PEER-REVIEW REPORT

Name of journal: Artificial Intelligence in Gastrointestinal Endoscopy

Manuscript NO: 74547

Title: Artificial intelligence in colorectal cancer screening in patients with inflammatory bowel disease

Provenance and peer review: Invited manuscript; externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05737072

Position: Peer Reviewer

Academic degree: PhD

Professional title: Assistant Professor

Reviewer’s Country/Territory: Iran

Author’s Country/Territory: Brasil

Manuscript submission date: 2022-01-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-20 08:06

Reviewer performed review: 2022-01-20 08:21

Review time: 1 Hour

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| Re-review          | [ ] Yes                     | [ ] No                         |
SPECIFIC COMMENTS TO AUTHORS
1. The abstract should be written more clearly highlighting the major contributions of the paper.
2. The organization of the Introduction section is very unsatisfactory, and it is very messy and hard to read. Thus, this section needs rewriting in order to make it crisp and the main points of the research methodology should be mentioned clearly. This will help the readers to appreciate the novelty of the research.
4. Improve the conclusion by indicating core achievement in your research, main
managerial insights, and some other novel future outlooks.
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Reviewer’s code: 05758135

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: Brasil

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Reviewer’s code: 05758354

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: China

Author’s Country/Territory: Brasil

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Reviewer’s code: 05469117

Position: Peer Reviewer

Academic degree: MD

Professional title: Adjunct Professor, Deputy Director

Reviewer’s Country/Territory: China

Author’s Country/Territory: Brasil

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SPECIFIC COMMENTS TO AUTHORS

Thank you for giving me a chance to review this manuscript title Artificial intelligence in colorectal cancer screening in patients with inflammatory bowel disease. In this review, the authors aimed to show the benefits and innovations of AI in the screening of CRC in patients with IBD. My major comments are as following: The paper pays too much attention to the description of phenomena and lacks discussion on mechanism, which may be that the benefits of readers are unsteady and limited. But I believe that after the corresponding modification. It will be a good manuscript:

1. On page four, second paragraph, "Detection of adenomas during colonoscopy is dependent on the examining endoscopist, with studies reporting a variation of 7%–53% among different physicians[5]. Failure to detect neoplastic lesions can be associated with the development of CRC in the interval between two colonoscopies[4]." The reasons for different doctors' inconsistent diagnosis are diverse, and the description here is inaccurate.

2. On page six, line 20, "This method is known to be more effective in detecting lesions in the right colon because the distal part of the colon, especially the sigmoid colon, may have some blind spots, reducing the efficiency of the CADe system." Why is the sigmoid colon blind spot?  

3. The reference format is incomplete, such as the references 2 missing content.