

Dear Editorial Board,

Thank you very much for the invitation to write this review, and for your insightful and valuable comments on the first draft. I have addressed each reviewer comment, and I have also added newer data that was just released during Digestive Disease Week 2016. I have made the following changes:

- Update of title to address developmental status of procedures, per reviewer comment
- Update of affiliation to current
- Change of Reshape Duo to Reshape Integrated Dual Balloon System
- Explanation of 'excess weight loss'
- Categorization of devices and procedures by type (such as space-occupying, gastric remodeling)
- Addition of new trials released this month
- Addition of studies and data regarding change in comorbidities for each device, or statement that data is being collected
- Replacement of 'EWL' with 'excess weight loss'
- Replacement of Figure 4 (porcine anastomosis) to newly-released figure of human anastomosis
- Inclusion of Table 1, which summarizes and compares EBT which have been approved, are under review for approval, or will be submitted for regulatory review soon

Reviewer 1

Obesity is a chronic medical disease worldwide. Endoscopic bariatric therapy for obesity is more effective than diet and lifestyle measures, and less invasive than bariatric surgery. This manuscript is a well-prepared update of the most current and comprehensive of bariatric endoscopy methods in an objective manner. Nothing need to be corrected. Very nice work!

Response: Thank you for your kind feedback.

Reviewer 2

N. Kumar presents a review related to weight loss endoscopy and endoscopic bariatric therapies. This paper provides pros and cons, technical details of each therapy and patient management. It is a useful for the gastroenterologist or bariatric surgeon. I suggest that the author include a simple table to summarize the information to explain in a comprehensive manner these details for those who are not specialists in this field.

Response: Thank you for your valuable suggestion. I have added a table to summarize the most relevant EBT discussed in the review.

Reviewer 3

This is an interesting and important review for the field of gastroenterology and obesity. The various procedures described are mostly still being developed. The list provided in the title did not include all procedures described and also does not address the preliminary nature of these procedures. Thus, I suggest the title to be changed to "Current development in the applications of weight loss endoscopy" While the extensive coverage of various procedures is necessary, a part of the goal has to be a comparison among them. It would be much more informative to categorize the procedures by their route to weight reduction. For example, space occupying, gastric restriction, aspiration, gastric bypass, etc. Obesity is a concern because the adverse consequences in health following the weight gain. Thus in reviewing the outcome of various procedures, it is extremely important to include information on the impact on health, for example, biomarkers of chronic diseases. If such information is not available for a certain procedure, it should be stated. A term was used repeatedly in the manuscript "excess weight loss". For such a term that was used throughout the manuscript, a solid definition is needed. What was the difference between excess weight loss and total weight loss? EWL was defined as the abbreviation for "excess weight loss" in p. 6 but the abbreviation was not used in the rest of the manuscript. I suggest removing the abbreviation and using the full term throughout.

Response: Thank you for your insightful and detailed comments. I have addressed each one. I have updated the title to remove procedure names, and to reflect the developmental status of the procedures. I have added procedure-type headings for the route to weight reduction, and a table to summarize the procedures. I have added information regarding change in comorbidities for each therapy, or a statement that study is ongoing when applicable. I have defined 'excess weight loss' and removed the abbreviation 'EWL'.

I hope to have addressed all of the comments sufficiently in creating a current and detailed review. Thank you for the opportunity to contribute to your journal.

With warmest regards,
Nitin Kumar