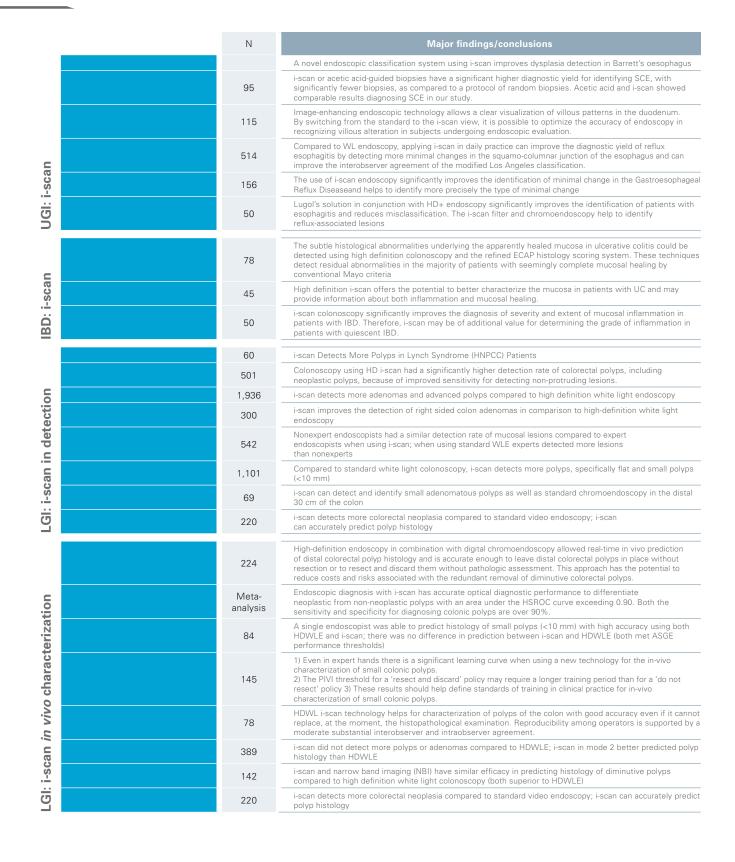


i-scan, technology with proven results



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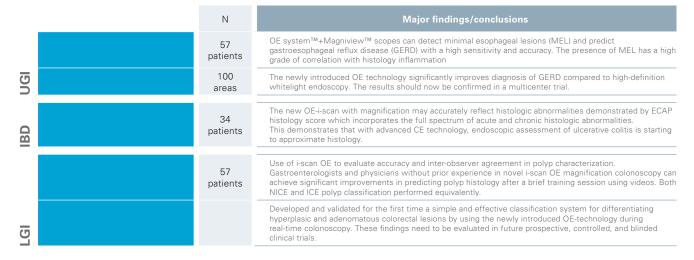
i-scan: a fast learning curve	N	Major findings/conclusions
	298 images	Accurate interpretation of i-scan images for prediction of advanced colorectal neoplasia can successfully be performed even by nonexpert endoscopists with a high overall accuracy and excellent interobserver agreements
	400 images	We observed good interobserver agreement in the evaluation of neoplastic and non-neoplastic lesions and poor agreement in the evaluation of pit-pattern and margins. Adequate training is required in order to interpret images acquired with the i-scan technique
	550 images	Eleven endoscopists without previous experience on optical diagnosis evaluated a total of 550 images (396 adenomatous, 154 non-adenomatous). After a single training session, endoscopists with varying levels of experience can already provide optical diagnosis with an accuracy of 84.0%.
	110 images	Accurate interpretation of CVC images for prediction of hyperplastic and adenomatous colorectal lesions follows a learning curve but can be learned rapidly.
	45 images	Computer-generated enhancements are satisfactory in predicting the histology of small colon polyps without the need for magnification. This advantage is mostly related to the pit pattern enhancement

Studies on i-scan OE

Preliminary data on i-scan OE

Published studies
Present and future perspectives of virtual chromoendoscopy with i-scan and optical enhancement technology. Digestive Endoscopy 2013; 26.
Evaluation of a new image-enhanced endoscopic technology using band-limited light for detection of esophageal squamous cell carcinoma. Digestive Endoscopy 2013

DDW (Digestive Disease Week) 2016 abstracts



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