Reviewer #1:
Specific Comments to Authors: The cases are interesting but the presentation lacks context and important clinical information. It is hard to follow the clinical scenario of each case since the histories of the two cases were mixed in the text. Please write the two cases separately.

R: Thank you for your comments. We have supplemented the clinical information and details of the two cases and write them separately (from line 86 to line 165).

Reviewer #2:
Specific Comments to Authors: dear editor; I am very pleased that you have directed me to evaluate your article. First of all, it is very nice that the article is written beautifully and simply and clearly. Especially in the table and figure, the characteristics of both cases are expressed clearly and simply. I just want to make three points.

1. both cases have a history of tubal obstruction, but by which method was this diagnosis made (HSG ? or diagnostic L/S ?)

R: Thank you for your comments. The tubal obstruction of both cases were diagnosed by HSG. We have supplemented associated clinical information (from line 88-89 and line 134-135) in the revision of case report.

2. If the diagnosis was made with a particularly diagnostic surgical method, if the diagnosis was hydrosalpenc or a similar infective process, why was salpingectomy not performed before IVF?

R: Thank you for your comments. Due to HSG diagnosis of fallopian tube obstruction in both patients, surgical treatment was not performed before IVF.

3. Were both cases not recommended coid prohibition during the coid COS treatment process, if not, could hcg preparations similar to cracking needles have been applied to these cases?

R: Thank you for your comments. Based on retrospective medical history and test results, both patients had unprotected intercourse in the previous menstrual cycle before entering the COS cycle. The elevated hCG during COS act as the premature endogenous LH peak, which induces early luteinization of follicles, leading to the failure of oocyte retrieval. Therefore, we have concluded that β-hCG levels in the initial and midterm phases of COS must be tested in patients with unusual hormone dynamics.

Reviewer #3:
Specific Comments to Authors:

1- Improve the introduction section and consider previous reports about like EP during controlled ovarian stimulation.

R: Thank you for your comments. We have searched previous reports about EP during COS in pubmed and in China National Knowledge Internet (CNKI), one case report similar to our cases were found in CNKI which is pregnancy being diagnosed during

ovulation induction in a PCOS patient at an outpatient clinic. And we also found a case of follicular growth in response to clomiphene citrate (CC) has been reported in the presence of an EP by Bayrak et al and another case reported by Orvieto et al which is an ovarian hyperstimulation syndrome (OHSS) following GnRH agonist trigger and freeze-all, masking EP. Both previous reports EP during COS has been involved in our revised article (line 199 to 213).

2- Discuss more details regarding the cause of this type EP during IVF procedure and if related to doses of medicine for ovarian stimulation in previous research.

R: Thank you for your comments. We analyzed the cause of EP in patients receiving IVF treatment may be their abnormal tubal function (line 64-65). The exogenous administration of gonadotropins can overcome high inhibin and P levels inhibition because of pregnancy and induce follicular development and relevant references have been supplemented (190-197). The relationship between the dose of medicine for ovarian stimulation and the cause of EP has not been reported (line 216-217) .