**Reviewer: 1**

Comment 1:
The conclusions of this article is questionable since the case numbers for VMT group was too small and there is no control group for either VMT or retinal vascular disease group. The BCVA improvement could result from simple IVI bevacizumab in retinal vascular diseases and this study provided no further information regarding the role of TPA in this group. Another problem from this study was the heterogeneity of etiologies in the retinal vascular disease group. Although evaluating the role of TPA in VMT may be an interesting topic, the study design of this article made their results with little clinical value. Further, intravitreal injection of BSS may affect the vitreous and possibly induce PVD. The control group should include BSS injection.

Response:
These comments were added to the discussion part as the limitations of the study. This study is a pilot study and in the next study we will design a randomized clinical trial with control group.

Comment 2:
In this study, the detailed inclusion criteria for retinal vascular diseases were not available in the article.

Response:
The detailed inclusion criteria for retinal vascular diseases were added in the “subjects and methods”.

Comment 3:
For all tables, they should be self-explanatory. The abbreviations used should be listed below. The expression of LogMAR visual acuity was wrong in table 1.

Response:
Was corrected.

Comment 4:
From the figures, the difference of VA and CMT improvement between PVD and no-PVD groups might be related to baseline differences. The authors did not discuss their results in this aspect.

Response:
It was discussed in this aspect and added to the discussion part.

Comment 5:
Please consider providing the OCT images regarding the changes of vitreomacular interface before and after TPA injections.

Response:
It was provided as figure 3.

**Reviewer 2**

Comment 1:
The design of the study has many faults. To conclude anything about the effect of a medication on vitreo-macular traction (VMT), you need an adequate amount of patients in which the intervention is tried, and compare them with a number of patients with similar characteristics in which the intervention is withheld (control group). The effects of the intervention need to be readily
measurable, sustainable, and clinically relevant.

Response:
It was mentioned as the limitations of the study. The present study can be a pilot study and in the next study we will design a clinical trial with control group.

Comment 2:
Furthermore, the design is compounded by a heterogeneous group of patients who do not have VMT but are given the same medication under scrutiny with an anti-VEGF. How could the researchers isolate the effects of tPA in those dissimilar cases, especially after one single intervention that is coupled by a huge compounding factor (the Anti-VEGF)?

Response:
We wanted to know if tPA could induce PVD, but it was better to design a clinical trial. We mentioned it as the limitations of our study and in the next study we will design a clinical trial and the patients will have similar diseases.

Comment 3:
It is because of those shortcomings that the results of this effort cannot be scientifically validated.

Response:
Although the results of the present study cannot be generalized (secondary to heterogeneous group of patients and small number of VMT patients) but this study can be considered as a pilot study to design future clinical trials.