Peer Review File

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Reviewer A

This is a review of current endoscopic therapies for GERD, namely the transoral incisionless fundoplication and the Stretta procedures. The manuscript is well written. The authors describe the technical steps of each procedure and summarize the clinical outcomes using literature data. The focus of the discussion is on the referral patterns for endoscopic therapy and the current lack of insurance coverage.

Comment 1: I would suggest the authors to expand on the indications for these procedures and the use of objective testing of reflux for patient selection.

Reply 1: As directed, we have expanded on the indications/contraindications both in the individual procedure sections, as well as in the discussion portion. We also included discussion about pH testing.

Comment 2: Also, they should give the reader a perspective of the potential contraindications and limits of the endoscopic therapy, and discuss which patients should rather be treated with a laparoscopic antireflux procedure.

Reply 2: Contraindications have also been expanded upon, as discussed above. Situations where laparoscopic antireflux procedures are preferred have also been added.

Comment 3: The Stretta procedure should also be illustrated for better understanding of the technical steps.

Reply 3: We have included a diagram of the Stretta device for reference. If further illustrations would help then we will again reach out to the device manufacturer for more detail.

Reviewer B

Comment 1: It is true that the introduction of transoral technologies for the management of GERD represents an important contributions to the present and future treatment options. There are two major problems with the current level and quality of evidence for both TIF and Stretta. One is that still very few well conducted and adequately powered, randomized controlled clinical trials are available to comprehensively address the current and future place for these therapeutic alternatives. The second is that there are few countries where the reimbursement issue has been adequately addresses why e.g. the Stretta device (despite the decent scientific evidence) has been withdrawn from the market or is not available for clinical use. To partly compensate for the first issue there are quite a number of review articles and as the authors rightfully mention also metaanalyses (see e.g. Chang KJ, and Bell R,Transoral Incisionless Fundoplication. Gastrointest Endoscopy Clin N Am 30 (2020) 267–289, Bazerbachi F Krishnan, K Abu Dayyeh BK, Endoscopic GERD therapy: a primer for the transoral incisionless fundoplication procedure. Gastrointest Endosc 2019;90:370-83. Regarding the Stretta device the authors refer to recent corresponding reviews.
Hence the present manuscript might not add to the current state of knowledge…

Reply 1: Thank you for your insight. Our goal was to add to the literature and present our views of the benefits of endoscopic antireflux procedures, in the hopes that more education and awareness of the interventions will increase consideration of these procedures, and hopefully in turn, utilization of them.

Reviewer C

The authors present a very comprehensive review on endoscopic methods of treated severe reflux. I enjoyed reading the manuscript and have the following questions/comments:

Comment 1: It is not clear to me why ineffective esophageal motility is a contraindication to both TIF and Stretta. Please expand on this in the text.

Reply 1: This has been omitted in the text, we apologize for the confusion.

Comment 2: Line 24: "lack of ineffective motility" should probably read "lack of effective motility"

Reply 2: The language here from the reference was worded in a confusing way, but we did not want to alter how it was written. This point was from the referenced paper Testoni, Pier Alberto, et al. "Long-term efficacy of transoral incisionless fundoplication with Esophyx (Tif 2.0) and factors affecting outcomes in GERD patients followed for up to 6 years: a prospective single-center study." *Surgical endoscopy* 29.9 (2015): 2770-2780. This paper discussed that one of the factors predicting good outcomes in TIF was essentially normal motility, or as they worded it, "absence of ineffective esophageal motility."

Comment 3: The technique section on Stretta was pretty hard going. Could this section perhaps be broken into sub-headings to maintain reader interest? Could some artistic renditions be provided to show what the balloon looks like, etc?

Reply 3: Agreed, the block of text was broken up into sub sections. A visualization of the Stretta device has been added as well.

Comment 4: Figures 2 and 3 do not seem to match their description in the text. The legend for Figure 2 says it is a patulous hiatus but there appears to be a plication in situ.

Reply 4: Figure 2 is an endoscopic view of a patulous hiatus with Hill grade 2 prior to fundoplication just to illustrate the appearance of what the view should be, figure 4 is the same hiatus with the device engaged and plication in situ. Figure 3 is an engaged device model for demonstration purposes.

Comment 5: What does Figure 6 show - should an arrow be added to demonstrate what the authors want to demonstrate?

Reply 5: Figure 6 is now figure 8, it is a picture of a GE junction after the Stretta procedure. The figure is to show what the procedure should look like after completion.