

Dear Reviewer,

Thank you for the thoughtful and constructive feedback you provided regarding our manuscript, 'When should we perform colonoscopy to increase the adenoma detection rate? : Time of Day and Adenoma Detection Rates'. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below.

Response to the comments.

1. [Recent studies] section:

- **There has been several support system being developed for detection of ADR. The study should also consider both retrospective and prospective study on ADR using artificial intelligence.**
- **It would be interesting to see the results from both gastroenterologist and computer aided diagnosis system and compare the differences.**

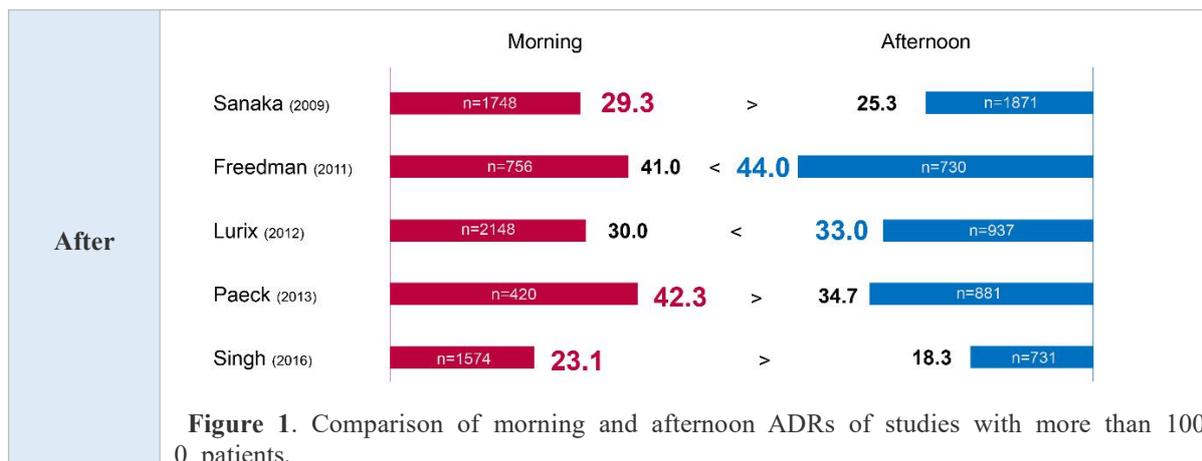
Response: Thank you for pointing this problem out. We have added a result of a recent systemic review article as below.

Before	-
After	Meanwhile, a cutting-edge prospective, single-center study of 484 colonoscopies used artificial intelligence techniques for computer-aided detection (CAD) of polyps to determine the possible differences in ADR between morning and afternoon colonoscopies. No significant difference in ADR was found between morning and afternoon colonoscopies. Indeed, a deep learning algorithm with real-time computer-aided polyp detection revealed a significant increase in the detection of smaller adenomas compared with conventional colonoscopy (RR, 1.69; 95% CI, 1.48-1.84), according to a recent systemic review and meta-analysis. It is expected that AI technology will be an effective tool in minimizing the role of 'endoscopist-related' factors in ADR.

2. [The beginning of the debate] section:

- **The statistics should be represented by graphical representation. This improves the readability of the paper.**
 - *We fully agree with your comment. ADRs for each study were shown schematically as Figure 1.*

Before	
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3. [Current understanding and future perspectives] section:

- This study summarizes other studies well, including some of the important caveats regarding limitations and considerations. The authors do NOT relate to the differential compensations which endoscopists receive when doing morning vs. afternoon procedures. This is - to me- a glaring omission. I believe that it is a disservice to claim that those being paid more are then doing a worse job, in order to amass greater income by doing faster or less careful procedures, without high quality evidence. I believe that some of the efforts to discredit afternoon procedures as less thorough comes from attempts by those in ivory tower academic centers to be claiming that the morning centers do better work- something literature does not consistently support. I commend the authors on striving to improve quality of endoscopy, and urge that the finances which are a part, while hopefully not a main driving force for many endoscopic procedures, be discussed by the authors.
- Discussion can be written properly.

- We fully agree with your concern. We described more detailed information about the study readers.

Before	
After	[Current understanding and future perspectives] Every colonoscopy is performed under different circumstances. The procedure might be the first scheduled event of the day or performed after a number of arduous duties. 'Full-day' colonoscopies may not necessarily increase the degree of caution or safety level. The physician who performs colonoscopy until the afternoon may receive additional financial compensation, which will increase the operator's motivation. Therefore, it is presumable that financial compensation at each institution is one of the factors affecting ADRs in the afternoon.

4. Now, the authors are requested to send the revised manuscript to a

professional English language editing company or a native English speaking expert to polish the manuscript further. When the authors submit the polished manuscript to us, the authors must provide a new language certificate along with the manuscript.

- After editing the manuscript, the language correction process was followed, and a certificate was attached.

With these changes to our final manuscript, we hereby resubmit our revised manuscript. Thank you once again for your consideration of our paper.

Sincerely,

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