Author's response to reviews

Title: Long-term outcomes of patients with refractory gastroesophageal reflux disease following a minimally invasive endoscopic procedure: a prospective observational study

Authors:

Weitao Liang (liang-weitao@hotmail.com)  
Jimin Wu (drwujimin@qq.com)  
Feng Wang (Wfeng0607@126.com)  
Jianjun Liu (ljj_liu7599@sina.com)  
Yue Yang (418959788@qq.com)  
Zhiwei Hu (higherife@163.com)  
Zhonggao Wang (zhonggaowang@hotmail.com)  
Guangchang Zhu (zhuguangchang878@sohu.com)  
Chao Zhang (ghostzhang35@qq.com)

Version: 3  
Date: 5 March 2014

Author's response to reviews: see over
Dear Editor-in-Chief,

I am hereby submitting a manuscript entitled “Long-term outcomes of patients with refractory gastroesophageal reflux disease following a minimally invasive endoscopic procedure: a prospective observational study” as a research article for your consideration of publication in *BMC Surgery*.

Gastroesophageal reflux disease (GERD) is the most common digestive disease, affecting one third of the world’s population. The minimally invasive endoscopic Stretta procedure is being increasingly used as an alternative strategy to manage medication-refractory GERD. However, long-term benefits of this procedure have to be further evaluated in clinical settings. Through 5 year follow-up of 138 adult patients with medication-refractory GERD, we demonstrated in this observational study that the Stretta procedure significantly reduced the frequency and severity of the major GERD symptoms including heartburn, regurgitation, chest pain, cough and asthma, without significant adverse effects and complications. Close to 60% of patients achieved complete medication elimination after the Stretta procedure and more than 2/3 of patients were fully or partially satisfied with the treatment. For the first time, we performed a stratified analysis based on the presence of absence of extraesophageal manifestations in GERD patients and demonstrated that the Stretta procedure was equally effective in the control of GERD symptoms but not in the medication elimination in both extraesophageal and non-extraesophageal symptom groups. We believe that publication of these observations would narrow the evidence gap regarding the long-term benefits of the Stretta procedure for refractory GERD patients and will prompt more investigations into the differential effects of this procedure in patients with and without extraesophageal symptoms.

The data presented in this manuscript has been neither published elsewhere nor under consideration for publication elsewhere in part or as a whole. All authors have made substantial contributions to the study and have endorsed the data and conclusions. None of the authors has any commercial associations or sources of support that might pose a conflict of interest.

Thank you very much for your consideration of our work.

Yours sincerely,

Zhonggao Wang, MD
Department of Vascular Surgery
Capital Medical University-Affiliated Xuanwu Hospital
45 Changchun Street
Beijing 100053, China
Telephone: 86-10-6201-5718
Email: zhonggaowang@hotmail.com