

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Endoscopy*

**Manuscript NO:** 65954

**Title:** When should we perform colonoscopy to increase the adenoma detection rate?

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05262300

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Doctor

**Reviewer's Country/Territory:** Israel

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2021-03-18

**Reviewer chosen by:** Jin-Lei Wang

**Reviewer accepted review:** 2021-03-24 19:19

**Reviewer performed review:** 2021-03-25 00:48

**Review time:** 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [ ] Yes [Y] No

#### **SPECIFIC COMMENTS TO AUTHORS**

This study summarizes other studies well, including some of the important caveats regarding limitations and considerations. The authors do NOT relate to the differential compensations which endoscopists receive when doing morning vs. afternoon procedures. This is - to me- a glaring omission. I believe that it is a disservice to claim that those being paid more are then doing a worse job, in order to amass greater income by doing faster or less careful procedures, without high quality evidence. I believe that some of the efforts to discredit afternoon procedures as less thorough comes from attempts by those in ivory tower academic centers to be claiming that the morning centers do better work- something literature does not consistently support. I commend the authors on striving to improve quality of endoscopy, and urge that the finances which are a part, while hopefully not a main driving force for many endoscopic procedures, be discussed by the authors.

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**Reviewer's code:** 05886648

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

**statements**Conflicts-of-Interest: [ ] Yes [ **Y** ] No**SPECIFIC COMMENTS TO AUTHORS**

This review paper highlights the issue of optimal time for adenoma detection rate. In overall, the paper is well written. However, the paper suffers from weak study considering the Artificial intelligence for ADR in this review study. 1. There has been several support system being developed for detection of ADR. The study should also consider both retrospective and prospective study on ADR using artificial intelligence.

2. It would be interesting to see the results from both pathologists or gastroenterologist and computer aided diagnosis system and compare the differences. 3. The statistics should be represented by graphical representation. This improves the readability of the paper. 4. Discussion can be written properly.