

Revision has been made according to the suggestions of the reviewers.

For the reviewer with code 00186128, all the revisions had been made accordingly.

For the reviewer with code 02540787, revisions had been made as follows:

- (1) The participants included both in-patients and out-patients. If in-patients represented those hospitalized patients, then there must be some other illness superimposed on uremia which might affect the pattern of GI disturbance.

We excluded those in-patients with other illness superimposed and kept those in-patients for evaluating for dialytic adequacy.

- (2) What was the Charlson comorbidity index of each group? Patients with a higher index might have more GI symptoms as a result of comorbidity.

We didn't evaluate the Charlson comorbidity index (CCI) in the study, because not all the patients in our study screened for the diseases mentioned in CCI and some of the criterias of scoring are not very clear, for example, CCI mentioned "Liver Disease (1 point mild, 3 points if moderate to severe)", but there's not criteria for the definition of mild, moderate or severe.

- (3) The detail of dialysis prescription in each group was not described.

Because the patients in our study were undergoing completely different dialysis, hemodialysis and peritoneal dialysis, we use adequacy of dialysis to evaluate the effectiveness of dialysis.

- (4) What was the prevalence of hepatitis B and hepatitis C infection in each group? What was the liver function and serum albumin level of these participants? Chronic liver disease may be associated with more GI disturbance.

There were no patients with active hepatitis in our study, just as our exclusion criteria mentioned. Some of the patients were hepatitis virus carriers. The albumin level of the participants of the two group might be different for the different mechanism of the two ways of dialysis, and further nutritional evaluation should be needed.

- (5) In the "eating dysfunction" dimension of the questionnaire, what does it mean by "difficulties in eating normal portions"?

It just mean patients feel hard to eat as healthy people.

- (6) How to define a "positive" GI symptom in terms of timing? Was a symptom occur one year ago or 3 months ago compared to 2 weeks ago all regarded as "positive"?

According to the GSRS, GI symptoms in the last 2 weeks were defined as positive. A symptom occurred one year ago but disappeared 2 weeks ago would be defined as negative.

- (7) Page 7, line 4, the p value was 0.14. However, in figure 2, the p value was less than 0.05.

There's a mistake, the p value should be 0.014. Revised

(8) Figure 3 is redundant because Table 3 gives the same information.

Deleted

(9) What was the prevalence of each dimension of GI symptoms in each group? What was the ranking of GI disturbance? Although Table 2 gives the average score of each dimension, the score may be biased by a large number of patients without symptom (score=1).

We did do the analysis of the prevalence of each dimension of GI symptoms in each group and the ranking of GI disturbance, but the results were negative, so we used the average score. In terms of bias, based on the sample size of our study, the data of score was regarded as normal.