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Conflicts of Interest Authors do not have any conflict of interest to disclose.

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eP336 Intestinal Behçet's Disease as a Distinct Phenotype of Behçet's Disease

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Aims Behçet's disease (BD) is a multisystem inflammatory vasculitis presenting with recurrent mucocutaneous ulcers, ocular inflammation, and skin lesions. Although gastrointestinal symptoms may appear in a substantial number of patients, true intestinal BD is relatively uncommon. This study assessed the clinical characteristics and treatment patterns of intestinal BD at a tertiary center in Korea [1–5].

Methods Medical records of 327 patients who fulfilled the ISG or ICBD criteria for BD and were followed between November 2008 and September 2023 were reviewed. Among them, 261 had BD without gastrointestinal involvement, while 66 patients (20.2 %) were diagnosed with intestinal BD. Demographic data, clinical symptoms, laboratory markers, imaging results, and treatment modalities were compared between the two groups (▶ **Table 1**).

Results Intestinal BD accounted for 20.2 % of all BD patients. Abdominal pain (74.2 % vs. 10.0 %, p < 0.001) and gastrointestinal bleeding (19.7 % vs. 0.8 %, p < 0.001) were significantly more frequent in intestinal BD, whereas uveitis, skin lesions, and arthritis were more common in non-intestinal BD. CRP levels were higher in intestinal BD (2.35 vs. 1.23 mg/dL, p < 0.001), while HLA-B51 positivity was markedly lower (13.0 % vs. 50.4 %, p = 0.001). Treatments such as 5-ASA, azathioprine, and adalimumab were used more often in intestinal BD. Hospitalization (54.5 % vs. 8.4 %) and surgery rates (16.7 % vs. 0.8 %) were also significantly higher. Multivariate analysis identified abdominal pain (adjusted OR 54.1) and HLA-B51 negativity (adjusted OR 0.20) as independent predictors of intestinal involvement (▶ **Table 2**).

Conclusions Intestinal BD shows a distinct phenotype characterized by predominant gastrointestinal symptoms, higher inflammatory activity, and reduced HLA-B51 positivity. Abdominal pain and HLA-B51 negativity may help early diagnostic suspicion. More intensive therapy and higher complication rates highlight the need for timely recognition and individualized management.

▶ **Table 1** Independent variables associated with the likelihood of intestinal BD in univariate logistic regression analysis

Covariates	OR	OR 95 % CI.	*P*-value
Age, yr	1.022	1.000-1.044	*0.05*
Sex, M/F	0.632	0.365-1.092	*0.100*
Clinical manifestation			
Oral ulcers	0.800	0.383-1.671	*0.553*
Genital ulcers	0.738	0.429-1.269	*0.273*
Eye(Uveitis)	0.207	0.072-0.592	*0.003*
Skin lesion	0.389	0.217-0.699	*0.002*
Arthritis	0.397	0.172-0.916	*0.030*
Abdominal pain	26.052	13.140-51.652	*0.000*
GI Bleeding	31.764	6.963-144.905	*0.000*
Perforation	8.125	0.725-91.007	*0.089*
Laboratory findings			
WBC, /mm³	1.000	1.000-1.000	*0.889*
Hemoglobin, g/dL	0.845	0.712-1.001	*0.052*
Albumin, g/dL	0.552	0.289-1.056	*0.073*
Total protein, g/dL	1.244	0.806-1.918	*0.324*
CRP, mg/dL	1.065	1.000-1.134	*0.052*
B_51	0.147	0.041-0.524	*0.003*

▶ **Table 2** Independent variables associated with the likelihood of intestinal BD in multivariate logistic regression analysis

Covariates	Adjusted OR(Exp(B))	95 % CI.	*P*-value
Abdominal pain	54.1	13.4 – 219.4	*< 0.001*
HLA-B51	0.20	0.04 – 0.94	*0.041*

Conflicts of Interest Authors do not have any conflict of interest to disclose.

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eP338 When AI Meets Expertise: Adoption and Reinvention of Computer-Aided Polyp Detection (CADe) in Endoscopy

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Aims While clinical trials show that computer-aided detection (CADe) has the potential for increasing adenoma detection rates, real-world practice has produced inconsistent improvements. Many endoscopists report frustration with false positive notifications and workflow disruptions yet remain optimistic about its future use. This paradox challenges established information systems theories of post-adoption use. This study explores: (1) The role of expertise in endoscopists' adoption of CADe technologies, and (2) How expertise influences the reinvention of CADe in practice.

Methods We adopt a qualitative research design based on 13 semi-structured interviews with Canadian endoscopists having used a CADe platform. Participants represent a spectrum of experience levels from early-career to senior clinicians. Interviews explored motivations for adoption, experiences with CADe integration, perceptions of reliability, and workflow adaptations. Data were transcribed and coded using NVivo, with analysis guided by abductive reason-

ing. Themes include cognitive learning, and information systems (IS) use. The analysis draws on absorptive capacity, exploratory vs. exploitative technology use, and technology reinvention theories to examine how expertise influences post-adoption adaptation.

