

## Response to Reviewers

ESPS Manuscript NO: 29768

**Title: Vitamin D levels in Subjects with diabetes with or without chronic kidney disease among Veterans in North East USA**

Appreciate the comments and suggestions to make my manuscript better. The responses are as follows:

Responses to comments by the **Reviewer: 00506346**

1. The test method for 25(OH)D:

Res: immunoassay: included in the methods section. Corrections made to reflect in the revision

2. The same abbreviation for 25-hydroxyvitamin D needs to be used in the paper.

Res: Corrections made to reflect in the revision

Responses to comments by the **Reviewer: 00503014**

1. The authors should stratify the renal function as KDOQI classification, besides dividing the renal function to e-GFR < 50 ml/min and e-GFR  $\geq$  50 ml/min.

Res: Appreciate the comment. The revision has included additional tables based on KDOQI classification.

2. Based on what evidence, did the study utilize “20” for the cut-off levels of 25, (OH) vitamin D?

Res: Based on the recommendations by Institute of Medicine.

Responses to comments by the **Reviewer: 00503339**

Fascinating Data that challenges our thinking as to key pathogens in development of CKD and just what should be uppermost in our strategy for CKD management. If available, the criticisms of others who have studied your Data might prove helpful to Readers as an attachment to the Manuscript in its final form for Publication. At the least, it is disturbing to face a reality that neither Diabetes nor Hypovitaminosis D should be considered important factors in the genesis and progression of CKD. It would be a positive step to hold a Veterans Hospital Conference on the Subject inviting Champions of Vitamin D and Diabetes to react to the Data that you publish.

Response: No response