

## ANSWERING REVIEWERS



April 27, 2016

Dear Editor,

Please find enclosed our edited manuscript in Word format (file name: 26012-Revised manuscript.doc). Here is the relevant information regarding our submission:

**Title:** Current Status of Intra-gastric Balloon for Obesity Treatment

**Authors:** Seung Han Kim, Hoon Jai Chun, Hyuk Soon Choi, Eun Sun Kim, Bora Keum, Yoon Tae Jeon

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

**ESPS Manuscript NO:** 26012

The manuscript has been improved according to the suggestions of the reviewers:

1. Format has been updated.
2. Revisions have been made according to the suggestions of the reviewers.

Our point-by-point responses appear below.

(1)Reviewer No. 03026651

Thank you for this interesting review. However there are few grammatical errors to be fixed.

Response: Thank you for your valuable feedback. We have corrected the grammatical errors, and our manuscript has undergone additional review and editing by a professional medical editor.

(2)Reviewer No. 03476107

This is well written. If there is additional discussion on the comparison of efficacy of this balloon treatment with other methods, the advantage and/or limit of this treatment can be easily approached to all readers. Spelling error was also found.

Response: Thank you for your valuable comment. In accordance with your comment, we have added the following text to the "Body Weight Loss" section of EFFECTS OF INTRAGASTRIC BALLOONS: "A prospective study with 50 obese patients compared the effects of intra-gastric balloon therapy or pharmacotherapy on weight reduction. At 6 months, patients in the intra-gastric balloon group had lost more weight than had patients in the pharmacotherapy group (percent of initial weight lost, %IWL =  $14.5 \pm 1.2$ ; percent of excess BMI lost, %EBL =  $37.7 \pm 3.2$  vs. %IWL =  $9.1 \pm 1.5$ , %EBL =  $25.3 \pm 4.1$ , respectively,  $P < 0.005$ )<sup>[67]</sup>."

We have also corrected any spelling errors.

(3)Reviewer No. 00071703

In this review, the authors have discussed the type, efficacy, safety, and future directions of intragastric balloon treatment. They have reviewed a lot of studies and concluded that it offers a minimally invasive and effective method that fills a gap in the management of obesity and associated conditions. I think this study is a good review. However there is some paucity of knowledge about the relationship between initial weight loss and maintaining weight loss. The intragastric balloon permits an early feeling of satiety. The mechanical intragastric distention to a meaningful volume during mealtime significantly decreases the amount of food intake. Although intragastric balloon has been used as an artificial bezoar, to induce satiety by decreasing the capacity of the gastric reservoir, the main part of weight loss with the BIB has occurred in the first few months. This effect is probably associated with the gastric adaptation to the balloon. There is an important study demonstrating the relationship between initial percentage of BWL and maintaining weight loss (Five percent weight lost in the first month of intragastric balloon treatment may be a predictor for long-term weight maintenance, *Obes Surg.* 2013 Jul;23(7):892-6. doi: 10.1007/s11695-013-0876-4). I think this study should be highlighted in the article.

Response: Thank you for your valuable comment. We now present the following text in the “Body Weight Loss” section of EFFECTS OF INTRAGASTRIC BALLOONS section: “Additionally, the initial body weight loss (BWL) following intragastric balloon placement was associated with significant long-term weight maintenance. The percentage of BWL 1 month after intragastric balloon placement was significantly associated with weight loss after 6, 12, and 18 months (Pearson correlation coefficient = 0.77, 0.65, and 0.62, respectively,  $p < 0.001$  for all).”

(4)Reviewer No. 02726552

The manuscript is a technical presentation of intragastric balloon gastric procedures. However, the precise effects of each of the devices presented are not presented in detail, neither systematized. The table with ghrelin and leptin values should present the actual values +/- SD and not the direction of change (decreased/increased). The manuscript needs a better focus on often used devices, with their pro and cons based on previous studies, in a meta-analysis approach.

Response: Thank you for your valuable comment. We agree and now present the real measures of the alterations of gut hormone levels in table 2. We have also added the following text to the “Body Weight Loss” section of the EFFECTS OF INTRAGASTRIC BALLOONS section: “Although the intragastric balloon has been shown to be effective in causing a meaningful weight loss, several studies have reported that the results were short-lasting, with most patients regaining weight following intragastric balloon removal” and the following to the FUTURE DIRECTION OF THE INTRAGASTRIC BALLOON section: “Intragastric balloon treatment might produce only short-lasting effects in obesity treatment. Thus, it is important to maintain weight loss following intragastric balloon removal. Long-term management for weight reduction after intragastric balloon removal can also comprise intensive lifestyle modification, alone or with pharmacotherapy, and could be suggested to protect against weight regain.”

3 The references and typesetting were corrected.

Thank you again for considering our manuscript for publication in *World Journal of Gastroenterology*.

Sincerely yours,

Hoon Jai Chun, M.D., Ph.D., AGAF  
Department of Internal Medicine  
Korea University College of Medicine  
126-1, Anam-dong 5 ga, Seongbuk-gu, Seoul  
02841, Republic of Korea  
Telephone: +82 2 920 6555  
Fax: + 82 2 953 1943  
E-mail: drchunhj@chol.com