

Dear Editors and Reviewers:

Thank you for your letter and instructive comments on our manuscript. We have carefully revised the manuscript following you and reviewers' suggestions and comments, and have resubmitted a revised manuscript. Revised portions are marked in red in the highlighted manuscript (Supplementary Material). The detailed responses to the comments are as follows:

Editors' issues: (1) no "Author contribution" section; (2) did not provide the original figures; (3) did not write the "article highlight" section.

Response: Thank you very much for the kind comments. Following the editorial suggestion, we have rewritten and resubmitted all the corresponding parts.

Reviewer #1: The benefit and detail of LBC is documented in INTRODUCTION but these of ROSE is not described. Please indicate the benefit and detail of ROSE in the document.

Response: Firstly, we are very grateful for the reviewer's positive comments. As the Reviewer mentioned, it is unfamiliar for clinicians and researchers about the benefit and practice of ROSE. We have re-written this part according to the Reviewer's suggestion. The benefit and detail of ROSE were supplemented in the discussion part (Para. 3) as follows:

Rapid on-site evaluation (ROSE) refers to a clinical practice method that aims to improve the efficiency of biopsy diagnosis through real-time cell morphological analysis of specimens during FNA operations, which is mainly done by cytopathologists. It is concluded that the existence of ROSE is of great significance to improve the diagnosis accuracy of SC, which was also confirmed in 2 meta-analyses. This finding is associated with a significant reduction in the number of inadequate samples and fewer needle passes. However, the need for more staff and material resources has limited the use of this technique in some institutions.

We appreciate for Editors and Reviewers' warm work earnestly, and hope that the correction will meet with approval.