

Response Letter to Reviewer's Comments

Reviewer Code: **Reviewer's code:** 01559576

In response to the reviewer's comments, we have revised the preoperative findings section to better encompass preoperative findings that contribute to decision making of surgical therapy. For example, we discuss in the upper endoscopy sections, high-grade dysplasia or esophageal cancer is noted on endoscopy, the surgeon cannot perform anti-reflux surgery. If, however, low-grade dysplasia or intestinal metaplasia is noted, the surgeon should proceed with the procedure as studies have shown resolution and regression to cardiac mucosa. In the pH monitoring section, we discuss the DeMeester score, which all clinicians should be familiar with. In the barium swallow section, we discuss the importance of the surgeon detecting a hiatal hernia on barium swallow, as the hernia will need to be repaired intraoperatively.

Furthermore, we have added a table to discuss the advantages and disadvantages of the different fundoplications as suggested by the reviewer.

In regards to robotic surgery, we believe robotic surgery to be an important and feasible platform for GERD surgical management. It is now used world-wide and is quite important in the discussion of surgical decision making.

In reference to endoscopic therapy in treating GERD, we have removed that section as suggested by the reviewer.