Dear Editor-in-Chief Ma,

We greatly appreciate both your help and that of the reviewer concerning improvement to this paper. We hope that the revised manuscript is now suitable for publication. We have checked the manuscript, respond the comments one by one and make corresponding changes to the manuscript.

Reviewer #1:

Q1. I was more concern on Esophageal squamous dysplasia (ESD) and early ESCC. As this was the most common esophageal cancer in Asia, and Asia have the most number of esophageal cancer in the world. And at present ESCC prognosis remain so poor. You mention in several authors studies, which do you think is the most promising in future clinical treatment?

R1. According to available research, the combination of NBI and AI is the most promising(reference 31,32,33 in the manuscript) in my opinion. Because the classification of IPCL based on NBI has been widely used in clinical practice, and it has been found that esophageal IPCL represents an endoscopically visible feature of esophageal squamous cell neoplasia, and its morphological changes are closely related to the depth of tumor invasion and thus can help to select endoscopic or surgical resection.

Reviewer #2:

Q a) There are spelling errors. For example: "key words"

R a) We have gone through the manuscript carefully. After repeated verification, we found no spelling errors in the manuscript, for example "key words".

Q b) It is not indicated if it is a systematic or narrative review.

R b) Our manuscript is a narrative review.

Q c) The structure of the presentation is not explained in the introduction.

R c) We have added the structure of the presentation in the introduction(marked in

yellow background in the last paragraph of the introduction).

Q d) It would be interesting to use a table that summarizes the main aspects of each article: AI techniques used, fields of application, author, year of publication.

R d) We are grateful for the suggestion about Table 1 and added "AI techniques used, fields of application, author, year of publication" to the table.

Q e) A discussion is necessary to explain the advantages and disadvantages of AI techniques compared to traditional techniques currently used.

R e) Compared with traditional techniques currently used, AI has an advantage in much less misdiagnosis, higher diagnostic accuracy, time saving(marked in green background in "AI in endoscopic detection of early EC"). As for the disadvantages, the precision of the CAD system in delineating lesions is not satisfactory and the criteria for the evaluation of the ability of lesion location are quite inconsistent in different studies(marked in purple background in "AI in endoscopic detection of early EC").

Q f) The conclusions are too brief and do not summarize all the main results obtained in the review.

R f) We have revised the conclusion as suggested.

Q g) Table 1 is poorly formatted. There is data that is not well collated (Training dataset Validation dataset), acronyms are not referenced (they are simply listed at the end), and there is a space between the title and "Table 1".

R g) Table 1 was made according to the format requirements of WJG, including acronyms. Table 1 is similar to the table in another article published in WJG (Li-Qiang Zhou, Jia-Yu Wang, Song-Yuan Yu, Ge-Ge Wu, Qi Wei, You-Bin Deng, Xing-Long Wu, Xin-Wu Cui, Christoph F Dietrich. Artificial intelligence in medical imaging of the liver. World J Gastroenterol 2019; 25(6): 672-682 [PMID: 30783371 DOI: 10.3748/wjg.v25.i6.672]).

Table 2	**Liver leision detection**			
n	Task	Type	Accuracy	Ref.
1	Detecting liver new tumors	Deep learning based on CT	86%	[36]
2	Predicting the primary origin of liver metastasis	Deep learning based on CT	56%	[40]
3	Detecting cirrhosis with liver capsules	Deep learning based on ultrasound	96.8%	[41]
4	Detecting fatty liver disease and making risk stratification	Deep learning based on ultrasound	100%	[42]
5	Detecting and distinguishing different focal liver lesions.	Deep learning based on ultrasound	97.2%	[43]
6	Detecting metastatic liver malignancy	Deep learning based on PET/CT	90.5%	[44]

CT: Computed tomography; PET: Positron emission tomography.

We are also confused about what the reviewer mean by "There is data that is not well collated". We are wondering whether the reviewer could give us more specific suggestions and requirements on the format and data of Table 1.

Editor

Q (1) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

R (1) The approved grant application form(s) or funding agency copy of any approval document(s) has been uploaded.

Q (2) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

R (2) The original figures have been uploaded using PowerPoint.

Sincerely yours,

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