

Introduction

Colon polyps are small growths on the inner lining of the colon, with some types (e.g., adenomatous polyps) posing a significant risk of developing into colorectal cancer (CRC) if left undetected. Despite colonoscopy being the gold standard for diagnosis, challenges such as variability in endoscopist expertise, missed small/flat lesions, and patient discomfort during the procedure hinder early detection.

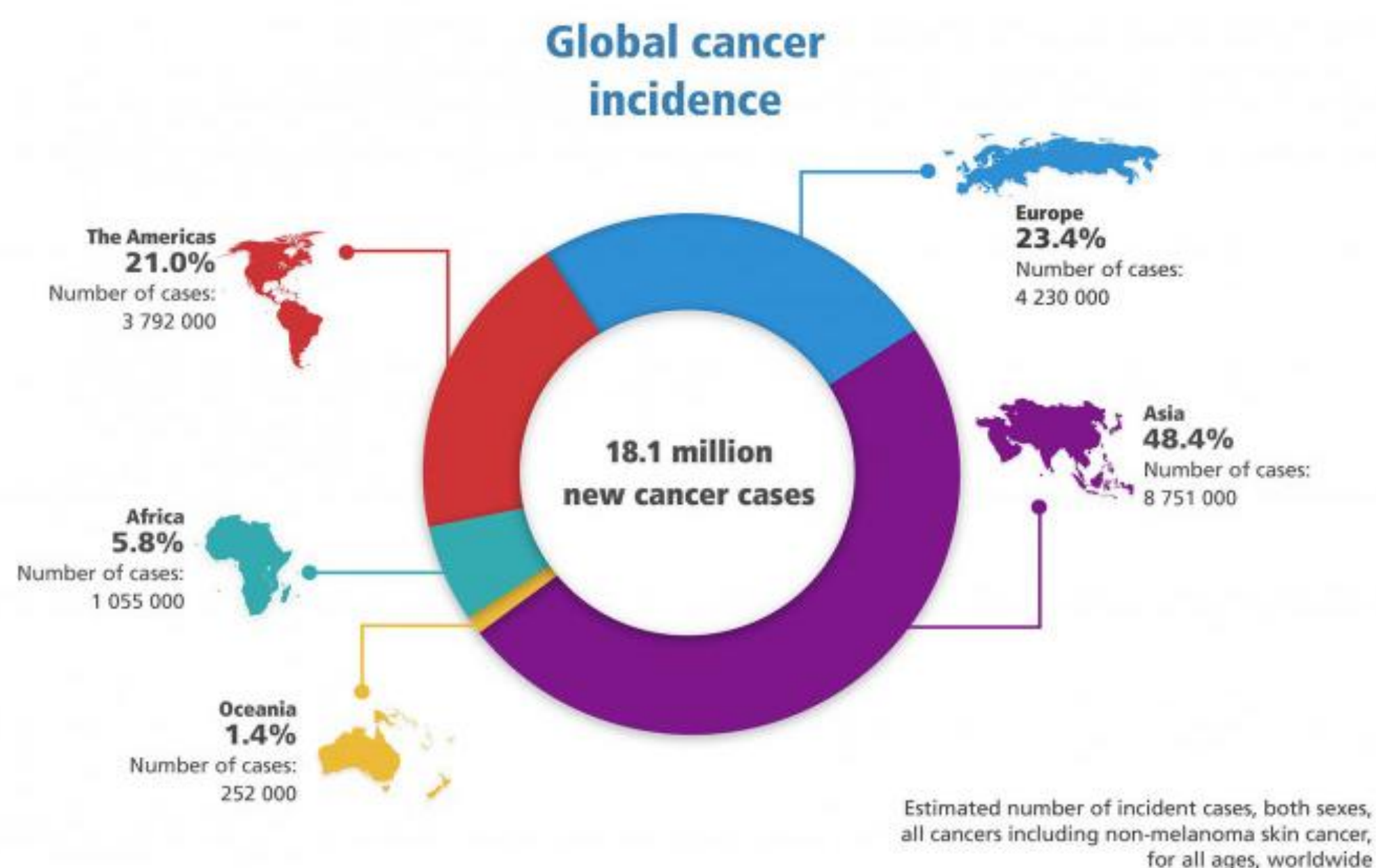


Figure 1: Global Cancer Statistics

Globally, CRC accounts for over 930,000 deaths annually, with cases projected to rise by 63% by 2040. This research aims to leverage deep learning to enhance polyp detection accuracy, reduce diagnostic delays and democratize access to high-quality screening. By integrating temporal analysis and advanced post-learning strategies, our AI-driven approach seeks to improve clinical outcomes and support real-time decision-making during colonoscopies.

