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PEER-REVIEW REPORT

Name of journal: Artificial Intelligence in Gastrointestinal Endoscopy

Manuscript NO: 68784

Title: Artificial intelligence as a means to improve recognition of gastrointestinal

angiodysplasia in video capsule endoscopy

Reviewer's code: 04092118

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Postdoc, Senior Lecturer

Reviewer's Country/Territory: Romania

Author's Country/Territory: United States

Manuscript submission date: 2021-06-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-06-06 06:31

Reviewer performed review: 2021-06-09 02:19

Review time: 2 Days and 19 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
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	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No



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SPECIFIC COMMENTS TO AUTHORS

I've read with great interest the manuscript entitled "Artificial Intelligence and Video Capsule Endoscopy to recognize Gastrointestinal Angiodysplasia. The future is here and it is dependent on the past". First of all, I find the title too long – I suggest the authors to shorten it and keep it more relevant. Also, the abstract needs to be re-written: in its current form it's like a brief introduction; description of artificial intelligence techniques (ML, ANN, CNN) doesn't have its place in the abstract. Also, "angiectasia" is preferred to "angiodysplasia" in endoscopic standard terminology. In the main text, a table summarizing the currently available evidence on AI techniques for detecting vascular lesions would be recommended. Also, a figure/table showing advantages and disadvantages of AI would be a plus. There are some comments in the text which point out to some issues - they need to be addressed: "The diagnostic performance of a CADx (need to define this as it is the first use of the abbreviation) algorithm for the detection of GIAD using VCE, asses its diagnostic precision as a means for a segmental approach in localizing lesions. The authors (which authors) found a sensitivity of 100% (95% confidence interval [CI], 100%-100%)".