RESPONSE TO REVIEWERS

Dear Dr. de Moura,

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 80624, Minireviews) basically meet the publishing requirements of the *World Journal of Gastroenterology*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

Thank you. We made all the suggested revisions improving the quality of our data. Below you can check all our responses (highlighted in blue).

1 MANUSCRIPT REVISION DEADLINE

We request that you submit your revision in no more than **14 days. Please note that you have only two chances for revising the manuscript**.

Ok. We performed a very detailed revision and followed the requested submission date to make sure it will be published in the prestigious WJG.

2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT

Please login to the F6Publishing system at https://www.f6publishing.com by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.

We followed all the Steps and revised the manuscript.

3 SCIENTIFIC QUALITY

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Thank you. We followed journal instructions and considered all the valuable comments of the reviewers. We are certain that the manuscript quality increased with all comments and suggestions.

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Minor revision
Specific Comments to Authors: STATUS: ACCETTABLE FOR PUBBLICATION PENDING MAJOR REVISIONS Short summary according reviewer: Authors reported an overview to discuss the pathophysiology, characteristics, diagnosis, and management of post-bariatric surgical leaks and fistulas, focusing on endoscopic therapies. General considerations + Study design: This is a review article. The paper is original and well-written. The iconography is representative and the text exhaustive. Although it is not the "first" article about this topic, I recommend its publication, pending minor revisions.

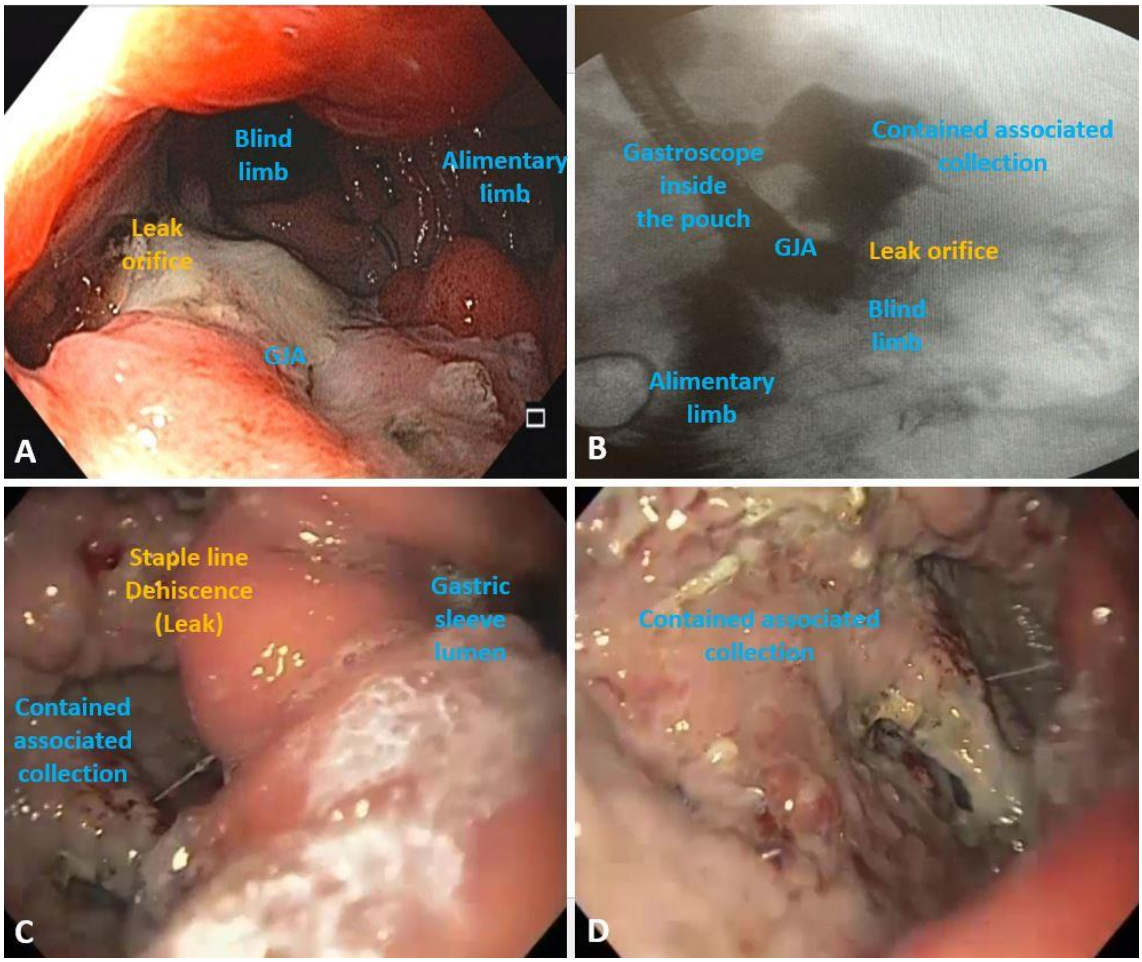
Thank you for your valuable comments. All your suggestions were considered as you can see in the revised manuscript. Additionally, below you can check our responses regarding your suggestions and concerns.

