

**Name of Journal:** *World Journal of Gastroenterology*

**Advances in endoscopic balloon therapy for weight loss and its limitations.**

Vyas D, Deshpande K, Pandya Y. Gastric Balloons for weight loss.

Dear Editor,

Thank you immensely for the consideration of our manuscript for submission to your esteemed journal. The responses and critiques received from the reviewers is well received and we again thank you for this opportunity to further improve our work. Please find below each comment by the team of reviewers and its subsequent change made in the article, for your convenience.

1. “The authors make a reference to the history of development of the different types of intragastric balloons , but in the editorial they only refer to the three mostly known and used intragastric balloons, and currently approved by the FDA. They didn’t comment nothing about other important types of balloons such as The saline/air-filled End-Ball® and the Spatz Adjustable Balloon System (ABS). I believe an editorial about this topic” *Advances in endoscopic balloon therapy*” should comment the difference between the different types of intragastric balloon, the reason for their evolution , the studies done comparing them and the reasons why have geared the industry towards making this changes, tlaking about comparative results between them.”

The following section has been added in response to this suggestion:

The saline/air-filled End-Ball® and the Spatz Adjustable Balloon System (ABS) are two additional modalities that can be used and function in similar means to the approaches above. The SPATZ-ABS anchoring device is unique in preventing the migration of the balloon. This is especially advantageous when encountering acute angles where traditional metal anchoring modalities may not pass as easily.

2. “This statement “Supportive treatment with intra gastric balloons have shown to incur better weight loss than diet and lifestyle modification alone “ is not so clear, there is a lot of controversy in the literature about it, and it should be pointed out.”

This statement has been changed accordingly:

Studies have documented cases in which treatment with intra gastric balloons have shown to incur better weight loss than diet and lifestyle modification alone. However, there is still much controversy on this topic, and the evidence is inconclusive for definitive guidelines, thus, further long-term monitoring and randomized control trials are needed to quantify benefits.

3. “According to the guideline of WJG, “editorial” should include a “core tip” 1.12Core tip. Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The

purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study."

The core tip has been changed accordingly:

Vyas D, Deshpande K, Pandya Y. Advances in endoscopic balloon therapy for weight loss and its limitations has been elucidated through a comparison of the strengths and weaknesses of recent balloon approaches, highlighting the indications and possible complications.

4. "Several typos should be corrected. The field of medical and surgical weight loss is undergoing an explosion of new techniques and devices "foe" weight loss. (Abstract)  
Capital letter is not needed for "Obesity" and "Obese" (INTRODUCTION,). "intra gastric" should be corrected to "intra gastric" (several parts of this manuscript). "gastro scope" should be corrected to "gastroscope" (second paragraph of CURRENT APPROVED DEVICES) "GE junction" should be corrected to "gastroesophageal junction" (fifth paragraph of CURRENT APPROVED DEVICES) "FDA" could be used to replace "Food Drug Administration entailing". (RECENT CONTROVERSIES) --clinics may need to institute a " thorough review peer review process" --. (CONCLUSION) "thorough review" is similar to "peer review process" 3. Table 1 typo: mnths Please cite references for EWL of the three intragastric balloons. We recommended the use of "excess weight loss" instead of "excess body weight loss" for EWL. 4. Figure 1 should be cited in the text.

The above typos have been corrected accordingly in the main manuscript.

5. "In Figure 1, the authors stated that "December 1984- Garren- Edwards published about Garren-Edwards Gastric bubble. Approved by FDA." "Manufacturer discontinued the product. In 1989." However, in the INTRODUCTION, the authors also stated that "The device was thus taken off the market in 1992. " This discrepancy should be clarified. However, we also found different description from other paper. "Garren-Edwards Gastric bubble was approved for use in the United States by the FDA in 1985, but was removed from commercial use in 1988 because of serious complications and lack of effective weight loss". (Gastroenterology 2017;152:1791-1801 ) Please clarify which one is correct."
6. "Figure 1: The sentences "1991- Bioenterics develop "BIB" (Biogenetics Intra gastric balloon). Also known as the Obalon Balloon." needed to be corrected. BIB is BioEnterics Intra gastric Balloon. Also known as the Orbera Balloon. Figure 1: 2004 "BAG" balloon introduced in Vienna, France 2007 "IGB" Introduced in Italy. Please provide the full names of BAG and IGB.

Change in Figure 1 have been made accordingly based on the comments highlighted in points 6 and 7 above.

7. "In the 8th paragraph of LONG-TERM IMPLICATIONS, the authors stated that Orbera Intra gastric Balloon System: ..... Deflation in this system is detected through patient-stated loss of satiety or weight changes. Is this correct? As we know, similar to Orbera Intra gastric

Balloon System, monitoring the change of urine is also recommended in daily practice to detect the presence of deflation in Orbera Intra gastric Balloon System. In addition, “statiety” is a typo.”

The following changes have been made to the long term implication section:

*Orbera Intra gastric Balloon System:* Studies using the Orbera Intra gastric Balloon System, showed an absence of any spontaneous deflations. Deflation in this system can be detected through patient-stated loss of satiety or weight changes, however, common practice dictates a relatively easy means of detection through monitoring the change in urine output.