Supplementary Tables

Table S1: Participants' demographics, experience and familiarity stratified by their prior exposure to AI endoscopy.

Questions		Not exposed (n=123)	Exposed (n=170)	Total (n=293)	pvalue
Region of Practice	CHINA	15 (12.2)	29 (17.1)	44 (15.0)	<0.001
	HONGKONG	23 (18.7)	31 (18.2)	54 (18.4)	
	INDIA	7 (5.7)	8 (4.7)	15 (5.1)	
	INDONESIA	2 (1.6)	1 (0.6)	3 (1.0)	
	JAPAN	2 (1.6)	30 (17.6)	32 (10.9)	
	MALAYSIA	7 (5.7)	1 (0.6)	8 (2.7)	
	PHILIPPINES	20 (16.3)	4 (2.4)	24 (8.2)	
	SINGAPORE	14 (11.4)	35 (20.6)	49 (16.7)	
	SOUTHKOREA	25 (20.3)	20 (11.8)	45 (15.4)	
	VIETNAM	8 (6.5)	11 (6.5)	19 (6.5)	
Institution	PRIVATE	50 (40.7)	21 (12.4)	71 (24.2)	<0.001
	PUBLIC	73 (59.3)	149 (87.6)	222 (75.8)	
Experience	High	57 (46.3)	64 (37.6)	121 (41.3)	0.17
	Low	66 (53.7)	106 (62.4)	172 (58.7)	
Cumulative Scopes	a.0 to 100	27 (22.0)	25 (14.7)	52 (17.7)	0.008
	b.100 to 500	30 (24.4)	24 (14.1)	54 (18.4)	
	c.More than 500	66 (53.7)	121 (71.2)	187 (63.8)	
Scopes per Week	a.0 to 20	86 (69.9)	114 (67.1)	200 (68.3)	0.477
	b.20 to 40	30 (24.4)	38 (22.4)	68 (23.2)	
	c.40 to 60	3 (2.4)	10 (5.9)	13 (4.4)	
	d.More than 60	4 (3.3)	8 (4.7)	12 (4.1)	
Adenoma Detection Rate	Mean (SD)	0.4 (0.3)	0.4 (0.2)	0.4 (0.2)	0.865
Received AI teaching	No	116 (94.3)	122 (71.8)	238 (81.2)	<0.001
	Yes	7 (5.7)	48 (28.2)	55 (18.8)	
Completed AI Courses	No	120 (97.6)	146 (85.9)	266 (90.8)	0.001
	Yes	3 (2.4)	24 (14.1)	27 (9.2)	
Familiar with AI research	a.Not familiar	78 (63.4)	30 (17.6)	108 (36.9)	<0.001
	b.Slightly familiar	38 (30.9)	76 (44.7)	114 (38.9)	
	c.Moderately familiar	6 (4.9)	45 (26.5)	51 (17.4)	
	d.Very familiar	1 (0.8)	19 (11.2)	20 (6.8)	
Familiar with AI methods	a.Not familiar	88 (71.5)	47 (27.6)	135 (46.1)	<0.001
	b.Slightly familiar	28 (22.8)	82 (48.2)	110 (37.5)	
	c.Moderately familiar	6 (4.9)	28 (16.5)	34 (11.6)	
	d.Very familiar	1 (0.8)	24 (14.1)	14 (4.8)	
Read AI papers	a.None	45 (36.6)	12 (7.1)	57 (19.5)	<0.001
	b.Less than 5	64 (52.0)	70 (41.2)	134 (45.7)	
	c.5 to 20	10 (8.1)	52 (30.6)	62 (21.2)	
	d.More than 20	4 (3.3)	36 (21.2)	40 (13.7)	

Table S2: Response to survey items stratified by their prior exposure to AI endoscopy.

