

## Peer Review File

Article information: <https://dx.doi.org/10.21037/dmr-21-54>

### Reviewer A

1. This is a nice review of the non surgical endoscopic procedures for reflux.

*We appreciate the comment.*

2. There are several grammatical errors throughout the paper I would recommend revising all these.

*Language was revised throughout the text.*

3. I think the study is very focused on the Nissen procedure and should consider if looking at this as the gold standard if other surgical procedures have poorer outcomes ie Toupet, Hill, Line

*The reviewer is correct to say that we were biased. Although most authors (including ourselves) consider Nissen as the ideal fundoplication, there is no high quality supportive evidence to show superiority over other types of fundoplication. We switched Nissen fundoplication to simply laparoscopic fundoplication.*

4. The authors need to better describe each procedure and complications.

*We opted to focus on motility changes after these procedures as there are plenty of other reviews on the techniques per se, outcomes and complications. As far as we know there are no narrative reviews on the motility showing results based on GERD pathophysiology. This was included in the introduction.*

### Reviewer B

1. The title should indicate that this is a narrative review.

*“Narrative Review” was included in the title.*

2. Abstract. The full name of GERD should be provided when it appears for the first time. This part is not informative. For the methods part, the authors should consider to describe the literature search strategies. In the part of results, there should be more

detailed results, which should not focus on one point only. The conclusion part should not only describe the limitation of current endoscopic therapy modalities. Please also have some suggestions on how to solve this issue and possible research directions in the future.

*GERD was full expelled.*

*Literature search strategies were added to methods.*

3. In the introduction part, the authors should clearly indicate why there is a need for this review topic. The second paragraph of this part seems to belong to the review findings. The authors should provide insights on the clinical significance of this review topic.

*We added to the introduction the following sentences to indicate the need for this review: “We opted to focus on motility changes after these procedures as there are plenty of other reviews on the techniques per se, outcomes and complications. As far as we now there are no narrative reviews on the motility showing results based on GERD pathophysiology.”*

*The second paragraph was rephrased.*

*Suggestions were added – please see suggestion 6*

4. In the part of methods, please specify the literature search strategies.

*Literature search strategies were added to methods.*

5. In the part of review, the authors may consider to have comments on the methodology quality of studies reviewed, because it would cause bias in the study findings.

*We added to the discussion:*

*“Most studies that we reviewed evaluate subjective outcomes, rarely through esophageal function tests. Also, the methodology quality of the studies is not always ideal. There are few prospective studies, no studies with a significant number of individuals and, curiously, most papers dealing with a specific technique comes from the same groups. There is scarce data on injectable agents and most were discontinued in the market due to complications. Mucosectomy and band ligation are new methods with few studies yet. Most data available comes from studies based on radiofrequency and endofundoplication”*

6. In the part of conclusions, as the authors have pointed out issues on this research topic, they may consider to provide suggestions on the solutions and research focuses in the future. This is important.

*Ideas for future research were added:*

*“Future technology must consider GERD pathophysiology. Endofundoplication seems to be the most promising endoscopic technique. The development of new images methods adapted to the endoscope may allow an endoscopic hiatal repair in the future. The current alternative of performing a laparoscopic hiatal repair combined to endofundoplication (44) seems like an illogic overindication of the endoscopic method.”*