

Dear Sir/Madam

We would like to thank you personally and the reviewers for the time to review our article and provide such helpful comments. We are providing a point-by-point response to the comments and hope you accept our article for publications.

Thank you once again for your time and support.

With kind regards

George Stavrou

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: *This is a thorough review of a topic with a lot of publications and RCTs during the last 30 years, very well known by the bariatric medical gastroenterologist, but not for the rest of the physicians. The authors try to show the pros and cons of the different intragastric balloon evolution and development, analysing the published literature and the different guidelines, to make easier the reader the appropriate choice. The review is very well done, but we miss the author's final statement and conclusions about (in their opinion) which balloon we should choose and what the reasons are and why, in the different clinical situations*

[We answer this query at the end of this text, where the reviewers repeat this comment](#)

THERE ARE SOME OTHER THINGS TO IMPROVE SUCH AS: INTRODUCTION The third paragraph “..... have emerged over the years, to provide less invasive options beyond lifestyle modifications, pharmacotherapy, and surgery, for patients who have failed with conservative treatment and are not or not yet surgical candidates, or refuse surgery because of its invasiveness and fear of complications[12,18].” The authors should include the general indications and contraindications, and with special reference to BMI measures.

[Since the title and the purpose of this review is “which to choose” we considered not necessary to spend space analyzing indications and contra-indications for their use. Beside this, in the case the reviewer remains to its suggestion, we add the following in page 3 \[Introduction\], paragraph 3, line 5.](#)

[“According to the Statements after the Brazilian Intragastric Balloon Consensus, held in Sao Paulo, Brazil, in June 2016, obese individuals who are candidates for balloon implantation must be over 12 yrs of age, with established puberty, while there is no maximum age limit -, each patient being evaluated individually. The minimum BMI is 25 kg/m², after failure of](#)

clinical treatment, with no influence of BMI on the choice of balloon type, this being at the discretion of the physician. It is common sense that the presence of an active gastric ulcer, or in any other location, of gastric or esophageal varices, of a hiatal hernia longer than 5cm as well as previous gastric surgery, are all considered as absolute contraindications”

Second paragraph BALLOON DESCRIPTION “... inserted orally into the gastric fundus and a volume of 500 to 700 mL saline solution - adjusted to the BMI of the individual –“ Therefore if you said that, you should add and explain what filling volume is needed for what BMI intervals?

By saying the filling volume being adjusted to BMI, we simply mean that we decide – without rules – the volume, which must be over 500mL. This decision is generally based on the physician’s experience, the body configuration of the patient and, perhaps, his/her psychological/mental status.

We thus change the phrase “~~adjusted to the BMI of the individual~~” by the phrase: “at the discretion of the physician”.

Third paragraph Emptying must be changed for emptying.

Changed – thank you

Fifth paragraph “.....]. The balloon is generally well-tolerated during the 6 months implantation period. However, its use has raised several concerns about procedure-related complications and technical difficulties, especially”. It is important to describe which are the “technical difficulties”, because this is a review article.

We change the phrase as follows:

“its use has raised several concerns about procedure-related complications due to technical difficulties in balloon passage through the cardia and the upper esophageal sphincter – large size, low pliability, high failure rates for positioning and spontaneous deflation, [27, 35, 37]; similar difficulties are also referred during endoscopic removal, leading in a few cases to surgical removal or to the use of a rigid endoscope [34]”, thus...

Sith paragraph “.....Unique contraindications for the gas-filled balloons are scuba diving and travel in unpressurized airplane cabins [5].” ...besides the other intragastric balloon general contraindications

we change the phrase as follows:

“A severe warning for those candidates for gas-filled - Helioshere balloons is to totally refrain from scuba diving and travelling in unpressurized airplane cabins [5]”

The classical Orbera Second paragraph “...Similarly, there was no association between balloon filling volume and early removal rates, gastroesophageal reflux, or gastric ulcer rates.” Perhaps It should be enumerated and described the rates number of complications and to describe them.