Abstract: the abstract appropriately summarize the manuscript without discrepancies between the abstract and the remainder of the manuscript. Paper On some aspects, the authors should address:

1)It would be interesting if you could include a schematic drawing so as to better define the two types of bariatric lesions you have studied, i.e. leaks and fistulas. I believe that this expedient would guarantee a greater number of readers.

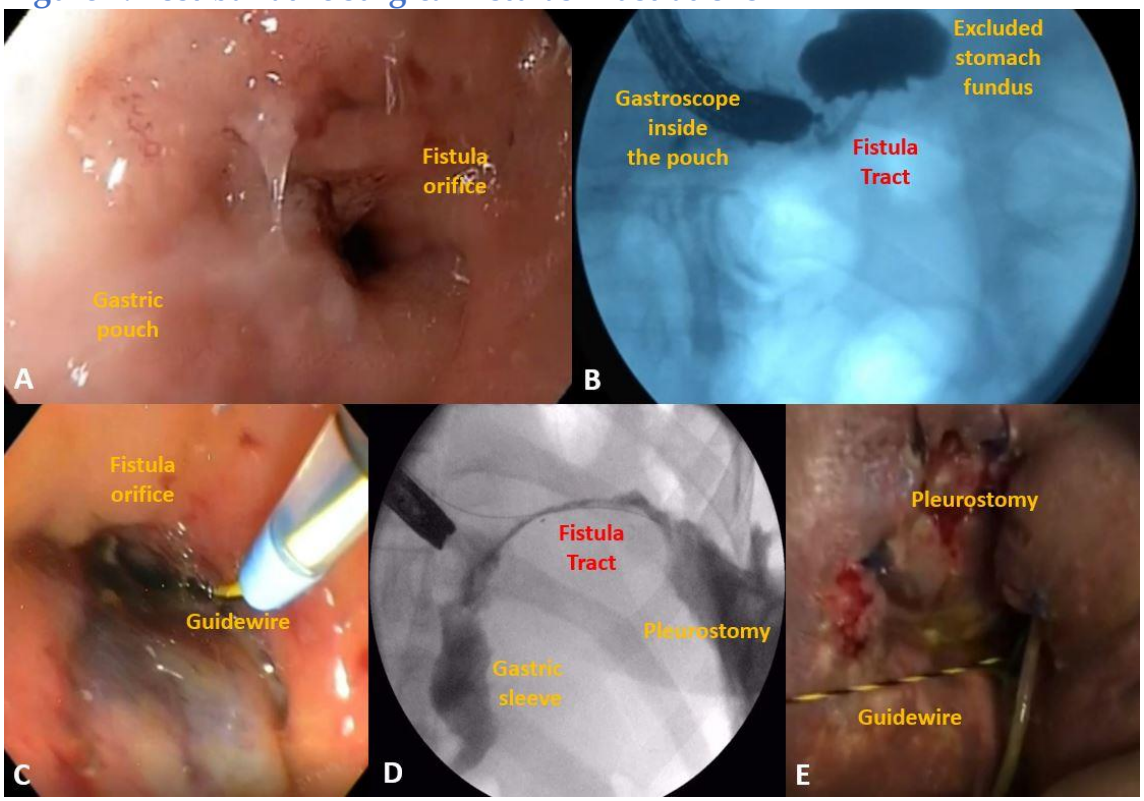
Thank you for your valuable suggestion. We did include two pictures as you can see in the revised version of the manuscript (see figures 1 and 2).

Figure 1. Post-bariatric surgical leaks illustrations



Legend: A and B: Gastrojejunal anastomotic leak with an associated contained collection after RYGB; C and D: Leak with a contained associated collection due to staple line dehiscence after laparoscopic sleeve gastrectomy

Figure 2. Post-bariatric surgical fistulas illustrations



Legend: A and B: Gastrogastric fistula after RYGB; C, D, and E: Gastropleural fistula after laparoscopic sleeve gastrectomy

2)I suggest you read and discuss the following article. It represents a panoramic overview about the diagnostic imaging methods most commonly used in the evaluation of complications in bariatric surgery. The article is also open access. I believe it is necessary to add it also in the bibliography, citing it. -Catelli A et al. Diagnostic imaging in the diagnosis of acute complications of bariatric surgery. Pol J Radiol. 2021 Feb 9;86:e102-e111. doi: 10.5114/pjr.2021.104003. PMID: 33758635; PMCID: PMC7976234.

