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Single-use endoscope aims to improve gastric cancer screening

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The University of Osaka

Aug 9 2026

 Reviewed

Gastric cancer screening in Japan still relies heavily on double-contrast X-ray imaging, commonly known as the barium test. Although widely used, the method can miss lesions, expose patients to X-rays, and may cause considerable discomfort. Endoscopy offers more detailed examination, but conventional gastroscopes are costly, complex, and designed primarily for advanced diagnosis and treatment rather than routine population-based screening.

To address this gap, endoluminal solutions, Inc., a spinout from the University of Osaka, is developing a single-use endoscope designed specifically for gastric cancer screening. Following the completion of a seed funding round in February 2026, the company accelerated development of a device intended to be among the world's thinnest and lightest endoscopes while retaining the image quality and insertion performance required for screening.

The project originated from research led by Professor Kiyokazu Nakajima at Graduate School of Medicine, the University of Osaka. Rather than adapting an existing gastroscope, the team adopted a zero-based design approach, retaining only the functions needed for screening and removing features intended for advanced therapeutic procedures.

Development has focused on the ultra-slim shaft, distal tip, control handle, compact image sensor, and illumination system. Multiple prototypes have been assessed by physicians for ease of insertion, image quality, and usability. The team reports that the system has demonstrated the technical feasibility needed for gastric cancer screening.

The slimmer design is expected to reduce discomfort for patients, while the lighter device may lessen physical strain on healthcare professionals. Because the endoscope is intended for single use, it would also eliminate cleaning and disinfection between examinations, potentially improving infection control and reducing operational demands.

The company is also exploring AI-assisted image acquisition and lesion detection, together with digital platforms for managing screening images and data. These functions could help standardize examination quality, support remote interpretation, and enable large-scale data analysis.

“Our goal is to establish a new screening infrastructure that allows more people to benefit from high-quality endoscopic screening.”

Professor Nakajima, founder, representative director, and chief scientific officer of endoluminal solutions, Inc.

With four related patent applications already filed, the company is now advancing the technology toward commercialization.

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Menstrual blood HPV testing accurately detects cervical precancer

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By Dr. Liji Thomas, MD

Reviewed by Lauren Hardaker

Feb 9 2026

A simple menstrual pad may offer a scalable, non-invasive way to expand cervical cancer screening, matching the accuracy of clinician testing while lowering barriers for women worldwide.



Study: Testing menstrual blood for human papillomavirus during cervical cancer screening in China: cross sectional population based study. Image credit: Pixel-Shot/Shutterstock.com

A recent paper published in *The BMJ* reports the use of menstrual blood to screen for the virus in precancerous cervical lesions, compared primarily with clinician-collected cervical HPV testing, with cervical cytology as an additional comparator.

Cervical cancer is among the most common cancers among women, with a high mortality rate unless detected early and treated in time. It is primarily due to chronic infection of the cervix with certain high-risk human papillomavirus (HPV) strains.

Cervical cancer persists despite effective HPV screening tools

Cervical cancer is linked to about 348,000 deaths a year. It is almost completely preventable by timely screening and treatment of HPV infection and cervical intraepithelial neoplasia (CIN) of grade 2 or higher (2+).

CIN refers to noninvasive but neoplastic changes in the cervical epithelium. CIN grades are based on the extent of cell abnormalities and epithelial involvement by the neoplastic cells, short of actual invasion. Precancerous lesions are CIN2+, characterized by moderate to severe changes.

Despite this, 661,000 new cervical cancer cases are identified each year, 85 % of them occur in developing countries. Screening typically relies on HPV testing of clinician-collected samples. The reach of such programs is often limited by resource constraints, poor awareness, cultural and religious restrictions and disparities, and fear of test-related stigma or discomfort.

Community trial tests menstrual blood HPV screening

The study was conducted across seven communities in Hubei Province, China. It covered 3,068 women aged 20 to 54 years with regular menstrual cycles.

The scientists collected three separate specimens from each woman: menstrual blood obtained using a minipad for HPV testing, clinician-collected cervical samples for HPV testing, and ThinPrep cytology samples.

The minipad prototype was developed for this study. It comprised presterilized cotton designed for optimal DNA collection, which would easily stick to the absorbent area of a standard menstrual pad. It was to be detached once it was visibly saturated over more than two-thirds of its surface and returned to the laboratory as instructed.

