1. **Do you think is only one thing in the etiologic of AIS?**  
   a. No it can at best be part of the complex etiology

2. **Do you think this relation with schizophrenic is epiphenomenon?**  
   a. No the overlap seems real and cause-related. Its significance remains to be determined

3. **If the equilibrium is the similar disturbance, how we will be studying equilibrium properly and not cocentrated to the curves and angles?**  
   a. My hypothesis is that at least spinal equilibrium is always challenged, and the outcome depends on one hand on the magnitude of the challenge, and on the other on the quality (or maturity) of the compensating mechanisms. If that also is true for schizophrenia is a question the psychiatrists are now looking at

4. **Have the gene products of the micro deletion been identified?**  
   a. Not that I am aware of. It consists of more than 40 genes

5. **How do you control for bone age when using such a large age range? I imagine bone fragility is a variable that would affect the success/failure rate of an implant.**  
   a. Yes we agree with your comment. We did adjust the analysis by age, but we will need to take this variable into consideration when looking at the failure/revision rate.

6. **Including the titanium alone group probably would have been helpful to compare?**  
   a. Thank you for your comment. A recent paper by Cundy et al. 2022 confirms a similar increasing trend in Ti levels out to 2 years in Titanium rods with Titanium screws.

7. **Did you find correlation between time interval from implantation of screws and serum levels of metal ions?**  
   a. Our results show an initial increase in Cr and Co followed by a decline to 2 years. We see a similar decreasing trend with Ti levels in stainless steel rods with titanium screws, but an increasing trend in Ti levels to 2 years in the Cobalt chromium rods with titanium screws group.

8. **Have you considered using a titanium rod with titanium screws for a control?**  
   a. We did not compare our findings to a titanium rod with titanium screw implant. In this setting titanium has been shown to be increased over preoperative levels or health controls out to 2 years. A recent paper by Cundy et al. 2022 confirms a similar increasing trend in Ti levels out to 2 years.