Thank you for other valuable suggestion. The study is very good and after reading it, we added some more information in our revised manuscript, and also added it as a reference.

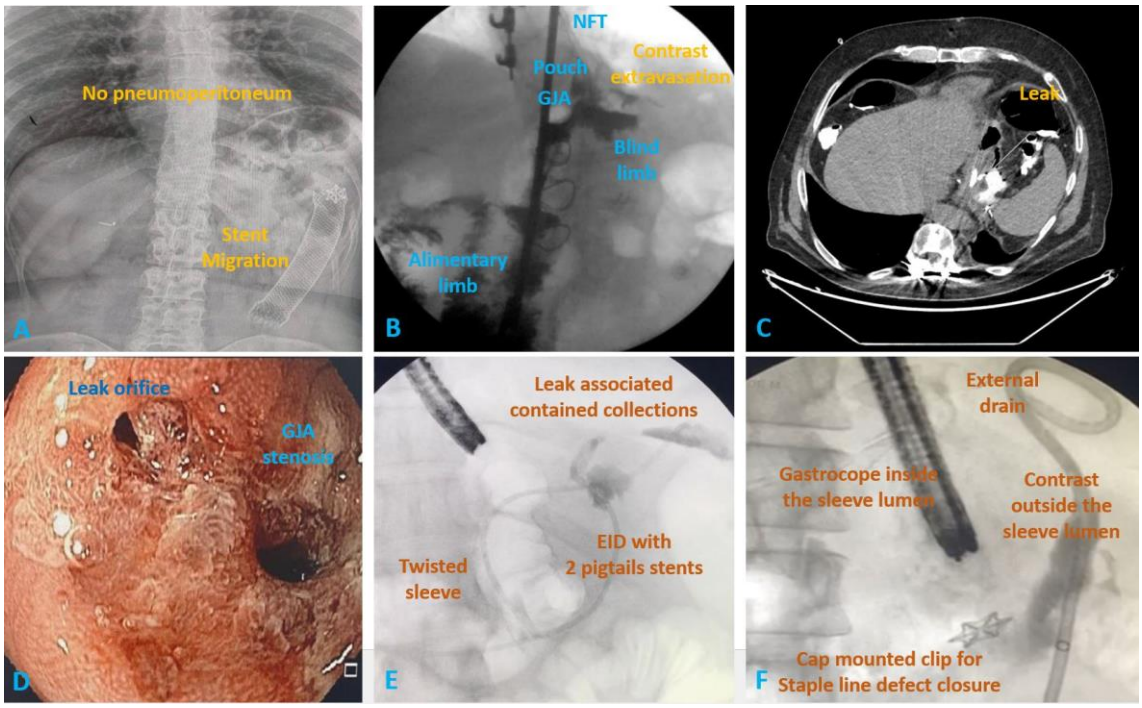
3)Among the diagnostic methods in the Diagnosis paragraph, it is appropriate to include more clarifications regarding upper or lower RX GI series and CT. What contrast media are commonly used? Should Gastrografin be used or not? Please, specify it. You will find these informations also in the article mentioned above.

Thank you for your comment. We did follow your suggestion again as you can check on the revised manuscript.

Figures: images are of good quality. -If you have ones, could you insert RX GI series or CT images?

We do have several pictures and following one more of your great suggestions, we added several pictures (See figure 3).

Figure 3. Imaging exams for diagnosis of leaks and fistulas after bariatric surgery



Legend: A. Abdominal radiograph showing an esophageal fully covered metal stent fixed with a cap mounted clip at its proximal edge used for the treatment of a GJA leak after RYGB migrated to distal jejunum with no signs of pneuperitoneum; B. Upper GI transit for suspicious leak after RYGB showing contrast extravasation; C. CT scan confirming the GJA leak suspected in the upper GI series (figure 3B); D. Endoscopic visualization of a GJA stenosis associated with a leak; E. Fluoroscopy image during EGD with injection of water soluble contrast through a catheter showing two leaks in the sleeve staple line with associated collections treated with EID with pigtail stents; F. Fluoroscopy image during EGD with injection of water soluble contrast through the external drain showing no extravasation for the intraluminal compartment, confirming the clinical success of the cap mounted clip in this case of a leak at the distal sleeve staple line.

Reviewer #2:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: This is an interesting summary reviewing the basic principles and recommendations of endoscopic managements for post-bariatric surgical leaks and fistulas. A detail analysis has been given in the manuscript.

