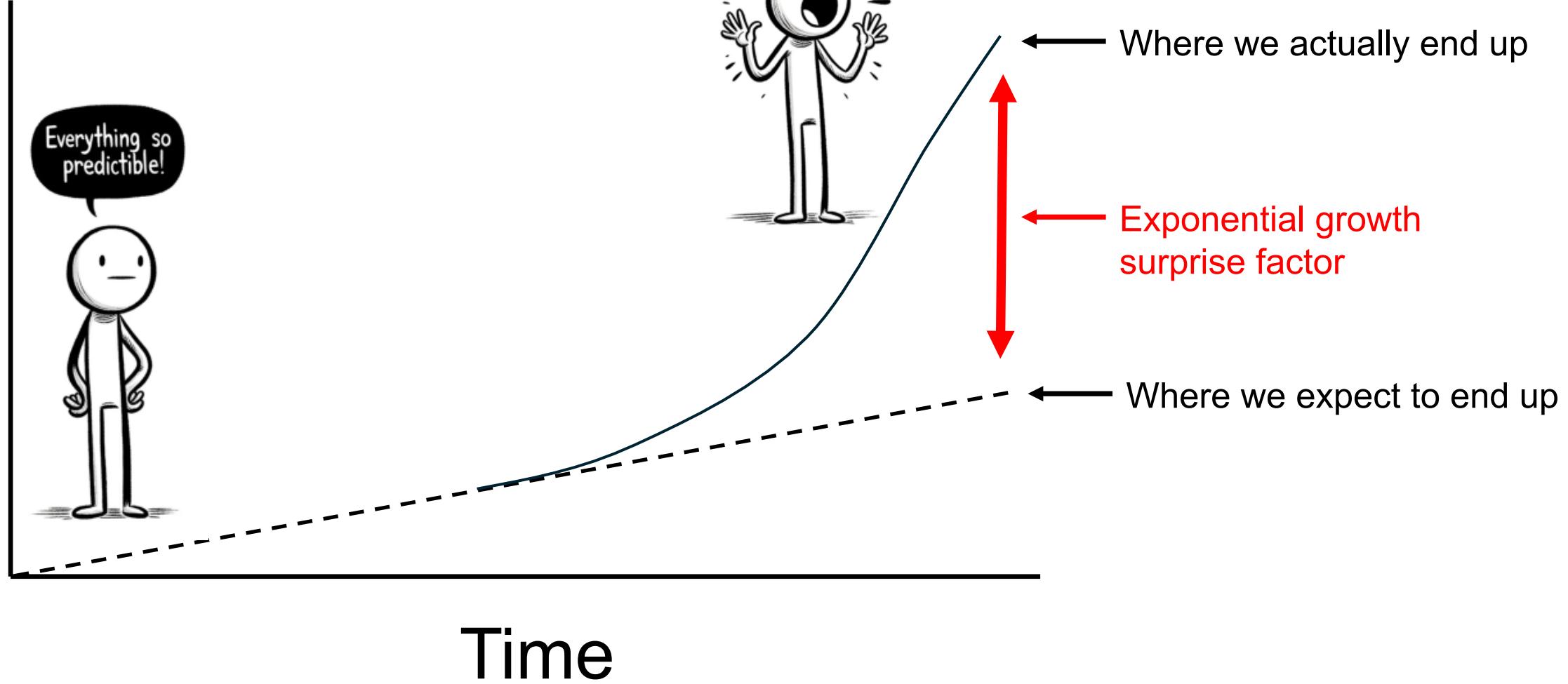
@BrennanSpiegel

I subjected the **#ChatGPT** to a 16-question GI board exam and it scored ~35% correct. Watch here: youtube.com/watch?v=BQsYWI... So, today I asked **#AI** to draw an oil painting of itself struggling through a medical board exam, and it drew this depiction of itself taking the test:

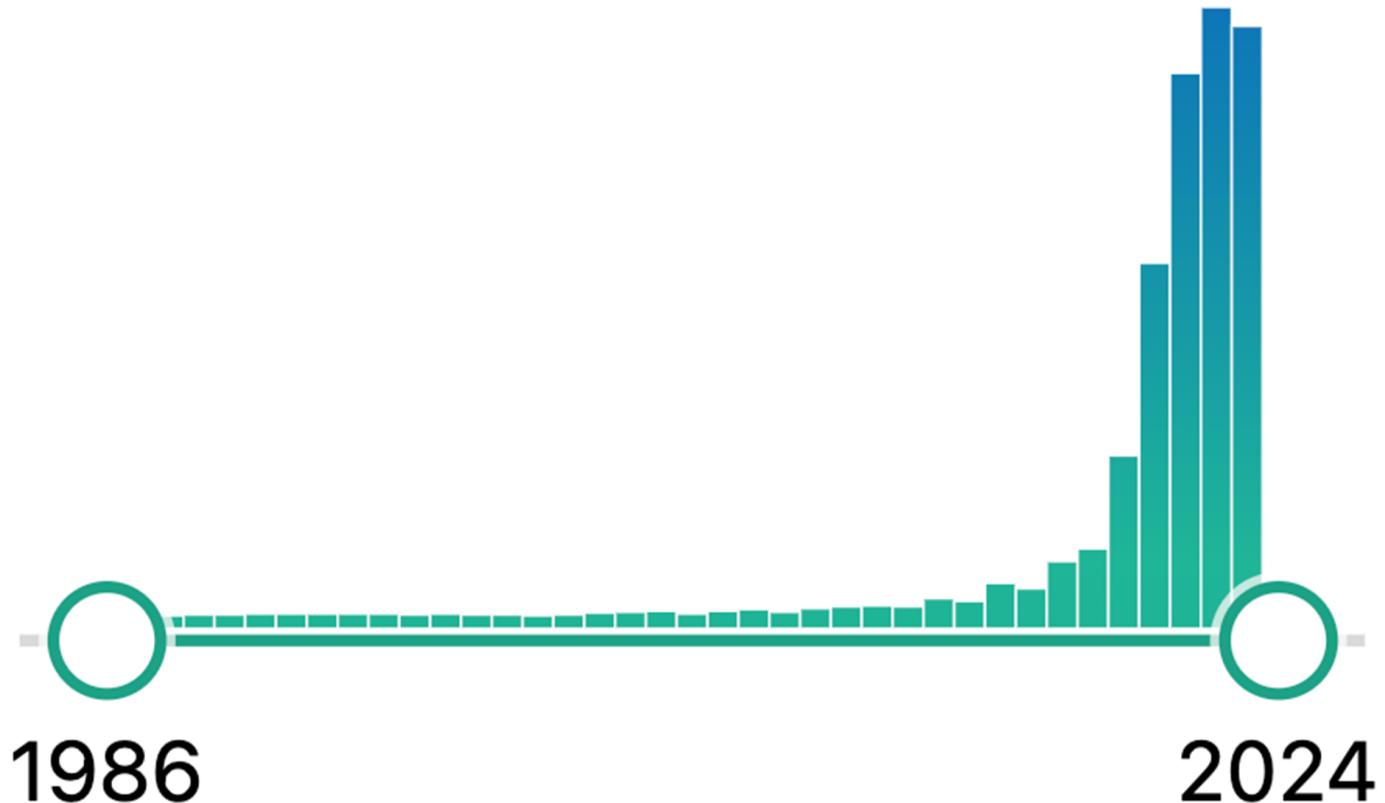


12:04 PM · Dec 15, 2022 · 7,449 Views

Tech Progress



Annual Mentions of “Artificial Intelligence” together with “Gastroenterology” on PubMed: Jan ‘85 through Dec ‘24



(("Artificial Intelligence"[MeSH Terms] OR "Machine Learning"[MeSH Terms] OR "Deep Learning" OR "Neural Networks" OR "AI" OR "computational models") AND ("Gastroenterology"[MeSH Terms] OR "Hepatology"[MeSH Terms] OR "endoscopy" OR "colonoscopy" OR "liver diseases" OR "gastrointestinal neoplasms" OR "gastrointestinal diseases" OR "hepatic" OR "esophageal" OR "pancreatic")) AND (English[lang] AND "last 10 years"[PDat]))

