

January 28, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript 7625-review.doc).

Title: Laparoscopic fundoplication for gastroesophageal reflux disease

Authors: Marzio Frazzoni, Micaela Piccoli, Rita Conigliaro, Leonardo Frazzoni, Gianluigi Melotti

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7625

The manuscript has been modified as requested (**red fonts**):

1 Format has been updated

2 Answers to the reviewers

✓ Reviewer 00058328

Thank you very much for your comments and suggestion. After reflections on the title, we decided to maintain the original one. We think that a brief title raises more interest in the readers.

✓ Reviewer 02823708

Thank you very much for your comments. Two surgeons contributed to our review and our daily clinical and scientific activity is based on a strict cooperation between gastroenterologists and surgeons. One half of studies cited in our review are from surgeons. We have highlighted the discrepancies between the most recent and authoritative guidelines from AGA, SAGES, and ACG in Table 1. PPIs have been available for commercial use for nearly 25 years and have been used by million people: side-effects have been reported in small uncontrolled retrospective case series and in case reports. Maintenance doses are approved by many regulatory agencies and fundoplication should not be advised to GERD patients simply for PPI-dependency, because the risk-benefit ratio must take into account the risks of surgery. We have addressed this issue in the first paragraph in the "PPI-responsive typical GERD" chapter and have reported side-effects and complications from PPI usage in Table 2.

✓ Reviewer 02546910

Thank you very much for your comments.

- Data concerning evaluation of long-term outcome after laparoscopic fundoplication have been reported (Surgical Management - Second paragraph)
- There is a general lack of studies validating reflux questionnaires measuring heartburn and regurgitation in response to surgical treatment. Impedance-pH monitoring represents the best test not only to diagnose refractory GERD but also to assess the results of laparoscopic fundoplication. We have addressed this issue in the PPI-refractory typical GERD chapter, second paragraph.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Marzio Frazzoni', with a long horizontal stroke extending to the right.

Marzio Frazzoni, MD

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