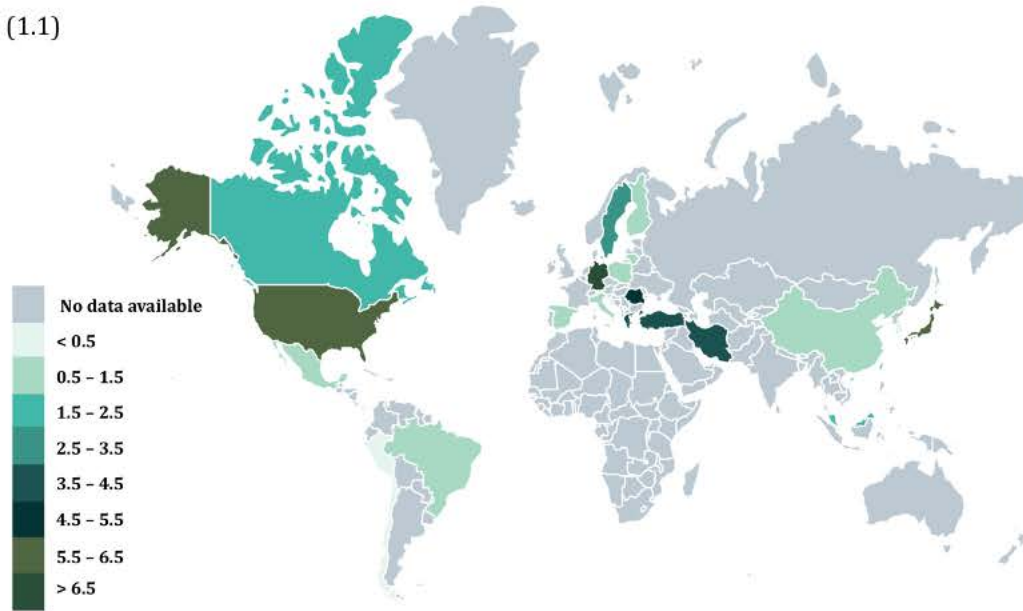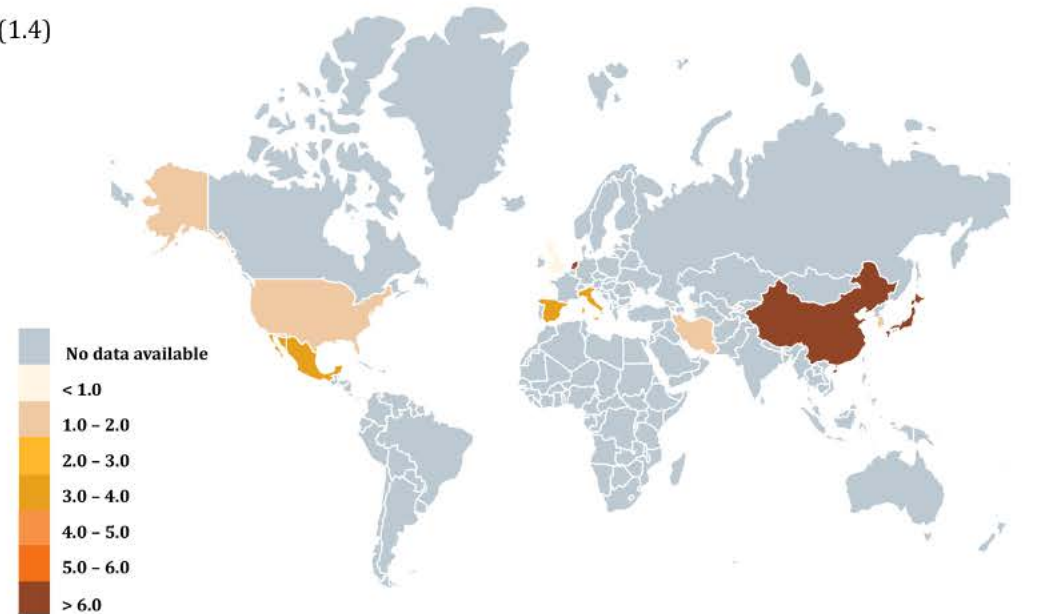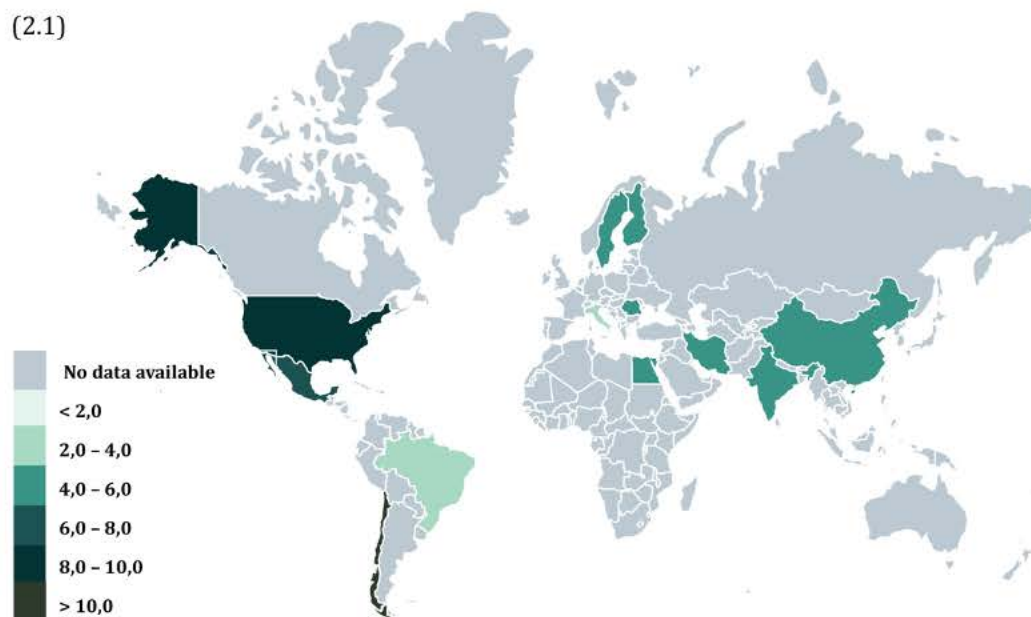Fig 1. Prevalence of ESBE with IM irrespective of length (1.1), ESBE with IM and ≥1cm of length (1.2), ESBE with CM (1.3) and ESBE only (1.4) in General Population. In some countries, the BE prevalence estimations are higher than expected because of BE definition and methodology used. There are some countries with inaccurate estimates that result from outliers' studies. Regarding BE with IM, Amano *et al.* estimated a BE prevalence of 6.4% in Japan, Toruner *et al.* estimated a BE prevalence of 7.4% in Turkey and Pascarenco *et al.* estimated a BE prevalence of 6.6% in Romania. Regarding BE with columnar mucosa, Taghipour-zahir *et al.* estimated a BE prevalence of 18.86% in Iran. Regarding ESBE only, Akiyama *et al.*, Shimoyama *et al.*, Okita *et al.* and Fujiwara *et al.* estimated a BE prevalence of 12.2-47.5% in Japan. All these studies were considered outliers (please see text). Despite these exceptions, there is a gradient east-west and north-south.