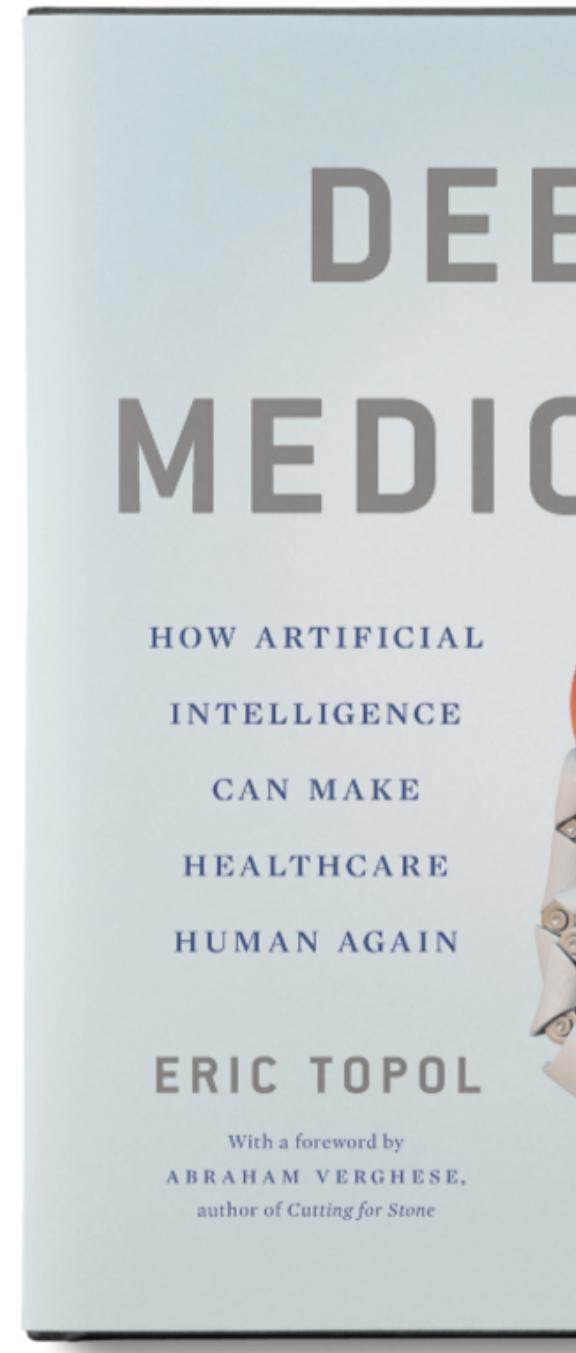


TABLE 1.1: The outlandish expectations for AI in healthcare, a partial list.

- Outperform doctors at all tasks
- Diagnose the undiagnosable
- Treat the untreatable
- See the unseeable on scans, slides
- Predict the unpredictable
- Classify the unclassifiable
- Eliminate workflow inefficiencies
- Eliminate hospital admissions and readmissions
- Eliminate the surfeit of unnecessary jobs
- 100% medication adherence
- Zero patient harm
- Cure cancer

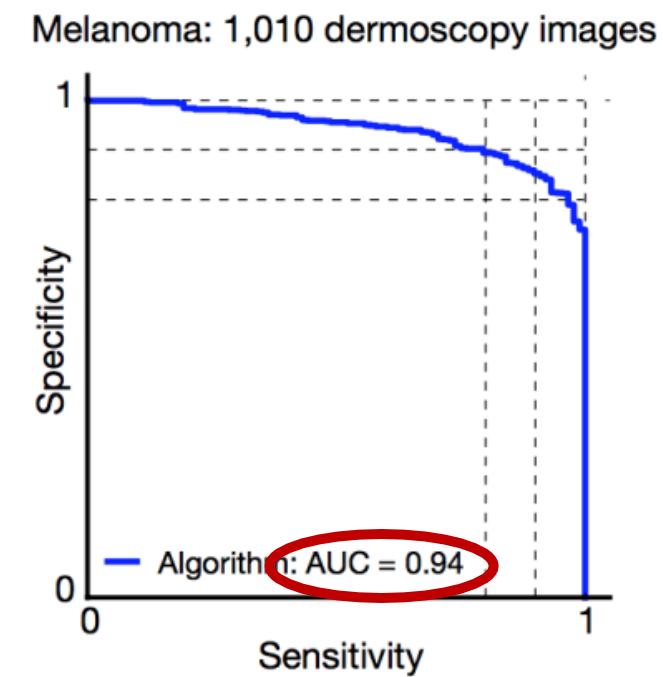
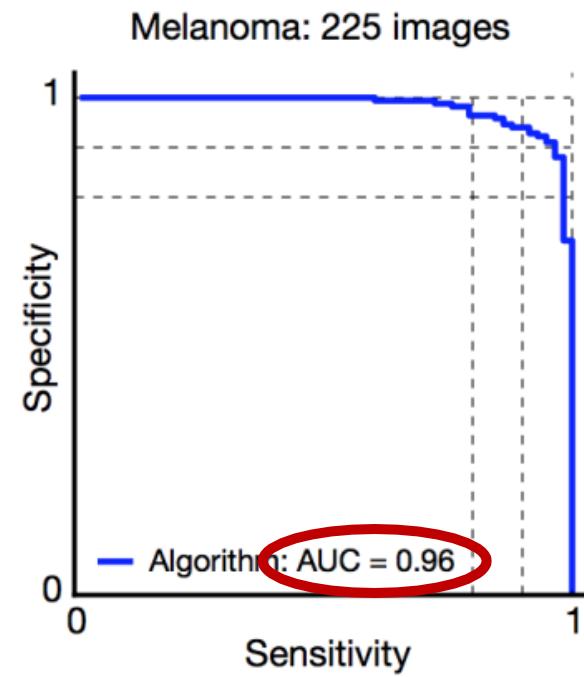
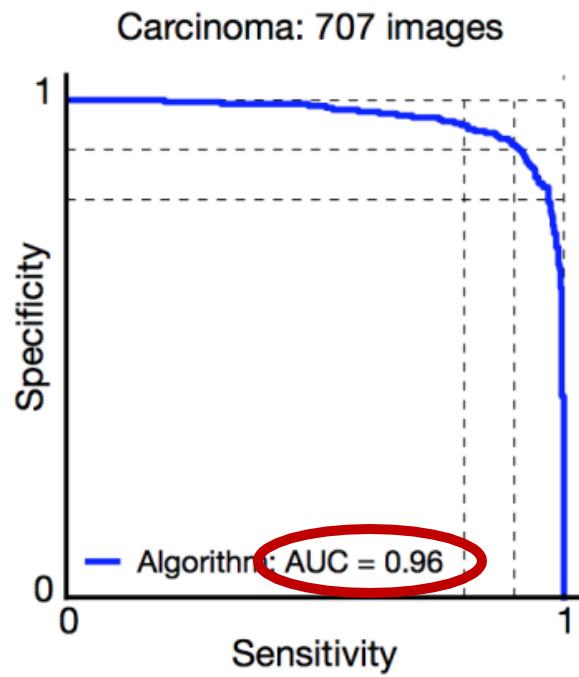


LETTER

doi:10.1038/nature21056

Dermatologist-level classification of skin cancer with deep neural networks

Andre Esteva^{1*}, Brett Kuprel^{1*}, Roberto A. Novoa^{2,3}, Justin Ko², Susan M. Swetter^{2,4}, Helen M. Blau⁵ & Sebastian Thrun⁶



Deep Learning Localizes and Identifies Polyps in Real Time With 96% Accuracy in Screening Colonoscopy



Gregor Urban,^{1,2} Priyam Tripathi,⁴ Talal Alkayali,^{4,5} Mohit Mittal,⁴ Farid Jalali,^{4,5} William Karnes,^{4,5} and Pierre Baldi^{1,2,3}

WHAT YOU NEED TO KNOW

BACKGROUND AND CONTEXT

The benefit of colonoscopy for colorectal cancer prevention depends on the adenoma detection rate (ADR). New strategies are needed to increase the ADR during colonoscopy.

