Peer Review File

**Reviewer A**

Comment 1: This is a well-written review article that explores the significance and up-to-date evidence regarding withdrawal times during colonoscopy. The authors have comprehensively covered most of the relevant information related to withdrawal times.

Reply 1: The authors appreciate the comment.
Changes in text: N/A


**Reviewer B**

Comment 2: You have written a narrative review providing an overview concerning the literature on withdrawal time (WT). Please be sure to present all your abbreviations properly before using them (e.g. SDR), and please read your manuscript one more time to ensure you have the right wording (e.g. " limitations and Strengths" section).

Reply 2: The authors appreciate the useful comment. We have made sure the abbreviations are presented properly. We have made sure the wordings are right in the article including the limitations and strengths section.
Changes in text:

"…serrated polyp detection rate (SDR) with longer WTs …"

 (page 5, paragraph 1, line 1)


Comment 3: I think that your figure 1 and your explanation on how you think future studies on WT should be performed is good, but maybe you could be even more precise in your recommendations. You may even suggest how to perform a meta-analysis on the present data, and maybe do this meta-analysis yourselves in another study?

Reply 3: The authors appreciate the comment. We have added the further recommendation in addition to need for meta-analysis in the following sections:
Changes in text:

"Risk factors like obesity, tobacco, alcohol, low fiber diet in addition to personal and family history of polys and CRC each increase the probability of CRC."
 (page 8, paragraph 1, line 11)


"The AI model will recommend relook in right colon in high-risk population. Moreover, it will not

allow withdrawal from the high-risk segment until three minutes mark and reinforce evaluation of all blind spots behind folds, proper distension, and cleaning residual stool, the four components of good technique. There is a need for future studies to prove the efficacy of this approach and developing the appropriate AI models to guide the endoscopist to spend more time inspecting the area of interest based on baseline data prior to colonoscopy and real time input gathered during the procedure (figure 1)."

(page 8, paragraph 1, line 21)


"There is need for updated meta-analysis of the high quality RCTs to evaluate the effects of the AI in improving WT and ADR."

(page 9, paragraph 2, line 11)