

Dear Editors,

Thank you very much for giving me the opportunity to revise my manuscript (Artificial Intelligence in Gastrointestinal Endoscopy, manuscript NO: 79947).

The review was carried out considering the suggestions and table/figure (medical imaging) have been added to the manuscript.

**Reviewer #1:**

1. This is an interesting review concerning the future significance in the diagnosis of gastritis and gastric cancer using AI. Authors also referred to usefulness of the Kyoto classification and virtual chromoendoscopy in the endoscopic procedures. Previous reports were correctly cited and the benefits and limitation of Kyoto classification and virtual chromoendoscopy were well written. However, I consider that significance of AI should be referred considering in the following three points; 1) diagnosis of Hp, 2) stratification of gastric cancer risk, and 3) diagnosis of dysplasia and cancer.

1) Our review focuses on the Kyoto classification of gastritis, as required.

**Reviewer #2:**

1. In this review article, authors summarized much valuable information regarding Kyoto classification system of chronic gastritis, a variety of image-enhanced endoscopy techniques and AI-assisted endoscopic diagnosis. Minor comments: 1. In this manuscript authors explained about TXI, like 'current endoscopic systems do not have the autofluorescence imaging function. On the contrary, texture and color enhancement imaging, designed to enhance three image factors in WLI (texture, brightness, and color) in order to clearly define subtle tissue differences, is available.' It is difficult to understand why TXI can replace AFI, so please add a more detailed explanation.

1) Thank you for this interesting observation. The correction has been made:

"Autofluorescence imaging is a pseudocolor imaging technique that detects the natural fluorescence of certain tissue components of the gastric mucosa (collagen, nicotinamide, adenine dinucleotide, flavin, and porphyrins) in real time during endoscopy to differentiate between non-atrophic mucosa, that appears purple, and atrophic mucosa infected with *H. pylori*, that appears green [45]. However, current endoscopic systems do not have the autofluorescence imaging function. Otherwise, texture and color enhancement imaging, designed to enhance three image factors in WLI (texture, brightness, and color) in order to clearly define subtle tissue differences, is available on the new generation Olympus endoscopes [46]."