

September 13, 2015

ID: 00008909

Lian-Sheng Ma, President and Company Editor-in-Chief
World Journal of Gastroenterology

Dear Dr. Ma

With this letter, we acknowledge the review and interest in considering the revision of our manuscript: **Impact of obesity treatment on gastroesophageal reflux disease (GERD)**. We sincerely thank the reviewers for their careful assessment and we have responded point-to-point to all of the issues raised. In doing so we believe that the review of this important topic has been strengthened.

Reviewer 1 (00058872)

1. NAFLD is strictly linked to obesity. What about non-alcoholic fatty liver disease as a new criterion to define metabolic syndrome? World J Gastroenterol. 2013 Jun 14;19(22):3375-84. Recent data show that the prevalence of GERD typical symptoms is higher in patients with NAFLD. GERD was associated with higher BMI and MetS, suggesting NAFLD as an independent risk factor for GERD symptoms. Dig Dis Sci. 2014 Aug;59(8):1939-45. Nonalcoholic fatty liver disease increases risk for gastroesophageal reflux symptoms. Authors need to deeply comment on the afore mentioned aspect, quoting these appropriate references to give readers a wider view of the topic.

We agree with the reviewer that the potential mechanisms behind the risk of GERD in NAFLD, independent of obesity, are very intriguing. We have now included a discussion of this on page 7 paragraph 4.

Reviewer 2 (00060494)

1. The hormone effects on increasing GERD mechanism showed confused in this review. I means that Leptin and adiponectin have been shown to implicate in the relationship with GERD symptoms were just due to obesity but not due to increased leptin and decreased adiponectin levels.

We thank the reviewer for the thoughtful comment. The direct effect of adipokines on GERD development, independent of BMI, is still being studied and we look forward those findings.

2. In clinical setting, Medical treatment was still the main method for GERD treatment in obese patients. Many studies showed the less medications (antacids, H2RAs and PPIs) responsive to GERD in obese patients. However, is there any data supply to illustrate which kind of medication is more effective than others for GERD treatment in obese patients?

The reviewer raises an excellent question that we too considered. Of the available medical treatment options for GERD, no study has elucidated a specific benefit of one therapy in the obese population.

Reviewer 3 (00058269)

1. Interesting and full review of GERD in obese patients. I recommended to add a mini bypass/omega loop bypass in surgical options of treatment of obesity. According to last studies there is low evidence of GERD following this type of bypass

We thank the reviewer for the suggestion. A recent article reviewing the risk of de novo GERD after the omega-loop gastric bypass has now been mentioned.

Sincerely,

A handwritten signature in black ink that reads "Fritz Francois". The signature is written in a cursive style with a long, sweeping underline that extends across the width of the name.

Fritz Francois, MD, MSc, FACP