



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 73711

Title: Artificial intelligence in gastroenterology: A state-of-the-art review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05262253

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Assistant Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: Denmark

Manuscript submission date: 2021-12-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-01 12:16

Reviewer performed review: 2021-12-03 11:21

Review time: 1 Day and 23 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this letter. Although the contents of the letter were observed with interest, minor issues were identified. We agree that CCE can be considered as an alternative primary diagnostic procedure to optical colonoscopy (OC) during the Covid-19 pandemic. But cost is also an important part. In many Asian countries, OCs are less expensive than CCEs, so the role of CCEs is relatively reduced. Unlike in Asia, if CCE has better cost-effectiveness compared to OC in Europe, the role of CCE will be more emphasized if this part is added.



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Peer-review model: Single blind

Reviewer's code: 02954076

Position: Peer Reviewer

Academic degree: MD, MRCP, MSc, PhD

Professional title: Senior Postdoctoral Fellow

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Denmark

Manuscript submission date: 2021-12-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-02 06:34

Reviewer performed review: 2021-12-07 15:46

Review time: 5 Days and 9 Hours

Scientific quality	<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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

The authors discuss the role of AI in CCE and offer some interesting insight into the areas where it might be useful. An interesting point is the role of AI in differentiating hyperplastic and adenomatous polyps. I think the authors should mention the recent paper looking at the differential diagnosis of colorectal polyps by CCE (The Differential Diagnosis of Colorectal Polyps Using Colon Capsule Endoscopy Intern Med . 2021 Jun 15;60(12):1805-1812. doi: 10.2169/internalmedicine.6446-20. Epub 2021 Jan 15). Although there is not much literature on this, I believe that the second generation CCE offers good quality images to be able to differentiate an adenoma from a hyperplastic polyp by optical diagnosis alone (perhaps with FICE as an adjunct). More research into this would be interesting and also incorporating the role of AI in differentiating polyp types to reduce the number of onward referrals for colonoscopy. Also, the identification of sessile serrated lesions by AI would be important given their premalignant potential and difficulty to identify at CCE. The authors could mention their thoughts re. SSLs and AI-assisted identification.