

17 June 2013

Professors Bonino, Kim, Orberg and Tarnawski

Editors-in-Chief

World Journal of Gastroenterology

Dear Profs Bonino, Kim, Orberg and Tarnawski,

Re: 1804_R1: Weight loss and surgical outcomes of Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding.

Thank you for the opportunity to revise our manuscript. Please find attached a revised version of the above manuscript in accordance with the comments from Reviewers. Point-by-point responses to the comments are enclosed with this letter and all new changes made to the manuscript are highlighted in red. As the authors are from Australia, which use English as the primary language, we believe that the language of our paper reached Grade A.

We thank the reviewers for their helpful comments, which we believe have substantially improved the manuscript. We hope the revised work will now be considered acceptable for publication in the ***World Journal of Gastroenterology***.

With kind regards

Yours sincerely,

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Reviewer 1:

1. The data are analyzed by a descriptive statistics that does not help imagine which kind of patients were included. The use of SEM prevents any idea on the dispersion of values. I would strongly suggest rewrite the manuscript (any part, text, tables and figures) reporting SD instead of SEM.

- As suggested, we have revised our data presentation as standard deviation (SD) rather than SEM.

2. The two cohorts, although derived from the experience of different teams, might be compared more properly using logistic regression and the use of definite cut-offs (e.g., 20% or more weight loss, remission of diabetes, dyslipidemia, OSAS), after adjusting for baseline data and study group. This would greatly improve the significance of the results.

- We agree with the Reviewer that logistic regression to take into account of factors that may influence the weight loss outcome would be ideal (and we did consider this approach), the incomplete biochemical and co-morbidities data does not allow us to perform such analysis. Even with our crude analysis, however, we were still able to demonstrate significant results in our study. We have seek assistance from our professional statistician at the University, who advice us to use Kaplan Meier analysis. This has been revised according in our Statistical Analysis, Results and Figure 3.

Reviewer 2:

No comment.

Reviewer 3:

1. What is the most important novel finding obtained from the present comparison study? The authors should make it clear.

- The most important message for the current study is that RYGB is superior to LAGB in term of inducing and maintaining of weight loss, with comparable rate of complications. However, the most novel finding of our study is the finding that male subjects performed better than females with LAGB, especially 3 years after the procedures. The reason for this finding is unclear and potential hypotheses have been discussed in our Discussion. These important findings have been highlighted in our “Core Tip” section.

2. Because recent clinical and experimental trials have shown that GI hormones including GLP-1 significantly affected the outcome of bariatric surgery. The authors should compare the serum levels of GI hormones, especially gherkin and GLP-1.

- Whilst we agree with the reviewer that changes in gut hormones, especially GLP-1 and PYY, are the potential mediators of weight loss, this is not the focus of our study. We are, however, conducting a prospectively study that comprehensively evaluating the relationship between the changes of these gut hormones, with nutrient transit, post-prandial symptoms and weight loss. As this is a retrospective review of prospectively collected databases, it is not possible to assess gut hormones as suggested by the Reviewer, and by itself, deserve a separate publication.