

## Peer Review File

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### Reviewer A

The authors present a comprehensive review on Barrett's esophagus from diagnosis and treatment. The review is complete and well-written. There are; however, 2 points need further consideration.

1) Barrett's esophagus is one of GERD phenotypes that occur due to BILE reflux, while bile was not mentioned not only once in the review. This has important consequences: (1) antacid therapy is not effective as the authors showed in some parts of the manuscript, (2) this concept might terrorizes physicians and patients that believe that GERD causes cancer.

**Reply 1. We believe both acid and bile reflux contribute to Barrett's esophagus and have added a pathophysiological description of the role of bile on BE in the "Background on BE" section.**

2) The authors spent several paragraphs on Barrett's treatment options but almost negligible comments on antireflux surgery. Might better to have some inclusion considering antireflux surgery might improve the outcome.

**Reply 2. We have added additional information to the "Surgical Management" section, specifically including SAGES guidelines on anti-reflux surgery for BE.**

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### Reviewer B

In this review manuscript, the authors comprehensively summarized the current state of the management of Barrett's esophagus. They nicely included the latest information. I would like to request just two minor things.

1. Clearly define the term "endoscopic eradication therapy".

**Reply 1: the definition "the complete destruction and replacement of BE mucosa with neosquamous epithelium via endoscopic modality" has been added**

2. In the Conclusion section, include some original ideas of clinical studies to resolve controversial things.

**Reply 2: Some original ideas have been included to address the controversy of screening and surveillance in the conclusion.**

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