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Editorial Board  
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RE: 29706 - "The Role of Gastroesophageal Reflux Disease in Lung Transplantation"

Dear Editors,

We appreciate the valuable feedback and comments from the editorial staff and reviewers. We have incorporated your suggestions into a revised manuscript for your evaluation. We believe that this process has allowed us to improve the quality of our review. A point-to-point summary of the changes is included below.

Reviewer 1:

*Dear authors, Thank you for your interesting and well done manuscript. I have found a really good summary of the latest achievement about the GERD disease and its consequences in lung transplanted patients. My only suggestion is to describe which is the antireflux surgery both endoscopic both open surgery. Good job!*

- Thank you for the supportive comments. We have addressed this response with the addendum of a table to summarize our references detailing surgical antireflux treatments and their impact on transplant outcomes (Table 3).

Reviewer 2:

*The Boston team presents a review on GERD and lung transplant. The manuscript is very comprehensive and interesting. I have only 2 to comments to improve readability and to correct some misplaced data.*

1) *I would add tables and figures summarizing data since the manuscript is too long.*

- We have added tables to summarize important references regarding the impact of surgical and medical antireflux treatments and transplant outcomes, as well as the effects of GERD on transplant outcomes.

2) *The paragraph on high resolution manometry as diagnostic for GERD must be removed.*

- We agree that high resolution manometry (HREM) is not part of the diagnostic protocol for GERD. However, we maintain that it may be a useful tool in the assessment of lung transplant candidates. We have provided clarification of this point by deleting mention of HREM as a tool to characterize reflux (page 10), and specified that HREM may be useful in the diagnosis of secondary reflux (page 12).

“Although not specifically for reflux assessment, use of high resolution esophageal manometry (HREM) is also growing in the transplant population. Practically, HREM may help identify the lower esophageal sphincter to guide proper placement of the pH catheter. Additionally, esophageal motility disorders may present primarily with GERD symptoms and can impact GERD severity, including connective tissue diseases, so HREM may be helpful in the diagnosis of secondary reflux.”

Thank you very much for the constructive comments. We feel that these suggestions have improved our review and we look forward to hearing from you soon.

Sincerely,  
Walter Chan