

Response to reviewers' comments:

1. The authors provided limited baseline variables and should include more information on other demographic and anthropometric characteristics, such as ethnicity, comorbid illness. These data are important to better understand the study population and to assess generalizability of the findings.

We thank you for this comment. We agree that this manuscript would be enhanced by greater detail about the cohort. To that end, we have provided the distribution of the most common comorbidities we encounter in our patients prior to their ESG.

Regrettably, we do not have ethnicity data available, but we hope that the comorbidity distribution provides a greater context for this cohort of adults with class III obesity undergoing ESG.

2. The authors focused solely on changes in weight in the efficiency outcomes analysis and did not report on other important outcomes such as changes in blood pressure, blood glucose, lipid levels, HbA1C, liver function, and fatty liver. These outcomes are critical in evaluating the overall health impact of ESG and should be included in the manuscript.

Thank you for this comment. While the primary focus of this study was weight loss in the context of therapy for primary obesity, we realize comorbidity data is especially relevant in the care of patients affected by obesity, particularly in those with class III obesity, where comorbidities are more common. We have provided updates results that document the improvement in the three most common comorbidities we encounter in our patients at baseline based on *a priori* definitions that were excluded from the original manuscript submission to maximize brevity and clarity. We agree that this addition improves the message of the manuscript and provides greater information for the readership on the clinical capabilities of ESG as a weight loss tool.

3. It would be better if the improvement of metabolic parameters such as plasma glucose, lipid and uric acid in this cohort could be supplemented at baseline and each follow-up time point.

Thank you for this comment. We agree. While baseline lab values were obtained in some patients, these largely did not include obesity-related parameters and were instead focused on basic metabolic panels and blood cell counts as part of a pre-procedural evaluation. Therefore, we do not have access to a representative sample of these comorbidity-relevant values at baseline, and very few patients obtained follow up labs, as this was not routine in our clinical practice following ESG. Improvement in metabolic parameters will be a critical feature of prospective analysis of ESG as this therapy continues to evolve and see wider clinical adoption. We have, however, been able to amend this manuscript with baseline distribution of three common comorbidities (hypertension, type II diabetes, and hyperlipidemia), as well as

improvement in these conditions based on *a priori* definitions—data that had been deliberately excluded from the original manuscript submission for brevity and clarity of weight loss message. We hope that this addition provides a greater sense for your readership of the clinical value of ESG in patients with class III obesity.