NEW FINDINGS

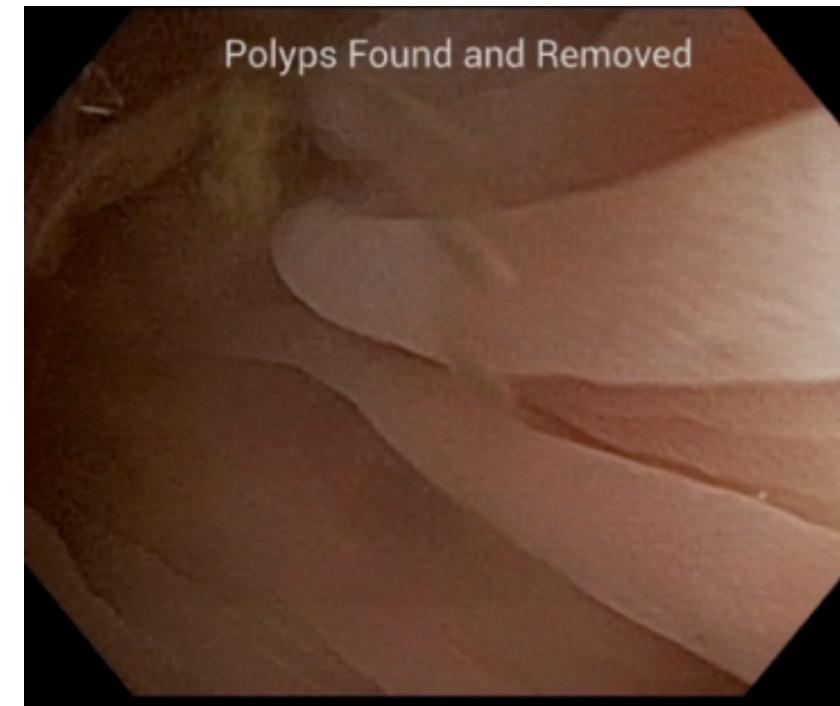
A system of convolutional neural networks (CNN) called Deep Learning was able to process colonoscopy images at high speed in real time, identifying polyps with a cross-validation accuracy of 96.4% and ROC-AUC value of 0.991.

LIMITATIONS

Possible effects of the CNN on inspection behavior by colonoscopists are not known. The anonymized videos excluded information about patient history. CNN performance may vary by indication (screening vs surveillance).

IMPACT

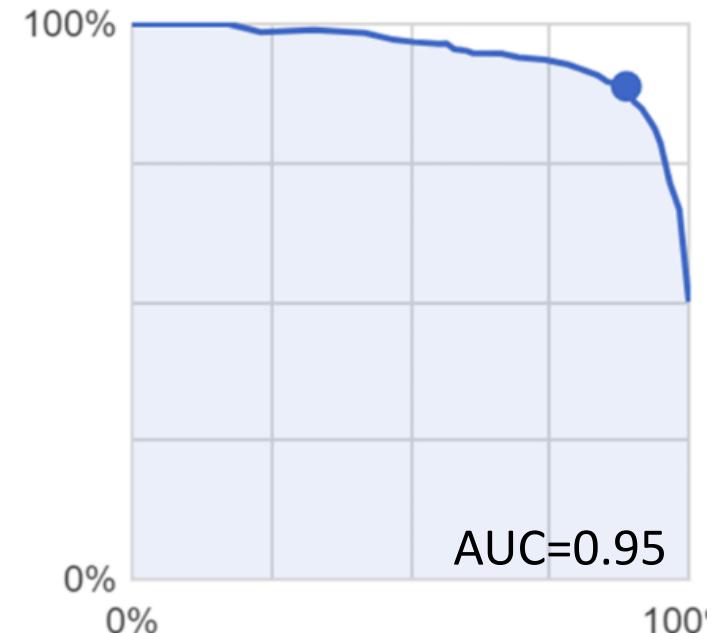
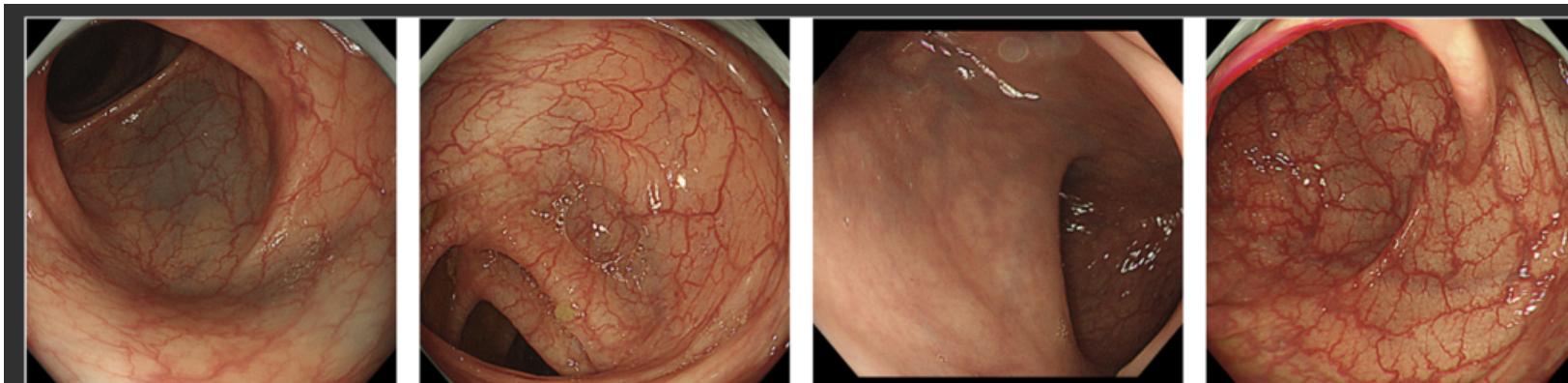
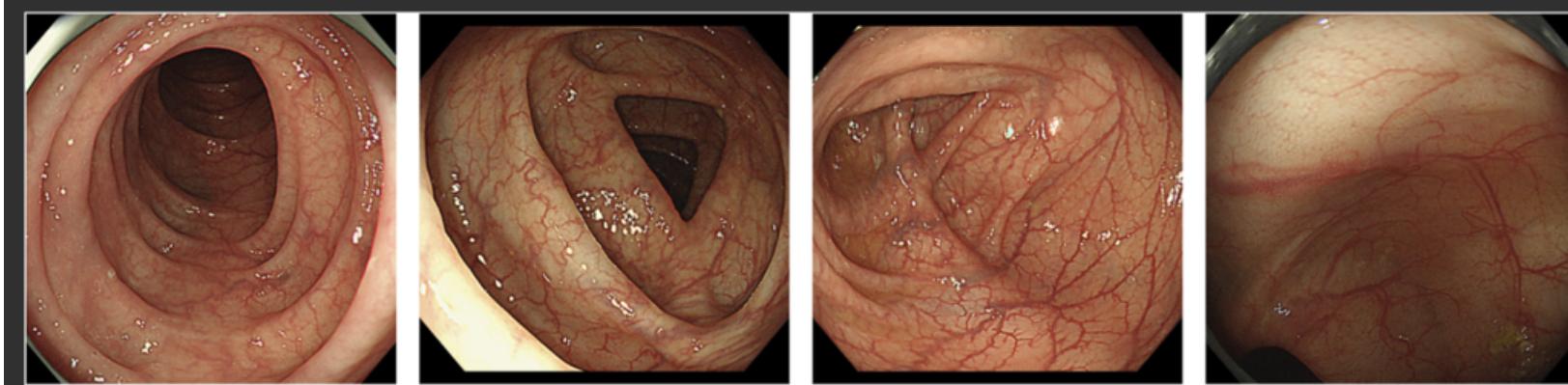
This technology may assist colonoscopists in finding precancerous polyps in real-time and with high accuracy.



Artificial intelligence model for analyzing colonic endoscopy images to detect changes associated with irritable bowel syndrome

Kazuhisa Tabata, Hiroshi Mihara , Sohachi Nanjo, Iori Motoo, Takayuki Ando, Akira Teramoto, Haruka Fujinami, Ichiro Yasuda

Published: February 17, 2023 • <https://doi.org/10.1371/journal.pdig.0000058>





Kewin Siah
@KewinSiah

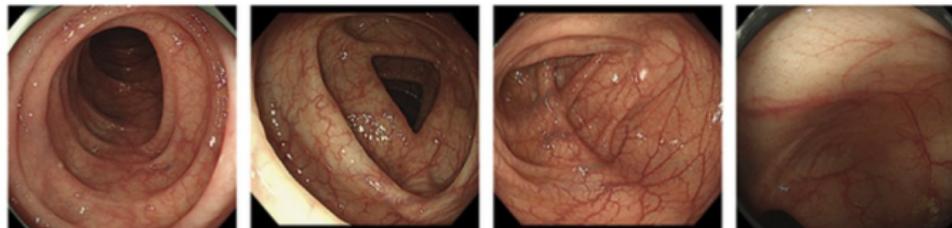
🤖🔥 AI is coming to #FGIDs! Using the image #AI model, colonoscopy images of #IBS could be discriminated from healthy subjects at AUC 0.95.

