PEER-REVIEW REPORT

Name of journal: *Artificial Intelligence in Gastrointestinal Endoscopy*

Manuscript NO: 87481

Title: Artificial Intelligence Fails to Improve Colonoscopy Quality – A Single Centre Retrospective Cohort Study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00504545

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Emeritus Professor

Reviewer's Country/Territory: Spain

Author's Country/Territory: Australia

Manuscript submission date: 2023-09-04

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-10-30 08:50

Reviewer performed review: 2023-10-30 09:05

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

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	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] 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

This is an interesting study about the efficacy and the impact of the use of AIAC in the control of evaluating this new technique in the colonoscopic control of ADR and SSLDR The conclusions of this study are negative in both criteria The study has been well done, is very interesting and needs to be corroborated with anothe new studys including more patients and longer follow-up periops