Any woman who was HPV-positive or had suspicious cytology results was referred for colposcopy and biopsy. Colposcopy is a procedure that uses magnification to examine suspicious, potentially precancerous, cervical features. Women who tested negative on both HPV tests and had normal cytology were not referred for biopsy, as their risk of CIN2+ was considered extremely low, and were instead advised to undergo annual follow-up.

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Non-invasive HPV testing shows promise for population-scale use

Both menstrual blood and clinician-collected samples had comparable diagnostic accuracy in detecting CIN2+ or CIN3+ by HPV testing. Integrated with healthcare apps like the Early Test platform and with standardized specimen collection, this represents a potentially scalable, patient-friendly, and non-invasive method of large-scale screening. It could widely expand access to cervical cancer screening.

“The findings of this study support the integration of menstrual blood based HPV testing into national cervical cancer screening guidelines.”

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Microscopic Colitis and Hormonal Birth Control, Antidepressants: DDW Studies Suggest Increased Risk

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First-in-Human 50-Patient Robotic Colonoscopy Study Meets End Points

CHICAGO—Imagine performing a successful [colonoscopy](#) while seated comfortably nearby. It's possible, according to Jason B. Samarasena, MD, who described outcomes of colonoscopies performed with a novel robotic colonoscopy system evaluated in a first-in-human study in Poland.

"In a 50-patient study, the robotic system demonstrated excellent safety and feasibility, with a 100% cecal intubation rate, effective polyp detection and resection, no adverse events, and a comfortable ergonomic experience," said Dr. Samarasena, the chief of the Division of Gastroenterology and Hepatology at the University of California, Irvine, presenting the findings at the [DDW](#) 2026 late-breaking abstract session (abstract 979b).

Although robotic surgical platforms have become a standard of care in many specialties, in endoscopy their use has remained limited despite potential enhancements in precision, control, and ergonomics. The CARE (Colonoscopy with A Robotic Endoscope) study evaluated the safety and efficacy of the Triton robotic system (Neptune Medical), the maker of the Pathfinder rigidizing overtube (Figures 1 and 2).

Operating the Triton

Dr. Samarasena described how the system works and what the endoscopist sees during a procedure. At the top left of the screen are force and torque indicators, which give information similar to the feedback the endoscopist receives using a manual scope. The bottom left indicates the length of the scope and overtube inside the patient as well as the length of scope relative to the overtube. At the top right of the screen is the shape indicator, showing the shape of the scope as it maneuvers through the entire colon. At the bottom right, the steering range and roll indicators show the direction and degree of available articulation and the amount of roll the endoscopist has, for example, "how many degrees of roll you have achieved relative to your starting position," Dr. Samarasena explained.



Figure 1. The Triton in action.

Jason B. Samarasena, MD, performs a colonoscopy using the Triton robotic system (Neptune Medical).

Courtesy Dr. Samarasena

Demonstrating the navigation of the colonoscope to the cecum, Dr. Samarasena noted that the scope can advance in a stepwise process beyond the end of the overtube, with the overtube copying the shape of the scope. "The rigidized overtube is now essentially rigidized right at the cecum, and the scope is extending beyond that," he said. "The control is amazing. It's at a different level."

Even in the presence of looping, he noted, "you have tremendous stability and also the ability to continuously roll in the cecum. ... That's one of the unique movements with this robotic system that we have difficulty achieving with manual colonoscopy. The stability is exceptional, and it's easy to get into the terminal ileum via the ileocecal valve."



Figure 2. Triton endoscopy view and user interface.

Courtesy Dr. Samarasena

Potential Advantages

Dr. Samarasena offered his thoughts on the potential advantages of the robotic system, citing a “shorter learning curve.” Since the system’s operation is so instinctive, he said, expertise in colonoscopy can be achieved faster, especially for a younger generation of endoscopists growing up with video gaming consoles. And it’s more ergonomically friendly than manual colonoscopy, he emphasized, counting himself among the many who have experienced occupationally related musculoskeletal injuries.

“There are a number of reasons to move down the robotic path in colonoscopy and in endoscopy in general. Colonoscopy is a physically burdensome procedure, and with the growing volume of procedures we are doing, musculoskeletal injuries become more of a concern,” he added. “I see a day where robotic systems can be seamlessly integrated in everyday colonoscopy procedures, and I think that can help endoscopists manage their case load, prevent injury, and maybe sustain or even extend our careers.”

