

We thank the Editor in Chief, Co-Editors and Reviewers for receiving our manuscript and their valuable input. Herein, we present a point-by-point reply to the Editorial Team and Reviewers.

Reviewer: 1

Comment No.1: *“The authors have done an excellent and exhaustive review on the endoscopic anti-reflux therapy. The endoscopic modalities have been well described and supported by robust evidences available in the literature. Although the scope of such endoscopic approaches are limited while treating gastro esophageal reflux disease [GERD]; especially in the era of PPIs; yet the authors have well illustrated the special situations where such therapies can be tried. Careful patient selection and awareness of the advantages and disadvantages of each endoscopic technique are essential to optimize outcomes. The future directions have also been described the authors. “*

Response: We thank the Reviewer for the valuable comments and the feedback.

Comment No.2: *“Can the authors describe the learning curve of the endoscopist for each of the procedures, and what are the financial implications, when compared to the surgical alternatives.”*

Response: The learning curve of anti-reflux endoscopic therapies has not been well-described. Besides, scientific societies have not published curricula documents to guide training. We agree with the Reviewer that this point deserves research in the future. We have included a comment in the subsection “Future direction” about the learning curve.

Regarding the financial implications, we agree that cost-effectiveness data is of great importance. Endoscopic therapies seem cost-effective (doi: 10.1016/j.surg.2014.05.027), but we need more comparative data with PPI and surgery. We have included a reference and comment in the subsection “Future direction”.

Comment No.3: **“Is there a role of artificial intelligence in the future ?”**

Response: We believe that Artificial intelligence through knowledge-based clinical decision support systems could be of help in the future for improving patient selection. This type of AI has proven to be useful in complex decision-making processes. We have included a comment in the subsection “Future direction”.

Science editor

Based on the review of the science editor we have made the following changes:

1. Followed the suggestions of the Reviewer.
2. Type of manuscript. Our manuscript was classified as a mini-review. We agree with the Science editor that our manuscript can be catalogued as a narrative review. We received an invitation to submit the manuscript the 25/01/2021 (Number ID: 05122037).
3. No changes were made to tables.
4. References: We have added a reference (doi: 10.1016/j.surg.2014.05.027) regarding cost-effectiveness of anti-reflux endoscopic therapies. Also, we have updated the format of the reference list based on the suggestions of the automatic editor platform.
5. Language quality: We provide a language certificate issued by Kevin Clayton, PhD that proved the manuscript reached publication grade A.
6. We have included a COI disclosure form and authors 'contribution section.
7. We have modified the keywords based on the suggestions of the Science editor.
8. The science editor suggested providing an illustration of the endoscopic procedures. We are sorry to inform you that we do not have copyright-free images nor the graphical expertise and financial support to produce high-quality graphics.
9. As suggested by the science editor, we have modified the following sentence in the introduction: "Many other factors also favor GERD **development**, including tobacco and certain drugs, such as calcium blockers and tricyclic antidepressants" to "Many other factors also favor GERD **exacerbation**, including tobacco and certain drugs, such as calcium blockers and tricyclic antidepressants".