

Reviewer #1: Requested discussion on the gap between experimental models and real-world clinical adoption.

- **Action:** In the “CHALLENGES OF AI ADOPTION IN HEALTHCARE” section, we have added a paragraph highlighting that while many AI applications have shown promise in research, only a limited number are currently validated and approved for clinical use. Emphasize the need for multicenter trials and regulatory validation.

Greater Focus on Pancreatic Disorders and Hepatobiliary Cancers

- **Reviewer #1:** Suggested more depth in underrepresented areas.
- **Action:** In the sections covering disease-specific AI applications, under “MACHINE LEARNING MODELS FOR DISEASE DIAGNOSIS” and “AI-BASED TUMOR BOARDS,” have included more references and examples related to pancreatic cyst differentiation, chronic pancreatitis pain prediction, and hepatocellular carcinoma imaging analytics.

Summary Table or Infographic

- **All three reviewers:** Suggested a visual aid to improve clarity and accessibility.
- **Action:** Created a summary table titled: “**AI Applications in Gastroenterology: Domains and Examples**” summarizing diagnostic, therapeutic, predictive, drug discovery, and educational uses.

Regulatory Approvals

- **Reviewer #2:** Suggested a short note on the approval status of commercial AI tools.
- **Action:** Under the section on real-time endoscopy and AI tools, briefly noted which tools are FDA-approved (e.g., GI Genius has CE marking and FDA clearance).

5. Telemedicine Expansion

- **Reviewer #2:** Requested more on remote monitoring.

- **Action:** Enhanced the “AI in Remote Monitoring” section with examples like AI-based stool monitoring in IBD and NLP used for symptom tracking via mobile apps.

6. Equity and Accessibility

- **Reviewer #2:** Suggested including discussion on health disparities.
- **Action:** In the challenge section, briefly mention how AI can reduce care disparities by extending specialist-level support to underserved regions—but that unequal digital access may worsen disparities if not addressed.

7. Predictive Modeling

- **Reviewer #2:** Asked for expansion on predictive analytics.
- **Action:** The “PREDICTIVE ANALYTICS FOR PATIENT OUTCOMES” section includes a paragraph on treatment response modeling in IBD and bleeding prediction in peptic ulcer disease.

8. Bullet Points in the Conclusion

- **Reviewer #2:** Recommended 3–4 bullet points for future directions.
- **Action:** Ended the CONCLUSION with a short list like:
 - Integrating AI into routine clinical workflows
 - Ensuring interpretability and clinician trust
 - Expanding multicenter datasets for better generalization
 - Building equitable access to AI tools