

To Reviewer 1

Thank you very much for your positive and valuable comments. Based on your comments, we have revised our manuscript, as shown below.

Thank you for this great piece of work. I acknowledge that you clearly listed the limitations of the study in the end and this answered a lot of queries. I would like to ask why were the patients undergoing coronary angiography? The definition of INOCA should entail a non invasive test suggesting ischemia in a coronary segment. Did this imply in your patients? And did it correlate to the site of spasm?

We agree with your comments. Actually, the study included patients who had some chest symptoms but no significant stenosis in the coronary arteries. Some patients had positive Holter ECG or exercise stress ECG results, but not all patients had confirmed ischemic findings. From this point of view, the patients included in the study were ANOCA patients rather than INOCA patients.

In general, it has been reported that patients with chest pain who show myocardial bridging on cardiac CT scan may have coronary spasm at that site, but this may not apply to ischemic findings.

We have added the following text to the “study limitation.”

Fourth, the present study included patients with chest symptoms but no significant stenosis in the coronary arteries. Some patients had positive Holter ECG or exercise stress ECG results, but not all patients had confirmed ischemic findings. From this point of view, the patients included in the study were ANOCA patients.