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

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

Thank you very much for offering us an opportunity to revise our manuscript entitled “Long-term outcomes of patients with refractory gastroesophageal reflux disease following a minimally invasive endoscopic procedure: a prospective observational study”. We are also greatly grateful to you and the reviewers for their critical review of our work with constructive comments, based on which we have revised the manuscript. The changes made in the revised version of manuscript are highlighted in blue (insertions) and red with a strikethrough (deletions). Our point-by-point responses to the comments raised in the previous round of review are as follows.

**Editorial comments:**

*It's unique and interesting. If the paper is modified according to essential comments suggested by reviewers, it will be more suitable for publication.*

**Response:**

Additionally please include:
1) Please include all authors’ emails on the title page
2) Please use initials only in the ‘Authors contributions’ section.

**Response:** We very much appreciate this positive editorial comment. Email addresses for all authors have been added to the title page. The format at which the names of the authors are presented in the ‘Authors contributions’ section has been changed as advised.

**Reviewer 1:** Mark Noar

*Major Compulsory Revisions: None*

**Response:** We very much appreciate Dr. Noar’s in-principle acceptance of our work.

*Minor Essential Revisions:
1) Under the Methods-Outcome Assessment
   a) Kindly specify if the questionnaires were administered on or off meds.*

**Response:** The questionnaires were administered on medications. This has been clarified in the revised manuscript.

2) Under the Results section
   a) Please indicate if the patients who complained of abdominal distention
   1) How many of these patients had abdominal distention before the Stretta or immediately after the Stretta.

**Response:** None of the patients complained of obvious abdominal distention before Stretta. Some patients complained of abdominal distention immediately after the procedure. However, the postoperative abdominal distention was temporary and disappeared after one month in the majority of these patients and remained and worsened in 12 patients during the follow-up period. In these 12 patients, trimebutine maleate tablets in combination with lifestyle modifications moderately alleviated the symptom.
2] Were patients evaluated by gastric emptying scan to determine the cause of the symptoms either before, immediately after Stretta or at the end of the study?

Response: Gastric emptying scan would be helpful in determining the cause of the abdominal distention. Unfortunately, however, we did not perform this.

3] Is it possible to make a conclusion whether the abdominal distention was the result of the procedure or was pre-existing?

Response: It is likely that the abdominal distention is associated with the procedure. However, this needs to be further investigated.

4] Were there patients with abdominal distention before Stretta that improved? If so please include information.

Response: No patients reported pre-existing abdominal distention before Stretta.

Discretionary Revisions
With regard to references please consider following suggestions:

1] Introduction - last 3 lines
a) "meta-analysis studies [16-22]. However, mixed results have been obtained. [23]"

Response: A change has been made as suggested.

2] Discussion - 3rd paragraph
a) there is no reference for improvement in gastric emptying. The following is the reference you can use:

Response: This reference has been added as suggested.

b) consider adding additional documented mechanism of action of "deceased compliance of the LES", with the following reference

Responses: The original sentence “Alternatively, the Stretta procedure may increase the intragastric pressure needed to induce reflux and improve the gastric emptying [32-33]” has been modified as follows with a reference added: “Alternatively, the Stretta procedure may achieve its clinical benefits through increasing the intragastric pressure needed to induce reflux and improve the gastric emptying [32-34] and/or decreasing compliance of the gastro-esophageal junction [17]”.

Reviewer 2: Kevin Reavis
Reviewer's report:
The revised manuscript is ready for publication.

Response: We thank Dr. Kevin Reavis very much for his in-principle acceptance and publication recommendation of our work.
We hope that you and the reviewers will agree that all comments raised in the first round of review of our manuscript have been adequately addressed above and have been satisfactorily integrated into the revised manuscript.

Thank you very much again for your time and consideration. We look forward to your fully favorable decision.

Sincerely,

Ji-Min Wu