In the ‘Results’ section (p. 1641), it is not clear if the mean serum levels of PTH, calcium, phosphorus and calcium–phosphate product pre- and post-treatment with cinacalcet are the values indicated in the text (baseline PTH = 590.4 ± 259.1 pg/ml; 9-months PTH = 414.2 ± 198.3 pg/ml) or the higher parameters reported in Table 1 (baseline PTH = 826.9 ± 325 pg/ml; 9-months PTH = 248.1 ± 77.3 pg/ml). Furthermore, we believe that the mean serum calcium–phosphate product at the time ‘Cinacalcet 0 months’, reported in Table 1, is too high (94.7 ± 7.3 mg²/dl²), considering the mean values reported for both serum levels of calcium (9.9 ± 0.6 mg/dl) and phosphate (4.8 ± 1.5 mg/dl).

In the ‘Discussion’ section (pp. 1642–1644), the authors do not comment on the potential use of paricalcitol, a new vitamin D analogue, as an efficient and safe therapy of SHPT, with less hypercalcaemic and hyperphosphataemic effects compared with both calcitriol [2] and alphacalcidol [3].

In conclusion, we agree absolutely with the authors’ statement about the ‘combination’ therapy of cinacalcet and vitamin D, but it is our opinion that the choice of the vitamin D analogue is as important as its dose.