Now, can you see what AI sees? (Answer Right ↘ corner)

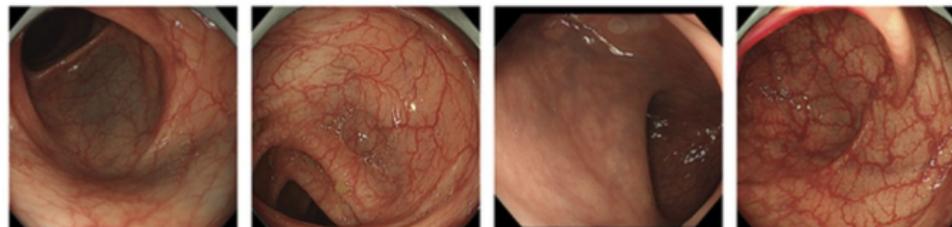
🔒 Study by Uni. Toyama 🔒
[journals.plos.org/digitalhealth/...](https://journals.plos.org/digitalhealth/article?id=10.1371/journal.pdig.0000058)
#gitwitter #medtwitter #DGBIs

Which Group of Images more likely came from IBS patients? A or B?

A



B



Tabata K, Mihara H, Nanjo S, Motoo I, Ando T, et al. (2023) Artificial intelligence model for analyzing colonic endoscopy images to detect changes associated with irritable bowel syndrome. PLOS Digital Health 2(2): e0000058.
<https://doi.org/10.1371/journal.pdig.0000058>
<https://journals.plos.org/digitalhealth/article?id=10.1371/journal.pdig.0000058>

IBS

• You and 9 others

5:35 PM · Feb 23, 2023 · 50.4K Views

...



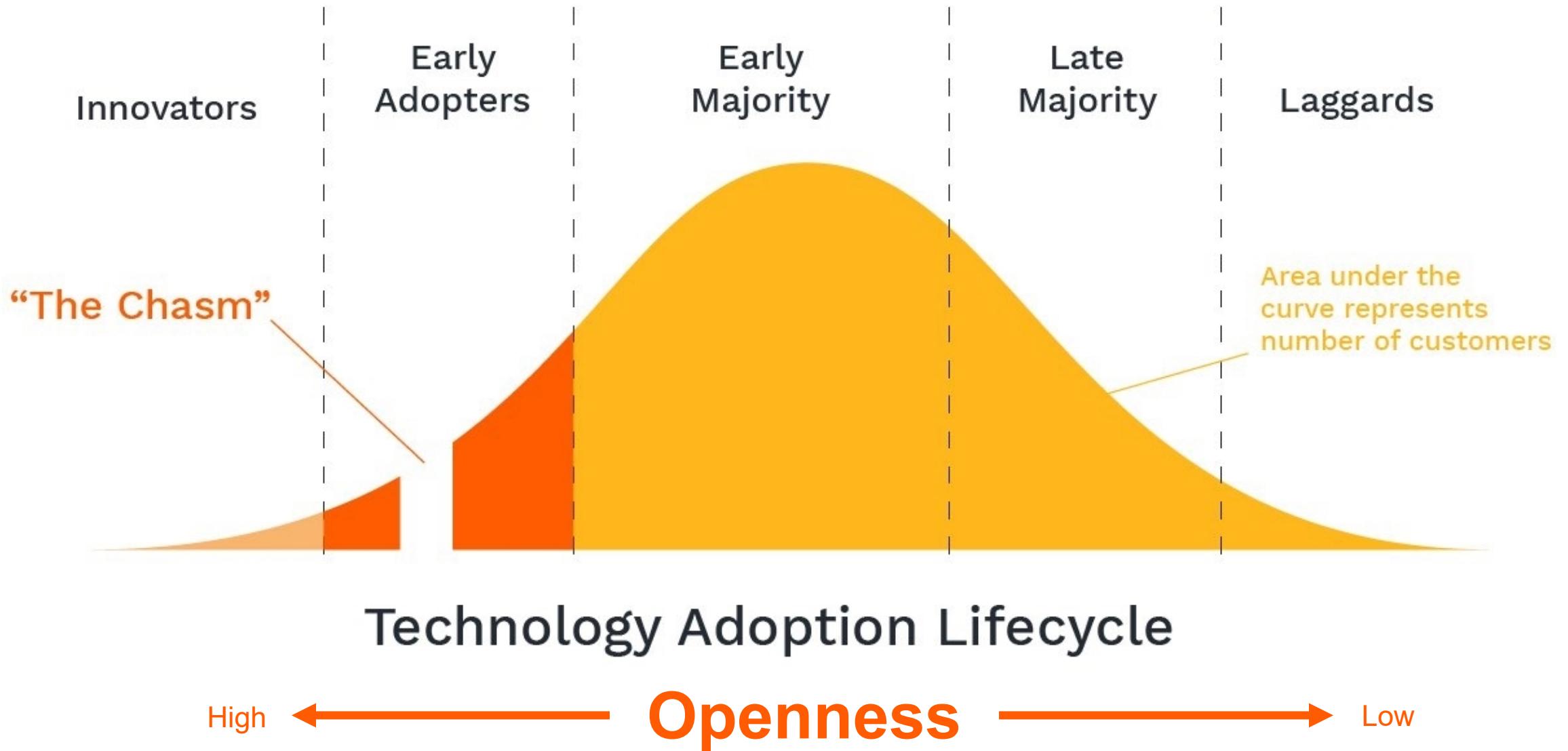
• You and this Tweeter share some mutual follows
Alexander Ford
@alex_ford12399

Replying to @KewinSiah @RomeGastroPsych and 9 others

But given we should not be colonoscopying people to make a diagnosis of IBS seems like a pointless exercise to me.

