

AI in GI

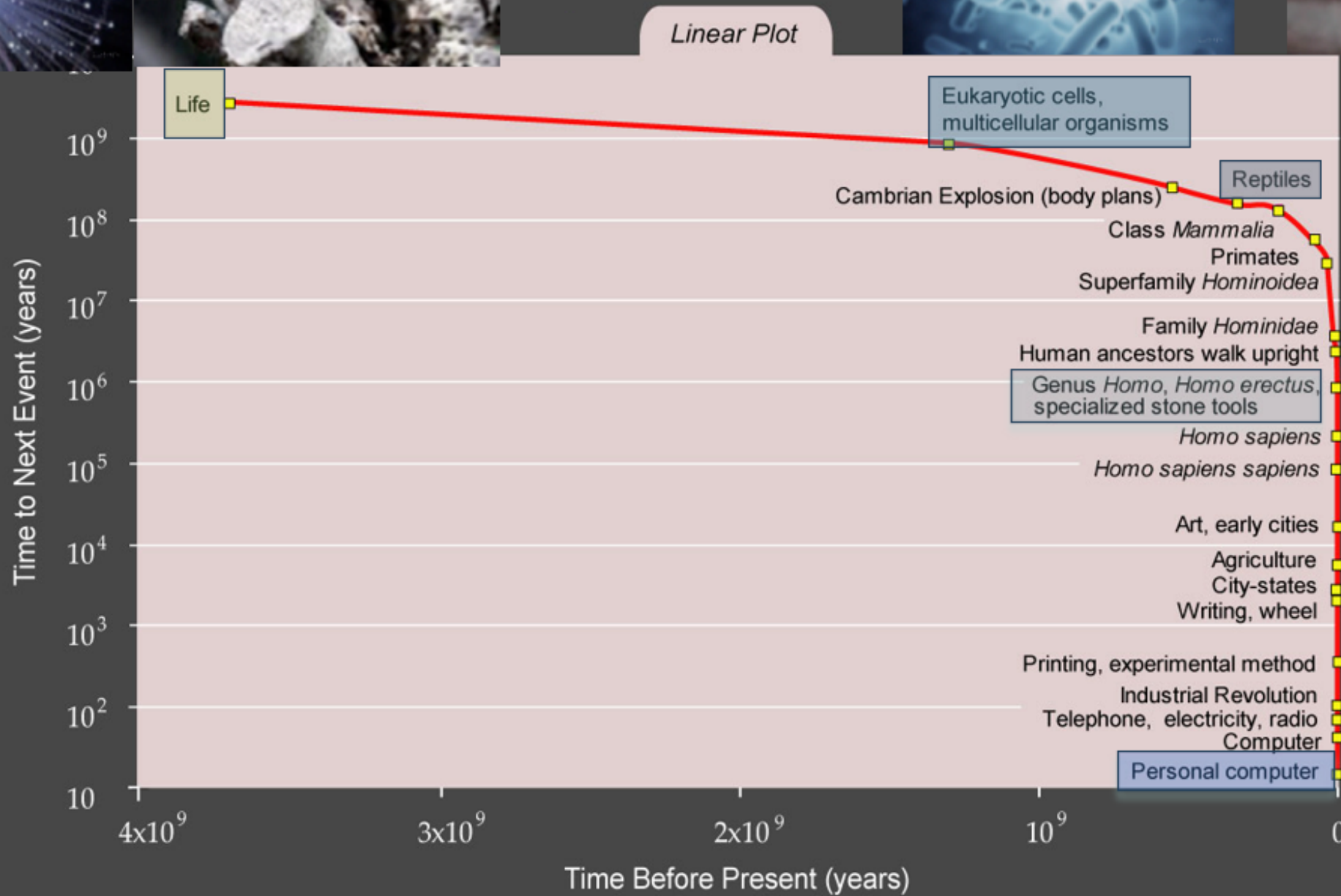
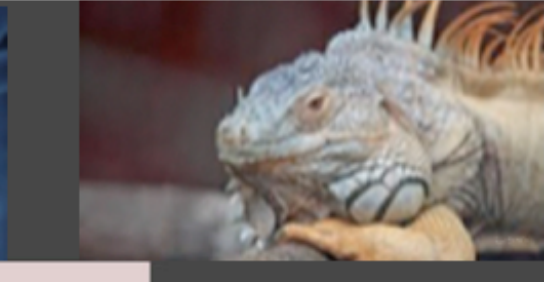
What You Need to Know to Not be Obsolete

