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From bariatric to metabolic surgery: Looking for a “disease modifier” surgery for type 2 diabetes.

Many thanks for criticisms and suggestions: the revised version of our ms has been changed and improved following reviewer comments. English language has been checked and revised by an expert. Abbreviations and references have been controlled as well as spelling mistakes.

The paper focalizes on the metabolic effect of the bariatric operations, traditionally used for obtaining weight loss in the severely obese patients surgery. The point of this manuscript is to challenge the hypothesis of a change of clinical indication of bariatric surgery from obesity therapy to a specific diabetes therapy, becoming a metabolic surgery. For this purpose we reviewed the exiting literature pro and contra this hypothesis. By definition metabolic surgery should be able to cause T2DM remission in subjects with different BMI even in the overweight range, while in the case of bariatric surgery long lasting remission of T2DM should be observed mainly in Patients with a BMI over 35.

We agree that gastric restrictive operations such as LAGB are not true metabolic or bariatric operations and this is clearly stated in the paper.

In our opinion, a table and/or a figure does not add information to the paper and might make heavier the review. Economic analysis of diabetes remission obtained by surgery, either bariatric or metabolic, is out of the aim of this review and in our opinion not yet adequate.

Attached you will find a file with the text and the corrections and a definitive file with the manuscript

We are confident that the revised ms, according to reviewers suggestion is now suitable for publication in Word Journal Diabetes.