Thank you for your comment. Based on the suggestions of other reviewers, we improved the quality of this review and also included more interesting pictures.

Reviewer #3:
Scientific Quality: Grade E (Do not publish)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: This review is trying to summarize the current advances in endoscopic management of post bariatric surgery surgical leaks and fistulas.

Thank you for your comments. We hope we can rectify your concerns with the answers below. Additionally, we did consider your comments in the revised version of the manuscript as we did with the other reviewers. We are positive that the revised version of our manuscript is greatly improved and appreciate your comments.

However, the Title doesn't reflect the true subject of the manuscript, which describes various ways of management of generally post-operative fistulas and leaks. Ultimately, the Title question is only answered between pages 31-34.

Thank you for your comment. The focus of this review is the endoscopic management of post bariatric surgical leaks and fistulas as stated in the title. We agree that most therapies used for the management of post bariatric surgical leaks and fistulas are also used for other post-surgical procedures complications. However, the pathophysiology of these defects differs in most

cases. For this reason, we begin our review with a discussion about definitions, causes, prevention, classification, diagnosis, and basic principles of treatment of post-bariatric surgical leaks and fistulas. We are positive that if an endoscopist does not understand the causes of the leak/fistula, it will be very hard to achieve clinical success for these challenging conditions.

In this narrative review The scientific method used to collect the data and write the review, was not mentioned in the manuscript and there is no flow diagram as per PRISMA guidance.

Thank you for your comment. We did include in the revised manuscript "narrative review" and not only the word "review". As this is a narrative review and not a systematic review, PRISMA guidance is not recommended. Please check this reference: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, Shamseer L, Tetzlaff JM, Akl EA, Brennan SE, Chou R, Glanville J, Grimshaw JM, Hróbjartsson A, Lalu MM, Li T, Loder EW, Mayo-Wilson E, McDonald S, McGuinness LA, Stewart LA, Thomas J, Tricco AC, Welch VA, Whiting P, Moher D. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021 Mar 29;372:n71. doi: 10.1136/bmj.n71. PMID: 33782057; PMCID: PMC8005924.

The manuscript lacks proper structure and the Introduction is very long, analyzing in depth the diagnosis, classification, epidemiology, definition of post bariatric leaks/fistulas, extensive summary of endoscopic techniques, which is not required.

Thank you for your comment. As we reported on the answer above, understanding of the pathophysiology is required to choose the best treatment modality for each patient. Additionally, before treating any patient, accurate diagnosis is needed. We feel strongly that a thorough review of the background physiology is critical to any discussion of fistula/leak treatment.

Regarding the summary of endoscopic techniques, before any intervention, it is imperative to understand pathophysiology in order to troubleshoot when treatment does not go according to plan. This is a common outcome in treatment of fistulas and we feel that a thorough review is justified to improve decision making during the management of leaks and fistulas post-bariatric surgery.

The discussion on the other hand is not accurate , not highlighting the paper's key points in a concise and logical way, without stating the findings clearly. In addition, is too short and lacks any references.

Thank you for your comment. Given the format of this article as in-depth narrative review we used the discussion to summarize only the most important information to avoid redundancy. All references are cited in the manuscript before the discussion section. Tables 1 to 4 also includes the key points in an easy and logical format.

The 'authors experience' mentioned on the tables is not linked to any reference.

Thank you for your suggestion. We did not include references in the table as several references from our group are included in this manuscript and can be found in the reference list. Additionally, all figures included in this review belongs to the authors.

The original mark up and comments from the authors were not removed from the manuscript that was sent for peer-review and are still visible. I think that in this format, this review should be rejected.

We are very sorry. Unfortunately, our fellow did not remove the marked changes when he moved figures and tables to the end of the document. We have corrected it now. Again we are sorry for the inconvenience

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend:.

Roberto P Trasolini is a native English speaker from Canada with a graduate degree in medical science and extensive publishing and review experience. He is a practicing gastroenterologist and is the current advanced bariatric fellow at Brigham and Women´s Hospital – Harvard Medical School in Boston, MA, USA. He revised this manuscript for clarity, word choice and grammatical correctness.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) **Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title. → **OK.**

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words. → **OK.**

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*). → **OK.**

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words. → **OK.**

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*) → **OK.**

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*) → **OK.**

(7) **Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*) → **OK.**

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound. → **OK.**

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound. → **OK.**

6 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:

The manuscript has been peer-reviewed, and it' s ready for the first decision.
Language Quality: Grade B (Minor language polishing)
Scientific Quality: Grade C (Good) → **OK.**

(2) Company editor-in-chief: → **OK.**

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage

returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. 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. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.