POINT-BY-POINT RESPONSES

Reviewer #1: I've reviev a well written manuscript with clear and practical messages regarding most important questions for GERD. I would recommend for Question 2 clarify why erosions grade A can be present in 5-8% of healthy subjects. Esophageal lesions could not be attributed as normal. But erosions are not always related with GER, in some cases it is presentation of drug related conditions or infection. For Q4. I would not agree that hiatal hernia must be corrected surgically in all cases. What about HH 2 cm, for example? Q7: Could you please explain the abbreviations MNBI and PSPW?

R: Thank you for raising this important point. We have now specified for Q2 that erosions are not specific for GERD as they can be also linked to drugs and infections.

For Q4, we have tuned a bit down our recommendation, and we now state that, if patients undergo laparoscopic fundoplication, then hiatal hernia should be corrected during fundoplication when technically feasible.

For Q7, we have now clarified PSPW index and MNBI as follows. "The post-reflux swallow-induced peristaltic waves (PSPW) index is the ratio between reflux episodes timely followed by a swallow event, and all the reflux episodes; this measure assesses esophageal chemical clearance due to the esophago-salivary reflex and has been shown to be impaired in GERD. The mean nocturnal basal impedance (MNBI) is the mean baseline impedance value in three 10-minute periods from the most distal impedance channel during nighttime recumbent period; this measure assesses the integrity of esophageal mucosa and is reduced by the chronic inflammation due to GERD".

Reviewer #2: I recommend adding questions about other drug therapies for PPI-refractory cases. You should mention prokinetics and the new drug such as potassium-competitive acid blocker (vonoprazan).

R: Thank you for raising this interesting point. We have now added two questions regarding prokinetics and P-CABs (n. 11 and n. 12).

Reviewer #3: Thanks for the invitation.The main viewpoints and contents of this paper are clear and have evidence to follow. Question 3.'Nevertheless, it should be noted that

erosive esophagitis is mostly healed by PPI therapy, therefore PPIs should be stopped at least 2 weeks before endoscopy. 'It is recommended to provide references.

R: Thank you for your comment. We have now provided the reference of the American College of Gastroenterologists' guidelines on GERD for that sentence.

Reviewer #4: Thank you for the opportunity to review this manuscript. The authors answer, in the form of a review of evidence-based medicine some difficult questions pertaining to the management of gastro-esophageal reflux disease (GERD). The paper is well-written and seems scientifically sound. My only comments are: 1. How were these questions selected? Did you survey someone? Do general practitioners ask you these questions frequently? It is unclear to me. 2. I think the manuscript is more suitable for early career gastroenterology or internal medicine physicians, e.g., residents. The questions seem too complex for family physicians or general practitioners. 3. The references are not formatted according to the style of the journal. All in all, the paper is well-written and suitable for publication following minor revisions.

R: Thank you for your comments. 1) Questions were selected after collegial discussion between the Authors, also taking into account the most debated issues with general practitioners and non-dedicated gastroenterologists. We have now specified this in the Introduction. 2) This point is right, however in open-access health systems to diagnostic invasive procedures as in Italy, the indication to EGD is frequently posed by GPs, for instance. Therefore, we believe that this paper might be of interest also to practitioners, even though we agree with you that early-career gastroenterologists may benefit the most. 3) We have now formatted references.