Unfortunately, because the authors did not find any statistically significant difference between filling volumes and early removal rates, GERD rates and gastric ulcers rates are neither in numbers in their publication nor there is a direct reference to any of the 44 studies they are dealing with. Thus, we only add the p values add change the phrase as follows:

“Similarly, there was no association between balloon filling volume and early removal rates [p=0.1], gastroesophageal reflux symptoms [p=0.64], or gastric ulcer rates [p=0.09].”

DISCUSSION paragraph 2 “... who qualifies for bariatric surgery but has uncontrolled co-morbidities causing her/him to be of high-risk for anesthesia and surgery or denied anesthesia and/or surgery, or its use as a bridge to bariatric surgery, and” However this indication and their results have not been commented for any of the balloons evaluated. And I think this special indication should be also presented and discussed referring to the balloon employed.

The indications and contra-indications for balloon use have been added in Introduction session, after your suggestion. We, here, simply add at the end of paragraph the following:

“Generally speaking, the specific indications for balloon implantation for each candidate for such treatment must be built on the absolute judgment of the treating physician or the multidisciplinary working team; however, the positive response, that is the weight loss, is due exclusively to the responsibility of the patient to strictly adhere to a diet/exercise program and follow-up sessions throughout the treatment period, whatever type of balloon has been used.”.

Besides the description of the different types of the intragastric balloon, it would be convenient to add illustrations of all types of balloons (“an image worth more than a thousand words”), to make easier the understanding of the way of working of each balloon.

We add some photos, as many other papers do

This report conveys a lot of data from many publications RCTs etc, and it would be necessary a summary that conveys the author's opinion and conclusion. Especially regarding the new balloons filled with air, that no deserve the intervention of endoscopic procedure then the

reader will agree or disagree and will draw their conclusions. I miss a true conclusion and should be added a summary or conclusion with the author's thoughts and recommendations.

We have thoroughly analyzed the pros and con of each balloon, based on the judgment of many other authors, especially of meta-analysis data, and try to keep our opinion obscure, the review to be more objective. All these comments have been re-analysed in the extended "discussion" section. Author's though remains the old verb that "the best treatment is that the physician knows better".

However, in order to comply with the reviewer's comments we add the following comments-conclusions as the last paragraph of Endnote:

"From the above analyses, it is clear that [a] there are no "good" and "bad" balloons, at first glance; all new balloons must be given an equal chance to be tested by experienced endoscopists before being judged; [b] there is no special indications for the use of a particular balloon - all fit all stomachs. However, the use of one rather than another of the six balloons mentioned in this review, or between some others of lower cost, or of national manufacturers, relies on the absolute discretion of the physician, and not of the obese patient, and I personally never discuss it."

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Interesting review, on a topic that is still quite debated today. Adding some figures might be interesting

[We do add some pictures](#)

4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

One of the co-authors Ms Anne Shrewsbury is a native-English speaker and has the ultimate responsibility for the correct presentation of the article

5 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes Review of the six intragastric balloons. The topic is within the scope of the WJGE. (1) Classification: Grade B and Grade B; (2) Summary of the Peer-Review Report: The review is very well done, **but authors should add final statement and their opinion in conclusion section.**

Done

The questions raised by the reviewers should be answered; (3) Format: There are 2 tables; (4) References: A total of 102 references are cited, including 21 references published in the last 3 years; (5) Self-cited references: There are 6 self-cited references; and (6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade B and Grade B. The manuscript is reviewed by a native English speaker.

3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJGE.

5 Issues raised:

(1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

(2) For PMID and DOI numbers of references from English-language journals, please ensure PMID and DOI numbers in the square brackets. Please revise throughout; and

(3) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights.

For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]". And please cite the reference source in the references list. If the author fails to

properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. 6 Recommendation: Conditional acceptance.

(2) Editorial office director:

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Endoscopy, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.