Transcript of Media Clips for Piloting a smarter colonoscopy

Clips with Dr. Omar Khokhar, gastroenterologist at OSF HealthCare Saint Joseph Medical Center

"For example, there's a 35-year-old who comes in with diarrhea or constipation or rectal bleeding, and I do that colonoscopy, I'll often tell my staff to turn it (GI Genius) on, to make sure we're not missing anything. So eventually, depending on the data, it could become the standard of care." (:18)

Dr. Khokhar says the AI in GI Genius leverages what it has learned from examining images and results from a large database of polyps from previous colonoscopies.

"The GI Genius goes through its AI library of images and will highlight any kind of abnormalities of the mucosal surface. And it will call attention to us to go look at that again. Sometimes it might be something, sometimes it might not be anything, but it's a useful additional tool that we can use during colonoscopies to find precancerous lesions." (:25)

Here's an analogy from Dr. Khokhar about the technology …

"It's like you have multiple eyes looking at the surface of the colon. Ultimately the gastroenterologist decides whether to sample, examine and inspect that area with more focus and then determine if that's something that needs to be removed or not." (:20)

Dr. Khokhar applauds the unique approach at OSF HealthCare; to partner with physicians who have ideas to better support clinical care and patients' experience.

"They're the ones who are going to look back and do the math and look at, 'Was this worthwhile?' and they have a fantastic team. They're the ones who (are) really nuts and bolts on the ground who took this from, 'Hey, this is a really cool idea that I saw somewhere' to 'How do we make this fit a square peg into a square hole?' (:25)

Clips with Shelli Dankoff who underwent a colonoscopy backed by GI Genius

Dankoff wasn't concerned about the technology. She compares it to the use of robotics for certain surgeries.

"It's kind of like when you hear people talking about robotic surgery or robots operating. No, that's not what it is. The surgeon is still controlling it. This is that same thing; you still have your gastroenterologist on the other end. They still have to know what they're looking at. It is a tool to help and to give better information, which I would think is reassuring to *them* too." (:19)

Knowing new technology can support her doctor's decision gives Dankoff peace of mind.

"I would rather know something up front sooner rather than later. Because we tell people all the time, if you catch it and treat it, it's very treatable. And if I'm not willing to be the person who's going to walk the walk and talk the talk, I have no business doing what I'm doing." (:16)

"If I could cut down on the number of screenings and have a greater sense of security that they really got to see everything in there. I think it'll be great." (:08)