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PEER-REVIEW REPORT

Name of journal: *Artificial Intelligence in Gastroenterology*

Manuscript NO: 87149

Title: Use of artificial intelligence in total mesorectal excision in rectal cancer surgery:

State of the art and perspectives

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02979917

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2023-07-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-07-29 02:37

Reviewer performed review: 2023-08-07 12:51

Review time: 9 Days and 10 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Mosca V et. al provided a comprehensive review of the artificial intelligence in Total Mesorectal Excision (TME) in rectal cancer surgery. However, there are several I suggest the authors recheck the proper use of abbreviations in the suggestions. 1. text. 2. I suggest the authors go into more detail about the role and limitations of AI in TME. 3. I suggest the authors to add at least two figures that present the detailed working principle on the AI in TME. Critical analyses and vital information for TME using AI should be discussed. 4. More references should be included. It is advisable to incorporate the following contemporary studies into the discussion to substantiate the arguments and ensure a comprehensive evaluation of the recent advancements in this field: · doi: 10.1148/radiol.220996 · doi: 10.1016/j.radonc.2023.109574 \cdot doi: 10.1016/j.media.2023.102755 10.1007/s00330-022-09355-5 • doi: doi: 10.1016/j.modpat.2023.100129