To
The Editors,
World Journal of Gastrointestinal Endoscopy

October 9, 2020

RE: "Efficacy and safety of peroral endoscopic myotomy after prior sleeve gastrectomy and gastric bypass surgery"

We would like to thank the editorial board and reviewers for their thoughtful comments and suggestions regarding our above titled manuscript. We have addressed and incorporated all the important issues and suggestions raised by the reviewers in the attached revised manuscript. Our point-by-point responses to the reviewers comments are listed below.

Sincerely,

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Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: the study is interesting. the association of the two pathologies is not frequent. the manuscript is well structured. the work carried out could be interesting given the development of bariatric surgery.

Response: Thank you for the comments.

Reviewer #2:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors: This paper addresses the feasibility and safety of POEM after bariatric surgery. The topic is of timely relevance and the paper is well written. However, I have a few questions and remarks: In my opinion it is rather a case series and should be addressed as such with the advantage to provide a template for other physicians. More information on

comorbidities and history of the individual patients should be included as to better understand the indication for POEM.

Response: We agree that providing additional data on the patients could provide useful information for the reader. We have included additional history in table 1 including comorbidities.

Further, technical points should be pointed out more. Eckardt score: difficult to apply in bariatric patients, especially after bariatric surgery (weight loss), especially when the patients have not reached a nadir (cases 4&5).

Response: Thank you for pointing this out. We reviewed the data and realized there was an error in case 4 who actually had bariatric surgery 96 months prior to POEM (not 6). We apologize for this error and have corrected it.
We agree that in general ES can be difficult to apply after bariatric surgery if the patient has not reached their nadir due to weight loss still being intentional and have acknowledged this limitation. However, for case 5, the pre POEM ES was 4 (dysphagia 2, regurgitation 2) so weight loss was not contributing to the ES.

Achalasia and morbid obesity: in large series reporting motility disorders and MO, the incidence is higher, so I don't fully agree with most patients diagnosed after bariatric surgery, or rather it is a silent plea for functional testing prior to bariatric surgery. The mechanisms leading to achalasia in postbariatric patients should be more elucidated, the presented theory is not truly convincing, especially for type I achalasia.

Response: We agree with the reviewers that there is likely a higher rate of coexisting motility disorders in bariatric patients that is under-recognized. We suggest considering motility testing in bariatric patients prior to surgery to assess for silent disease.

The results of the 2nd "unsuccessful" patient should be included

Response: Unfortunately, this patient did not come back despite multiple attempts to schedule her for follow-up endoscopy or testing. We have updated the manuscript to reflect this.