Peer Review File

Article information: https://dx.doi.org/10.21037/med-22-42

Reviewer Comments

The authors examined very detailed imaging and pathological features of thymic cysts from 18 resected cases. They showed that a large proportion of them exhibited histopathological evidence of microbleeding, remodeling, and wound healing, which correlated with preoperative imaging. Finally, they proposed a clinical management algorithm for indeterminate thymic nodules to prevent not-therapeutic thymectomy. I think this paper will be of interest and useful for the readers of Mediastinum.

However, this paper should be revised to be accepted due to the following points.

1. The surgical indication and follow-up algorithm for thymic nodules in this department should be mentioned in the Methods section.
Thank you for your question. We have not discussed or placed a reference to Figure 6 in the Methods section because this investigation did not involve the development of methodology for thymic nodule follow-up. We refer to the clinical management of thymic nodules and provide and algorithm for it exclusively in the Discussion, because we believe it would be helpful to Mediastinum's multidisciplinary readers. Our proposed algorithm is based on our deep experience with these nodules, the American College of Radiology (ACR) Appropriateness Criteria for imaging of mediastinal masses, a first-authored study by one of our authors regarding the longitudinal behavior of thymic cysts, another first-authored study by one of our authors on the high rate of unnecessary thymectomy, and this study. We now refer to the ACR Appropriateness Criteria on Imaging of Mediastinal Masses on P15, Line 303 and in the Reference section [references 1, 4, and 18].

2. Figures are too small to understand the detail. Arrowheads and asterisks are also too small.
Thank you for these suggestions. We have edited the figures accordingly. All the submitted figures are large TIF files ≥ 300 dpi. We believe the figures are sufficiently large now and would like to know if you agree with us. When viewed/depicted as separate TIF files (not in a PDF viewer that shrinks the files), the arrows are sufficiently large due to the high resolution of the files.

3. Many abbreviations are not spelled out correctly.
All abbreviations are now spelled out. We now include a list of abbreviations on our title page as well.

Ex: For example,

P2, line60; “CT” appears for the first time and should be spelled out.
In the prior submitted version of our manuscript, “CT” appeared for the first time on P3 Line 46 in the Background section of the abstract and was spelled out there. We have spelled it out again in the body of the manuscript, in P6 Line 96, so the abbreviations are well described both in the abstract and in the rest of the manuscript.
P3, line90; “HIPAA” should be spelled out.
HIPAA appears for the first time on P7, Line 127 and is now spelled out.
P3, line90; “Mass” should be spelled out and “MGH” is used in P3, line 110 with no mention of abbreviation.
“Mass” appears for the first time on P7, Line 128 in the context of “Mass General Brigham.” “Mass General Brigham” is the new name for the now combined Massachusetts General Hospital and Brigham and Women’s Hospital IRB. It is *not* supposed to be written as “Massachusetts General Brigham.”, and therefore it should be spelled out. On P7, Line 132, MGH is spelled out as Massachusetts General Hospital.
P3, line99; “IHC” has already appeared in P3, line98.
IHC appears for the first time on P7, Line 135 and is already spelled out here.
P3, line116; “H&E” has already appeared in P3, line98.
H&E appears for the first time on P7, Line 136 and is already spelled out here.
P4, line136; “HU” has already appeared in P2, line69.
HU appears for the first time in the Abstract on P4, Line 66. We now spell it out here in the Abstract. HU appears for the first time in the manuscript on P6, Line 106 and is already spelled out.
P4, line150; “SD” should be spelled out.
SD first appears on P9, Line 187 and is now spelled out.
Figures; “TRV, AP, CC” should be spelled out.
TRV, AP, and CC are now spelled out in all relevant figure legends—please see P21 Line 414, P 21 Line 428, P22 Line 441, and P22 Line 455.
Tables; There is no mention of abbreviations.
A list of abbreviations for Table 1 is now provided below the table.
The sole abbreviation in Table 2 is “n” and it is already spelled out as “number of cases.”

4. There is no explanation about boxes 1, 2, and 3 in Figure 2 E and F in figure legend.
The explanation of inset boxes 1, 2, and 3 was already present at the time of submission, however we now more appropriately locate the description of these inset boxes next to the descriptions of images 2E and 2F. Please see Page 21, Lines 420-423.

5. “IV” does not appear in Figure 6 even though it is listed in the abbreviation list below the diagram.
Thank you for noticing this. The line with the words IV/intravenous in Figure 6

has been deleted.

6. The authors should revise the entire manuscript, tables, and figure legends very carefully.
We have meticulously reviewed the manuscript, tables, and figure legends and have made minor changes in the final version submitted in this review.

Because so many mistakes in manuscript or tables are seen, the authors should revise the entire manuscript, tables, and figure legends very carefully.
We have done so. Thank you very much for your diligent review.