Brennan Spiegel, MD, MSHS, FACG

Cedars-Sinai





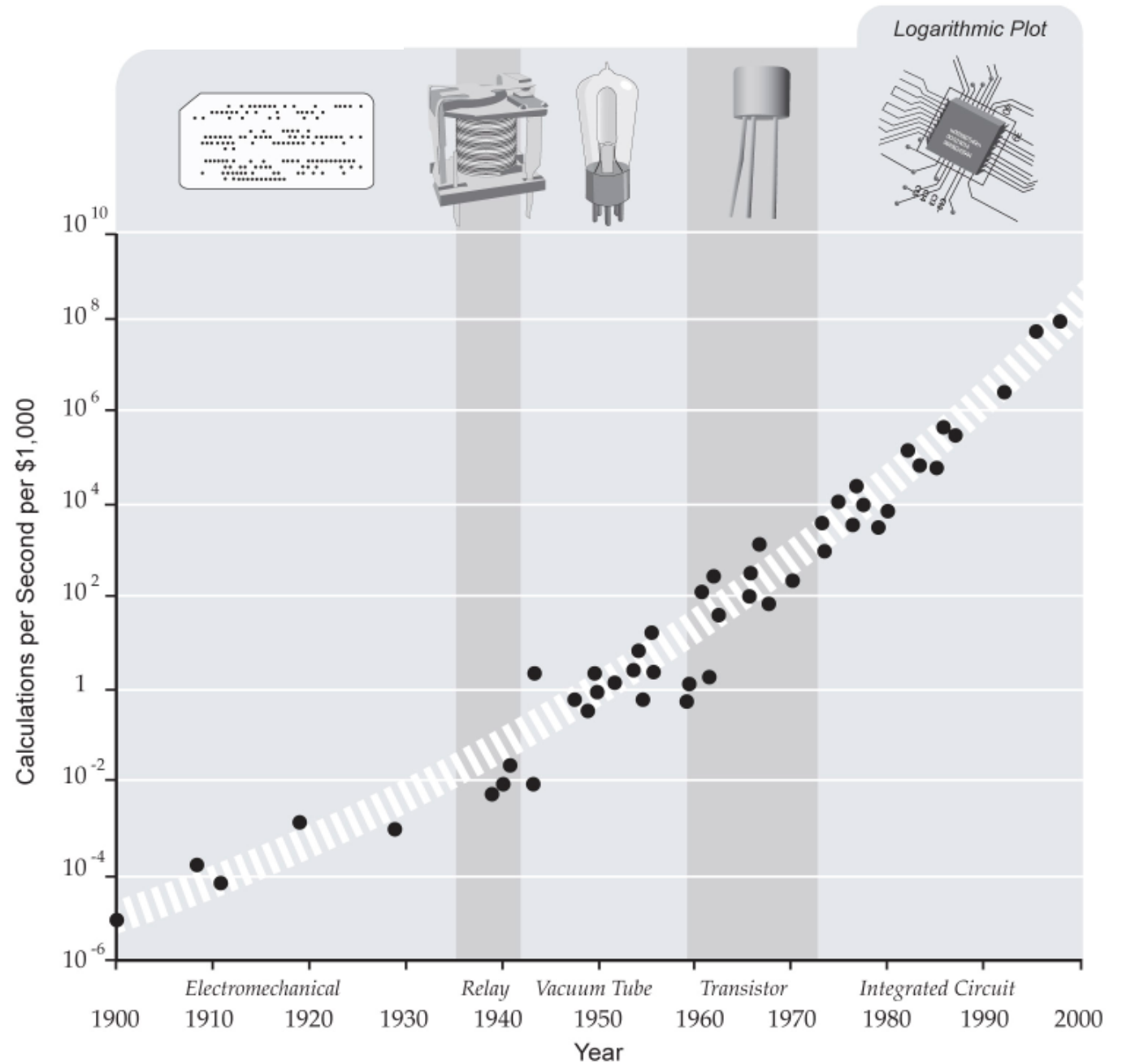


Moore's Law

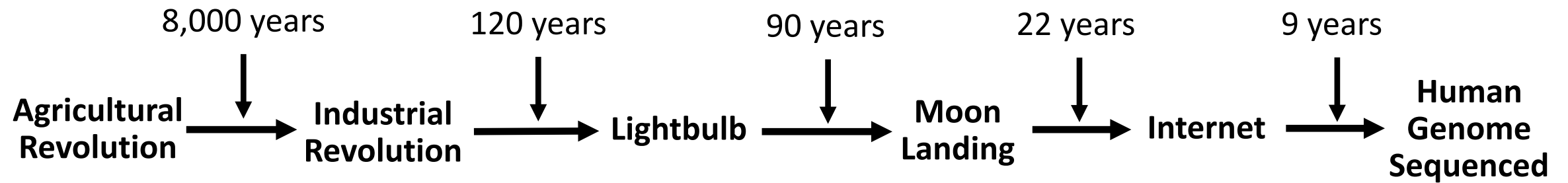
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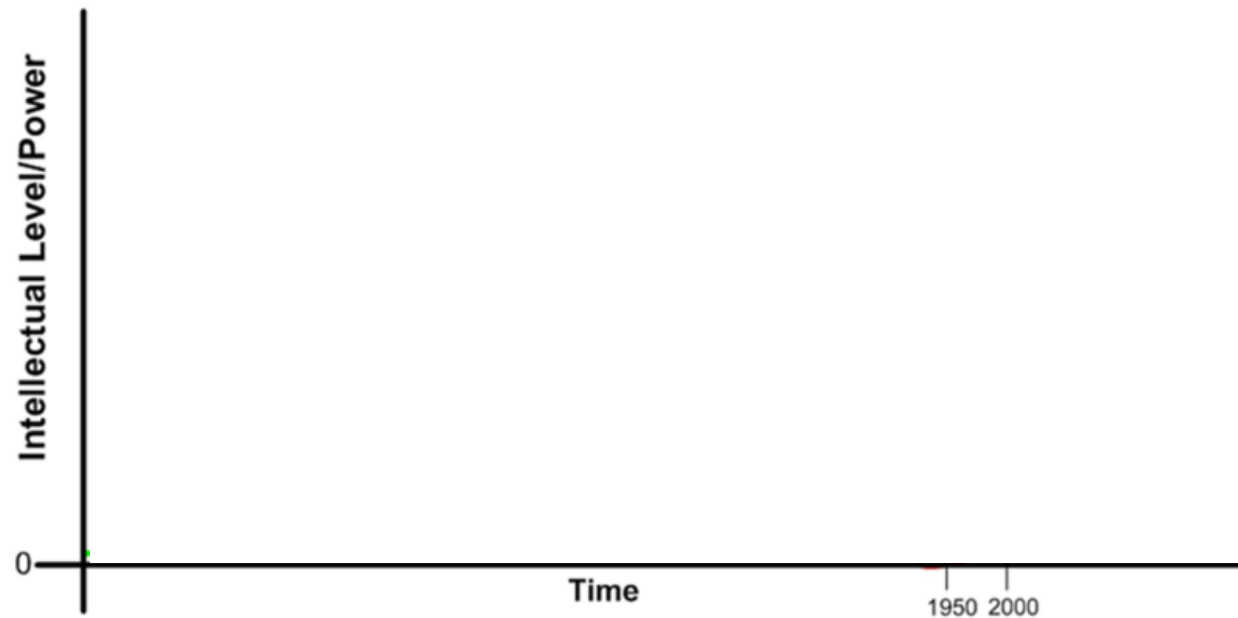
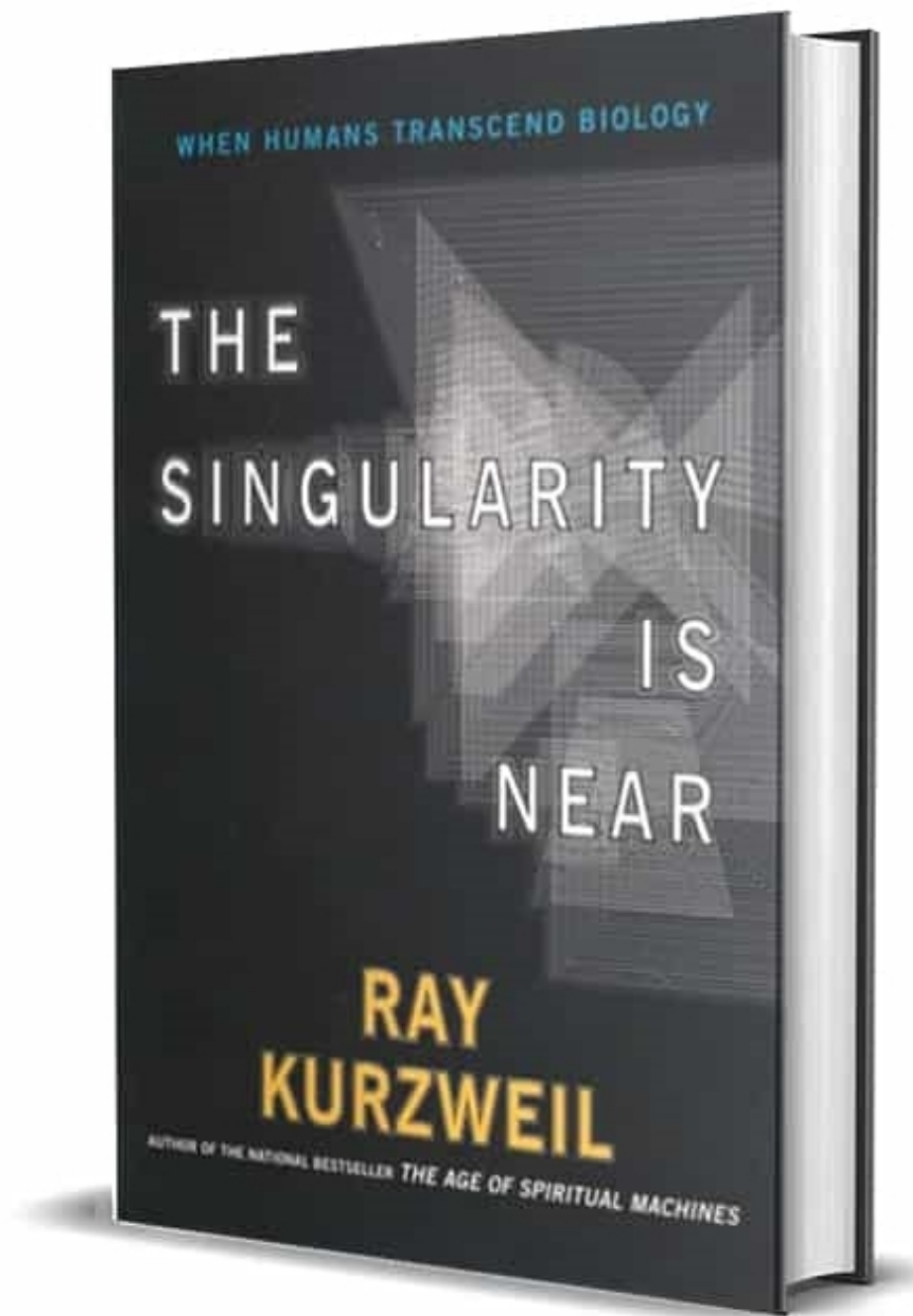
The number of transistors on a chip will double approximately every two years

