**Supplemental Methods**

All adult participants (Age: 18-85 years) who were scheduled for a clinically indicated endoscopy with ambulatory pH monitoring using a Bravo pH probe (off anti-reflux medications for at least 7 days) were considered eligible. Exclusion criteria were: (1) Pre-existing or suspected BE (> 1cm of columnar mucosa in esophagus on endoscopy); (2) Oral anticoagulation precluding endoscopic biopsies; (3) Patients with known hypersensitivity to fluorescein sodium; (4) Nickel/metal allergies; (5) history of pacemaker implantation; (6) Patients scheduled for an MRI within 30 days after Bravo placement. Anthropometric measurements including height, weight, waist and hip circumferences were obtained using standard methods by a trained research coordinator. Central obesity was defined using the WHO standards as waist-to-hip ratio > 0.85 in women and > 0.90 in men. Pathologic GER was defined as acid exposure time > 4.2%). All endoscopic procedures were performed in the Clinical Research and Trials Unit at Mayo Clinic, Rochester. Endoscopy and Bravo pH probe (Medtronic, Minneapolis, MN) placement was performed using standard sedation (using a combination of midazolam and fentanyl), endoscopic equipment (Olympus, Center Valley, PA) and standard Bravo pH probe placement technique. The probe was placed 6 cm above the endoscopic GE junction (top of gastric folds) with recording for 48-96 hours as requested clinically. Reads of all Bravo studies were performed by both the senior investigators of the study (DAK and PGI).