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Editorial Office

World Journal of Gastroenterology

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Title: "**Laparoscopic Sleeve Gastrectomy: more than a restrictive bariatric surgery procedure?**", by D. Benaiges et al.

Dear Editor,

We thank you for your kind letter of June 26th. The suggestions and criticisms of the Reviewers were very helpful and interesting. We believe we have answered them appropriately, thereby improving the manuscript. Please find enclosed the revised manuscript in which all corrections have been highlighted. Thank you for reviewing our manuscript. We look forward to hearing from you.

We declare that all authors agree with the final version.

Yours sincerely,

David Benaiges, MD

Department of Endocrinology and Nutrition

Hospital del Mar

Passeig Mar fim, 25-29

E-08003 Barcelona, Spain

Phone: 34-932483902

FAX: 34-932483337

E-mail: 96002@parcdesalutmar.cat

REVIEWER 03252827

In this review Benaiges and colleagues give a detailed overview of all major aspects of sleeve gastrectomy. The manuscript is interesting and well written- in addition the authors appear to be experts in the field. The use of Sleeve gastrectomy as a bariatric/ metabolic procedure has increased remarkably during recent years and the underlying mechanisms of weight loss and metabolic improvement are not well understood - therefore a summary of available data is warranted.

Minor Points:

1. Fig. 1 should be modified due to the current standard of SG - resection starts at about 5-6cm oral to the pylorus (antral preservation); min. volume of resected stomach, bougie size?

In accordance with the recommendation of the Reviewer, figure 1 has been modified (see revised version, figure 1).

2. As a conclusion the manuscript should end by answering the title question: it is more than a restrictive procedure as given in the text

Following the Reviewer's suggestion, we have concluded the manuscript answering the title question. (see revised version, page 13, lines 4-14).

3. Table 1: please add Definition of T2DM Remission

As suggested by the Reviewer, T2DM remission criteria used in each study have been added in table 1 (see revised version, table 1).

4. Table 2: is there any available data concerning 90 day morbidity/mortality - please add and discuss

Unfortunately, the main studies that include sleeve gastrectomy (Michigan Bariatric Surgery Collaborative, The Longitudinal Assessment of Bariatric Surgery (LABS), American College of Surgeons' National Surgical, Quality Improvement Program (ACS-NSQIP)) do not provide data on morbid-mortality at 90 day, only at 30 day. The two main studies that offer data on 90 day morbi-mortality are not useful for the purpose of this

review since one (Medicare) does not include information on sleeve gastrectomy and the other (BOLD) does not compare the results according to the surgical procedure.

- *Finks JF, Kole KL, Yenumula PR, et al. Predicting risk for serious complications with bariatric surgery: results from the Michigan Bariatric Surgery Collaborative. Ann Surg. 2011;254:633–40.*
- *Flum DR, Belle SH, King WC, et al. Perioperative safety in the longitudinal assessment of bariatric surgery. N Engl J Med. 2009;361:445–54.*
- *Gupta PK, Franck C, Miller WJ, et al. Development and validation of a bariatric surgery morbidity risk calculator using the prospective, multicenter NSQIP dataset. J Am Coll Surg. 2011;212:301–9.*
- *Flum DR, Kwon S, MacLeod K, et al. The use, safety and cost of bariatric surgery before and after Medicare's national coverage decision. Ann Surg. 2011;254:860–5.*
- *Demaria EJ, Winegar DA, Pate VW, et al. Early postoperative outcomes of metabolic surgery to treat diabetes from sites participating in the ASMBS bariatric surgery center of excellence program as reported in the Bariatric Outcomes Longitudinal Database. Ann Surg. 2010;252:559–66.*

5. Table 4: please add detailed data on differences between SG and RYGB (e.g. %)

In accordance with the recommendation of the Reviewer, detailed data on differences between SG and RYGB have been added in table 4 (see revised version, table 4).