We thank Dr. Grant for his important comments on our paper recently published in the *Circulation Journal*. In this study, we focused on the influence of serum 1,25-dihydroxyvitamin D [1,25(OH)\(_2\)D], which is a biologically active form of vitamin D, on all-cause and cause-specific mortality rates. Lower serum 1,25(OH)\(_2\)D levels were significantly associated with higher rates of death from any cause, cardiovascular disease, and infection, but there was no evidence of a significant association between serum 1,25(OH)\(_2\)D and cancer death. As Dr. Grant notes, several epidemiological studies have demonstrated that serum 25-hydroxyvitamin D [25(OH)D], but not serum 1,25(OH)\(_2\)D levels were significantly and inversely related to the risk of cancer death, but the others have shown no such association. Unfortunately, we were unable to address the influence of vitamin D on cancer death, because data on serum 25(OH)D were not available in our study. Therefore, we agree that further prospective investigation with measurement of both serum 1,25(OH)\(_2\)D and 25(OH)D is needed to conclude this issue.

**Disclosures**

The authors report no conflicts of interest.

**References**