

ANSWERING REVIEWERS

RE: Association between serum vitamin D levels and gastric cancer: A retrospective chart analysis

Dear Editor

My co-authors and I have received the review of the above referenced manuscript. We are most grateful for the constructive comments and believe they have identified areas where significant improvement was possible. Please find our itemized responses below in order of the reviewer's comments:

Reviewer 1:

Thank you for your constructive review. Your comments will improve this paper significantly, more specifically adding malnutrition as a role of low vitamin D. First, in regards to demographic data we have included BMI of 49 patients in form of a table. In addition, we have removed redundant tables and graphs that are already explained in the form of text in the manuscript. Lastly, you alluded to gastric cancer causing malnutrition raising the idea that "prevalence of VitD insufficiency in gastric cancer patients is the result of gastric cancer rather than the cause of gastric cancer." However, as you noted we are unable to assess this. Thus in the discussion we included this paragraph:

A limitation that must be addressed is the role malnutrition in cancer patients. There are several pathogenesis of cancer associated malnutrition. The primary reason is decreased food intake due to systemic effects of the disease, local tumor effects, psychological effects or adverse effects of treatment [22]. Other contributing factor is the malignancy releasing inflammatory markers systemically such as procytokines have been linked to malnutrition and cachexia [31]. However, this study is unable to assess the nutrition status of the patients included in this study but one must be aware malnutrition which includes low vitamin D could be a result of the malignancy itself.

22- Van Cutsem E, Arends J. The causes and consequences of cancer-associated malnutrition. *European Journal of Oncology Nursing*. 2005 Dec 31;9:S51-63

Reviewer 2:

Thank you for the specific review and a strong point in mentioning whether the patients underwent a gastrectomy which can cause vitamin deficiencies. All 49 patients did not undergo a gastrectomy therefore were all preoperative. We have included this in methods and result section for selection criteria.

Reviewer 3:

I greatly appreciate your constructive review and have implemented your major points. 1) The abstract is structured concisely. 2) References are in order and cited appropriately 3) References cited in in World J Gastrointestinal Oncology style.

Reviewer 4:

Thank you for constructive review and have implemented the changes described. 1) We italicized the name the bacteria throughout manuscript. 2) We deleted any words that were repeated in both abstract and manuscript.

Reviewer 5:

Thank you for the kind words and review.

We much appreciate your consideration and sincerely hope that you will find our manuscript now acceptable for publication in *World Journal of Gastrointestinal Oncology*.

Respectfully and on behalf of my co-authors,

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