Peer Review File

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Answers to comments:

1. The author' s discussion should focus more on the relationship between thymic MALT lymphoma, thyme amyloidosis and autoimmune disease. Please clarify the uniqueness and purpose of this article again, sort out the ideas of the full text, and give appropriate take-away lessons.

→We revised the manuscript drastically to simplify and clarify the uniqueness and purpose. We stated take-away lessons for clinicians in final section.

2.Five related cases should be reviewed in more detail. For example, at the time of the initial diagnosis, whether the patient has been diagnosed with an immune disease, and whether has received relevant treatment for an immune disease before. At the same time, what was the treatment after thymic tumor was discovered? Are there any differences in performing thymectomy? What is the follow-up time for patients after surgery? Follow-up results are important prognostic evidence.

→We summarized five related cases of thymic amyloidosis and MALT lymphoma with more detailed infomation.

3.The imaging features of related cases should be summarized into tables. Including the important imaging features of the five cases in the article, as well as the imaging features of other related cases that have been reported. Through these summaries, readers can get more valuable information.

→We could not provide specific imaging of these rare thymic tumors.
But we proposed specification of the relationship between radiological findings and pathological findings.

4.In line 92, there are only five cases, using "strong correlation" is not accurate. These five cases can only prove that they are related, and the relevant discussions will further confirm this conjecture.

→We agreed. "strong correlation" was changed to "relationship".

Other concerns regarding the CARE checklist:

1. I fail to find "case series" in the Title regarding checklist 1. Similarity, please add "case series" in the Key Words regarding checklist 2.

→We added "a case series" in the title and key words.

2. What is unique and the main take-away lessons about this case series? Please provide this content regarding checklist 3a and 3d. Take-away lesson should be something that the reader can take away from this article and further apply to the clinic.

→We encountered two rare thymic tumors, thymic mucosa-associated lymphoid tissue (MALT) lymphoma and localized thymic amyloidosis, both in the presence of Sjögren's syndrome (SjS). This suggests a possible link between rare thymic tumors

and SjS. Therefore, we reviewed cases of thymic tumors to examine the spectrum of these tumors in patients with AD. We propose a process for tumorigenesis of thymic MALT lymphoma and amyloidosis. Underlying AD causes persistent and chronic inflammatory reactions. In this theory, ADs, especially SjS, might be important underlying conditions in formation of rare tumors. When the clinician encounters a patient with AD, routine chest CT is recommended and may provide thymic tumors. Conversely, in case of mediastinum tumor, screening test for AD is also recommended.

3. A lot of information is missing in Methods.

a. Please provide information about study design and setting regarding checklist 5b and 5c. The study whether prospective or retrospective in design, whether single or multi center and whether cases are consecutive or non-consecutive, please write clearly in the text.

→We stated that "This study is a retrospective and consecutive case series analysis of thymic tumor in multi center and was conducted in accordance with the Helsinki Declaration. The informed consent requirement was waived because of the retrospective study design".

b. What is the inclusion or exclusion criteria?

→ The inclusion criteria was all thymic tumors including non-neoplastic lesions diagnosed pathologically after surgery.

c. Follow-up is the most important information in the case series. Please provide follow-up length and methods regarding checklist 5f.

→The median postoperative follow-up period was 1747 (range; 424-1957) days and they are alive without recurrence, indicating a good prognosis.

4.Please summarize key results in the Discussion regarding checklist 7a.

→ There was a relation between ADs and thymic MALT lymphoma/amyloidosis ($p<0.001$).

5.What is the strengths and limitations of this case series? Is there something better that can be done in the diagnosis and treatment? Please provide this content regarding checklist 7c.

→The major limitation of this study is the small series.

6.I fail to find Conclusion in the text regarding checklist 8a and 8b. Please summarize the conclusions of this article in a separate paragraph.

→Conclusions

When the clinician encounters a patient with AD, especially SjS including subclinical case, routine chest CT is recommended and may provide thymic tumors. Conversely, in case of mediastinum tumor, screening test for AD is also recommended. In conclusion, our study shows a possible spectrum of thymic MALT lymphoma and

thymic amyloidosis, in which ADs, especially SjS, might be important underlying conditions in tumorigenesis of these rare tumors.