

Dear editor,

Thank you very much for your decision letter and advice on our manuscript (Manuscript #) entitled “Cemented vertebra and adjacent vertebra refractured in a chronic kidney disease-mineral and bone disorder patient: a case report”. We also thank the reviewers for the constructive comments and suggestions. We have revised the manuscript accordingly, and all amendments are indicated by red font in the revised manuscript. In addition, our point-by-point responses to the comments are listed below this letter.

This revised manuscript has been edited and proofread by *Medjaden* Inc..

We hope that our revised manuscript is now acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Yuan Yi-ming

First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

Replies to Reviewer 1

Specific Comments

1. Was secondary causes like hyperparathyroidism and osteomalacia excluded?

Response: Thank you for your insightful suggestion. Several sentences have now been added to the *Final diagnosis* section (Page 6, Lines 119-120).

2. What was the BMD?

Response: The BMD of the L1–L4 vertebrae and the femoral neck have been added to the *Imaging examinations* section (Page 5, Lines 113-115).

3. Any medical management done?

Response: The medical management has been added to the *Treatment* section (Page 6, Lines 123).

Replies to Reviewer 2

Minor considerations:

1. CKD-MBD is a common complication in long-term hemodialysis patients and vertebral compression fractures are frequently caused. However, these cases seem to be rarely reported. Two possibilities can be mentioned as the causes. 1. These cases are so common that they are not considered reportable. 2. The PVA is not performed due to problems for the surrounding bones in hemodialysis patients with CKD-MBD. The authors should indicate more clearly which is the cause.

Response: Thank you for raising this critical issue. Vertebral fracture is a common disease in CKD-MBD patients, and PVA is a suitable procedure for vertebral fracture in these patients. It is rare that cemented vertebra and adjacent vertebra re-fracture at the same time. Pertinent sentences have been added to the *Introduction* section (Page 4, Lines 78-80)

2. The authors indicated that “Few studies have reported on PVA in patients with CKD-MBD.” in

the Introduction section without some references (page 4, line 58). Although the number of references is limited, the authors should indicate some references.

Response: A sentence has been changed in the Introduction, and a pertinent reference has been added (Page 4, Lines 80-81).

3. The authors should indicate what the causative disease of CKD is, because it is possible that steroid is administered in some causative diseases of CKD.

Response: I am sorry that we could not find out the reason why he suffered from CKD. Pertinent sentences have been added to the *Case presentation* section (Page 5, line 97)

4. The authors should describe the patient's past histories and comorbidities, because the information whether there are any histories or comorbidities related to bone diseases is needed.

Response: Information on his medical history has been added to the *Case presentation* section (Page 5, lines 97-98)

5. The authors showed some markers associated with CKD-MBD in Table 1. However, it would be better if they can add bone formation markers such as bone alkaline phosphatase (BAP) and bone resorption markers such as tartrate-resistant acid phosphatase-5b (TRAP-Ab).

Response: We regret that the bone turnover markers were not tested at the time of admission.

6. After induction of hemodialysis, glomerular filtration rate (GFR) cannot be used. Therefore, the authors should remove GFR data from Table 1.

Response: GFR data have been removed from Table 1.

7. It would be more friendly for readers to add some arrows in Figure 2C. The authors should add the arrows in Figure 2C.

Response: Some arrows have been added according to your suggestion.

Replies to Science editor

1. The manuscript should elucidate the common surgical methods of CKD-MBD

Response: A sentence has been added to the *Treatment* section (Page 6, Lines 125-126).

2. The authors should indicate some references about PVA in patients with CKD-MBD.

Response: A sentence has been changed in the *Introduction* section, and a related reference has been added (Page 4, Lines 80-81).

3. Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. The legends are incorrectly formatted and require a general title and explanation for each figure. For example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...” .

Response: A PPT file (Figure.ppt) including the edited figures has been prepared. The figure legends have been changed (Pages 15, Lines 328-330, 333-336).

4. The “Case Presentation” section was not written according to the Guidelines for Manuscript Preparation. Please re-write the “Case Presentation” section, and add the “FINAL DIAGNOSIS” , “TREATMENT” , and “OUTCOME AND FOLLOW-UP” sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: These sections have been added to the article (Pages 4-7, Lines 85-157)