10:32 AM · Feb 25, 2023 · 2,231 Views

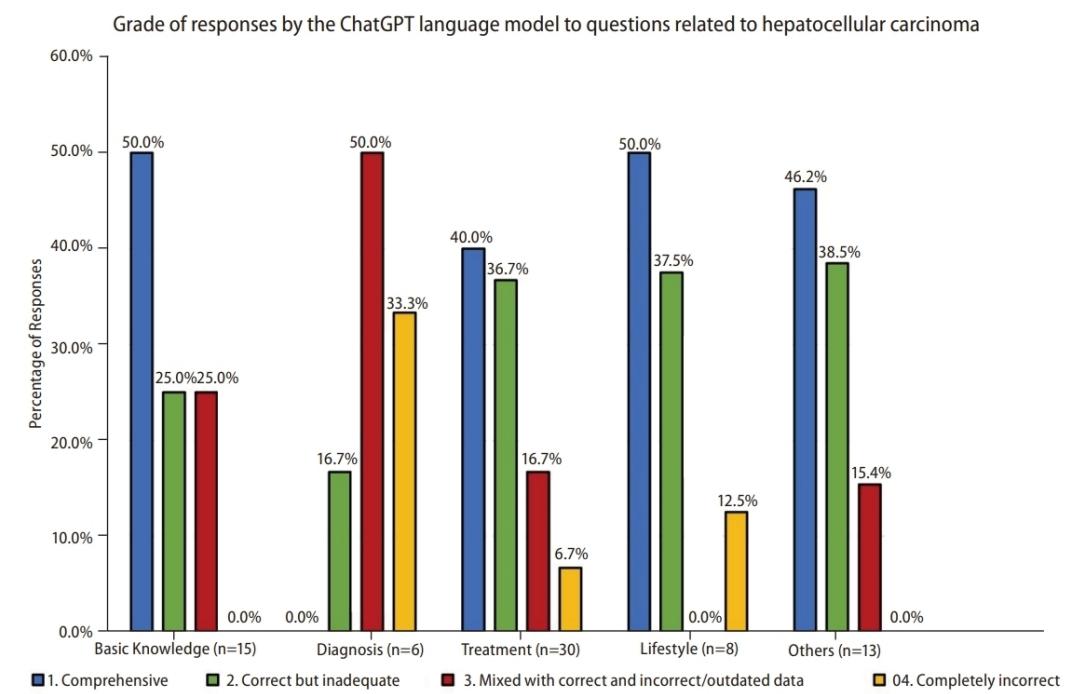
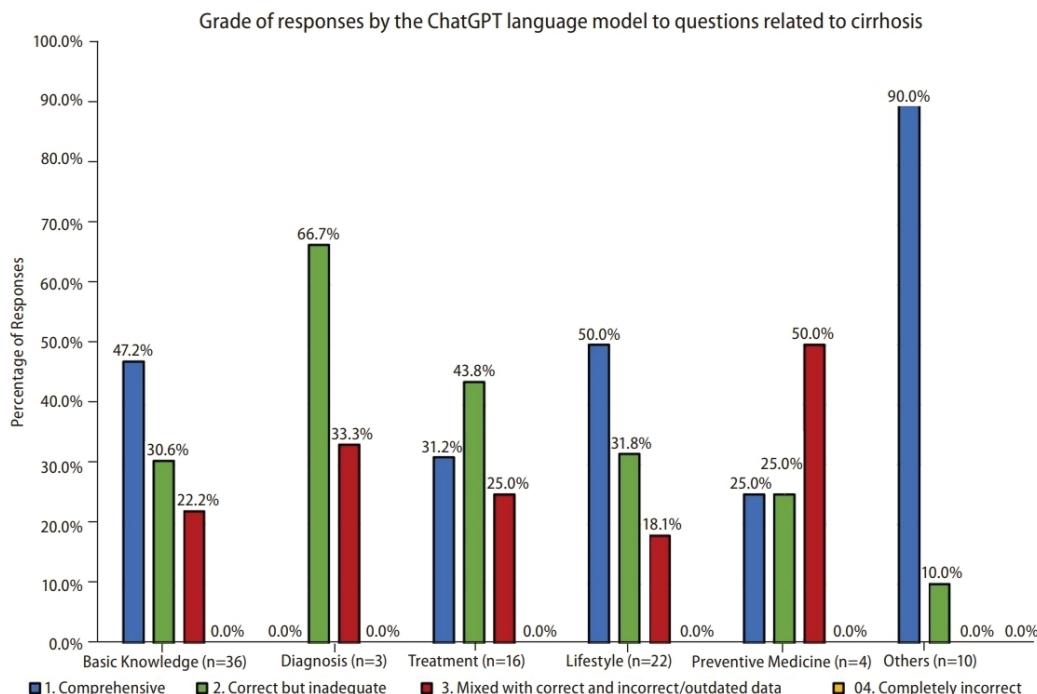
1 Quote Tweet 21 Likes



Everett Rogers, *Diffusion of Innovations* 1962

Assessing the performance of ChatGPT in answering questions regarding cirrhosis and hepatocellular carcinoma

Yee Hui Yeo ¹, Jamil S Samaan ¹, Wee Han Ng ², Peng-Sheng Ting ³, Hirsh Trivedi ^{1 4},
Aarshi Vipani ¹, Walid Ayoub ^{1 4}, Ju Dong Yang ^{1 4 5}, Omer Liran ^{6 7}, Brennan Spiegel ^{1 7},
Alexander Kuo ^{1 4}

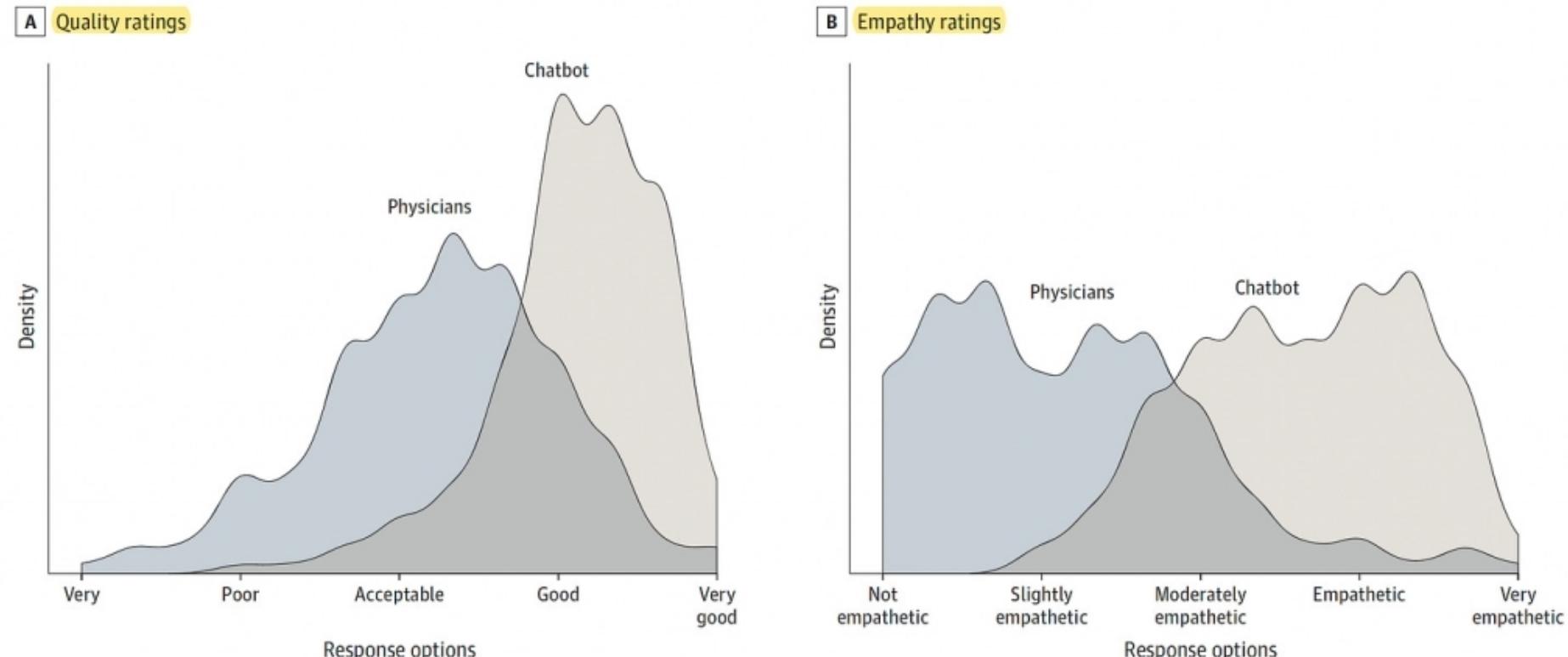


Comparing Physician and Artificial Intelligence Chatbot Responses to Patient Questions Posted to a Public Social Media Forum

John W. Ayers, PhD, MA^{1,2}; Adam Poliak, PhD³; Mark Dredze, PhD⁴; *et al*[» Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. 2023;183(6):589-596. doi:10.1001/jamainternmed.2023.1838

Figure. Distribution of Average Quality and Empathy Ratings for Chatbot and Physician Responses to Patient Questions