Evidence Gaps

Kira Newman, MD, PhD, a clinical assistant professor in the Division of Gastroenterology at the University of Michigan, in Ann Arbor, said after the presentation that such new technologies “are exciting because they have the potential to improve endoscopist’s ergonomics and enhance precision,” but she noted the average patient in the study was younger than 50. “It’s critical for their development to include a broad range of patients across sex, age, height, BMI, and other factors because different patient populations can present unique challenges for safe and effective endoscopic evaluation,” she told *Gastroenterology & Endoscopy News*.

“Older patients are at an increased risk of complications from traditional/manual endoscopy compared to younger patients. Hopefully new technologies like robotic endoscopy can reduce this risk. At a minimum, they should be equivalently safe,” Dr. Newman said. “We need to see data on how this technology performs in older adults and other high-risk individuals, as well as when used by a broad group of endoscopists.”

Ken Binmoeller, MD, an advanced endoscopist at California Pacific Medical Center, in San Francisco, has long been involved in endoscopic device development and expressed some reservations about the pilot system. “Over the past two decades, I have seen many robotic and shape-lock endoscopic platforms come and go. Apart from the issue of added cost, a major limitation has been inadequate therapeutic capability,” he explained. The real promise of robotic endoscopy lies in the creation of a more stable and controllable therapeutic platform, particularly for advanced procedures such as [endoscopic submucosal dissection].

“Improving ergonomics, cecal intubation rates, ADR, and patient tolerance are all desirable but are unlikely on their own to drive adoption,” Dr. Binmoeller said. “The value of robotic platforms will depend on whether they can meaningfully improve therapeutic outcomes.”

—[*Caroline Helwick*](#)

Dr. Samarasena reported financial relationships with Applied Medical, Boston Scientific, Cook Medical, Drive Medical, Dova Health, Fujifilm, Microtech, Neptune Medical, and Olympus.



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Reuters Health Information

Tylenol Use in Pregnancy May Be Linked With Uterus, Ovary Changes in Daughters

Nancy Lapid

September 09, 2026



REUTERS

✦ Ask Medscape AI

Sept 9 (Reuters) - Female reproductive organ development may be impacted by a mother's use during pregnancy of Tylenol or its generic versions, according to researchers who emphasize that their study does not prove the pain medicine is to blame and does not indicate any effect on future fertility.

Whether the differences observed in the Danish study of infants have implications for fertility later in life and age at menopause will require long-term follow-up, study leader Margit Bistrup Fischer of Rigshospitalet in Copenhagen said in a statement.

Women who during pregnancy used the medicine, typically sold generically as paracetamol in Europe, should not be alarmed by the findings, Fischer said. The generic version of Tylenol sold in the U.S. is acetaminophen.

Kenvue, which owns the Tylenol brand name product, in an emailed statement advised pregnant or breastfeeding women to check with a health professional before using acetaminophen, which the company says is the most studied and safest pain reliever during pregnancy.

Article Key Points

- Prenatal acetaminophen exposure linked to ↓ ovarian volume, uterine volume, follicles.
- 3-month girls exposed in utero: 40% smaller ovaries, 13% smaller uteruses.
- Early exposure <17 weeks associated with ↓ AMH, an ovarian reserve marker.
- Separate cohort: smaller uteruses at puberty; smaller ovaries in adolescence.
- Study observational; no causal proof or demonstrated fertility impact.

The researchers also looked at a separate group of 1,210 girls who were followed from infancy to adolescence and whose mothers had reported paracetamol use during pregnancy. In this group, fetal exposure was associated with smaller uteruses at puberty and smaller ovaries during adolescence.

The study cannot predict outcomes for any individual woman or child, Fischer said, noting that many women who used the drug during pregnancy had daughters whose ovarian measurements were similar to those of daughters born to women who did not use the medicine.

Current guidelines continue to recommend paracetamol or acetaminophen as safe for treating pain and fever during pregnancy. Untreated high fever or severe pain can themselves pose risks to the mother and the fetus, Fischer said.

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In an accompanying commentary, Dr. Christian De Geyter, a reproductive medicine specialist at the University Hospital of Basel, Switzerland, said the researchers' findings fit well with data from research in animals.