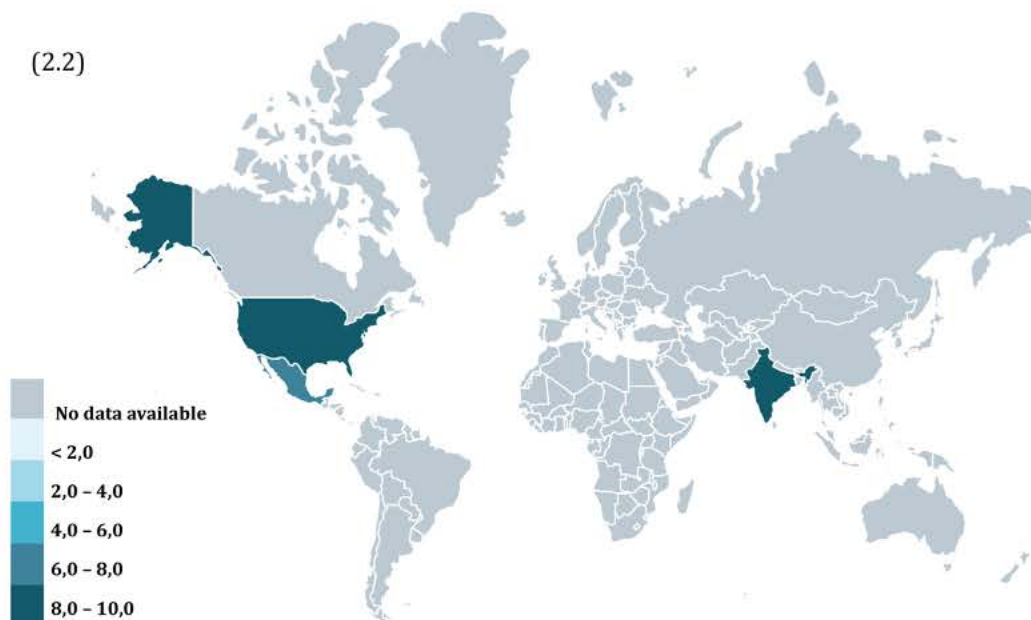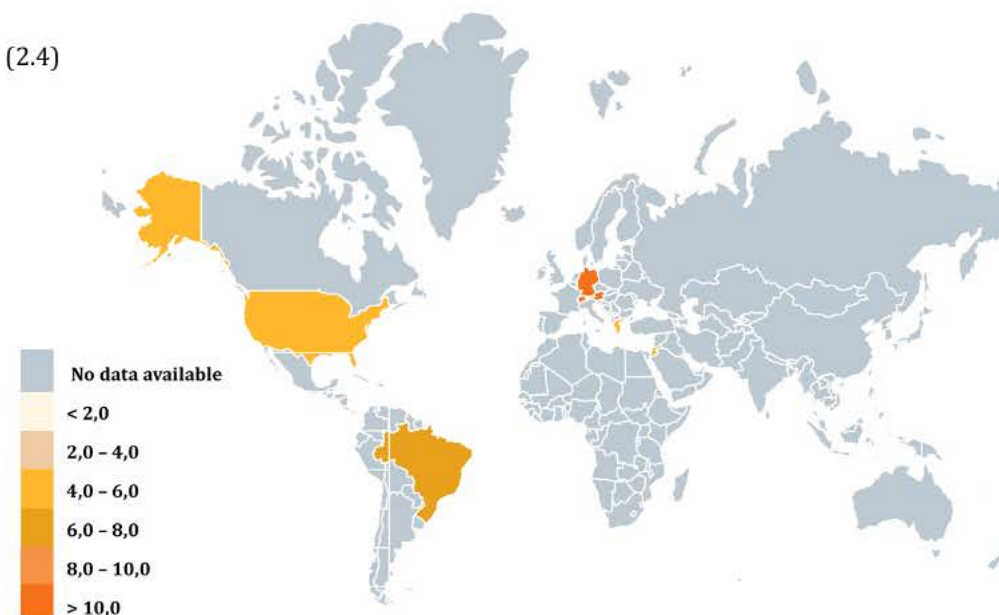
Fig 2. Prevalence of ESBE with IM irrespective of length (2.1), ESBE with IM and ≥1cm of length (2.2), ESBE with CM (2.3) and ESBE only (2.4) in GERD Population. In some countries, the BE prevalence estimations are higher than expected because of BE definition and methodology used.