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

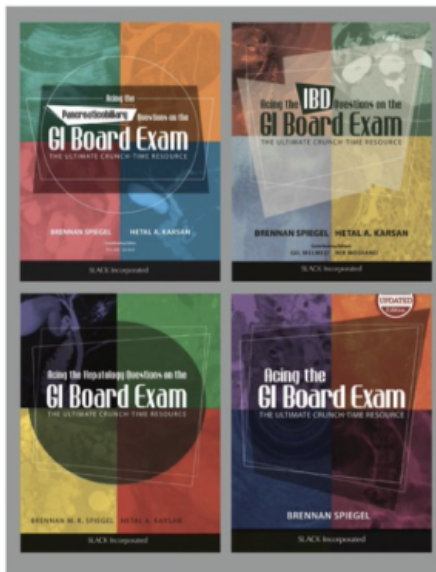


Brennan Spiegel, MD, MSHS ✓

@BrennanSpiegel

Can **#AI** pass a medical board exam? I administered a 16-question exam to **#ChatGPT** 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

ACG 2025

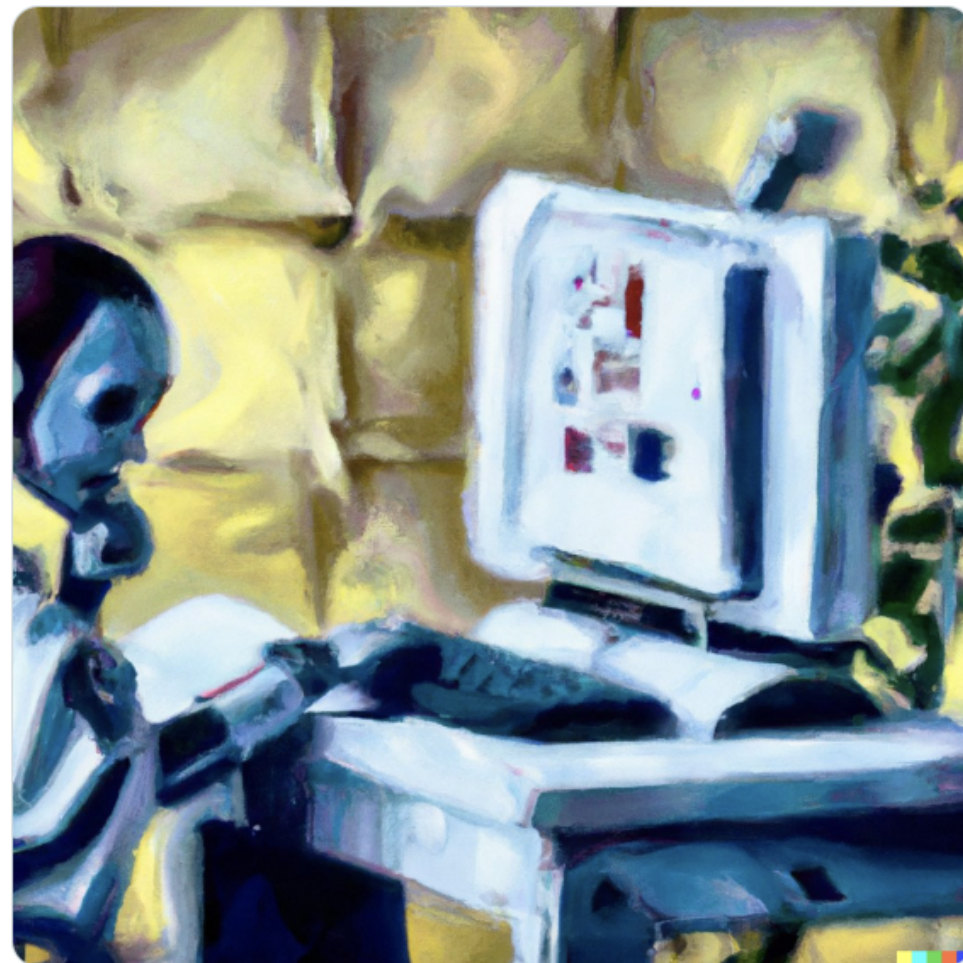
October 24-29, Phoenix, AZ



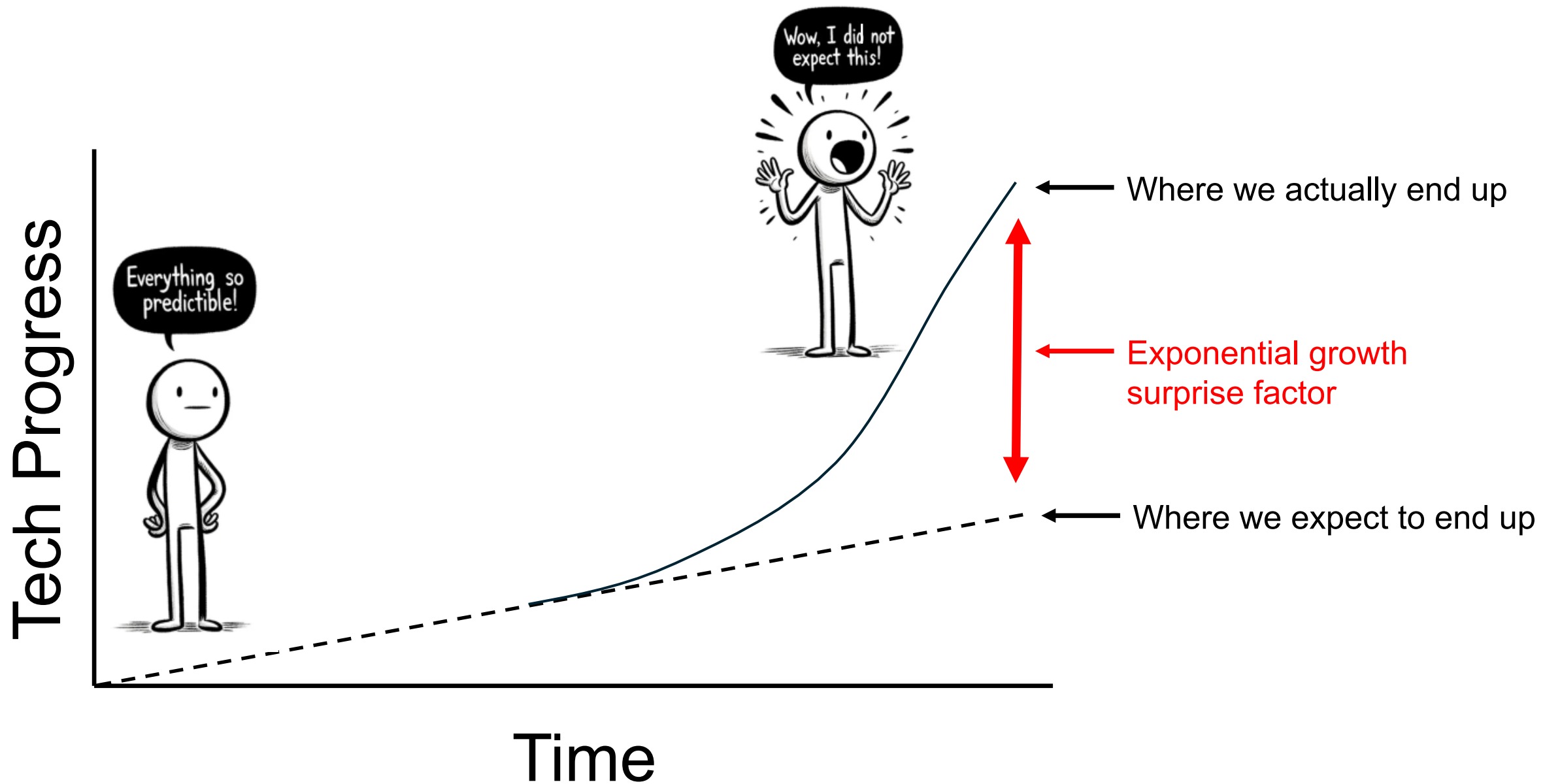
Brennan Spiegel, MD, MSHS ✓

@BrennanSpiegel

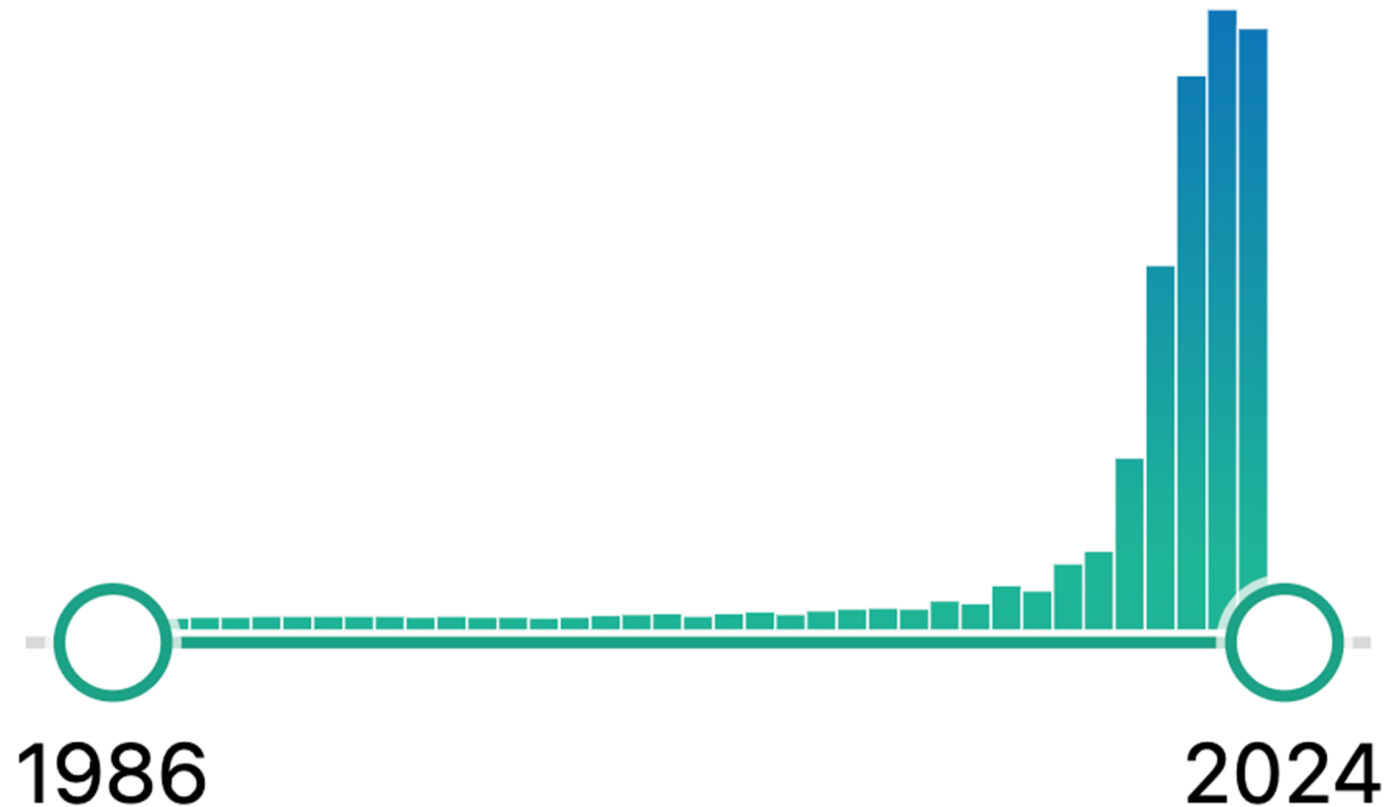
I subjected the **#ChatGPT** to a 16-question GI board exam and it scored ~35% correct. Watch here: youtube.com/watch?v=BQsYWI... So, today