

Supplemental **Table 1. Clinicopathologic classification of cervical heterotopic gastric mucosa proposed by von Rahden *et al* [7] and proposed management**

CHGM I	Asymptomatic individuals with esophageal CHGM- reassurance of the patient+ optional follow up
CHGM II without morphologic changes	Symptomatic individuals with esophageal CHGM (globus sensation, cough, hoarseness or "extraesophageal manifestations")- reassurance and explain to the patient possible implication such as esophageal hypersensitivity+ acid suppression, prokinetic+ select cases to exclude Helicobacter Pylori if persistence of symptoms+ endoscopic reevaluation in case of suspected complication of inlet patch□
CHGM III	Inlet patch complications- endoscopic therapy (e.g. dilatation, argon plasma coagulation, radiofrequency ablation)
CHGM IV	Dysplasia within the inlet patch- endoscopic management (EMR, ESD)+ surveillance
CHGM V	Invasive cancer within the inlet patch- interdisciplinary team decision (gastroenterologist- oncologist- surgeon)

CHGM: cervical heterotopic gastric mucosa

EMR: endoscopic mucosal resection

ESD: endoscopic submucosal dissection