

## **COMMENTS OF REFEREE n 1**

The good point of this manuscript would be WJG level. However, as spelled out in my review, issues must be

addressed. There are a variety of issues that must be raised about this manuscript which include serious concerns about the purpose.

Critique: 1. Drawback in this manuscript is the comments from the authors are less.

According to the references, it seems the

authors are the first runner in this field. It would be very helpful if the authors give some trick for the beginners who are trying to use

the devices in the near future. 2. Figures are not acceptable. ? It seems the figures (especially Figure2) the authors provided are from company.

If so, the authors need to provide some comments or references in the body of the manuscript or figure legends. ?

The explanations in the figure 1 are difficult to see. I could not follow the word seven if I enlarged it. The authors need to figure it out. ?

Figure3 C: the gastro-esophageal valve immediately after the EsophyX procedure;

What does it mean? It meant "the gastro-esophageal valve:

immediately after the EsophyX procedure? ? Figures 3,6,7 are the authors' cases? ?

Figure 8. A figure would have a descriptive title that would be short

sentences in length; however, it is too long. 3. Tables. How did the authors identify the manuscripts? What were the criteria to select the manuscripts?

For, ex manuscripts were identified by searching PubMed and Google Scholar databases using the key words,,,,,

## **RESPONSE**

Critique 1.

Comments on the personal experience and potential tricks adopted by Authors were already inserted in the text; however they have been better outlined, as requested.

Critique 2.

Figures and tables have been modified according to suggestions. Permission for publication of images has been obtained from companies. An additional figure of the new generation EsophyX device has been added (Figure 1 b).

Critique 3.

Sources of references evaluated for the review in the manuscript have been reported in the Introduction section.

## **COMMENTS OF REFEREE n 2**

Dear Sir, It seems that you have been doing a great job with these techniques, however, there seems to be just a brief sentences related to the pre-procedure analysis, can you really do these techniques to patients with grade C or D esophagitis? Or, to patients with extraesophageal disease or with other concomitant diseases like COPD? You suggest that the procedure is almost with no major complications, however you just made a small mention that you had a 11.6% of major complications, without mentioning well them and the outcome of them.

And the outcome of the procedure seems quite confusing as you mention a success of 97%, eliminating the use of PPI in 75-93%, while "TIF was more effective than PPI in eliminating GERD symptoms (67% vs 45%).... 67% is much lower outcome. And one problem of the analysis is that there seems that there are not a good way to have a real comparative protocol with a sham procedure. But also, you do not mention well if the follow up of all the patients were in the 100% of them, or what was the percentage lost? Hope really to hear from you soon.... Sincerely

## **RESPONSE**

Critique 1.

It has been clarified in the Conclusion section that most of the available studies did not include patients with grade C – D esophagitis or extraesophageal disease. Current indications for the TIF have been modified, too.

Critique 2.

Complications of the MUSE technique have been re-evaluated, identifying the true major complications, which have been detailed, as requested

Critique 3.

Data regarding outcomes rates have been revised and some mistake has been corrected. Success rates differ depending on the type of study considered: results reported in observational studies are different from those of the randomized ones, because outcomes are different.

A brief comment regarding the different outcomes reported in the two randomized studies with EsophyX has been inserted in the text, too.

Critique 4.

Numbers of patients followed-up over time in our series have been reported in the figure 8 and in the text.

**COMMENTS OF REFEREE n 3**

This is a very good review regarding this new interesting issue and can be publish in the current format.

**RESPONSE**

There are no comments about the article, from this referee.