

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 67551

Title: Therapeutic endoscopy for the treatment of post-bariatric surgery complications

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02155135

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: United States

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-27 20:03

Reviewer performed review: 2021-05-09 14:11

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a very interesting topic of growing interest due to the obesity pandemic. In recent years the role of endoscopy in the bariatric surgery is increased and this review is well written and organized. I suggest that the authors consider little changes to improve the precision of the data they provide in the manuscript. 1) In the Introduction the authors stated “256,000 people underwent bariatric surgery in the US in 2019”. Why only data of bariatric surgery from the US? A more comprehensive approach would be expected with a sentence about bariatric surgery in the world. The IFSO regularly provides data about this topic publishing both surveys and data of IFSO registry (Welbourn R, Hollyman M, Kinsman R, Dixon J, Liem R, Ottosson J, Ramos A, Våge V, Al-Sabah S, Brown W, Cohen R, Walton P, Himpens J. Bariatric Surgery Worldwide: Baseline Demographic Description and One-Year Outcomes from the Fourth IFSO Global Registry Report 2018. *Obes Surg.* 2019 Mar;29(3):782-795. doi: 10.1007/s11695-018-3593-1. Angrisani L, Santonicola A, Iovino P, Ramos A, Shikora S, Kow L. Bariatric Surgery Survey 2018: Similarities and Disparities Among the 5 IFSO Chapters. *Obes Surg.* 2021 May;31(5):1937-1948. doi: 10.1007/s11695-020-05207-7. Epub 2021 Jan 12. PMID: 33432483). 2) OAGB is increasing and it is now the thirds procedure worldwide in the last IFSO survey 2018. Is there a role of endoscopy also in this emerging bariatric procedure? 3) I believe that the sentences : “Roux-en-Y gastric bypass remains the gold standard for bariatric surgery because of its superior efficacy” (Pg 4) and “Overall, the weight loss seen with this surgery is significant though typically not as much as with the Roux-en-Y gastric bypass” (Pg 13) can confuse the Reader. Specifically, there was no significant difference in excess BMI loss between laparoscopic sleeve gastrectomy and laparoscopic Roux-en-Y gastric bypass at 5 years of



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follow-up after surgery in the 2 RCT published in Jama 2018. 4) You correctly stated that “While typically considered a more straight-forward surgery than RYGB, complications occur with similar frequency with the sleeve gastrectomy. The most common adverse event is the development, or worsening of pre-existent, gastroesophageal reflux disease which can affect up to 20% of patients after this surgery []”. For its frequency , in my opinion, a more comprehensive description of the huge amount of literature is mandatory and, also, a comment on the possible role of endoscopy in managing complications is advisable.