CCS

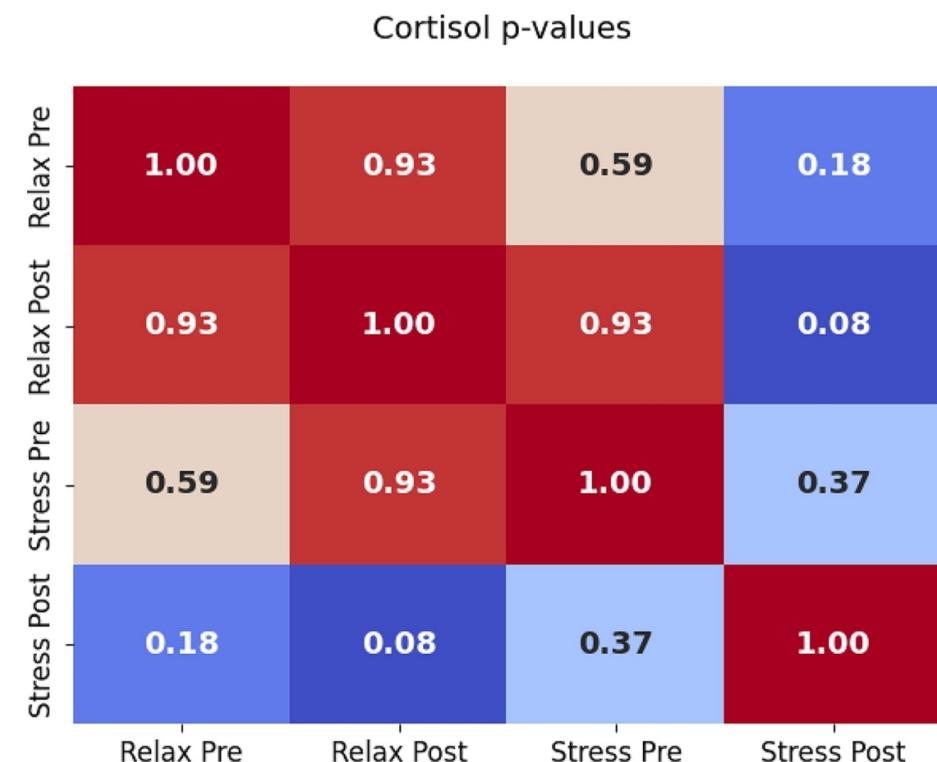
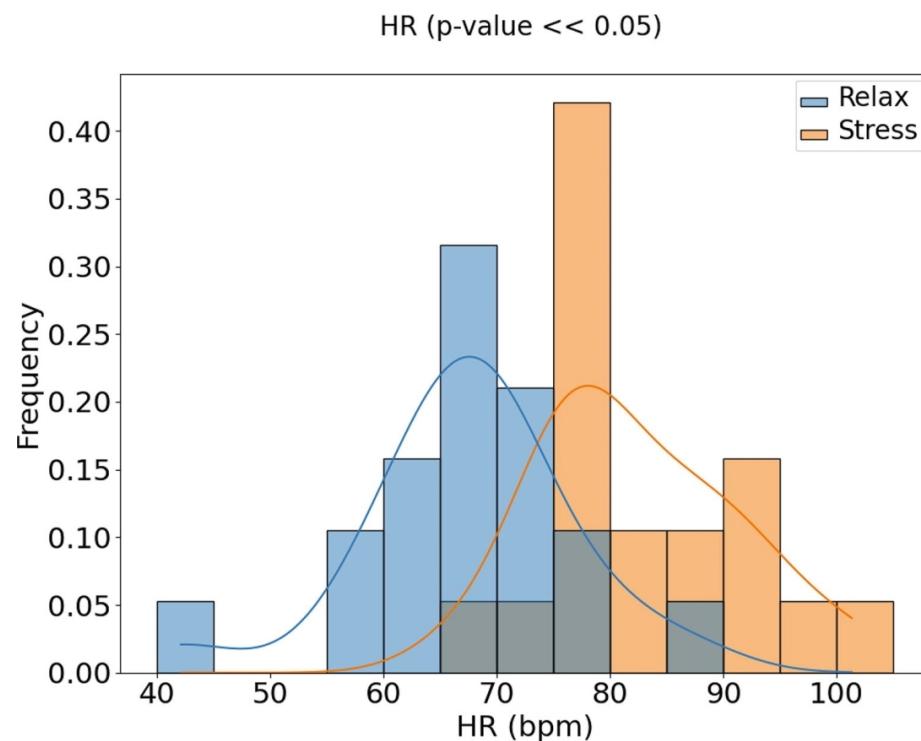




Comprehensive Assessment of Physiological and Psychological Responses to Virtual Reality Experiences

Authors: Valentin Fauveau  , Anastasia K. Filimonov, Renata Pyzik, James Murrough, Laurie Keefer, Omer Liran, Brennan Spiegel , Filip K. Swirski, Zahi A. Fayad, and Wolfram C. Poller | [AUTHORS INFO & AFFILIATIONS](#)

Publication: Journal of Medical Extended Reality • <https://doi.org/10.1089/jmxr.2024.0020>







BRIEF COMMUNICATION

OPEN

Check for updates

Feasibility of combining spatial computing and AI for mental health support in anxiety and depression

Brennan M. R. Spiegel^{1,2,3}*, Omer Liran^{1,3}, Allistair Clark¹, Jamil S. Samaan², Carine Khalil¹, Robert Chernoff³, Kavya Reddy² and Muskaan Mehra 



The image shows a screenshot of the Epic EHR software interface. The top navigation bar includes links for Patient Lists, Patient Station, Unit Manager, Census Logs, Real Time Census, My Reports, Web Activities, Change Context, Report Issue, Service Center, Ideas, Print, Log Out, BLD ENVIRONMENT, and EpicCare. The main window displays a patient record for "Test, Donut", a female, 34 year old, 1/27/1990, with MRN 000115440, CSN 221788, Language English, and Unit/Bed 6-SE-6805. The patient's current location is OBGYN TOWB10E CSMG. A yellow box highlights the message "Code: FULL per Policy (no ACP docs)" and "Unit Extension: 3-6761". The left sidebar shows the patient's history, including a "Psych Note" from 12/13/2023 at 13:38. The note details the client's challenges with procrastination, organization, and emotional eating, and outlines interventions like music therapy and phone management. The "Visit Diagnoses" section is listed as "None". The "Problem List" section is also present. The "Psych Note" section includes a summary, date (February 14, 2024), presenting issues, interventions, and client homework.

Test, Donut

Female, 34 year old, 1/27/1990

MRN: 000115440

CSN: 221788

Language: English

Unit/Bed: 6-SE-6805

Cur Location: OBGYN TOWB10E CSMG

Code: FULL per Policy (no ACP docs)

Unit Extension: 3-6761

Search (Ctrl+Space)

COVID-19 Vaccine: Unknown

Chakraverty, Tarun, MD

Attending

Allergies: Not on file

No Patient Password (click to add)

ADMITTED: 12/11/2023 (112 D)

Patient Class: Inpatient

No active principal problem

BP: —

HR: —

Temp: —

Last Weight: —

NO ORDERS TO ACKNOWLEDGE

NO NEW RESULTS, LAST 36H

NO ACTIVE MEDS

Social Determinants: Not on file

12/13/2023 13:38 Psych Note

12/13/2023 13:38 Psych Note

Psych Note

Summary of Therapy Session

Date: February 14, 2024

Presenting Issues:

- The client is facing challenges with procrastination and organization at work, leading to feelings of being overwhelmed.
- Reports difficulty in starting and completing long and unpleasant tasks.
- The client experiences distractibility, especially with their phone, which hampers work productivity.
- Sleep difficulties, specifically due to stress about work and pre-sleep activities like social media and gaming.
- Anxiety around opening work emails due to fear of client dissatisfaction, affecting work performance.
- Expressed a desire to be more financially responsible and control unnecessary spending.
- Struggles with emotional eating when feeling bored, anxious, or stressed about work.
- Concerns about making new friends and trust issues with new acquaintances.
- Acknowledgment of feelings for the therapist and interest in meditation practices.

Interventions and Strategies Discussed**:

- Utilization of music as a motivational tool for performing less enjoyable tasks.
- Suggested breaking tasks down into smaller parts to manage feelings of being overwhelmed; client agreed to try this approach.
- Discussed creating an environment to minimize phone distractions, including setting boundaries around non-essential communications during work hours.
- Taught and practiced a relaxing breathing exercise to aid sleep, and discussed establishing a calming bedtime routine without screens.
- Suggested specific times for checking work emails to address anxiety and proposed facing this task in small steps to build confidence gradually.
- Agreed to track expenses as a step towards better financial responsibility and discussed budget creation.
- Explored emotional eating patterns and encouraged mindful reflection before eating due to stress; client willing to try.
- Discussed the role of intuition in forming new friendships and the gradual build-up of trust.
- Conducted a guided meditation visualization for relaxation.