Follow-up of girls exposed to the widely used pain and fever reducer in utero should extend into menopause, he said, adding that recommendations on its use during pregnancy should be reconsidered.

(Reporting by Nancy Lapid; Editing by Caroline Humer and Bill Berkrot)

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Breath test shows promise for identifying cancerous lung nodules

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Griffith University

Sep 23 2026

 Reviewed

The human breath could help identify cancerous lung nodules negating the need for invasive testing.

New Griffith University research, funded by Tour de Cure, analysed exhaled breath to help doctors distinguish between cancerous and non-cancerous lung nodules, supporting earlier lung cancer diagnosis.

The

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Approximately 2.5 million new cases of lung cancer are diagnosed each year.

Professor Chamindie Punyadeera from Griffith's Institute for Biomedicine and Glycomics said the study evaluated two complementary technologies, with both showing promise.

“ We studied an electronic nose, or eNose, which identifies patterns in breath chemicals.

The second technology was gas chromatography-mass spectrometry which identified specific volatile organic compounds in breath.

Both breath-based approaches showed substantially better discrimination between malignant and benign nodules than models using standard clinical information alone.”

Professor Chamindie Punyadeera, Griffith's Institute for Biomedicine and Glycomics



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The research could replace the need for invasive testing which currently entailed a CT-guided lung biopsy to obtain tissue for a diagnosis.

Other invasive techniques encompassed a bronchoscopy to sample suspicious nodules, or in some cases, surgery to remove or investigate nodules that may be cancerous.

Sometimes patients underwent invasive techniques to later find out 95 per cent of pulmonary nodules identified on low-dose CT scans were ultimately found to be non-cancerous.

Co-author Dr Xi Zhang said: "Biopsying lung nodules can be technically challenging, particularly when lesions are small or difficult to access, and can cause complications such as pneumothorax or collapsed lung.

"While a simple breath test is showing promise in identifying which nodules are most likely to be malignant, it is not intended to replace biopsies, but rather to help clinicians decide who needs invasive intervention most urgently.

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"It is hoped it could also potentially reduce unnecessary procedures for patients with benign nodules by including the non-invasive test into routine clinical care."

This research was conducted by PhD student Waqar Ahmed Afridi. Professor Punyadeera and Dr Zhang worked in collaboration with Adjunct Associate Professor David Fielding, a staff thoracic physician at the Royal Brisbane and Women's Hospital, who provided clinical guidance and leadership throughout the research, was critical to the paper's translation relevance. This research was undertaken in collaboration with Dr David Paas from Queensland Health.

The paper 'Complementary breath profiling using eNose and GC-MS for non-invasive triage of indeterminate pulmonary nodules' has been published in *MedComm*.

REVIEW ARTICLE · [Articles in Press](#), September 18, 2026

Endoscopic Artificial Intelligence for Invasion-Depth Prediction in Superficial Upper Gastrointestinal Cancer: A Diagnostic Test Accuracy Meta-Analysis

[Hyuk Lee, MD, PhD](#) ^{1,2,*}  · [Yang Won Min, MD, PhD](#)^{1,2,*} · [Sehun Kim, PhD](#)² · [Hyosoon Yoo, MS](#)² ·
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Abstract

Background and Aims

Pre-resection prediction of submucosal invasion is pivotal for endoscopic submucosal dissection (ESD) candidate selection in early gastric and esophageal cancers. We performed a diagnostic test accuracy meta-analysis of artificial intelligence (AI) for invasion-depth prediction.

Methods

PubMed/MEDLINE, Embase, Cochrane CENTRAL, and Web of Science were searched through 11 June 2026. Eligible studies applied AI to endoscopic images or videos of superficial upper gastrointestinal cancers with histopathological reference standards. Pooled sensitivity and specificity were estimated with a bivariate random-effects model; subgroup and meta-regression analyses examined validation framework, histology, AI architecture, and imaging modality. Risk of bias was assessed with QUADAS-2.

