Peer Review File

Article Information: http://dx.doi.org/10.21037/ajo-20-83

Reviewer A:

Well written paper with no grammatical issues that adds to the literature on this challenging surgical scenario.

Only comment is that it is long.

Reply 1: Thank you for the comments, we have attempted to pare down the introduction and have removed some detail from the discussion.

Changes in the text: removed part of introduction "With this reconstruction... or vertigo." (P6, Lines 119 to 125) and part of the discussion: "Similar to the reported literature... found in females." (P17, Lines 336-338); "Our data show... rather a combination" (P17, Lines 341-345).

Reviewer B:

I would like to congratulate the authors on a useful and interesting study.

There are some minor corrections I have suggested below. I also feel that some tidy up in the discussion, possibly with a common theme before dealing with each section, would strengthen the paper significantly.

Reply 1: Thank you. We have rearranged the discussion so that it begins with a reassertion of our study aims and how it relates generally to the rest of the literature on the subject.

Changes in text: inserted new introduction to the discussion (P17, Line 333 in revised manuscript), incorporating the previous standalone discussion section of Hearing Outcomes (originally P18, Line 361 but moved up to P17 Line 337). Then inserted connecting paragraph "The most common cause of failure… compared with malleostapedotomy" at P17, Lines 342-346 on revised manuscript.

Line 38: "there were" x2

Reply 2: corrected

Changes in text: deleted the duplication "there were" from P2 Line 38.

Line 60: clarify whether the population is overall or of those with otosclerosis

Reply 3: clarified

Changes in text: added the words "has a reported frequency of 0.1-2.1% in the population" (P4, Line 59) to clarify that this refers to population incidence overall.

Line 63: explain why "delayed or persistent" CHL - wouldn't it be and rather than or?

Reply 4: We think "or" is appropriate as we are trying to say that conductive hearing loss, be it delayed onset OR persisting postoperatively (i.e. never got better) is the chief indication.



Changes in text: I have added "onset" to delayed on P4, Line 63.

Line 71: "the most challenging": consider revising - plenty of the others are just as

challenging!

Reply 5: agreed

Changes in text: revised line 71 on P4 to read "a particular challenge"

Line 81: do you need "distal" here, when you have used "partial or complete"?

Reply 6: agreed

Changes in text: deleted "distal" on Line 81

Line 84: explain how you would use a TORP if the footplate is fixed?

Reply 7: we have added a further description

Changes in text: added "with supporting graft at the footplate fenestra" on P5,

Line 84.

Line 338: explain how you draw a comparision between M:F revision rates and higher rates of otosclerosis in females?

Reply 8: This discussion has been deleted in order to shorten the paper

Changes in text: text deleted

Line 413: Is there any data in literature on long term malleostapedotomy performance/failures - i.e. 5-10 years down the track?

Reply 9: none that we could find that long postoperatively. We did find some studies which had audiometric data from 2-3 years postoperatively which we have incorporated into the discussion.

Changes in text: we have added a brief literature discussion at P20, Lines 410-414 on revised manuscript.