I asked **#AI** to draw an oil painting of itself struggling through a medical board exam, and it drew this depiction of itself taking the test:



12:04 PM · Dec 15, 2022 · 7,449 Views



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])

DEEP MEDICINE

HOW ARTIFICIAL
INTELLIGENCE
CAN MAKE
HEALTHCARE
HUMAN AGAIN

ERIC TOPOL

With a foreword by
ABRAHAM VERGHESE,
author of *Cutting for Stone*

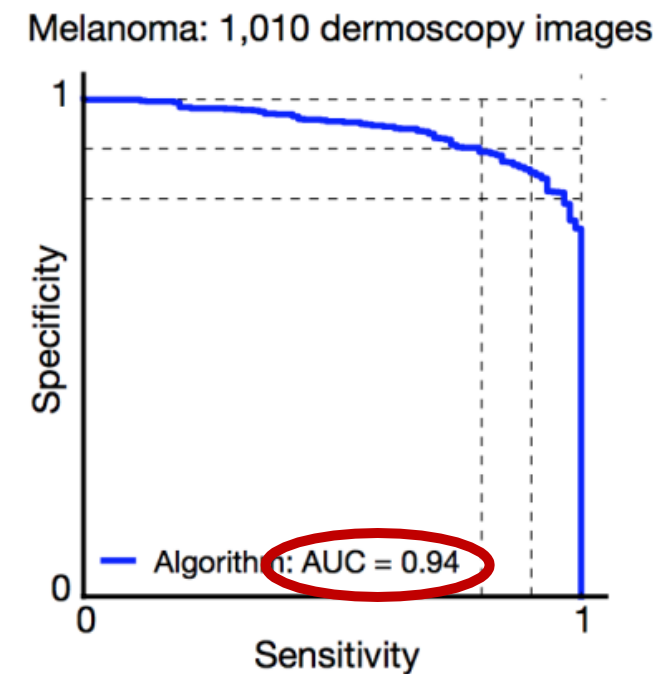
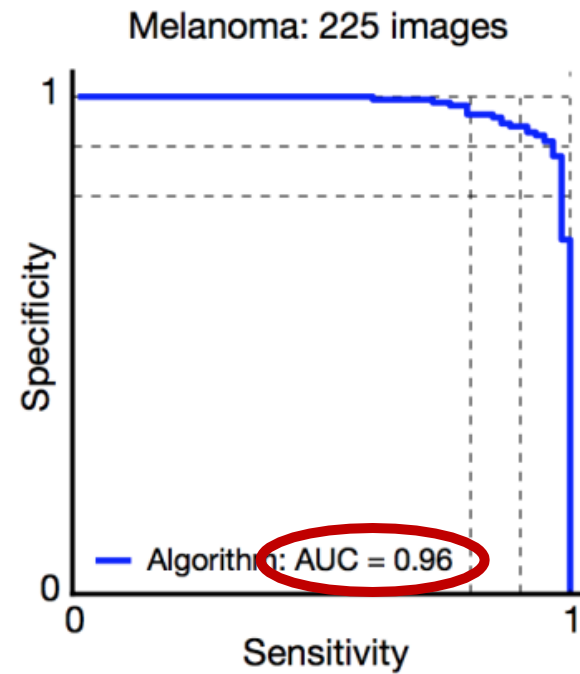
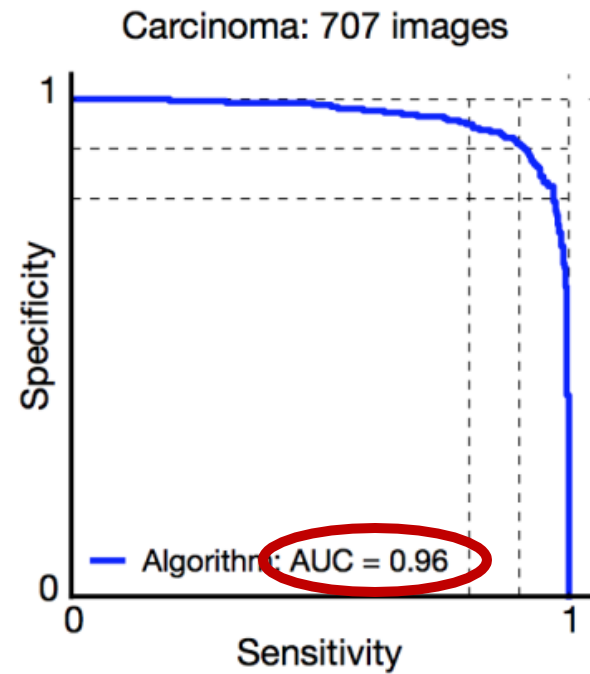
TABLE 1.1: The outlandish expectations for AI in healthcare, a partial list.