Results

Twenty-six studies were eligible; 18 (14 gastric adenocarcinoma, 4 esophageal squamous cell carcinoma) contributed to the primary pool of 6,568 validation/test patients or lesions. Pooled sensitivity was 0.77 (95% CI 0.71–0.82) and specificity 0.88 (0.85–0.90); positive and negative likelihood ratios were 6.30 and 0.26. Externally validated specificity was lower than internally validated specificity (0.85 vs. 0.93); validation framework was the only covariate significantly associated with performance in prespecified meta-regression (specificity pseudo- R^2 77.9%), whereas AI architecture and imaging modality were not. In within-study paired comparisons ($n = 8$ studies), mean per-study sensitivity was higher for AI alone than for unassisted endoscopists (82.5% vs. 63.8%; +18.7 percentage points; paired $t = 3.29$, $p = 0.013$); specificity did not differ significantly. Limited AI-assisted reader-comparison data were directionally consistent with a second-reader role but remained exploratory.

Conclusions

Endoscopic AI shows clinically meaningful, but validation-dependent, accuracy for invasion-depth prediction, supporting stronger rule-in than rule-out utility for submucosal invasion. Its most plausible near-term role is second-reader support rather than stand-alone determination of ESD candidacy; independent patient-level external validation should be considered essential before clinical deployment. (PROSPERO registration: CRD420261400366)

Simple Test Could Take the Pain Out of Womb Cancer Check

A new test to identify cells collected from urine and vaginal fluid could help rule out womb and other cancers.

News Published: September 23, 2026

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A new test to identify cells collected from urine and vaginal fluid could help rule out womb and other cancers in most women who experience bleeding after the menopause, find University of Manchester researchers.

Their study, published in [Lancet Obstetrics, Gynaecology and Women's Health](#) on 22/09/26, says the test could potentially reduce the need for invasive hospital investigations, easing anxiety during what can be a distressing time for many women.

The research team, also based at Manchester University NHS Foundation Trust (MFT) and supported by the National Institute for Health and Care Research (NIHR) Biomedical Research Centre (BRC): Manchester, showed that the new test can detect womb cancer, also known as endometrial cancer, with high accuracy.

Postmenopausal bleeding currently triggers urgent investigation for possible cancer, often involving a series of uncomfortable, invasive and costly tests, even though most women will not ultimately receive a cancer diagnosis.

Further work from the group, also published in the same journal today, showed that current tests are poorly calibrated for people from Black ethnic backgrounds, leading to health inequalities in diagnosis, treatment and patient outcomes.

However, the new test was particularly effective at detecting aggressive and advanced cancers, and performed exceptionally well in Black women, who are twice as likely to die from womb cancer as White women in the UK.

The researchers say the new test could therefore help to reduce health inequities and improve outcomes for previously disadvantaged groups, including those who are unable to tolerate routine procedures.

The test could eventually be used in primary care and other community settings, helping speed up diagnosis and provide reassurance for many women.

Womb cancer affects nearly 10,000 women in the UK each year, but only 5–10% of women investigated for bleeding after the menopause will have cancer.

Despite that, most undergo invasive hospital tests that can be uncomfortable, costly and sometimes need repeating.

Previous studies led by Manchester researchers have suggested cancer cells can be detected in urine and vaginal fluid samples.

The DETECT study - as it is known - was designed to assess whether these simple, non-invasive tests could accurately identify women at risk while safely reassuring others.

The study involved 1,864 women attending hospitals with postmenopausal bleeding, making it one of the largest evaluations of this approach to date.

Before having their routine clinical investigations, participants provided a urine sample and a vaginal fluid sample, which were examined for abnormal cells by specialist cytopathologists who did not know the women's diagnoses.

A total of 115 women were found to have cancer, including 99 cases of womb cancer and a smaller number of other pelvic cancers.

When urine and vaginal cytology (cell sample) results were combined, the test correctly identified more than 80% of cancers and achieved a negative predictive value of 98.8% for womb cancer, meaning women with a negative result were highly unlikely to have the disease.

The vaginal test performed slightly better than the urine test alone, although both showed promising diagnostic accuracy.

The test detected almost all aggressive cancers, identifying 95.8% of high-grade tumours and 96.4% of cancers that had already spread beyond the uterus.

It also picked up 100% of cancers in Black women with 96% specificity, meaning that the test showed near perfect performance in this small subgroup of women.

Earlier studies showed that women in low-resource settings in India strongly preferred HPV testing in menstrual blood. In addition to highly sensitive testing for oncogenic HPV infection, such methods could encourage women and girls to educate themselves about their health. It could also promote preventive behaviors, reducing infection and transmission.

The authors comment, "This psychological alert effect can transform screening from passive surveillance to active health management."