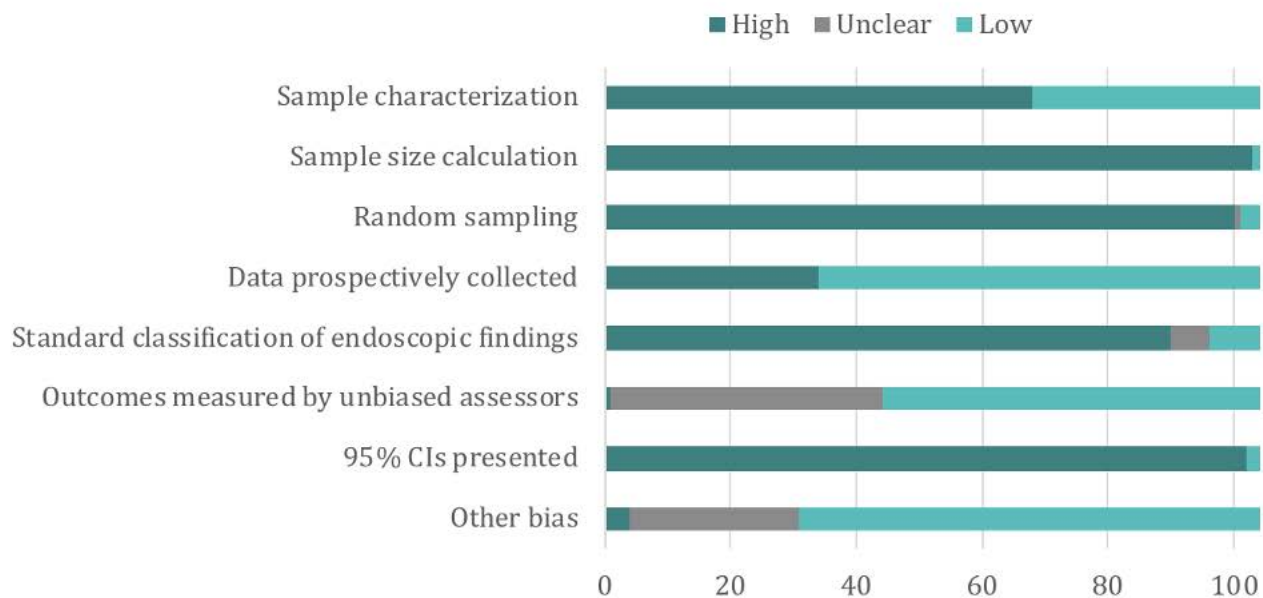
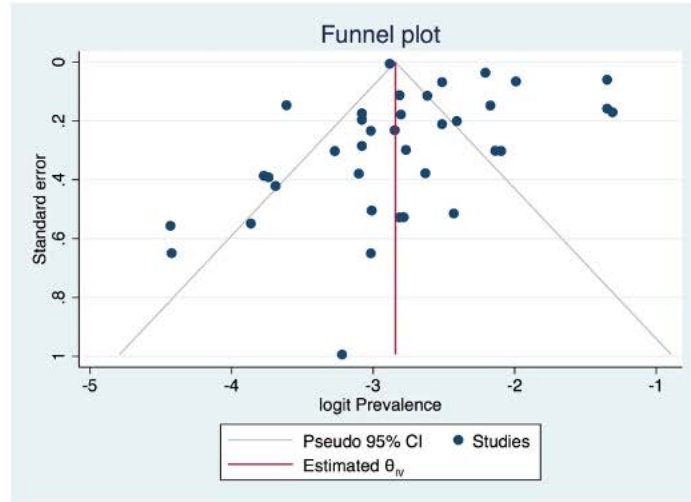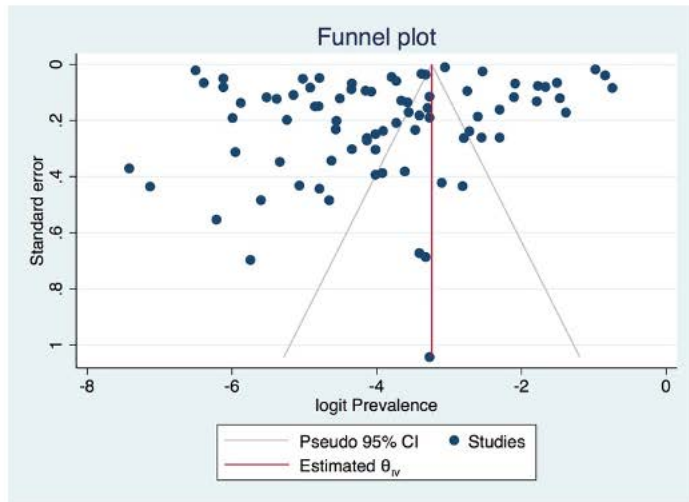Fig 3. Bias summary of included studies.

Fig 4. Funnel Plot of the standard error by the logit of the prevalence in studies assessing de General (left) and GERD population (right).