- 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



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

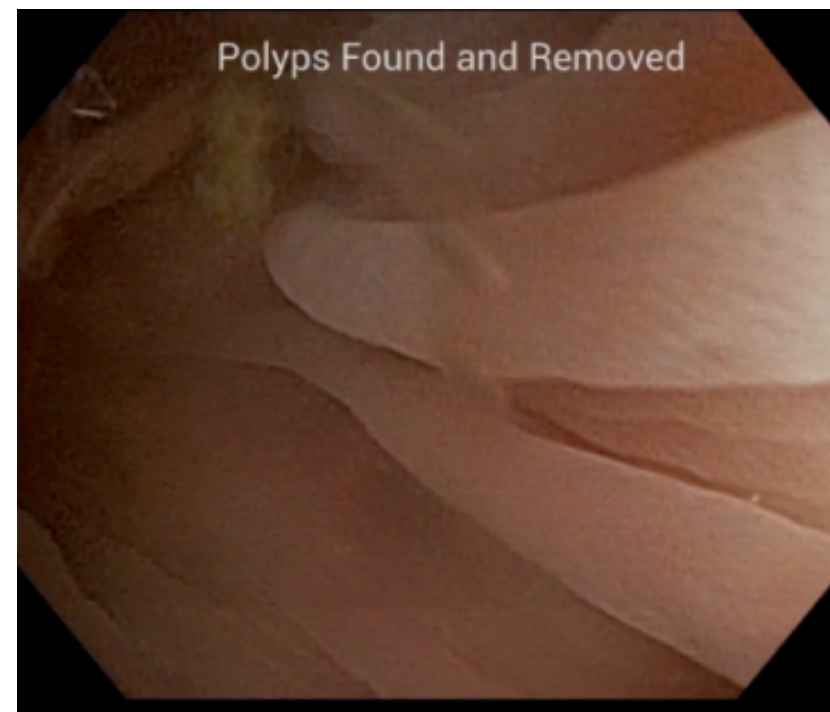
A system of convolutional neural networks (CNN) called Deep Learning was able to process colonoscopy images at high speed in real time, identifying polyps with a cross-validation accuracy of 96.4% and ROC-AUC value of 0.991.

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.

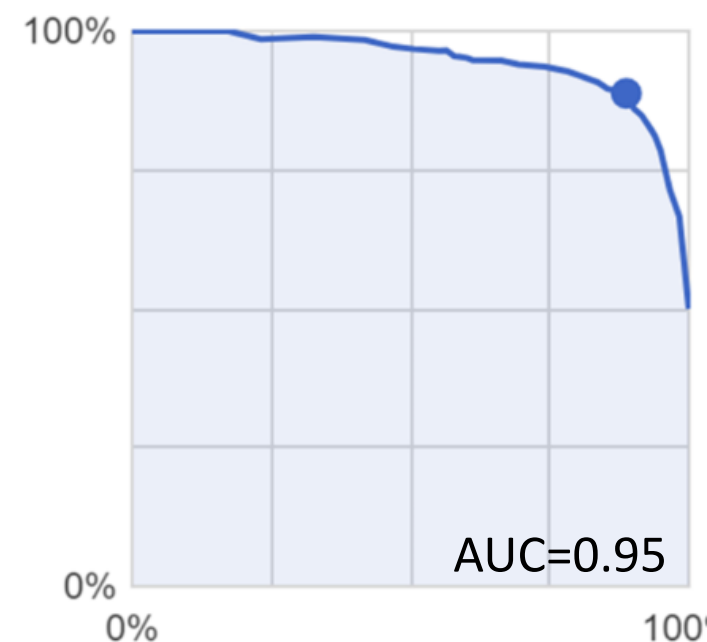
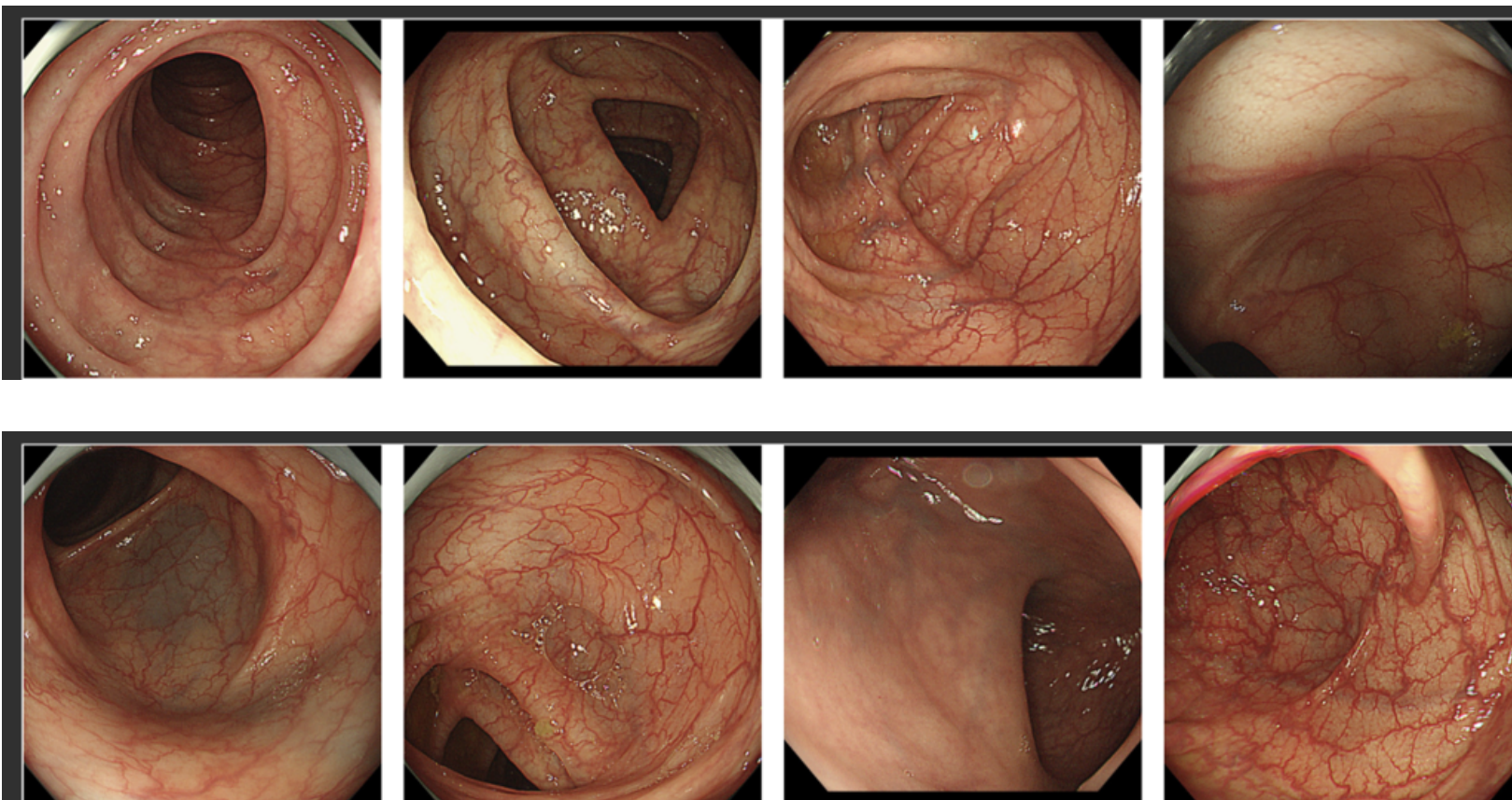


Artificial intelligence model for analyzing colonic endoscopy images to detect changes associated with irritable bowel syndrome

