

Dear Reviewers

I would like to thank both reviewers for kind and constructive comments. Please see the responses to the comments in *italic* below.

**Reviewed by 503199**

Minor Comments P4. ?The use of calcimimetic drug during the waiting period can also influence the degree of hyperparathyroidism after transplantation. In a study that compared patients who had been on cinacalcet during the waiting period and then discontinued after transplantation to those who had never been on the drug revealed a higher incidence of post-transplant nephrocalcinosis and parathyroidectomy[20]?. (in the later patients???, Please clarify)

*The phrase “in patients who had been on cinacalcet before” has been added to the end of the above sentence.*

P5: In addition to the (reduced) sunlight exposure, (the use of sun protectors), and the (decreased) kidney function, immunosuppressive drugs especially high doses of steroid, metabolic syndrome and obesity are also associated with 25-OH-D deficiency. P6: (The) A recently published....

*The above sentences have been modified according to the reviewer’s comments.*

Figure 1: CKD stage is not a continuous variable, thus I’m not sure that this kind of graph is appropriate

*The line graphs were changed bar graphs for serum calcium, phosphate and PTH and the graphs were renamed as Figure 1a (for calcium), 1b (for phosphate) and 1c (for PTH)*

P10: “According to these data, oral bisphosphonate with or without active vitamin D should be given to KT recipients with osteopenia and/or osteoporosis during the first year after kidney transplantation”. Even in those with steroid withdrawal?

*In general, I would have to say “yes” because there are other factors that promote bone loss in KT recipients, for example, persistent hyperparathyroidism. The data we have thus far support the benefit of oral bisphosphonate in preservation of BMD in these populations regardless of the cause of osteopenia/osteoporosis.*

**Reviewed by 00503260**

The authors reviewed mineral and bone disorder after kidney transplantation. This manuscript is important and well written. However, some concerns are raised.

(1) The authors indicated that vitamin D deficiency can promote allograft rejection and the development of post-transplant malignancies. However, the contents are not indicated, because the authors judged that the details of this topic are beyond the scope of this review. I partially agree with the authors’ decision. However, this topic is important. Therefore, the authors should indicate the concerns briefly.

*A brief discussion on the relationship between vitamin D and rejection, the development of malignancies and allograft outcomes has been added. Please see page 4 and page 7.*

(2) The section for “Outcomes”(page 7, 2nd paragraph) should be moved before summary section (page 13, 2nd paragraph).

*The effect of mineral disorders on outcomes emphasize the need for proper diagnosis and management of mineral disorders in KT recipients. Therefore, we feel that it is more appropriate to place the section of outcomes before the section of diagnosis and management.*

Sincerely

Sinee Disthabanchong