Dataset

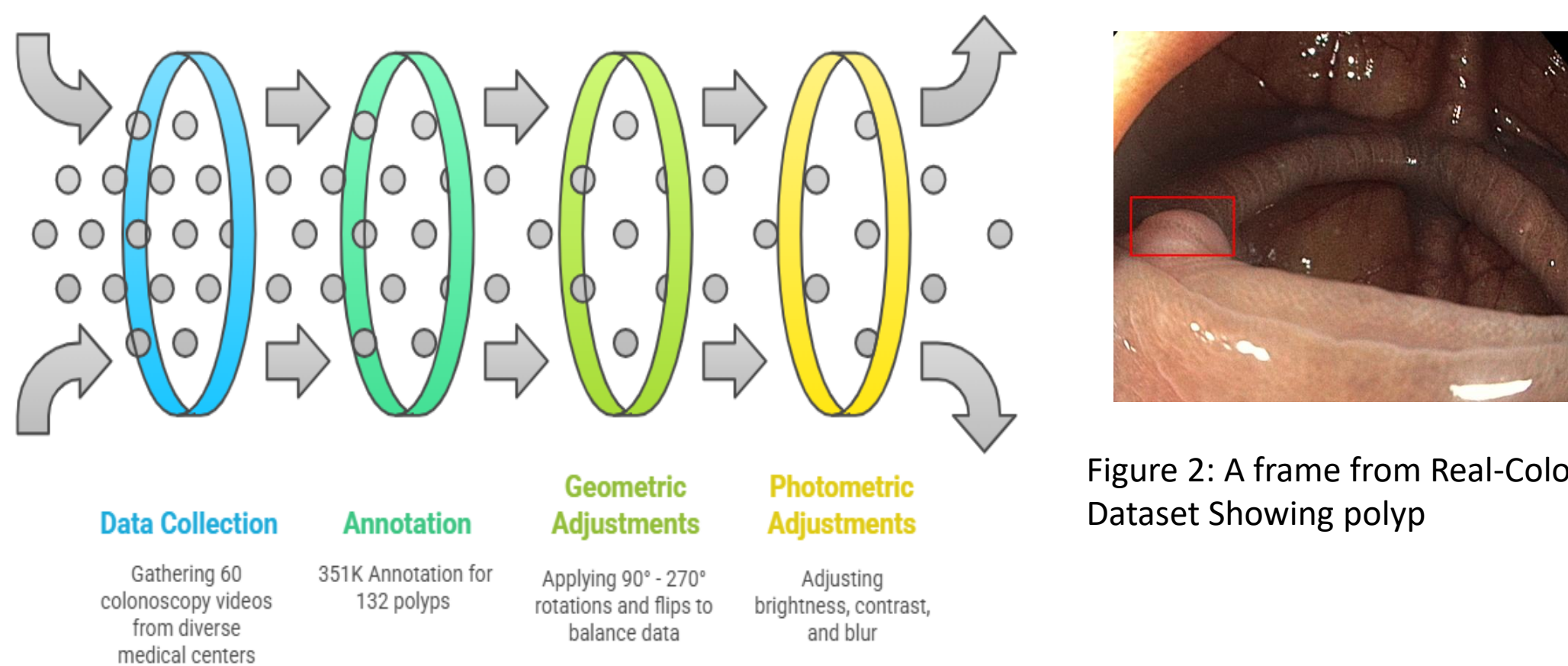


Figure 1: Real-Colon Dataset

Methods

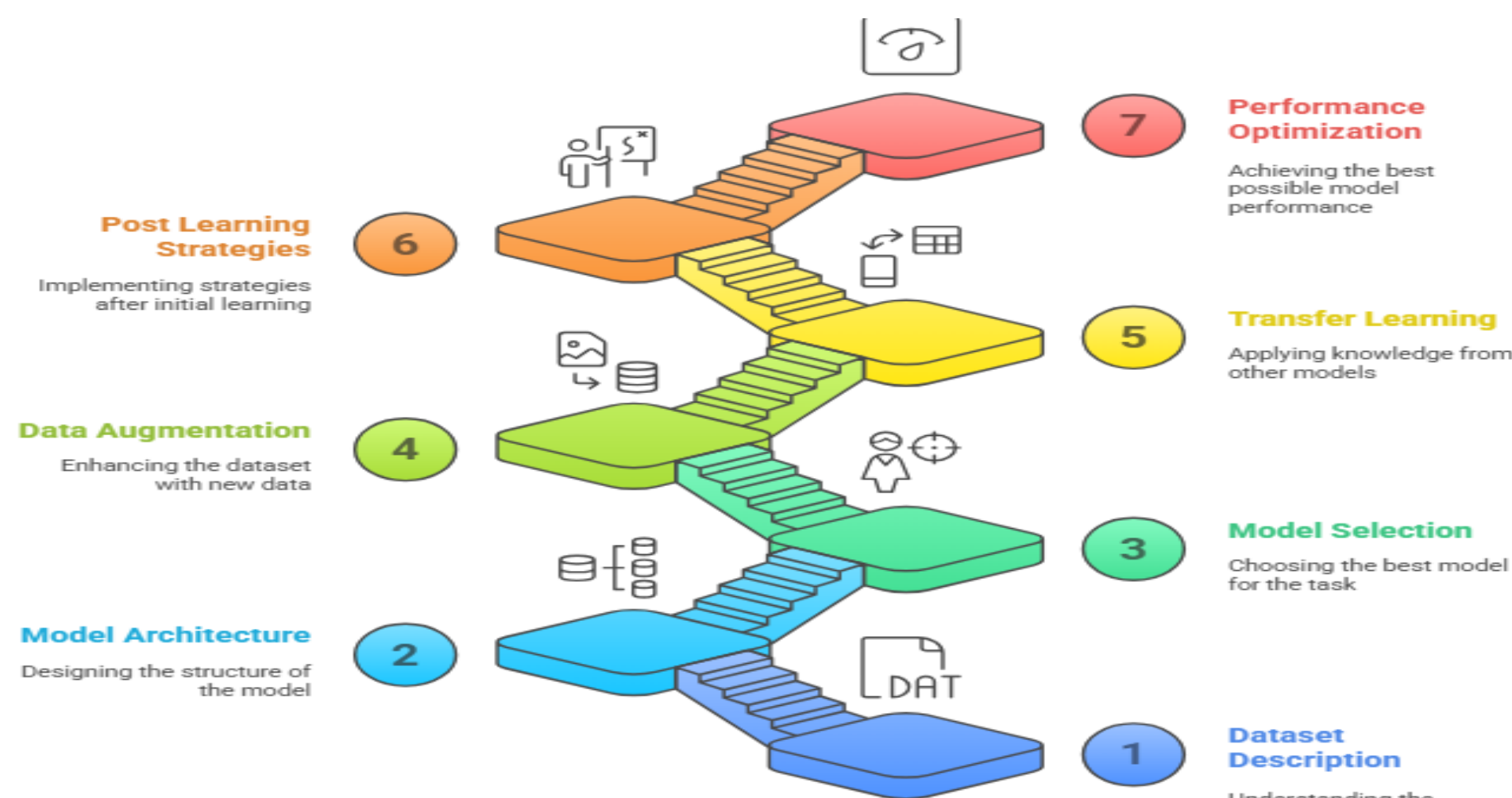


Figure 3: Steps involved in this methodology

Model Architecture : We employ a Faster R-CNN framework with a ResNet-FPN backbone to extract features from colonoscopy images.

Training and Refinement Strategy : The model's accuracy and generalization are enhanced through a multi-stage training process:

Transfer Learning: The model is initialized with weights pre-trained on large datasets (ImageNet, MS COCO) and then fine-tuned on our specific polyp dataset.

REAL-colon Analysis: Polyp Detection Architecture

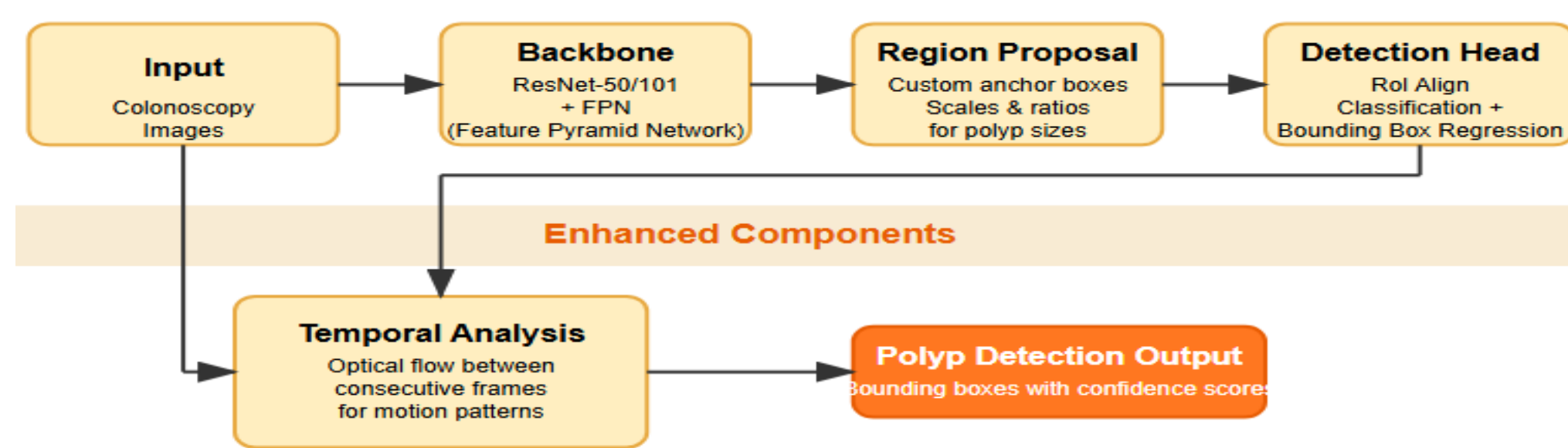


Figure 5: Colon Polyp Detection architecture

Data Augmentation: We apply extensive geometric and photometric augmentations to simulate realistic colonoscopy variations and prevent overfitting.