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>

PLOS DIGITAL HEALTH





Kewin Siah
@KewinSiah

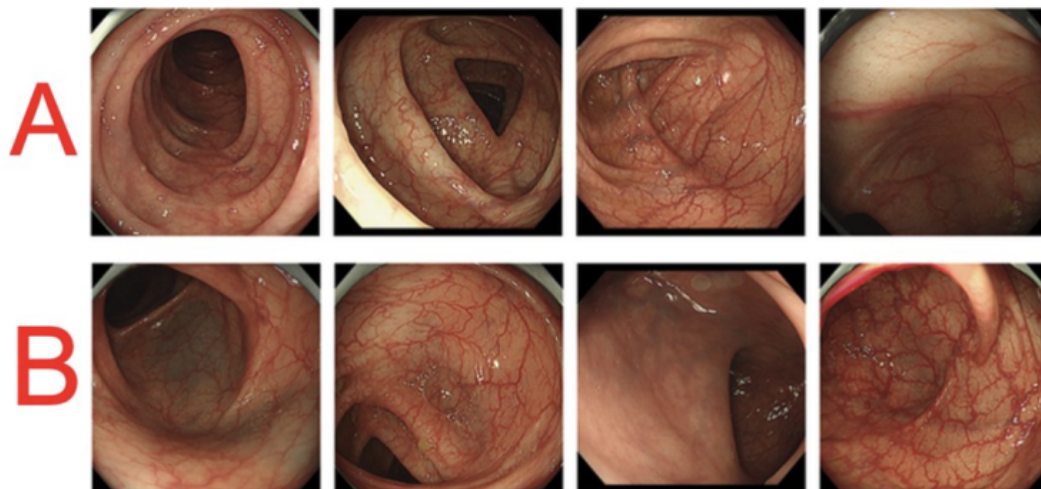
...

🔊🔥 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/)
[#gitwitter](#) [#medtwitter](#) [#DGBIs](#)

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

SBI=

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

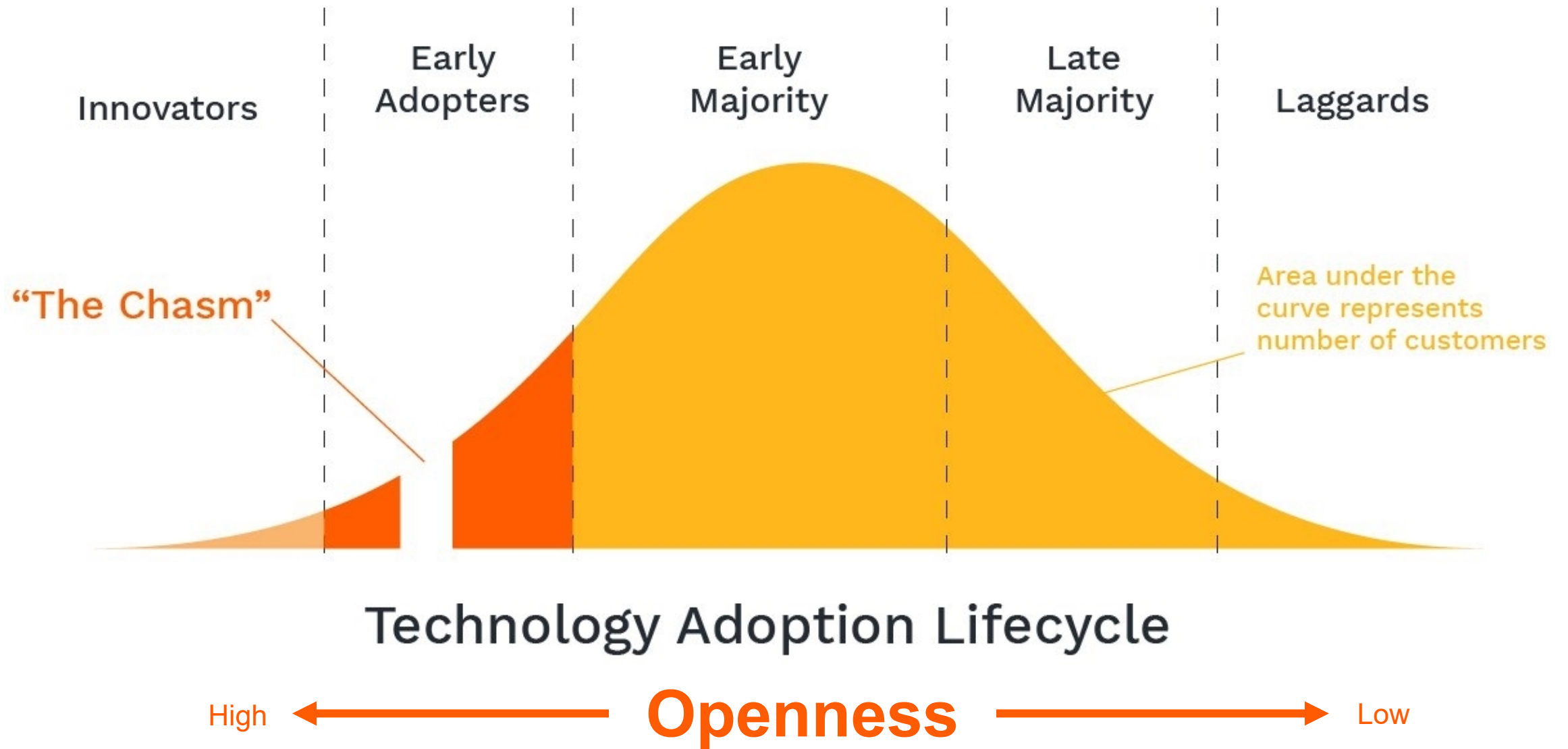
...

Replying to @KewinSiah @RomeGastroPsych and 9 others

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

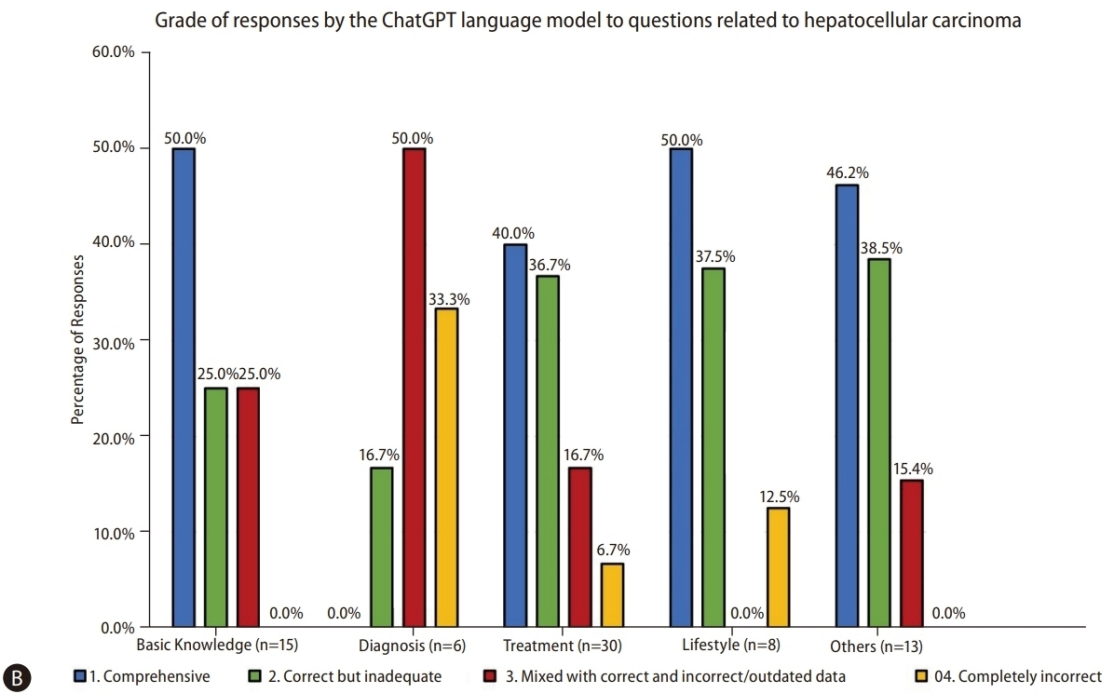
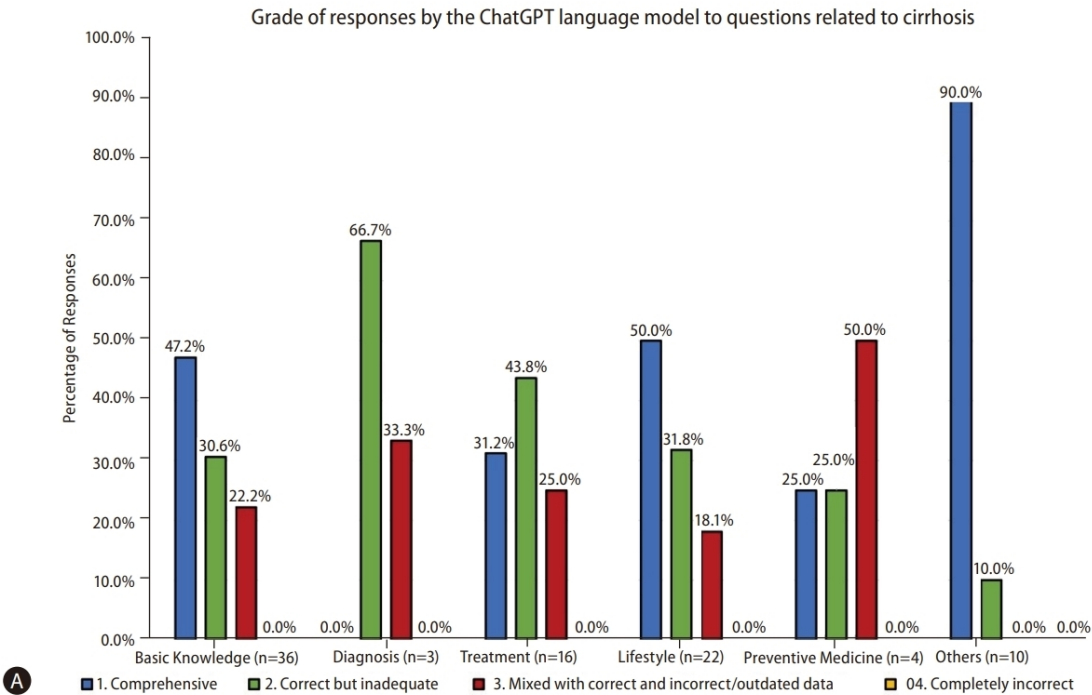
10:32 AM · Feb 25, 2023 · 2,231 Views

