Major Compulsory Revisions:

1. In a study like this, there are a number of possible reasons for nonresponse including nonadherence and receiving a smaller cumulative dose of VitD. The authors do not present data on either. Was there a difference in the doses between the responders and nonresponders. Also, was there a difference in the mean duration of therapy with cholecalciferol for responders and nonresponders?

2. Adherence must be objectively evaluated. Although the authors stated that at each patient follow-up visit, the medication list was reviewed and compliance was confirmed, the question is whether pill count was done? Since this is a retrospective study, noncompliance remains a possible explanation for the lack of response in some patients.

3. Obesity is an important risk factor for vitamin D deficiency. I did not see any reference to BMI or weights in this study and whether there was a difference between responders and nonresponders.

4. Authors suggested that VitD treatment resistance in CKD is associated with a progressive decline in renal function over time. This conclusion is too strong and is not supported by the data.

Minor Essential Revisions

1. In Table 2, the numbers are: 398 patients. Of these 43 were transplant and 355 are CKD. The numbers in the text are different (see abstract under results). I understood that the discrepancy is due to different follow-up period. Please clarify.

2. On page 11, authors stated that “Among all the patients, initial laboratory values for the NON-RESPONDER group were significant for a lower initial eGFR, higher PTH, lower albumin, higher phosphate, and lower 1, 25-OH Vitamin D”. However, on page 9 they stated that “the initial eGFR is not different between the NON-RESPONDER and RESPONDER groups (p=0.77).” Although this may refer to the adjusted model, they need to clarify this discrepancy. Also, I did not see any data on phosphorus or 1,25-OH Vitamin D. Such data should be added in Table 2.

3. The statistical description is very brief. This should be expanded in order to explain the reasons for using linear mixed effect model and log instead of repeated measures ANOVA.
Discretionary Revisions

1. In Figure 1, my suggestion is to add the 42 nonresponders (excluded because of insufficient follow-up) to the 127 who were excluded from the outset. That leaves 169 nonresponders who were analyzed.

2. In Table 2, I suggest to remove diabetes only and hypertension only categories from the list since they contribute little to the aims of the study.

3. The authors used too many figures. Also, these figures had no legends.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests