"Laparoscopic sleeve gastrectomy for type 2 diabetes patients is a safe bariatric procedure",
Manuscript No. 43241.
Answers To Reviewers

Dear editor,
We appreciate your extensive review over our manuscript no. 43241. Here are our responses to reviewers.
Reviewer #1, Reviewer's code - 02631746:

1. This study focused upon early complications of laparoscopic sleeve gastrectomy (LSG). Although some background data as blood tests and chronic diseases were collected, we did not collect hormonal profile before or after surgery. We hope to collect more data in the future upon this study group of patients in order to analyze remission of metabolic syndrome.

Reviewer #2, Reviewer's code - 03460306:

1. First, the comment is accepted and we found it better to offer the title: "Laparoscopic sleeve gastrectomy could be offered relatively safely for type 2 diabetes patients as as ais a safe bariatric procedure". Nevertheless, even though the rate of mild complications is significantly increased, the rate of severe complications is not significantly increased. Mild complications are those that are diagnosed with blood test and imaging and are treated relatively easily with medications and fluids. We believe that compared to the potential benefit of the surgery for type 2 diabetes mellitus patients, these complications could be neglected.

2. The comment is accepted and the issue is discussed in another paragraph under the "discussion" part of the main article as follows: "In our study, the discrepancy between the result that elevated HbA1c is associated with higher risk for early postoperative complications (mild and severe) and the fact the T2DM as a disease by itself is not a risk factor for early complications (mild and severe) could be explained by the fact that many of the T2DM patients have balanced glucose levels, and the more important parameter when evaluating a patient is HbA1c level. "

3. Long-term complications are not discussed in this manuscript. An emphasis upon that was added in 'limitations' under "discussion" as follows: "Fifth, this study does not analyze long term complications LSG in T2DM patients."

4. The description of the surgical procedure was moved to the Methods section.

5. We went through the medical records of the only death event but failed to find any illness documentation before the event. It also happened 56 days after the surgery. This make us assume that the death is not directly to the surgery. We added the following sentence in the "Results" section: "Unfortunately we could

not find any information about illness before that specific death event, and that raises the suspicion that it was not caused by a medical condition."

6. In this study we did not collected the mentioned information - duration of T2DM and complications.
7. The incidence of complications actually drops as the experience of the surgeon grows, in every procedure and specifically in this cohort. Nevertheless, we assume this reduction happens in both T2DM and non-T2DM study groups.
8. The text was edited again by an English native speaker.

Reviewer #3, Reviewer's code - 02446627:
1. We thank the reviewer for his evaluation.

Reviewer #4, Reviewer's code - 00506276:
1. The aim of the study was added at the end of "Introduction" section.
2. As mentioned before, duration of diabetes, complications and routes of glucose control before surgery were not collected in the study.
3. Anemia and chronic ischemic heart disease, as well as dislipidemia, smoking status etc., were collected from patients' medical record as reported by the general practitioner. This clarification was added in the text where table 1 is discussed.

Reviewer #5, Reviewer's code - 00506294:
1. We thank the reviewer for his evaluation.

Reviewer #6, Reviewer's code - 02446526:
1. We assume that the percentage of T2DM patients is relatively low since in the beginning of this series, most patients were morbid obese (BMI above 40 kg/m²) and just later, when this procedure gained popularity, it was adopted by the T2DM community.
2. We have changed the "Introduction" section as suggested.
3. We add here multivariate analysis model for:
   a. early complications:

Classification Table[a]

			Predicted		
			Early complication		Percentage Correct
Observed			0	1	
Step 1	Early complication	0	872	0	100.0
		1	75	0	.0
Overall Percentage					92.1

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	DM_R	.709	.326	4.728	1	.030	2.031
	AgeAtProcedure	.003	.011	.051	1	.821	1.003
	GenderCode	-.103	.259	.158	1|	.691	.902
	pre_BMI	.009	.020	.189	1	.664	1.009
	Smoker	.106	.368	.083	1	.773	1.112
	Surgeon_exp	.000	.001	.000	1	.993	1.000
	prebariatric_merge	.357	.262	1.852	1	.174	1.429
	Hypertension	.269	.327	.676	1	.411	1.308
	Dyslipidemia	-.172	.338	.258	1	.612	.842
	SleepApnea	-.098	.561	.030	1	.862	.907
	Constant	-3.125	1.000	9.758	1	.002	.044

a. Variable(s) entered on step 1: DM_R, AgeAtProcedure, GenderCode, pre_BMI, Smoker, Surgeon_exp, prebariatric_merge, Hypertension, Dyslipidemia, SleepApnea.

B. early mild complications:

Classification Table[a]

			Predicted		
			clevien_mild		Percentage Correct
Observed			.00	1.00	
Step 1	clevien_mild	.00	904	0	100.0
		1.00	43	0	.0
Overall Percentage					95.5

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	DM_R	.887	.410	4.672	1	.031	2.427
	AgeAtProcedure	.009	.014	.414	1	.520	1.009
	GenderCode	.042	.343	.015	1	.903	1.042
	pre_BMI	-.001	.026	.001	1	.981	.999
	Smoker	-.329	.551	.357	1	.550	.720
	Surgeon_exp	.001	.001	1.472	1	.225	1.001
	prebariatric_merge	.416	.337	1.521	1	.217	1.516
	Hypertension	.264	.424	.388	1	.534	1.302
	Dyslipidemia	-.512	.458	1.246	1	.264	.599
	SleepApnea	.216	.654	.109	1	.741	1.241
	Constant	-3.900	1.296	9.054	1	.003	.020

a. Variable(s) entered on step 1: DM_R, AgeAtProcedure, GenderCode, pre_BMI, Smoker, Surgeon_exp, prebariatric_merge, Hypertension, Dyslipidemia, SleepApnea.

C. early severe complications:

Classification Table^a

			Predicted		
			clevien_severe		Percentage Correct
Observed			.00	1.00	
Step 1	clevien_severe	.00	914	0	100.0
		1.00	33	0	.0
Overall Percentage					96.5

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1^a	DM_R	.337	.500	.452	1	.501	1.400
	AgeAtProcedure	-.009	.017	.261	1	.609	.991
	GenderCode	-.208	.376	.305	1	.581	.812
	pre_BMI	.017	.030	.314	1	.575	1.017
	Smoker	.499	.480	1.081	1	.299	1.647
	Surgeon_exp	-.001	.001	1.026	1	.311	.999
	prebariatric_merge	.198	.393	.253	1	.615	1.219
	Hypertension	.268	.479	.314	1	.575	1.308
	Dyslipidemia	.264	.476	.307	1	.579	1.302
	SleepApnea	-.713	1.055	.457	1	.499	.490
	Constant	-3.621	1.489	5.911	1	.015	.027

a. Variable(s) entered on step 1: DM_R, AgeAtProcedure, GenderCode, pre_BMI, Smoker, Surgeon_exp, prebariatric_merge, Hypertension, Dyslipidemia, SleepApnea.

Reviewer #7, Reviewer's code 02951258:
1. The discrepancy between the general result of T2DM diagnosis as not being a risk factor for severe complications and the result that elevated HbA1c is associated with increased risk for severe complications is now discussed in the text and was also discussed in this text in response to reviewer #2 at comment #2.
2. We did not analyze long term complications in this study.
3. We do not have properly documented data about duration of T2DM and micro- and macro-vascular complications of T2DM.