Study limitations include a higher total number of positives due to a broader anatomical sampling area, which may detect HPV infections beyond the cervix and could increase false-positive results and unnecessary referrals. The authors note that future screening programmes may require additional triage strategies, such as repeat testing or the use of molecular biomarkers, to manage the increased positivity. Future studies should directly compare menstrual blood with validated self-samples for HPV testing for accessibility and diagnostic accuracy.

Longitudinal research is also essential to measure the number of cases detected in real-world screening, along with cost-effectiveness and the obstacles to deploying these tools.

"If further studies confirm these findings in routine practice, this approach has the potential to transform care for thousands of women every year."

Prof Davidson, who is also Cancer Prevention and Early Detection Theme Co-Lead at the NIHR BRC: Manchester, added: "Further studies are now needed to assess how the test would perform in routine clinical practice and whether it can reduce the number of invasive procedures women undergo."

"If successfully introduced into healthcare settings, the test could offer a faster, less invasive and more patient-friendly route to diagnosing womb cancer."

Reference: Jones ER, Narine N, O'Flynn H, et al. Urine and vaginal cytology for endometrial cancer detection in women with postmenopausal bleeding in northwest England (Detect): diagnostic accuracy study. *Lancet Obstet Gynaecol Women's Health*. 2026. doi: [10.1016/S3050-5038\(26\)00222-0](https://doi.org/10.1016/S3050-5038(26)00222-0)

New AI tool detects signs of endometriosis in milliseconds

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Adelaide University

Sep 23 2026

 Reviewed

Less than a second. That's how long it takes for an emerging AI tool to detect signs of endometriosis through one simple scan. The AI tool, called *EndoFusion*, is a recent development from IMAGENDO, an ongoing collaborative study led by Adelaide University researchers. In this latest study, they found the framework was able to accurately identify two major indicators of advanced endometriosis in pelvic scans, producing the results in just 18 milliseconds.

Researchers say it is a significant development, as MRI and ultrasound imaging are often better at detecting one sign of the condition over the other.



"Current scanning methods each have their own strengths when it comes to detecting two common markers that indicate the likelihood of endometriosis and patients will often only have access to one of them," said study author Associate Professor Jodie Avery, Research Co Lead of Chronic Reproductive Conditions in the Endometriosis Research Group at Adelaide University's Robinson Research Institute.

"This means that some patients could be disadvantaged if they are scanned by the less optimal option for their particular signs. Some of the imaging tools also rely on operator experience and can be costly.

"Our AI tool can help address these shortcomings by combining data from both imaging tools, giving the framework the knowledge it needs to detect both signs of endometriosis through a single scan more effectively and efficiently."

The AI framework is still in the early stages of development. It works by using information gathered from four datasets containing more than 9000 female pelvic MRI scans and more than 800 transvaginal ultrasound sliding scans.

"We looked at the how well EndoFusion was able to distinguish between positive and negative cases of endometriosis and found it was able to provide a correct diagnosis 83% of the time, which is more accurate than all competing models.

This is a positive step forward and moves us closer to a future where an AI tool can help clinicians to provide a faster, more accurate diagnosis without the need for surgery."

Dr. Yuan Zhang, lead author, Adelaide University's Robinson Research Institute and the Australian Institute for Machine Learning

There are more than 190 million women worldwide who have endometriosis. The chronic condition occurs when the uterine tissue grows outside of the uterus, causing symptoms including abdominal pain, heavy periods, bloating, anxiety, fatigue and infertility.

It is notoriously difficult to diagnose and often relies on identifying lesions visually through surgery, a process which is slow, costly and risky.

"The development of accurate, non-invasive early diagnostic methods is critical to shorten the diagnostic timeline and reduce associated costs," said Associate Professor Avery.

Researchers collaborated with Flinders University, Benson Radiology, Omni Ultrasound and Gynaecological Care, the University of Surrey, the McMaster University Medical Centre and Mohamed bin Zayed University of Artificial Intelligence (MBZUAI), with the results recently published in *Artificial Intelligence in Medicine*.

The next step will involve expanding the data set to include additional endometriosis markers to improve the classification accuracy of the tool.

"We envisage that clinicians will be able to use these tools to help make a determination about the presence of endometriosis from a single scan," said Dr Zhang.

"It could also potentially provide insights for research into other disease that require the use of multi modal imaging such as gynaecological disorders, prostate and breast cancer and fetal abnormalities."

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