Client's Homework and Commitment:

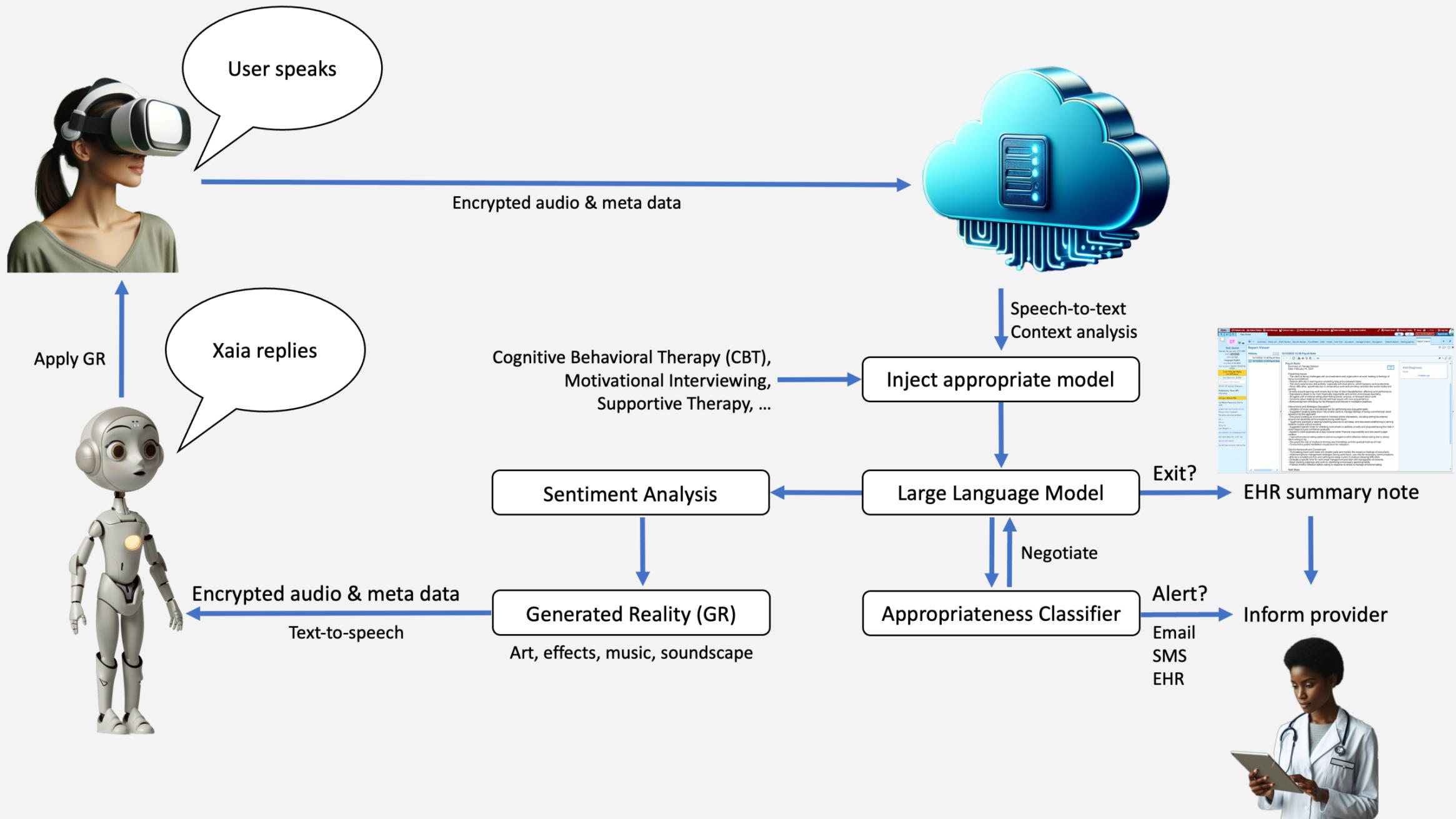
- Try breaking down work tasks into smaller parts and monitor the impact on feelings of overwhelm.
- Implement phone management strategies during work hours, use only for necessary communications.
- Attempt a smartphone-free and calming pre-sleep routine to improve sleeping difficulties.
- Dedicate a specific time for work email management and start with manageable increments.
- Begin tracking expenses and work on identifying unnecessary spending habits.
- Practice mindful reflection before eating in response to stress to manage emotional eating.

Next Steps:

Visit Diagnoses

None

Problem List



Feasibility of combining spatial computing and AI for mental health support in anxiety and depression

Brennan M R Spiegel ^{1 2}, Omer Liran ^{3 4}, Allistair Clark ³, Jamil S Samaan ⁵, Carine Khalil ³, Robert Chernoff ⁴, Kavya Reddy ⁵, Muskaan Mehra ³

Affiliations + expand

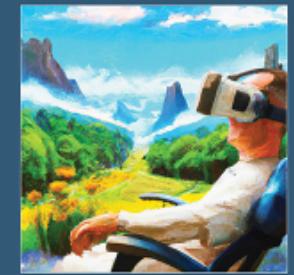
PMID: 38270034 DMCID: DMC10817012 DOI: 10.1028/6411746_024_01011_0

“impressive,” “amazing,” “real,” “authentic,” “positive,” and “enjoyable.”

spatial computing, virtual reality (VR), and artificial intelligence (AI) to provide immersive mental health support. Utilizing GPT-4 for AI-driven therapy, XAIA engaged participants with mild-to-moderate anxiety or depression in biophilic VR environments. Speaking with an AI therapy avatar in VR was considered acceptable, helpful, and safe, with participants observed to engage genuinely with the program. However, some still favored human interaction and identified shortcomings with using a digital VR therapist. The study provides initial evidence of the acceptability and safety of AI psychotherapy via spatial computing, warranting further research on technical enhancements and clinical impact.

The Feasibility and Usability of an Artificial Intelligence-Enabled Conversational Agent in Virtual Reality for Patients with Alcohol-Associated Cirrhosis: A Multi-Methods Study

Yee Hui Yeo,^{1,2} Allistair Clark,¹ Muskaan Mehra,¹ Itai Danovitch,³ Karen Osilla,⁴ Ju Dong Yang,^{2,5,6} Alexander Kuo,^{2,5} Hyun-Seok Kim,^{2,5} Aarshi Vipani,^{2,5} Yun Wang,^{2,5} Walid Ayoub,^{2,5} Hirsh Trivedi,^{2,5} Jamil S. Samaan,^{1,2} Tiffany Wu,⁷ Vijay H. Shah,⁷ Omer Liran,³ and Brennan Spiegel^{1,2,*}



“

Many participants emphasized the nonjudgmental feedback and unique openness that allowed users to share deep personal thoughts they might typically withhold.

Clinical Note

Patient Profile

- Date of evaluation: July 14, 2024
- Patient: Fred Alvarez
- Sex assigned at birth: Male
- Gender: Male

Chief Complaint

Intermittent abdominal pain.

History of Present Illness (HPI)

Fred Alvarez reports experiencing intermittent abdominal pain that started three days ago. The pain rates up to a 9 on a scale from zero to ten when it occurs and lasts anywhere from 30 minutes to an hour. It is described as being sudden in onset, located a little to the right of the center and a bit higher than the midline of the abdomen. The pain radiates to the right shoulder. He reports that eating can sometimes exacerbate the pain, but this is not consistent. Associated symptoms include severe nausea but no vomiting. Pain is severe enough to disrupt day-to-day activities and often wakes the patient from sleep. There are no alleviating factors noted, and over-the-counter antacids like Tums have not been effective. He has observed no blood in stools, black stools, vomiting of blood, unexplained weight loss, lack of appetite, fevers, night sweats, or chills.

Relevant GI History

No history of any gastrointestinal conditions like GERD, IBS, Crohn's disease, or similar illnesses. No history of surgeries or injuries related to the gastrointestinal system. No diagnosed digestive system cancers, celiac disease, cirrhosis, endometriosis, gallstones, pancreatitis, peptic ulcers, HIV, or other immune system disorders.

