April 9, 2015

Dear, Prof. Jing Yu

Please find enclosed our edited manuscript in Word format (file name: ESPS Manuscript No.: 16424-review.doc).

Title: Japanese apricot improves symptoms of gastrointestinal dysmotility associated with gastroesophageal reflux disease

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript No.: 16424

The manuscript has been improved according to the suggestions of the reviewers:
1 The format has been updated
2 Revisions have been made according to the suggestions of the reviewer

The following are our responses to the reviewers' comments

Reviewer 03259215

1. **In abstract the last statement in results is vague and needs clarification.**

   Thank you for your advice. We have rewritten the sentences in the results section of the abstract, on page 3, lines 16-24 and page 4, lines 1-3.

2. **It has been suggested in the paper that the increased number of GERD patients in Japan has increased due to decrease in prevalence in H pylori. This association between GERD and HP is controversial.**

   Following the reviewer's comment, we have rewritten a part of the Discussion, on page 13, lines 18 to 24 and page, 14 line 1.

3. **It has been suggested that better gastric motility results from intake of JA. It will be more reasonable to say motility related symptoms since we do not have a formal motility study.**

Following the reviewer's comment, we changed this terminology in the Conclusion section of the Abstract, Core tip and Discussion, on page 4, line 4 and line 18, page 13, line 18 and line 24, and page 14, line 1.

4. **Page 12 mentions the anti H pylori effect of JA can worsen acid reflux symptoms. The effect of h pylori suppression/ eradication on GERD is not well established. Tan J, Wang Y, Sun X, Cui W, Ge J, Lin L. The Effect of Helicobacter pylori Eradication Therapy on the Development of Gastroesophageal Reflux Disease. Am J Med Sci. 2015 Mar 10. [Epub ahead of print] PubMed PMID: 25767896.**

   We have changed this description according to the reviewer's comment, on page 12, lines 12-14. We have also included this reference (#23) in the manuscript.

5. **Overall the whole study population had very low FSSG, most patients with score <8 hence the number of subjects suffering from GERD is quite low.**

   We agree with the reviewer's comment. Unfortunately, we could not find many patients with a score of >8 in this study. We have already mentioned this as a final limitation in the Discussion, on page 13, lines 14-17.

6. **It will also be interesting to note the prevalence of diabetes in these patients since it may be responsible in dysmotility like symptoms in elderly.**

   We agree with the reviewer's comment. We investigated the prevalence of diabetes in some of our patients, but found no significant correlation with dysmotility-like symptoms. We mentioned this as the fourth limitation in the Discussion, on page 13, lines 10-14.

7. **Some grammatical corrections in the abstract are also required.**

   Thank you very much for your advice. We have rewritten the abstract and it was checked by a professional English language editing company. We have attached the language certificate.

Reviewed by 03252748

1. **This is an interesting manuscript reporting the effect of JA on upper gastrointestinal symptoms using a validated questionnaire. This is a well-written paper, limited by absence of objective measurement of GERD, limitations already reported by the Authors. Discussion is complete and the limitations of the study have been fully highlighted.**

Thank you very much for these favorable comments.

2. **Prospective studies are needed to assess the role of JA in the management of GERD and functional hp negative dyspepsia.**

   We agree with the reviewer's comment. A prospective study to assess the role of JA in the management of GERD is required in the future.

Reviewed by 03260126

1. **In this report, the evaluation of the dysmotility is evaluated only in FSSG. However, because FSSG is a symptom-based questionnaire, it is overstatement that dysmotility is caused only by a result of FSSG.**

   As the reviewer mentioned, we evaluated dysmotility symptoms using only the FSSG. We have already addressed this issue in our response to reviewer ***03259215.***

Reviwered by editor

1. **It's too short. Please add it to 140 words. Thank you! (Method in Abstract)**

   We have rewritten the Methods section of the Abstract on page 3, lines 4-15.

2. **Results: (no less than 150 words): Observational and experimental results, including data, effects and outcomes, should be presented. You should present *P* values where appropriate. You must provide relevant data to illustrate how the statistical values were obtained, e.g. 6.92 ± 3.86 *vs* 3.61 ± 1.67, *P* < 0.001. Articles not meeting this requirement will not be accepted. (Results in Abstract)**

   We have rewritten the Results section of the Abstract on page 3, lines 16-24 and page 4, lines 1-3.

3. **Audio Core Tip: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications: Acceptable file formats: .mp3, .wav, or .aiff Maximum file size: 10 MB To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS. (Core Tip)**

   We have included an audio file of the Core Tip in the revised version of the manuscript.

4. **At least 30 references should be included, covering important publications cited in PubMed within the past 4 years. For seminal references, however, the publication date is not strictly limited.**

   We have added to and rewritten the references. These were included on pages 14-19.

5. **Tables shouldn't be images, but as word or excel format so that I can edit them easily. Thank you! (Table)**

   We have already attached the Table in the excel format. Just to make sure, we have attached the Excel file once again. Furthermore, we have revised the right position of the line at the bottom of two of the three columns in Table 5.

6. **Ethics approval: Informed consent: Biostatistics: Conflict-of-interest: Data sharing: COMMENTS (*Background*, *Research frontiers*, *Innovations and breakthroughs*, *Applications* , *Terminology*, *Peer review*)**

   We have added the necessary information according to the editor's comments.

3 References and typesetting were corrected

Thank you again for considering our manuscript for publication in *Gastrointestinal Endoscopy*.

Sincerely yours,

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