1 Quote Tweet 21 Likes



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}



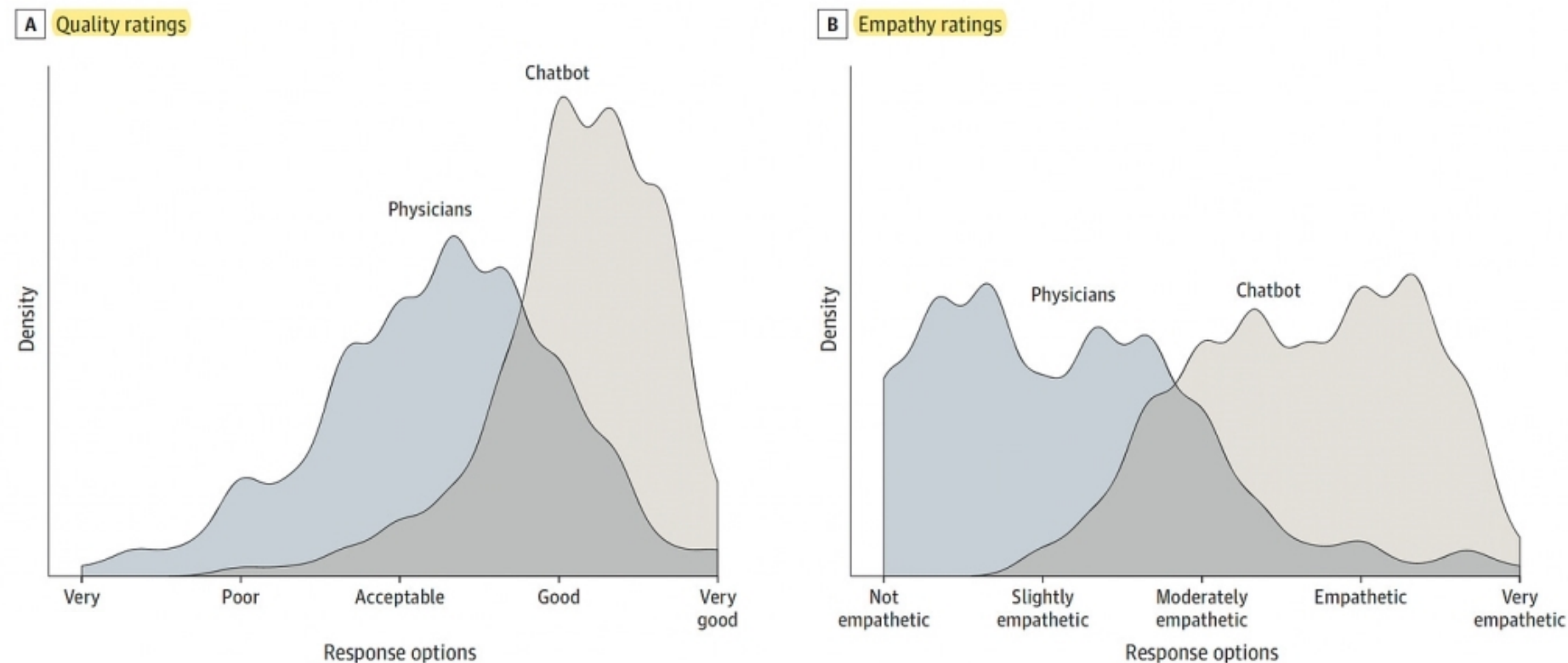
Comparing Physician and Artificial Intelligence Chatbot Responses to Patient Questions Posted to a Public Social Media Forum

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








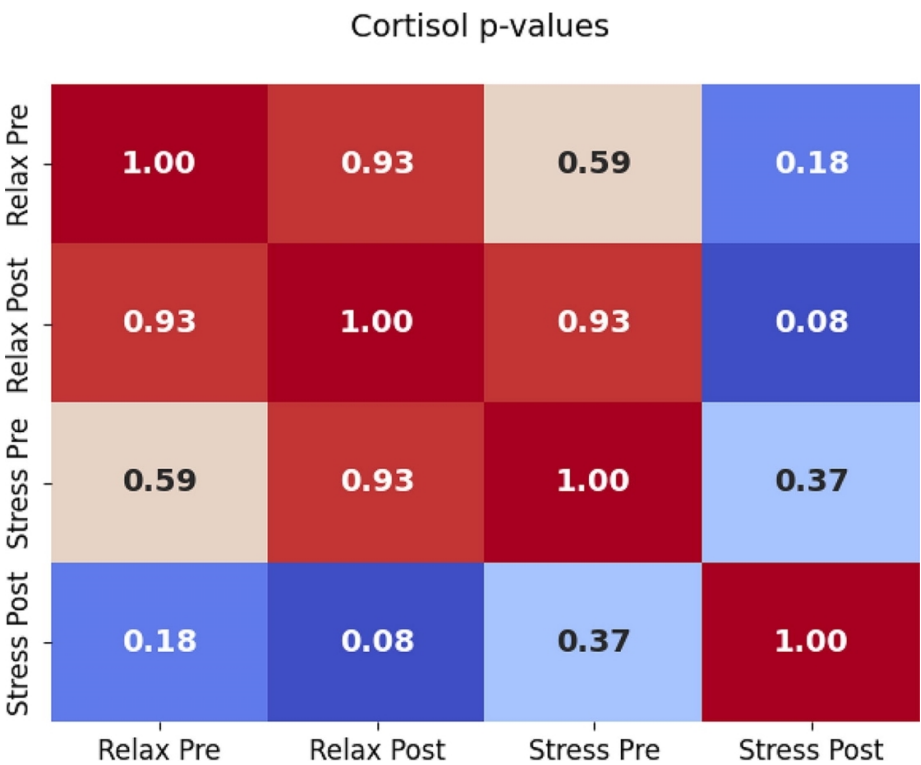
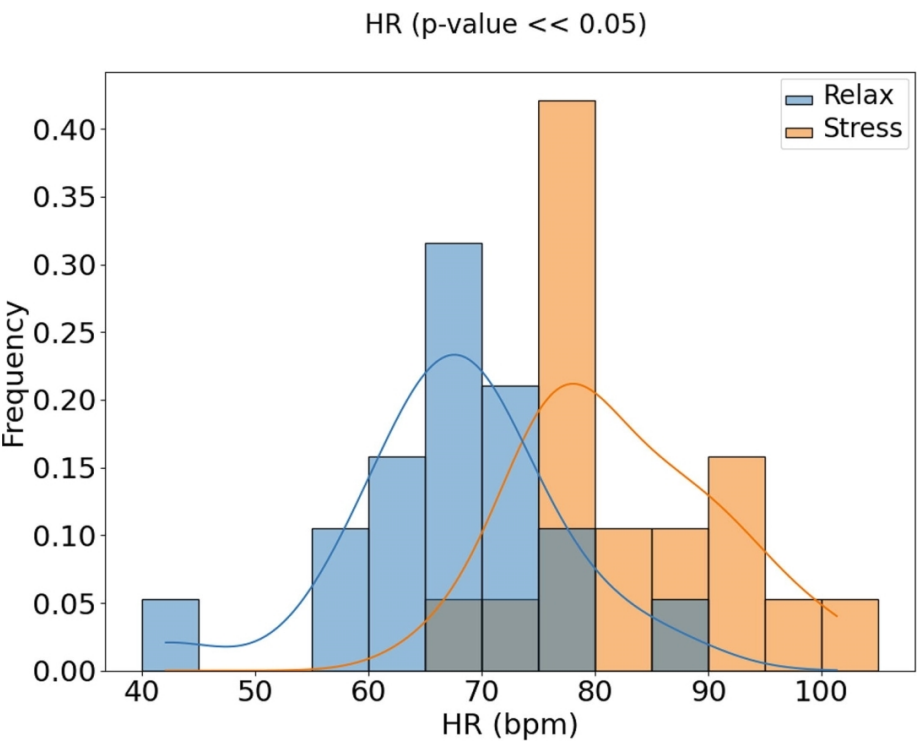




