Answer for reviewer #1:

1. We are very thankful for your peer review reports. As for the staining, the IHC staining results were as follows: CK5/6(+); P63(+); P40(partial +); TTF-1(-); CDX-2(-); Ki-67(+,3-5%). The special staining were PAS(+) and AB(+).

2. We are very thankful for your suggestion about the discussion section. According to your suggestion, we have read this publication and referred in our revised manuscript.

3. According to your suggestion, we corrected this improper saying and referred related publications in the revised manuscript.

Answer for reviewer #2:

1. We are very thankful for your peer review reports. This patient had no symptom before the first CT scan. Which led to his CT scan was completely from the requirement of his employed company.

2. According to your suggestion, we simplified contents of these parts.

3. The surgical path of this patient was as follows: The surgeon made a 2cm incision from the 7th intercostal space of the right midaxillary line, and used this incision as a thoracoscopic observation port. Then, a 0.5cm incision was made in the 3rd intercostal space and a 1.5cm incision was made in the 5th intercostal space respectively. The two incisions were used as surgical operating holes. The surgeon freed the thymus through these three operating holes and removed the tumor by complete excision.

4. We are very sorry that our radiologists did not capture IV contrast CT images of the patient at that time for some reason.