

Reviewer #1:

This review article is well organized, but it contains many problems. Thus, it is not acceptable for publication in the present form. Frankly speaking, it is very difficult to compare and summarize many previous studies of different levels (diagnostic certitude changes according to many factors, including practitioners' experience, used diagnostic instruments).

Thank you for valuable comments. Below you can see our answers regarding your comments. We are positive that the study is now better than the first version.

Numbered comments:

Major points

1) In this study, SELs other than GIST and Leiomyoma are not well analyzed (lipoma, neurogenic tumor, ectopic pancreas, and others). Thus, the title “ – subepithelial lesions” is not appropriate.

We agree. Thus, we modified the title to “Endoscopic ultrasound artificial intelligence-assisted for prediction of gastrointestinal stromal tumors diagnosis: A systematic review and meta-analysis.”

2) The items should include not only size, location, echogenicity, shape, and layer of origin, but also” internal structure” and “vascularity (Doppler, and/or contrast)”.

We agree that internal structures and vascularity are important. Unfortunately, all included studies did not analyze these characteristics. Thus, we could not include these features in our analysis.

Minor points

1) English: To be revised.

Thank you for your observation, we have corrected it. This manuscript will be fully reviewed by Dr. Roberto Paolo Trasolini, a native English speaker and current interventional endoscopist and medical doctor of the Department of

Gastroenterology, Hepatology Brigham, and Women's Hospital Harvard Medical School.

2) Results: Why 4 review articles were included by error? despite their exclusion criteria.

During selection, we thought these articles were not review articles, but after full-text reading, we noted they were review articles and thus were excluded.

3) Experts: Please define "experts" (experience of more than? years of EUS), because naked eye diagnostic ability depends on their experience.

The expert definition was based on the definitions of the included articles which consider experienced endoscopists who performed more than 500 EUS per year. We did include this info in our methods.

4) References: Please abbreviate journal's name (ref 19)

Thank you for your observation. Sorry for the mistake. We did correct it.

5) Figure legends: Too simple. Please add more explanations.

Thank you for your valuable comment. We did include more explanations in the revised version of the manuscript.

Reviewer #2:

Numbered comments:

1)The manuscript structure is too short and must be elaborated in the technology they applied as well support more rigorous technical aspects.

Thank you for your comment. We did include more details in the methods based on the PRISMA guidelines.

2) In the Introduction part, the new features of the proposed method and the main advantages of the results over others should be clearly described.

Thanks for your suggestion. We have included more details about these important topics in the Introduction.

3) An introduction should clearly highlight the motivation, problem statement, the objective of the paper, gap in the existing research and the novelty of the conducted research.

Thanks for your suggestion. We have included more details about these observations in the Introduction.

4) The contributions presented in this paper are not sufficient for possible publication in this journal. I highly suggest authors to clearly define the contributions.

We greatly appreciate your valuable feedback. The manuscript has been adjusted according to your valuable observations. We are confident that the study has significantly improved since its initial version.

5) The proposed method and experiments are not clearly illustrated.

We have already adjusted this and adjusted with more details about the method and experiments. Thank you for your observation.

6) There are no citations for many sentences in this manuscript. Why? Please check.

Thank you for your comments. We review and reference appropriately as suggested.

7) Result and Discussion section is inadequate. Need more attention and better explanation.

Thank you very much for your comments. We adjust and optimize the suggested sessions with better explanations.

8) Many details are missing and others unclear.

We considered all your comments and we are positive that the manuscript is now better.

9)The conclusions in this manuscript are primitive. Write your conclusions.

Thank you for your comments. We considered all your comments, and we are positive that the manuscript is now better after our corrections.

Additional References: The following articles could be useful: • Artificial intelligence for COVID-19: A Short Article. <https://doi.org/10.24203/ajpnms.v10i1.6961> • MobileNetV1-Based Deep Learning Model for Accurate Brain Tumor Classification. <https://doi.org/10.58496/MJCSC/2023/005>

Thank you for your suggestions. Both are excellent articles about artificial intelligence. We enjoyed reading it and used it as a reference in the revised version of this manuscript.

Revision reviewer

All of my concerns have been addressed in the revised manuscript. In my opinion, the paper is of good quality and meets the requirements. I recommend accepting the paper in its current form.

Thank you for your comments.