Reviewer A

We are very grateful to you for your time and patience. Your valuable comments are of great help to the quality of our manuscripts. The following is our response to your comments in this manuscript.

Comment 1: I think it is important to further elaborate on the selection of subjects and controls. Were subjects consecutively seen? How many subjects were invited but declined study participation? From what population were control subjects chosen? By what features were controls defined other than age and gender?
Reply 1: We are grateful to you for your suggestions on our manuscript. These valuable suggestions are conducive to improving the quality of our manuscripts. We fully agreed with these comments, and made a more detailed description of the subjects enrolled in this study.
Changes in the text: We made a more detailed description of the subjects enrolled in this study (see Page 5, line 4-9). we also added a figure to show the flow chart (see Figure 1).

Comment 2: I did not see any comments in the result section about ICS use but comments were included in discussion.
Reply 2: Thank you for your advice. In the previous manuscript, we showed the use of ICS in the table. Following your suggestions, we described the use of ICS in the results in the revised section.
Changes in the text: We added a few words to the manuscript to describe the use of ICS. (see Page 7, line 8-9)

Comment 3: In the chart, I assume "smoking history" separates people as ever or never smoker. Is that correct? If so specify. More granular data about active of former smoker and intensity of use, would be helpful if available.
Reply 3: We quite agree with your comments. In our study, no smoking history means never smoking. More granular data is more helpful for us to analyze the relationship between smoking and osteoporosis. In the initial design, we referred to other studies on osteoporosis. Similar to these studies, we did not further refine the smoking history. Therefore, our research results cannot provide more data about smoking history.
Changes in the text: We added a table note about smoking history in all tables. (see Table 1, 2, 3, and 4)

Comment 4: Line 7 statement about osteoporosis and mortality needs to be referenced
Reply 4: We are grateful to you for your suggestions. To make more reasonable, we changed "mortality" to "disease related adverse events" and added the word "some".

we also added a reference (reference 8) in introduction.

Changes in the text: We changed "mortality" to "disease related adverse events" and added the word "some" (see Page 2, line 2-3). we also added a reference in introduction (see Page 3, line 15; see Reference 8).

Comment 5: Line 35 ICS therapy is not routinely suggested for management of NCFB unless there is coexistent asthma or COPD

Reply 5: We quite agree with your comments on ICS. As for the use of ICS, the words in the article are inaccurate. We revised these words to make the article more reasonable.

Changes in the text: We revised these words about using ICS in patients with bronchiectasis. (see Page 3, line 6-9, 19)

Comment 6: Line 48 Define "high"

Reply 6: Thank you for your advice. We added a sentence to describe the incidence of fracture in male patients.

Changes in the text: We added a sentence to describe a high incidence of fracture in male patients. (see Page 4, line 1-2)

Comment 7: Line 54 Remove "the" osteoporosis

Reply 7: Thank you for finding mistakes in our manuscript. We corrected it.

Changes in the text: We removed "the" in our manuscript. (see Page 4, line 9)

Comment 8: Global language and word choices would benefit from further editing

Reply 8: Thank you for your valuable comments. We will strengthen our language expression ability.

Reviewer B

We are very grateful to you for your time and patience. Your valuable comments are of great help to the quality of our manuscripts. The following is our response to your comments in this manuscript.

Comment 1: One reason why osteoporosis is important in bronchiectasis is that osteoporosis is a common comorbidity in patients with bronchiectasis. Thus, the authors should mention the prevalence of osteoporosis in patients with bronchiectasis, especially in Asians. Please consider adding the following references

1) Yang et al., Ann Transl Med 2019;7(23):770
2) Choi et al., European Respiratory Journal 2019 54: 1900194
3) Lee et al., Respirology.2021;26:618–620

Reply 1: We are grateful to you for your suggestions on our manuscript. These references are of great help to our manuscript. Following your advice, we added the

references mentioned above in our manuscript.

Changes in the text: We added the references mentioned above in our manuscript. (see Page 3, line 14-17)

Comment 2: CS (including ICS) is not recommended even when chronic inflammation is present in patients with bronchiectasis. Thus, the following description needs to be modified: "Some of the characteristics of bronchiectasis, such as chronic inflammation (leading to corticosteroid use) and a reduced ability to exercise, may lead to an increased prevalence of osteoporosis (9-12)."

Reply 2: We quite agree with your comments on ICS. In deed, the guideline does not recommend the routine use of ICS in patients with bronchiectasis. In the real world, some patients with bronchiectasis are with the treatment of ICS. Some studies also reported the use of ICS in patients with bronchietasis. As for the use of ICS, our words in the article are inaccurate. We revised these words to make the article more reasonable.

Changes in the text: We revised these words about using ICS in patients with bronchiectasis. (see Page 3, line 6-9, 19)

Comment 3: Please clarify how controls were selected. It is not clear how the authors chose the controls. If this group was not appropriately selected, this can lead to bias in concluding the rate of osteoporosis in patients with bronchiectasis is higher than in the control group.

Reply 3: We fully agree with your comments, and we made a more detailed description of the controls enrolled in this study according to your comments.

Changes in the text: We made a more detailed description of the subjects enrolled in this study (see Page 5, line 4-9). we also added a figure to show the details (see Figure 1).

Comment 4: Multivariate is not correct. The authors performed a multivariable analysis. Thus, "multivariate" should be changed to "multivariable"

Reply 4: Grateful to you for helping us correct our mistakes. We changed "multivariate" to "multivariable" and "univariate" to "univariable".
in the revised manuscript.

Changes in the text: We changed "multivariate" to "multivariable" and "univariate" to "univariable". (see Page 6, line 12).

Comment 5: Although it can be presumed which variables are included in the multivariable analysis ($p < 0.1$ in univariable analysis), the authors should clarify which variables are included in the multivariable analysis. Thus, please clarify this in the method section and provide it as a footnote in Table 4.

Reply 5: We are grateful to you for your suggestions on our manuscript. Following your advice, we added these variables in Table 4.

Changes in the text: We added these variables in the method and in Table 4. (see Page 7, line 14-15; Table 4).

Comment 6: Provide the prevalence of osteoporosis in other countries, especially for Asians.

Reply 6: Following your advice, we added some references and described the prevalence of osteoporosis patients with bronchiectasis in different regions.

Changes in the text: We added the references to described the prevalence in our manuscript. (see Page 3, line 14-17; Page 8, line 16-20)

Comment 7: In the real world, the use of ICS is higher in patients with bronchiectasis, although its routine use is not currently recommended except when asthma or COPD is accompanied. Although some studies suggest ICS can be used in eosinophilic bronchiectasis, future studies are needed. Thus, the authors should mention physicians should consider more when they prescribe ICS, which is associated with osteoporosis. The authors should mention it.

Reply 7: We fully agree with your comments. We realized that the description of ICS in the treatment of bronchiectasis were inaccurate. We revised these words to make the article more reasonable.

Changes in the text: We revised these words about using ICS in patients with bronchiectasis. (see Page 3, line 6-9, 19)

Comment 8:   Please provide a potential mechanism that links bronchiectasis and osteoporosis. The authors only mentioned ICS as a mechanism.

Reply 8: Factors related to osteoporosis include exercise, nutritional status, chronic inflammation, ICS and others. These are also features of bronchiectasis. These common features might link bronchiectasis and osteoporosis, where further studies are needed.

Changes in the text: We described the potential mechanism in introduction. (see Page 3, line 18-21)