Dear Editor and Reviewer:

We really appreciate your valuable comments on our manuscript (NO.: 73518). We have revised the manuscript according to your comments. The corrections are as follows:

Reviewer #1:

Comments 1: There are some redundant data, especially the imaging studies. It is better to write the whole case one by one, as per guideline, to explain systematically and minimize redundancy.

Response: To minimize redundancy, we have described the case reports one by one according to your suggestion, and deleted the pictures（1B、1E、2C） and some repeat contents.

Comments 2: It would be better if the author put the ECGs and chest x-rays, especially the first case with thymic carcinoma.

Response: We have added electrocardiogram and chest X-ray images to the first case of thymic carcinoma（1A and 1B）.

Comments 3: Are there any symptoms and signs of thymic carcinoma in the first case? How did the author decide to do the CTA coroner in the patient?

Response:

(1) This patient had palpitations and dyspnea for 1 years, which may be clinical manifestations of thymic carcinoma.This symptom was described in the chief complaint.

(2) Because the stenosis was detected only in the left main coronary ostium, whereas no stenosis or atherosclerosis was observed in other vessels, we presumed it might be secondary to other diseases. So we decide to do the chest CTA. This reason was described in the History of Present illness of the first case.

Comments 4: In the second case, one of the possibilities of SVA etiology is Takayasu arteritis. How about this patient? Are there any lesions in the aorta as well? Since the patient also had hypertension, is there any disease in the renal artery? Please also state it

as one of the acquired etiologies of SVA in the discussion. How was the regional wall motion of the LV in the echocardiography?

Response:

(1) As the reviewer said, this patient may had SVA secondary to arteritis, but we did not find any history of arteritis or other manifestations of vascular arteritis in the patient, so SVA caused by arteritis was not considered.

(2) Except for SVA, the aortic, renal and other peripheral arterial lesions were not found by CTA or angiography.

(3) Hypertension as a cause of acquired SVA has been described in the discussion.

(4) It can be seen that the motion of the inferior wall was weakened by echocardiography. This presentation was explained in the second patient Imaging Examinations section.

Comments 5: In the last patient, please use the drug's generic name (betaloc= metoprolol tartrate). There is a discrepancy of angina type in the discussion section; the authors stated that the chest pain was during exercise, while in the case illustration was unstable angina. Was it a crescendo angina?

Response:

(1) Betaloc has been replaced by the generic name Metoprolol tartrate tablets.

(2) The last patient presented with chest pain on exertion for 3 years and the symptom aggravated a week ago. Since the patient's chest pain in the past week was significantly worse than before, it was considered as unstable angina.

Comments 6: CTA figure: the lesion will be better visualized if evaluated using window width (WW) and window level (WL) for CT angiography coroner (like figure 3B). The WW is started at 800, and the WL is initiated at 300. Then it can be adjusted for contrast intensity and calcification. It is better to mention the imaging views shown in the figures.

Response: We have adjusted CT angiography Image (3A) to WW 800, WL 300 and mention the imaging views shown in the figures .

Comments 7: Figure 2: osteal of RCA is also better visualized in sagittal view.

Response: We have provided a sagittal image of the second patient（2C）.

Comments 8: There are minor grammatical errors, miss-typed, and an abbreviation at the beginning of a sentence.

Response: We have tried our best to polish the article and correct some spelling and grammar mistakes.

Comments 9: Secondary coronary artery ostia lesions reported previously are often involved by syphilitic vasculitis, aortic dissection, and other reasons. the author should put a reference in this sentence.

Response: We have added some references on secondary coronary artery ostia lesions involved by syphilitic vasculitis, aortic dissection, and other reasons（references 1-6）.

Reviewer #2:

Comments: I have gone through this interesting and rare case reports of secondary coronary artery ostia lesions. However, the ECG of these three cases are missing, and it would be perfect if the author could make it up.

Response: We have added electrocardiogram and chest X-ray images to the first case of thymic carcinoma（1A and 1B）.

Science editor：

Comments: This manuscript reports three cases of secondary colonial arty ostia lesions. It is recommended to supplement electrogram and chest X-ray, especially the first case of thymic cancer. It is suggested to supplement electrogram and chest X-ray, especially the first case of thymic cancer, and the symptoms and signs of the first case of thymic cancer, and further modify the language expression.

Response:

(1) We have added electrocardiogram and chest X-ray images to the first case of thymic carcinoma（1A and 1B）.

(2) This first patient had palpitations and dyspnea for 1 years, which may be clinical manifestations of thymic carcinoma, and no other obvious symptoms of thoracic carcinoma were found. This symptom was described in the chief complaint and the article language expression has been repolished.

Company editor-in-chief:

Comments: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We have provided the original figure documents and arrange the figures using PowerPoint.

Once again, we appreciate your warm-hearted help and hope that the revision can meet the requirement of your journal.

Sincerely,

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Answering Re-reviewers

Dear Editor and Reviewers,

Thank you for your letter and comments on our manuscript，All comments are valuable and very helpful for revising and improving our manuscript, with important guiding significance to our studies.

We appreciate your positive comments and will try our best to further improve.