ASNR 2026 Austin, USA, May 2026

AOSNHNR Focus Session: Neuroimaging AI in the Asian–Oceanian Context

During ASNR 2026 in Austin, the AOSNHNR Focus Session titled **"Neuroimaging AI in the Asian–Oceanian Context — From Vision to Clinical Implementation: Innovations, Challenges, and Lessons from a Rapidly Evolving Region"** was held in Lonestar B on Wednesday, May 20, 2026, from 9:55 to 10:55 AM.

The session was planned by Wan-Yuo Guo, Mariam Aboian, Ajay Malhotra, and Xiaohong Joe Zhou, and moderated by Prof. Wan-Yuo Guo and Prof. Cem Calli. Three invited lectures were delivered by Dr. Fatt Yang Chew (Taiwan), Dr. Arunnit Boonrod (Thailand), and Dr. Rintaro Ito (Japan), followed by a notably substantive discussion among attendees from Asia–Oceania, North America, and Europe.

Fig. 1. Panel discussion during the AOSNHNR Focus Session. From left to right: Prof. Wan-Yuo Guo, President of WFNRS (Taiwan); Prof. Cem Calli, President-Elect of ESNR (Turkey); Dr. Fatt Yang Chew (Taiwan); Dr. Arunnit Boonrod (Thailand); Dr. Rintaro Ito (Japan).

Dr. Fatt Yang Chew presented a real-world comparison of Everfortune's NeuroSuite CT ICH and RAPID ICH for intracranial hemorrhage detection on emergency non-contrast head CT examinations from China Medical University Hospital, Taiwan. NeuroSuite CT ICH showed higher sensitivity than RAPID ICH, whereas RAPID ICH showed higher specificity and fewer false positive. The comparison underscored that products trained and validated in different ecosystems may diverge because of heterogeneous case mix, scanner platforms, annotation standards, disease prevalence, and workflow design, although such differences may gradually converge as multicenter validation and broader deployment expand across regions.

Dr. Arunnit Boonrod addressed regulatory, infrastructural, and workforce factors influencing AI implementation across diverse Asian–Oceanian healthcare systems. Her talk emphasized that successful deployment depends not only on algorithmic performance, but also on data governance, PACS/RIS integration, infrastructure maturity, and workforce readiness. She also stressed during discussion that trainees should learn to use AI early, including how to recognize false positives and understand each tool's limitations in real practice.

Dr. Rintaro Ito offered a balanced view of opportunity and controversy in clinical AI through real-world data from Japan. On the opportunity side, he noted Japan's unusually favorable environment for neuroimaging AI, including high MRI density, universal health insurance, a large national image resource, and active PMDA approvals. On the controversy side, he highlighted a 442-case real-world evaluation of PMDA-approved aneurysm-detection software showing 77.7% sensitivity, a positive predictive value of only 12.3%, and about seven false alarms for every true aneurysm, with approximately half of aneurysms larger than 5 mm missed. He briefly on the broader AI landscape, noting that open-weight and proprietary models are rapidly converging on benchmark performance, but his central message remained clinical: an approved AI is not necessarily a clinically optimal AI.

Fig. 2. Group photo at the conclusion of the AOSNHNR Focus Session. From left to right: Prof. Tarek Yousry, President of XXIII Symposium Neuroradiologicum (SNR) (UK); Prof. Wan-Yuo Guo, President of WFNRS (Taiwan); Dr. Fatt Yang Chew (Taiwan); Dr. Arunnit Boonrod (Thailand); Dr. Rintaro Ito (Japan); Prof. Cem Calli, President-Elect of ESNR (Turkey).

The Q&A discussion was especially rich. Participants generally agreed that triage-oriented AI can accelerate stroke pathways, but does not yet consistently shorten neuroradiologists' reading times for general work. The broad consensus of the discussion, however, was constructive rather than pessimistic. AI appears to be shifting radiology

away from pure image interpretation toward higher-order judgment, accountability, and governance of complex tools in deployment, making adaptability and continuous learning even more important for the next generation. Prof. Tarek Yousry described a UK model in which AI may support stroke triage, but the final overnight decision rests with the on-call neuroradiology consultant, with response times measured in minutes and a non-blame culture for honest errors. The discussion then widened to workforce concerns, with Dr. Arunnit Boonrod and Prof. Cem Calli noting declining radiology residency applications in Thailand and Turkey and suggesting that anxiety about AI displacement may be one contributing factor.

Overall, this AOSNHNR Focus Session was one of the more thoughtful AI sessions at ASNR 2026 because it brought together product comparison, implementation realism, and post-market skepticism in a single coherent forum. The Asian–Oceanian context proved especially informative because the region's heterogeneity makes it a natural laboratory for understanding both the promise and the limitations of neuroimaging AI in real clinical environments. The session therefore offered a valuable message for the international neuroradiology community: the future of clinical AI will depend not only on better models, but also on better validation, better education, and sustained radiologist leadership.

(***Prepared by Drs Fatt Yang Chew, Arunnit Boonrod and Rintaro Ito***)