Comprehensive Assessment of Physiological and Psychological Responses to Virtual Reality Experiences

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>





Cedars
Sinai



VIRTUAL
MEDICINE





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^{1,2,3,4}, Omer Liran^{1,3}, Alistair Clark¹, Jamil S. Samaan², Carine Khalil¹, Robert Chernoff⁵, Kavya Reddy² and Muskaan Mehra 



Epic 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

Test, Donut

DT

Summary Work List Chart Review Results Review Flowsheets MAR Notes Care Plan Education Manage Orders Navigators Patient Station Demographics Report Viewer

Test, Donut
 Female, 34 year old, 1/27/1990
 MRN: 200115440
 CSN: 121788
 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
 Chakravarty, 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

Report Viewer

History 1 2
 12/13/2023 13:38 Psych Note
 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:**

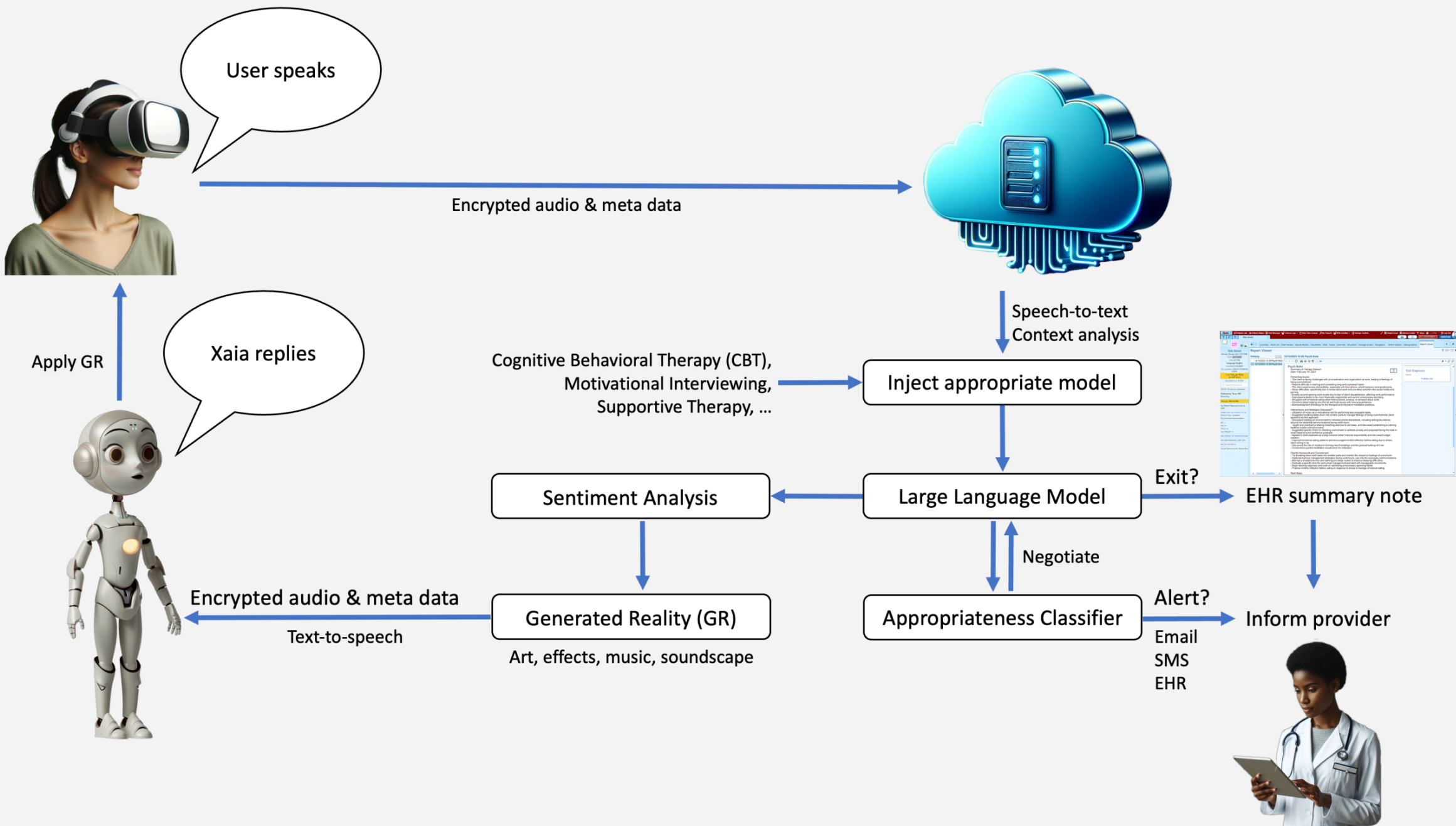
- Utilization of music as a motivational tool for performing less enjoyable tasks.
- Suggested breaking tasks down into smaller parts to manage feelings of being overwhelmed; client agreed to try this approach.
- Discussed creating an environment to minimize phone distractions, including setting boundaries 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 Clark³, Jamil S Samaan⁵, Carine Khalil³, Robert Chernoff⁴, Kavya Reddy⁵, Muskaan Mehra³

Affiliations + expand

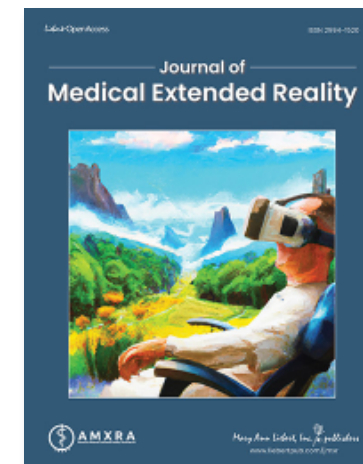
PMID: 39279024, PMCID: PMC10817912, DOI: 10.1028/641746.024.01011.0

“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

Summer 2024

MEMBERS. MEDICINE. MEANING.



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

Thank you!



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