

Dear Editorial Boards of the *World Journal of Gastroenterology* and *World Journal of Gastrointestinal Endoscopy*,

We thank you for the timely and thorough review of our manuscript entitled, "How to Build a Successful Endoscopic Bariatric Practice" (No. 91475), as well as the opportunity to have it reviewed for consideration of publication in the *World Journal of Gastrointestinal Endoscopy*.

After reviewing the feedback from Reviewer #1, the Science Editor, and the Company Editor-in-Chief, we have taken efforts to extensively revise our original submission. We believe that the thorough review from the authors, all of whom are native-English speakers, has dramatically improved the structure, grammar, and syntax of this manuscript. Additionally, we have updated references for the interested reader to find information about specific endoscopic bariatric therapies. As our intention is not to provide an exhaustive, detailed account of these therapies (which have been reviewed nicely in recently publications) but rather to outline steps to building an endoscopic bariatric therapy program (which has not recently been addressed in the literature), we have avoided going into too much depth with discussion of the specific endoscopic bariatric therapies.

We have added information from a recent publication from our practice, entitled "The Endoscopic Bariatric Patient: Characteristics, Beliefs, and Fears," which provides unique insights into the type of patients who seek endoscopic bariatric therapies and their priorities when evaluating programs that offer these treatments. This has never been covered previously in the published literature.

We have likewise updated the formatting of the Tables in this version.

We thank you for your time and consideration and hope that you find our improved version of our editorial beneficial for your audience.

Sincerely,
Drs. Maselli and McGowan

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

1. The English need improvement since there are some grammatical and syntax errors in the manuscript. For example, the words "thoughtful" may be as "the thoughtful"; "endobariatric" as "endo bariatric"; "transforms the" as "transform the"; "we

therefore" as "we, therefore,"; "metabolically-enriched" as "metabolically enriched"; "with the bariatric" as "with a bariatric"; "into a practice" as "into practice". The grammar mistakes which are not mentioned here are also to be checked and corrected properly.

Response: Thank you for this feedback. We have reviewed and revised the manuscript for syntax and grammar and edited it where appropriate. We have maintained the term "endobariatric" as a single word, which is a generally accepted term to describe this field and its procedures.

2. Check the abbreviations throughout the manuscript and introduce the abbreviation when the full word appears the first time in the abstract (For example, BMI, etc.). Make a word abbreviated in the article that is repeated at least three times in the text, not all words to be abbreviated.

Response: Agreed. We have reviewed the manuscript for all abbreviations and ensure that they are defined at the first instance of use and then consistently abbreviated the same way thereafter.

3. The introduction part appears less informative about the "endoscopic bariatric therapies", thus this section should be indicated as detailed to understand the study in clear.

Response: Thank you for this feedback. Our original intention had not been to review existing endoscopic bariatric therapies, as these are reviewed nicely elsewhere, but rather to expand on an under-reported topic—namely, how to build up a program that offers endobariatric procedures successfully. To amend this, we have provided some clarification, as well as references for further reading for those interested in learning the fundamentals of endobariatric therapies.

4. The authors should properly mention the subscript and superscript (For example, in "CO₂" "2" should be properly subscript) and it should be checked throughout the manuscript, wherever applicable.

Response: Agreed. We have fixed this error.

5. The limitation of the editorial may be given along with conclusion or under separate heading for understanding the concepts clearly.

Response: Thank you. We have provided language in our text (specifically, the conclusion section) to make it clear to the reader that this manuscript represents an editorial and is thus expert advice based on our collective experience and interpretation of that experience, with inherent limitations to that where data are lacking. We have

further stipulated that our experience is principally derived from the ambulatory setting in the United States and therefore may have limited applicability outside of this context.