Post-Learning Refinement: To minimize errors, the model is re-trained on high-confidence false positives (polyp mimics) and fine-tuned offline using reliably detected polyps.

Expected Outcomes

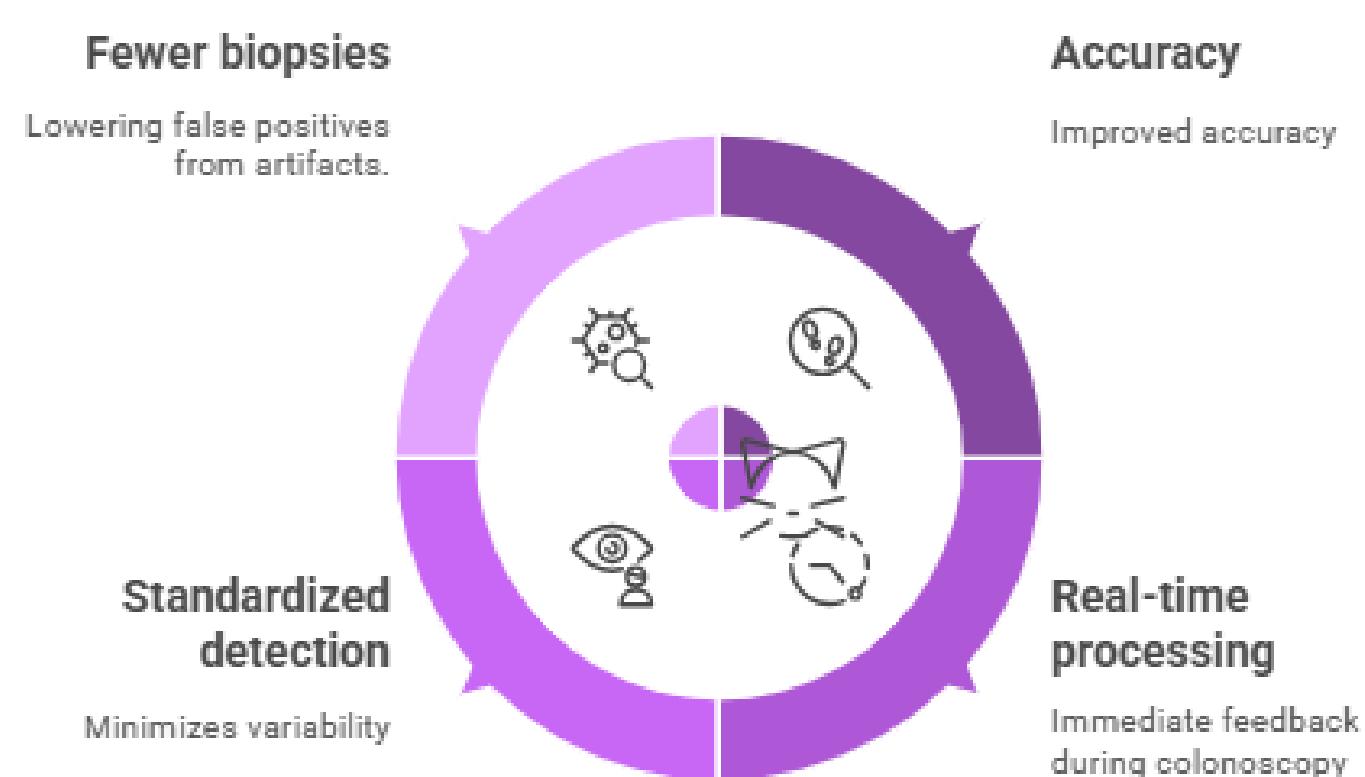


Figure 6: Expected Outcome from our research

Future Work

Future directions include expanding the model's capabilities to predict polyp malignancy risk using morphological features and integrating it into Clinical Decision Support Systems (CDSS) for real-time diagnostics. Collaborations to incorporate larger datasets (e.g., HyperKvasir) will improve generalizability across diverse populations. Additionally, we plan to explore semi-supervised learning to reduce annotation dependency and deploy the model in resource-limited settings via lightweight, edge-compatible versions.

References

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