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Reply

In this study, a majority was mild to moderately anemic and none of the girls was severely anemic. Further, in this article we have looked at the mean change in the cognitive scores of initially anemic girls. These girls were not compared with their non-anemic counterparts as very few girls were non-anemic on whom cognition test scores were available both before and after the intervention in each experimental group.

Secondly, on a program basis, once-weekly IFA (and not daily) in the same adult dose as that given to women (100 mg elemental iron and 0.5 mg folate) is recommended for the adolescent girls nationally in India, provided it is supervised supplementation, which is possible in school settings. For pregnant women, daily IFA is recommended. Various studies have shown significant impact of even weekly IFA on hemoglobin levels of adolescent girls especially the anemic ones(1). Thus, the Government of Gujarat initiated weekly IFA supplementation throughout the state among secondary school girls for anemia control(2). Besides, our study aimed at comparing functional benefits of once-weekly vs. twice weekly IFA since our earlier experience was that for other functional benefits other than anemia control, once-weekly may not suffice.

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Low Bone Mineral density in Childhood ALL

We read with interest the report on the effect of chemotherapy on bone mineral density (BMD) in children with acute lymphoblastic leukemia (ALL) using quantitative computed tomography (QCT) by Kaushik, *et al*.(1). Children with ALL are known to have lower BMD and a higher risk of fractures. Canadian STeroid-associated Osteoporosis in the Pediatric Population (STOPP) Research Program documented a 16% prevalence of vertebral fractures and every 1 SD reduction in lumbosacral BMD Z-score increased the odds for fracture by 80%(2). Thus, their results showing low BMD in 81% Indian children on treatment are interesting. We, however, would like to highlight our concerns regarding presentation and interpretation of data. Reference data are not sufficient for the clinical use of QCT for