April 28, 2023

Dear Editor-in-Chief Jerzy Tadeusz Chudek, MD, World Journal of Clinical Cases

NO.: 84176

TITLE: Weight loss maintenance after bariatric surgery

We are very grateful to the editors and the reviewers for their thoughtful comments that helped us improve the quality of the original version of our manuscript. We thank them for taking the time to review the article. This letter represents our reply to the reviewers' comments about our paper. We carefully considered all suggestions by the reviewers and submit a revised version of our manuscript. We highlighted with "red color" all changes made in the revised manuscript. Please find below a point-by-point response to the editor's and reviewers' comments and clarify the important points of your main concerns. We believe these actions address the deficiencies and comments noted by the reviewers. We hope that you will be pleased with this revision and that the revised manuscript will better meet the 'Food & Function' requirements for publication.

## Reviewer #1:

1. Section: Weight trajectories after bariatric surgery.

It is recommendable to improve the information with other published studies.

Response: Thank you for your comment. We have corrected this description.

2. Section: Racial factors.

The provided information is poor. The authors must discuss this topic better because many genetic factors influence WR.

Response: Thank you for your suggestion. We have added more information.

3. Section: Hormonal and metabolic factors.

Although the author's approach is gastrointestinal hormones, they mustn't forget other hormonal axes, e.g., thyroids or suprarenal axes, because they are crucial in surgical, dietetic, and pharmacological treatments.

Response: Thank you for your comment. We could not find any previous report evaluating thyroid hormones in patients with weight regain after bariatric surgery. As per your recommendation, we have added data regarding serotonin hormones in the "Hormonal and metabolic factors" section.

4. Section: Recommendations for diet and physical activity behaviors.

According to published studies that provide positive effects, the authors ought to give a dietetic intervention proposal.

Response: Thank you for your valuable comment. We have added data on interventions for diet and physical activity behaviors in the "Diet and physical activity intervention" section.

5. Section: Anti-obesity drugs.

When the treatment is extended, the authors must delve into the negative effects of using phentermine/topiramate.

Response: We appreciate your recommendation. We focused on the effects of antiobesity drugs in reducing weight regain after bariatric surgery and described them.

6. Section: Conclusion.

This section must contain punctual ideas on the topics approached in the manuscript and a final message. - It is recommendable that authors include a perspectives section about the topic.

Response: Thank you for your valuable comment. We have made corrections in the Conclusion section.

## Reviewer #2:

Specific Comments to Authors: This study has investigated the risk factors for

weight regain after bariatric surgery, including anatomical factors, racial factors, hormonal and metabolic factors, diet and physical activity, psychological factors, and potential recommendations. Overall, the study may be helpful for the clinical management of weight regain after bariatric surgery. However, I have several concerns as follows:

1. Although the study has a language certificate, it still needs careful editing by someone with expertise in technical English writing, preferably from a native English speaker with an appropriate research background. A certificate from a professional editing service should be uploaded. The language in its current form is not acceptable. Too many typos were found throughout the manuscript.

Response: We availed an English proofreading service for our manuscript and have attached the English editing certificate herewith.

2. It's a bit strange to see "Recommendations for diet and physical activity behaviors" and "Anti-obesity drugs" after the risk factors introduction (major points of this study). Therefore, the authors were suggested moving the "Recommendations for diet and physical activity behaviors" and "Anti-obesity drugs" into the corresponding risk factors. This structure may be more friendly to the readers.

Response: Thank you for your valuable comment. As your requested, we have revised the overall composition of the manuscript with the comments of reviewer 1.

3. Please reduce and compact the size of the "conclusion". Moreover, some content may be suitable for a potential additional "discussion" section.

Response: Thank you for your valuable comment. We have revised the Conclusion section accordingly.

4. The review mainly focuses on the risk factors (cause) for weight regain after bariatric surgery. However, the "predictors" in Figure 1 were not reflected in the manuscript. Please add them independently or strengthen it. Response: Thank you for your valuable comment. We have corrected Figure 1 as per your comment.

5. It is better to cite the reference for the definition of each weight regain in Table 1. **Response: Thank you for your comment. We have added a reference as per your suggestion.** 

6. Importantly, as the authors mentioned, the results were inconsistent. One major reason is that the randomized controlled trails (RCTs) were limited, and the results between RCTs and observational studies were different. This issue has been emphasized in conclusion. However, it should also be mentioned in the abstract and main text.

Response: Thank you for pointing this out. We have made revisions as per your recommendation.

7. The Figure 1 is suggested to be presented more detailed and deeper. A colorful schematic figure may be helpful. It is better to briefly introduce each risk factors, which may be helpful to make the readers understand how each factor were involved in the weight regain after bariatric surgery.

Response: Thank you for your comment. We have corrected Figure 1 as per your suggestion.

Sincerely yours,

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