Dear editors,

Many thanks to you and the reviewers for giving us all the valuable comments on our manuscript. We made related revisions now. Our point-by-point responses (blue) to the reviewers' comments (**black/bold**) are detailed below. Revised portion are marked in red in the manuscript.

Thanks again for consideration.

Liangrong Zheng on behalf of all coauthors.

With regard to specific comments of Editor

**Reviewer #1**

**Specific comments**

**Example 1：I would consider removing the words "myocardial work of" from the title of the manuscript, making it more concise.**

Response:

Thanks for the comment. I have removed the words "myocardial work of" from the title. And the running title has been modified to "Takotsubo cardiomyopathy associated with bronchoscope".

**Example 2：Gefitinib has also been recognized as a cause of cardiomyopathy - it would be of interest to describe for how long the patient had been using gefitinib before the event occured, if it was discontinued afterwards, and if it was considered as a potential cause in the differential diagnosis.**

Response:

Thanks for the comment. Previous studies had reported gefitinib-related cardiac dysfunction. One case presented fatal hypersensitivity myocarditis one week after administration of gefitinib [1]. Another case occurred gefitinib-induced cardiomyopathy 7 months after administration. And her cardiac function recovered through aggressive treatment, as well as the discontinuation of gefitinib [2] (page 5, line 8). However, the patient in this case report had been using gefitinib for 6 years (page 3, line 21). Previous echocardiogram results were normal (page 4, line 3). No heart failure symptom (reduced activity tolerance, paroxysmal nocturnal dyspnea, orthopnea and so on) was shown before bronchoscope operation (page 3, line 3). Therefore, it was insufficient to establish a diagnosis of gefitinib-related cardiomyopathy. And gefitinib was not discontinued after the event occurred (page 4, line 23).


1. Truell JS, Fishbein MC, Figlin R. Myocarditis temporally related to the use of gefitinib (iressa). Archives Of Pathology & Laboratory Medicine. 2005;129:1044-1046
[PMID: 16048398 DOI: 10.1043/1543-2165(2005)129[1044:MTRTTU]2.0.CO;2]
2. Omori S, Oyakawa T, Naito T, Takahashi T. Gefitinib-induced cardiomyopathy in epidermal growth receptor-mutated nsclc. Journal Of Thoracic Oncology. 2018;13:E207-E208 [PMID: 30244856 DOI: 10.1016/j.jtho.2018.05.020]


**Science editor**

**Example 1: The “Author Contributions” section is missing**

Response:

Thanks for the comment. The "Author Contributions" section has been added (page 6, line 5).

**Example 2: The authors did not provide original pictures. 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:

Thanks for the comment. Original pictures have been uploaded.

**Example 3: PMID and DOI numbers are missing in the reference list.**

Response:

Thanks for the comment. The PMID and DOI numbers have been listed.

**Other modifications**

In the "Introduction" section, we replaced the reference [3] to [4] for highlighting the cardiogenic shock risk of takotsubo cardiomyopathy after long-term follow-up. (page 2, line 31)

3. Kishikawa R, Tanaka T, Hashimoto M, Honda K, Omori Y, Ishihara A, Kamoi Y. Percutaneous Catheter Thrombus Aspiration of Right Renal Infarction Caused by Left Ventricular Thrombi due to Takotsubo Cardiomyopathy. Int Heart J 2020; 61: 400-3[PMID: 32173705 DOI: 10.1536/ihj.19-447]

4. Sattler K, El-Battrawy I, Gietzen T, Kummer M, Lang S, Zhou X-b, Behnes M, Borggrefe M, Akin I. Clinical Research Improved Outcome of Cardiogenic Shock

Triggered by Takotsubo Syndrome Compared With Myocardial Infarction. Can J Cardiol 2020; 36: 860-7[PMID: 32249068 DOI: 10.1016/j.cjca.2019.10.012]