Assessment

- 1.Acute Cholecystitis
- 2.Biliary Colic
- 3.Peptic Ulcer Disease
- 4.Renal Colic
- 5.Pancreatitis
- 6.Non-Ulcer Dyspepsia
- 7.Gastroesophageal Reflux Disease (GERD)

Plan

1.Diagnostic Workup

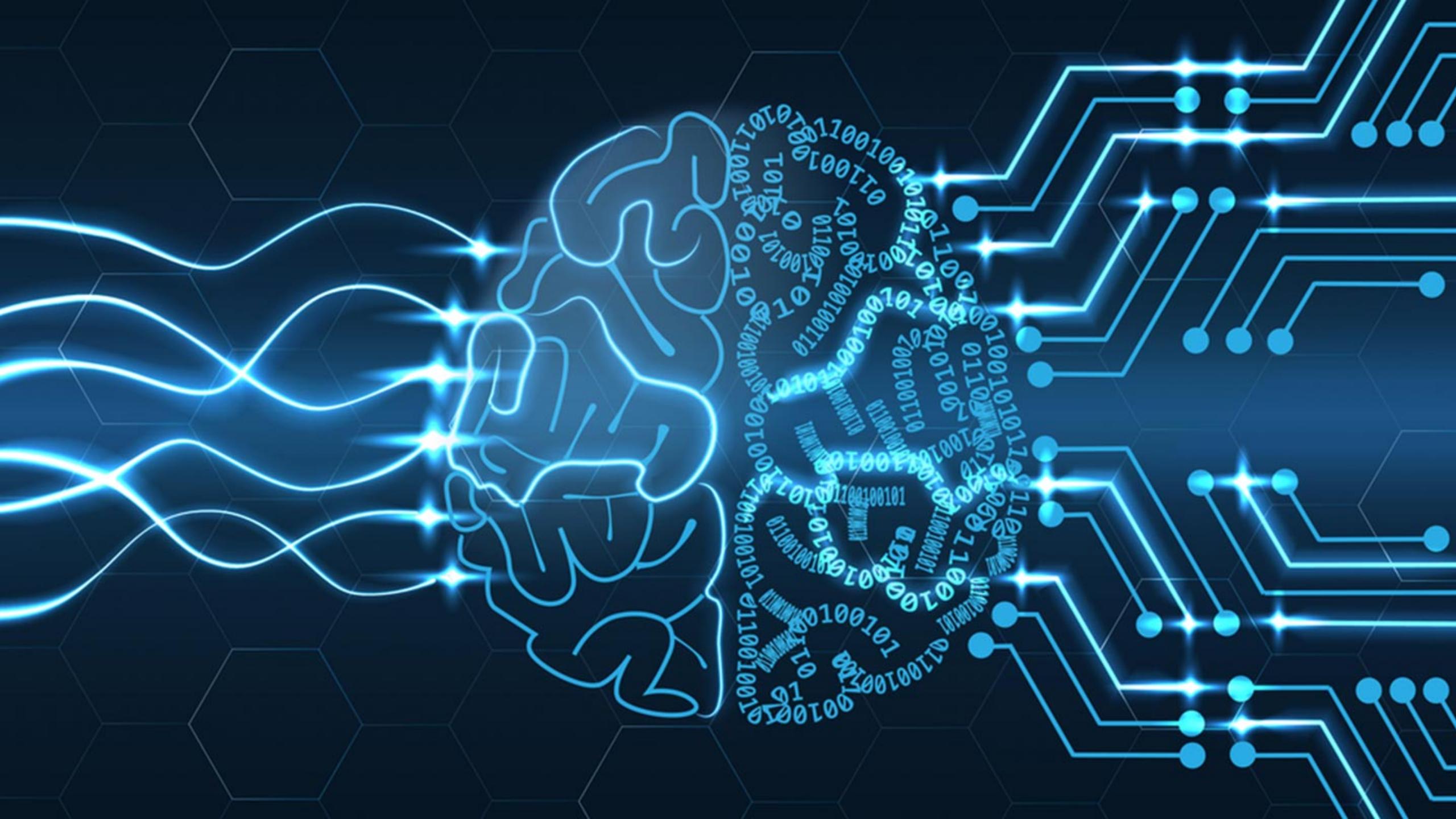
- Abdominal ultrasound: To assess for biliary tract disease, including gallstones given radiating pain to the right shoulder and postprandial nature.
- Laboratory tests: CBC, liver function tests, lipase, amylase to assess for other potential causes of abdominal pain.

2.Immediate Management

- Encourage the patient to maintain adequate hydration and avoid dietary triggers.
- Comprehensive pain management assessment could be considered if pain persists or escalates.

 Waiting for response...

 Pause Session



AI



Human

Takes a technical history

Interprets an X-ray

Reads an endo image

Generates a list of diagnoses

Knows stuff

Looks people in the eyes

Lays hands on the patient

Performs the endoscopy

Communicates & collaborates

Shares wisdom

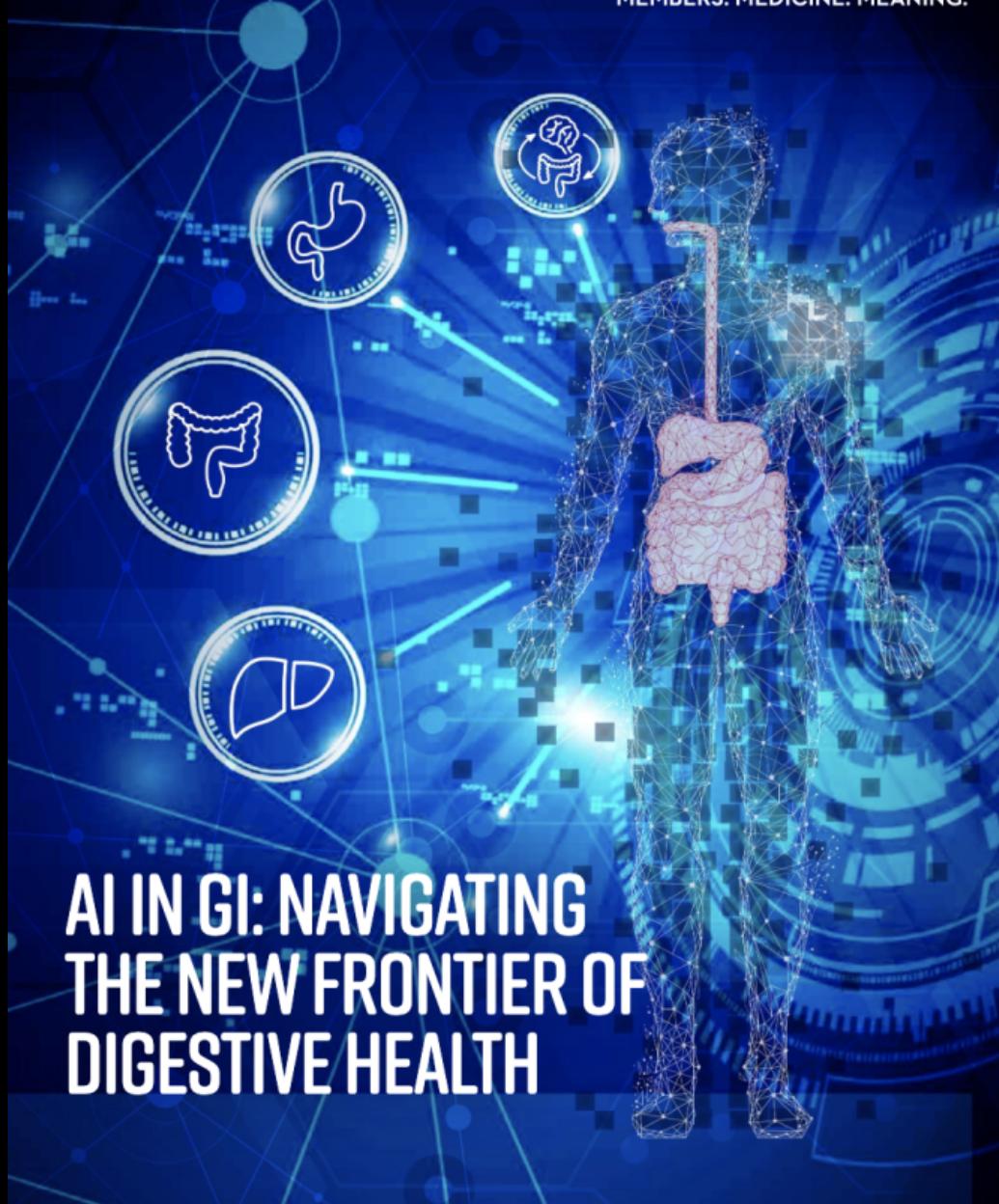




ACG MAGAZINE

MEMBERS. MEDICINE. MEANING.

Summer 2024



**AI IN GI: NAVIGATING
THE NEW FRONTIER OF
DIGESTIVE HEALTH**

Thank you!

X @BrennanSpiegel

Instagram @Brennan_Spiegel