Results 1) The influence of clinical expertise on CADe adoption and application: More experienced endoscopists tend to be more resistant to using CADe with only 1/5 with > 20 years practice continuing to use the system versus 7/8 with < 15 years. Moreover, the 3 novice endoscopists (< 3 years practice) are more likely to follow AI-generated prompts rigidly (including unnecessary resections of diminutive rectosigmoid hyperplastic polyps). In contrast, the 5 more experienced endoscopists (> 10 years) adapt the system to fit their own needs and workflows, demonstrating a process of "reinvention" in practice. Overall, those with less experience use CADe as prescribed in their practice, while more experienced endoscopists envisioned different roles for the technology than its principal intended use. Clinicians also actively modulate the influence of CADe, negotiating a balance between trust in AI and professional judgment.

Conclusions These findings will refine technology reinvention theory by foregrounding expertise as a key determinant of user-driven adaptation, contributing to post-adoption information systems research, technology reinvention theory, and provides actionable insights in attempting to optimize CADe integration into practice.

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eP339 Conditional inference decision trees to support colonoscopy scheduling after positive FIT in the Emilia-Romagna colorectal cancer screening program

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Aims The effectiveness of faecal immunochemical test (FIT)–based colorectal cancer (CRC) screening programs relies heavily on the timely completion of colonoscopy following a positive FIT result, enabling the detection and removal of early-stage cancers and precancerous lesions. However, due to limited endoscopic capacity and organizational constraints, many programs struggle to meet the recommended target of performing colonoscopy within 31 days of a positive FIT. This study aimed to evaluate the potential of a Conditional Inference Decision Tree (CIDT) model as a supportive tool to classify the risk of CRC among FIT-positive participants in the Emilia-Romagna regional screening program.

Methods Study data were obtained from the Information System for the Surveillance of Colorectal Screening of the Regional Department of Health. The analysis included all individuals aged 50–69 years with a positive FIT result recorded between 2005 and 2024. Candidate predictors included age, sex, haemoglobin concentration at FIT, cumulative haemoglobin concentration for repeat participants, and screening round (first vs subsequent).

A Conditional Inference Decision Tree was applied to identify the most relevant predictors of CRC. Internal validation was performed using cross-validation, and model performance was assessed through the area under the ROC curve (AUC). Weighted analyses were applied to account for the low prevalence of CRC (4 %).

Results Among 201,065 FIT-positive participants, 4 % were diagnosed with colorectal cancer at colonoscopy. Although CRC was a relatively rare outcome, the Conditional Inference Decision Tree (CIDT) identified clear patterns of risk within the screened population. Haemoglobin concentration at FIT was the dominant predictor and constituted the first splitting variable in the tree, effectively distinguishing participants with very low probabilities of CRC from those at substantially higher risk. Increasing haemoglobin values showed a strong and progressive association with the likelihood of detecting colorectal cancer at colonoscopy.

Age and screening round provided additional discriminatory information, refining risk estimates within haemoglobin-based strata. Individuals undergoing their first screening round and those in older age groups had higher probabilities of CRC, whereas cumulative haemoglobin across previous FIT rounds contributed to differentiating risk among repeat participants. Sex did not substantially influence the structure of the tree.

Participants with lower haemoglobin values showed markedly lower risk across all branches of the tree, with final estimated probabilities of CRC ranging from 1.4 % to 4.6 %, depending on age and screening round. Within this group, the lowest observed risks were found among participants with low haemoglobin values who were younger (≤ 59 years) and in subsequent screening rounds, with estimated probabilities as low as 1.4 %. In contrast, participants with higher FIT haemoglobin concentrations exhibited substantially greater probabilities of CRC. Within this group, age and screening round further stratified risk: older individuals (> 57 years) undergoing their first screening round formed the highest-risk terminal nodes, with estimated CRC probabilities reaching 19.9 %. The CIDT had an AUC of 0.71.

Conclusions The moderate discriminative performance of the tool, which is consistent with the low-prevalence nature of the endpoint and the real-world heterogeneity of FIT-positive populations, suggests that it needs to be improved with additional patient information. Our findings indicate that the CIDT has a potential to become a simple, interpretable, and data-driven approach to assist clinicians in the management of colonoscopy workload by identifying higher-risk subgroups of FIT-positive patients, particularly in settings with constrained resources or waiting list pressures.

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eP340 Results of Endoscopic-Ultrasound Tissue Acquisition (EUS-TA) for Solid Pancreatic Lesions: 13 years' real-world experience of academic oncological center

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Aims Aims: to provide a comprehensive description of the diagnoses and the results of EUS-TA (adequacy, sensitivity, specificity, and accuracy) for solid pancreatic lesions that have been referred due to clinical and radiological findings in a tertiary oncological referral center.

Methods Methods: a retrospective analysis was conducted on consecutive patients who underwent EUS-FNA or EUS-FNB procedures. These procedures were performed by advanced fellows under direct supervision of expert endoscopists. The material obtained was subsequently analysed by a pathologist specializing in the gastrointestinal tract. However, the pathologist was not in the endoscopy room during the procedure, i.e., without rapid-on-site-evalua-