

## RCPE Gastroenterology

18 November 2021

### **Artificial intelligence in liver pathology - Professor Alastair Burt**

**Q. Can you see future when the virtual staining and in situ histology combine to create real time pathology results?**

A. I am sure that we will see remarkable technological advances over the next decade or so that might take us closer to that. This will need to be accompanied by widespread embracing of such approaches by all elements of the clinical landscape (not just pathologists) and acceptance of AI diagnostics more broadly by patients and carers. There is no doubt that virtual staining and some algorithm applications could rapidly speed up the diagnostic journey. Whether that will lead to true real time pathology results remains to be seen. Another element to consider is how we link the data from next generation biopsy reporting with other clinical and multi-omic data.

### **Living with inflammatory bowel disease - experience from a patient: resilience and fatigue - Professor Marla Dubinski**

**Q. How do you define resilience when assessing patients? Is there any objective criteria to determine the resilience in a patient?**

A. There is a score that my colleague validates called the grit score (please see attached publication)

In the absence of this score as not yet being offered in the UK you can use the Connor Davidson risk score to measure resilience

**Q. How often do your patients most in need of a GRITT approach to managing their condition decline to take part? Do you have specific strategies for this group?**

A. A lot of this is about disease acceptance and optimism so any modules that can help with that would be most helpful

**Q. What would be your recommendations for treating patients that fit this profile but live in a rural or resource deplete area and needs - i.e. no mental health support, minimal specialist or ancillary support, and poor primary care?**

A. On line cbt can be a start