Overview: Wemhoner et al performed a retrospective study to analyze the total, enteral, and parenteral nutrition of 95 preterm VLBW infants, of whom 26 developed BPD. It was observed that while the total nutrition was similar in infants with and without BPD, infants who developed BPD had lower enteral nutrition and reached 50% of total enteral feeding later. It was concluded that a critical minimal amount of enteral feeding may be required to prevent BPD. Overall, this study is of interest and clinical relevance, and some of the findings are novel and warrant further study. There are some opportunities for improvement.

Major revisions:

1) The sample size of 95 is rather small, and is from a single center, which limits generalizability. The authors acknowledge this in their discussion, but it may be possible to overcome this limitation by evaluating patients over a longer time period (e.g. instead of Aug 2004-Dec 2006, include infants until Dec 2008).

2) As expected, infants with BPD were smaller and less mature (lower gestational age) at birth. Infants who are more preterm have thinner skin, more insensible water loss etc, and are therefore more likely to have higher fluid intakes. They are also more likely to feed slower than more mature infants. Therefore, the results that the authors observed regarding enteral and parenteral intake may be due to differences in patient characteristics. Multivariate regression analysis to evaluate the nutritional variables adjusting for co-variates such as birth weight, gestation, gender etc could have been done, for the dependent variable of BPD.

3) Infants were considered to have BPD if they required oxygen therapy for at least 28 days. It would be preferable to use the more current definition of BPD as oxygen therapy or mechanical ventilation/CPAP at 36 weeks' post-menstrual age. The 28 day definition is strongly affected by the gestational age at birth.

4) The “minimal nutritional requirement” as calculated by the authors is interesting, but the problem is that these thresholds and requirements are empirical. It may be better to use the data collected by the authors to actually determine if there was any threshold or “minimal nutritional requirement” in relation to BPD.

Minor revisions:

1) Some description of the NICU (tertiary care, referral base, resuscitation
practices etc) needs to be provided, especially as this is a single-center study. Inclusion of very preterm infants who have different characteristics from more mature infants may lead to differences in results.

2) If a difference in enteral intake between BPD and no BPD infants was noticed despite similar feeding protocols, it is possible that the protocol or routine was not followed in some infants, perhaps due to feeding intolerance, illness severity etc. Additional information needs to be provided on this.

3) Quality of Figure 3 can be improved.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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