Theme	Questions		Not exposed (n=123)	Exposed (n=170)	Total (n=293)	pvalue
Barriers to AI clinical adoption	Accountability for wrong diagnoses is a challenge to using AI in clinical practice.	Agree	90 (73.2)	103 (60.6)	193 (65.9)	0.034
	Biases of algorithms are a challenge to using AI in clinical practice.	Agree	81 (65.9)	116 (68.2)	197 (67.2)	0.762
	Transparency of the methods used to develop algorithms is a challenge to using AI in clinical practice.	Agree	67 (54.5)	111 (65.3)	178 (60.8)	0.08
	Staying up to date with AI advances is a challenge to using AI in clinical practice.	Agree	84 (68.3)	118 (69.4)	202 (68.9)	0.939
	Explainability of algorithms is a challenge to using AI in clinical practice.	Agree	88 (71.5)	105 (61.8)	193 (65.9)	0.106
	Impact on working practices is a challenge to using AI in clinical practice.	Agree	90 (73.2)	112 (65.9)	202 (68.9)	0.229
	Data protection is a challenge to using AI in clinical practice.	Agree	71 (57.7)	107 (62.9)	178 (60.8)	0.435
	The impact on the clinical workforce is a challenge to using AI in clinical practice.	Agree	74 (60.2)	109 (64.1)	183 (62.5)	0.57
	Lack of guidelines is a barrier to adopting AI into clinical practice.	Agree	95 (77.2)	122 (71.8)	217 (74.1)	0.358
	Access to AI devices is a barrier to adopting AI into clinical practice.	Agree	98 (79.7)	135 (79.4)	233 (79.5)	1
	Availability of devices with regulatory approval is a barrier to adopting AI into clinical practice.	Agree	103 (83.7)	138 (81.2)	241 (82.3)	0.68
	Evidence for cost-effectiveness is a barrier to adopting AI into clinical practice.	Agree	89 (72.4)	115 (67.6)	204 (69.6)	0.461
	Procurement is a barrier to adopting AI into clinical practice.	Agree	88 (71.5)	111 (65.3)	199 (67.9)	0.315
	Lack of clinical trials is a barrier to adopting AI into clinical practice.	Agree	94 (76.4)	97 (57.1)	191 (65.2)	0.001
	Impact on clinical workflow is a barrier to adopting AI into clinical practice.	Agree	74 (60.2)	94 (55.3)	168 (57.3)	0.477
	Ethical concerns are a barrier to adopting AI into clinical practice.	Agree	74 (60.2)	85 (50.0)	159 (54.3)	0.109
	Funding is a barrier to AI research in gastroenterology.	Agree	81 (65.9)	109 (64.1)	190 (64.8)	0.855
	Availability of annotated data is a barrier to AI research in gastroenterology.	Agree	83 (67.5)	120 (70.6)	203 (69.3)	0.659
	Access to Big Data is a barrier to AI research in gastroenterology.	Agree	71 (57.7)	119 (70.0)	190 (64.8)	0.041
	National ethics/R&D processes are a barrier to AI research in gastroenterology.	Agree	75 (61.0)	106 (62.4)	181 (61.8)	0.906
	Local ethics/R&D processes are a barrier to AI research in gastroenterology.	Agree	73 (59.3)	97 (57.1)	170 (58.0)	0.785
	Involvement of computer scientist collaborators is a barrier to AI research in gastroenterology.	Agree	73 (59.3)	99 (58.2)	172 (58.7)	0.943
	Involvement of clinical collaborators is a barrier to AI research in gastroenterology.	Agree	68 (55.3)	79 (46.5)	147 (50.2)	0.17
	Involvement of commercial companies is a barrier to AI research in gastroenterology.	Agree	63 (51.2)	70 (41.2)	133 (45.4)	0.113
Priority for AP AI Task Force	Identifying research priorities for AI should be a priority for Asian-Pacific gastroenterologists.	Agree	92 (74.8)	120 (70.6)	212 (72.4)	0.508
	Guidelines for adopting AI devices in clinical practice should be a priority for Asian-Pacific gastroenterologists.	Agree	100 (81.3)	123 (72.4)	223 (76.1)	0.102
	Supporting delivery of multi-centre AI trials should be a priority for Asian-Pacific gastroenterologists.	Agree	98 (79.7)	136 (80.0)	234 (79.9)	1
	Developing a resource of up-to-date AI research (e.g., webpage) should be a priority for Asian-Pacific gastroenterologists.	Agree	103 (83.7)	128 (75.3)	231 (78.8)	0.109
	Developing a forum to report safety concerns with AI devices should be a priority for Asian-Pacific gastroenterologists.	Agree	97 (78.9)	133 (78.2)	230 (78.5)	1
	Developing a peer review process for AI research should be a priority for Asian-Pacific gastroenterologists.	Agree	104 (84.6)	131 (77.1)	235 (80.2)	0.15
	Developing a training programme for using AI devices in clinical practice should be a priority for Asian-Pacific gastroenterologists.	Agree	106 (86.2)	126 (74.1)	232 (79.2)	0.018
	Developing a reference paper guide for people interested in AI should be a priority for Asian-Pacific gastroenterologists.	Agree	101 (82.1)	137 (80.6)	238 (81.2)	0.858
	Supporting funding applications for AI research should be a priority for Asian-Pacific gastroenterologists.	Agree	98 (79.7)	141 (82.9)	239 (81.6)	0.576
Percieved benefits of AI	Quality improvement is a significant benefit that AI might eventually bring to gastroenterology.	Agree	108 (87.8)	158 (92.9)	266 (90.8)	0.195
	Better diagnosis is a significant benefit that AI might eventually bring to gastroenterology.	Agree	107 (87.0)	158 (92.9)	265 (90.4)	0.132
	Automated reporting is a significant benefit that AI might eventually bring to gastroenterology.	Agree	101 (82.1)	139 (81.8)	240 (81.9)	1
	Fewer clinic appointments are a significant benefit that AI might eventually bring to gastroenterology.	Agree	62 (50.4)	87 (51.2)	149 (50.9)	0.991
	Faster endoscopy procedure times are a significant benefit that AI might eventually bring to gastroenterology.	Agree	75 (61.0)	94 (55.3)	169 (57.7)	0.394
Priority Areas for AI Research	Real time endoscopic image diagnosis should be a priority of AI research.	Agree	102 (82.9)	149 (87.6)	251 (85.7)	0.333
	General quality improvement should be a priority of AI research.	Agree	111 (90.2)	159 (93.5)	270 (92.2)	0.417
	Automated reporting should be a priority of AI research.	Agree	86 (69.9)	125 (73.5)	211 (72.0)	0.584
	Natural language processing should be a priority of AI research.	Agree	81 (65.9)	108 (63.5)	189 (64.5)	0.774

Table S3: Experience and familiarity of participants stratified by their self-perceived opinion of being an early adopter.

Theme	Questions		Not Early Adopters (n=105)	Early Adopters (188)	Total (n=293)	pvalue
Demographics	Practice	PRIVATE	24 (22.9)	47 (25.0)	71 (24.2)	0.788
		PUBLIC	81 (77.1)	141 (75.0)	222 (75.8)	
	Experience	High	42 (40.0)	79 (42.0)	121 (41.3)	0.831
		Low	63 (60.0)	109 (58.0)	172 (58.7)	
	CumScopes	a.0 to 100	22 (21.0)	30 (16.0)	52 (17.7)	0.206
		b.100 to 500	23 (21.9)	31 (16.5)	54 (18.4)	
		c.More than 500	60 (57.1)	127 (67.6)	187 (63.8)	
	Scopes_perweek	a.0 to 20	74 (70.5)	126 (67.0)	200 (68.3)	0.531
		b.20 to 40	25 (23.8)	43 (22.9)	68 (23.2)	
		c.40 to 60	4 (3.8)	9 (4.8)	13 (4.4)	
		d.More than 60	2 (1.9)	10 (5.3)	12 (4.1)	
	ADR	Mean (SD)	0.4 (0.2)	0.4 (0.2)	0.4 (0.2)	0.33
Familarity	Received_Aiteaching	No	100 (95.2)	138 (73.4)	238 (81.2)	<0.001
		Yes	5 (4.8)	50 (26.6)	55 (18.8)	
	Completed_Aicourse	No	102 (97.1)	164 (87.2)	266 (90.8)	0.009
		Yes	3 (2.9)	24 (12.8)	27 (9.2)	
	FamiliarwithAIresearch	a.Not familiar	69 (65.7)	39 (20.7)	108 (36.9)	<0.001
		b.Slightly familiar	28 (26.7)	86 (45.7)	114 (38.9)	
		c.Moderately familiar	8 (7.6)	43 (22.9)	51 (17.4)	
		d.Very familiar		20 (10.7)	20 (6.8)	
	FamiliarwithAImethods	a.Not familiar	76 (72.4)	59 (31.4)	135 (46.1)	<0.001
		b.Slightly familiar	26 (24.8)	84 (44.7)	110 (37.5)	
		c.Moderately familiar	3 (2.9)	31 (16.5)	34 (11.6)	
		d.Very familiar		14 (7.4)	14 (4.8)	
	Read_AIpapers	a.None	26 (24.8)	31 (16.5)	57 (19.5)	<0.001
		b.Less than 5	61 (58.1)	73 (38.8)	134 (45.7)	
		c.5 to 20	15 (14.3)	47 (25.0)	62 (21.2)	
		d.More than 20	3 (2.9)	37 (19.7)	40 (13.7)	