

August 12, 2018

Ying Dou
SCIENCE EDITOR, EDITORIAL OFFICE
WORLD JOURNAL OF DIABETES

RE: Revision of Editorial

CURRENT AND FUTURE IMPACT OF CLINICAL GASTROINTESTINAL
RESEARCH ON PATIENT CARE IN DIABETES MELLITUS

Invited Manuscript NO: 00058696

Manuscript No.: 41092

To the Editor:

We have completed revision of the above Editorial. The corrections are shown in the revised manuscript as red text.

Our responses to the two reviewers are summarized in the following page.

REVIEWER 1:

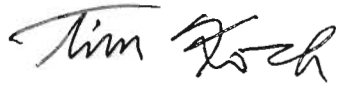
- 1) Suggests presentation of a more balanced view of the benefits and results of endoscopic and surgical procedures. This editorial is based on the potential benefit of weight loss for the treatment of obese individuals with diabetes mellitus.
 - i. We have added five additional references to our revised manuscripts describing the use of endoscopic methods for the treatment of diabetes mellitus in obese individuals. Our conclusion has not changed in that it is our Editorial Opinion that further studies are needed prior to the widespread application of endoscopic techniques to this patient population. Our opinion is supported by the available literature and by the three recent warnings from the US Food and Drug Administration with regards to the use of intragastric balloons (devices that were first approved by the US FDA 33 years ago).
 - ii. We have added to Table 2 and to Table 3 descriptions of the types of research studies for the summarized results from surgical bariatric procedures. We believe that this tabulated information will provide readers with an overview of the balance of information that has been used to produce this Editorial Opinion. Our conclusion has not changed; there is a population of individuals with obesity and diabetes mellitus in whom present bariatric surgical procedures are not effective; therefore, development of newer therapeutic bariatric procedures remains a major clinical research goal.
- 2) Suggests that the role of gastric control is probably limited to a portion of cases of gastroparesis, that GLP-1 receptor agonists are effective independent of diabetes, and that their effects in obesity do not necessarily correlate with metabolic effects. These three issues are addressed by the addition of a specific new section in this Editorial and five additional references have been added to support our newly provided opinions.

REVIEWER 2:

Suggested that the words "world-side" be changed to "worldwide"; these 2 changes have been made.

Thank you for your consideration of publication of our Editorial.

Very truly yours,

A handwritten signature in black ink that reads "Tim Koch". The signature is written in a cursive, flowing style with a large initial "T" and a stylized "K".

Timothy R. Koch, M.D.

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