Dear Editor,

We would like to thank you and the reviewers for taking the time to review our work. The comments and suggestions by the reviewers were very productive and we believe will enhance the quality of this manuscripts. Below are responses to each reviewer's comments

1.The patient is known osteosarcoma, thyroid cancer and hyperlipidemia. Did she receive any treatment for that; chemotherapy, radiotherapy, target therapy, immunotherapy, radioactive iodine? 2. What was the current status of CA thyroid and osteosarcoma? 3. Was there any evidence of prior renal issues - it is well known that renal functions alone are not an indicator of actual renal reserves esp when patient has history of malignancy? 4. it is difficult to be sure of relation ship in a patient with malignancy and other co-morbid conditions? 5. Did she receive any new treatment recently?

Response:
1- It was found that the patient did not have osteosarcoma, in the contrary she had interosseous lipoma that was resected over a decade ago. Regarding thyroid cancer, this was treated by RAI in 2005 and followed by total thyroidectomy. No chemotherapy was administered. She has hyperlipidemia but was not taking medications
2-Currently, patient is cancer free. Declared cancer free over 10 years ago after successful treatment of the thyroid cancer
3-Patient had normal renal function 2 months prior to this incident with serum creatinine 0f 0.6mg/dl without proteinuria or microscopic hematuria.
4-Prior to the SCB's toxicity, her only medication was thyroid hormone replacement

The manuscript is interesting, but the title is confusing because it does not address the kidney. Figures need to be improved and the discussion is poor. More pathogenetic pathways need to be added and a figure/drawing showing pathogenetic pathways may be very helpful.

Response:
-Title of the manuscript was changed to include "Renal Cortical Necrosis"
-Kidney biopsy figure was improved
-Added a paragraph highlighted in the manuscript discussing possible pathogenic pathway that could lead to the TMA
-A figure was added to describe the proposed pathogenic mechanism that could have led to TMA and renal cortical necrosis