from 61.1% (baseline), to 68.8% (active) and fell again in the inactive period (59.4%, p=0.53 across groups). PD rates were 70.4% vs 77.9% vs 78.1%, respectively (p=0.57).

MAP rose significantly from 1.22 to 1.84 then dropped to 1.47 (p=0.03). Withdrawal time (WT; minutes) was 11.5 vs 17.0 vs 13.5 (p=0.02 for baseline vs active only).

More adenomas >10 mm were detected in the active phase: 13 vs 39 vs 9 (p=0.03), but smaller lesions were not, with significantly more found in the transverse and left hemicolon (p=0.01 and 0.04, respectively, accounting for almost all the excess detection rate).

Conclusions In this pilot study MAP significantly increased in an AI-dependent manner, most notably in colonoscopists with an established high baseline ADR. The study was underpowered to detect a difference in ADR (n=541 required). PDR remained elevated even after the machine was switched off, suggesting a ‘learning’ effect. Surprisingly, more adenomas >10 mm were detected, with most ‘additional’ lesions being detected in the transverse and left hemicolon. The origin of these effects is not clear as the AI module studied has no additional functions other than aiding PD.

Further work is required to understand the interacting relationship between humans and AI and whether the magnitude of these effects is not clear as the AI module studied has no additional functions other than aiding PD.

Methods This was a single centre, retrospective study. As part of the routine patient pathway, all patients following POEM were offered oesophageal pH testing at 3 months, symptom screening at each follow-up appointment (validated GORD HRQL questionnaire) and surveillance gastroscopy 2–3 years post POEM. Outcomes of interest included abnormal acid exposure time (AET>4.2%), DeMeester Score (>14.72), GORD-HRQL scores and endoscopic findings at surveillance gastroscopy (reflux oesophagitis, Barrett’s oesophagus and malignancy) indicating acid reflux related complications.

Results This case series includes 17 patients and 19 lesions: 8 females, 4 males with a mean age of 73.1 years (±8.67 SD, range 53–89). Lesions were located in the ascending colon (n=8), transverse colon (n=6), sigmoid colon (n=2), rectum (n=2) and caecum (n=1). Polyp size was small (n=2), intermediate (n=8), large (n=6) and fragments of large (n=3). Polyp type was laterally spreading tumour (LST) (n=6; granular mixed=1, non-granular pseudo-depressed=2, non-granular flat=5), small sessile adenoma (n=3), sessile serrated lesion (n=7) and hyperplastic (n=1).

The indication for hybrid technique was actual or expected slippage (n=10) and actual or expected poor lifting (n=9). Resection was performed piecemeal (n=12) or en-bloc (n=7), with the assistance of underwater in 5 patients. Histology showed tubular adenoma (n=11; with high grade dysplasia in 3 patients), sessile serrated lesion (n=7) and hyperplastic (n=1). Excision was histologically complete in 7 patients. A follow up endoscopy has been performed in 7 patients with 9 lesions and there has been no evidence of recurrence. There was one perforation which occurred with an attempted resection of a 30 mm LST-G mixed lesion. We suspect this was