

Dear Editors,

Thank you for your thoughtful review of our manuscript "Therapeutic endoscopy for the treatment of post-bariatric surgery complications". Below are our responses to the suggested edits from the reviewer.

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).

We agree with the reviewer's comment and have added the data from the IFSO registry to the manuscript.

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?

While we agree that the one anastomosis gastric bypass has increased somewhat in popularity it is still an uncommonly performed surgery and as of yet there has not been a well-defined role for therapeutic endoscopy for these patients. Therefore, we have opted to not include the OAGB in this review.

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 follow-up after surgery in the 2 RCT published in *Jama* 2018.

Agree with the reviewer that our language did overplay the weight loss differences between RYGB and sleeve gastrectomy. For simplicity we have removed any comparison between the weight loss of the two surgeries as this discussion is beyond the topic of this review.

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.

While it is true that reflux is a common complication after sleeve gastrectomy unfortunately at this juncture therapeutic endoscopy is not an effective treatment for reflux in sleeve gastrectomy patients. Discussion of this topic is therefore beyond the scope of this review article. Have edited this section to only include mention of the complications that are treated with therapeutic endoscopy.

Thank you again for the opportunity to submit this manuscript.

Sincerely,

Mike Larsen and Richard Kozarek.