**Editorial comments:**

***Thanks for your valuable comments and remarks to our paper.***

***We carefully went through in the main document for satisfying your requests.***

Changes to be made by the Author(s):  
1. Please take this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues. The JoVE editor will not copy-edit your manuscript and any errors in the submitted revision may be present in the published version.

***We corrected the spelling and grammar issues.***

2. Please provide figures with higher resolution if possible.

***Unfortunately, the figures we provided are the best that we have in terms of resolution, but we improved them as much as possible. We also added additional figures as requested by the reviewers.***

3. Figure 1: Please change the font size of “SURGEON” in the circle so that the word is not split across two lines.

***We changed the font as suggested.***

4. Figure 2: Please move the title in the left panel to the left so that it does not merge with the title in the right panel.

***We* moved the title as suggested*.***

5. Figure 4: Please label panels a and b in the figure and describe them in the figure legend.

***We labeled the panels in figure 4 (now figure 12). We described the structures (different nerves and vessels) in the image itself and in figure legend***

6. Please include a scale bar for all images taken with a microscope to provide context to the magnification used. Define the scale in the appropriate figure Legend.

***We included a scale bar in both microscope images (i.e. Figures 12.a and 13b. in this revised version of the manuscript). We define the scale in the relevant figure legend.***

7. Please revise the title to be more concise.

***We revised the title.***

8. Please provide an email address for each author.

***We added the email address of each author.***

9. JoVE cannot publish manuscripts containing commercial language. This includes trademark symbols (™), registered symbols (®), and company names before an instrument or reagent. Please remove all commercial language from your manuscript and use generic terms instead. All commercial products should be sufficiently referenced in the Table of Materials and Reagents. For example: Medtronic ®, Storz ®, Leica ®, Betadine ®, KARL STORZ®, Teflon®, Surgicel®, Vicryl®, Novafil®, Tensoplast®, etc.

***We removed commercial language, trademark symbols, registered symbols and company names from the manuscript. We now reference commercial products in the Table of Materials and Reagents.***

10. Please adjust the numbering of the Protocol to follow the JoVE Instructions for Authors. For example, 1 should be followed by 1.1 and then 1.1.1 and 1.1.2 if necessary. Please refrain from using bullets, dashes, or indentations.

***Thank you. We re-numbered our protocol and removed bullets, dashes, and indentations.***

11. Please revise the protocol so that all text in the protocol section is written in the imperative tense as if telling someone how to do the technique (e.g., “Do this,” “Ensure that,” etc.). The actions should be described in the imperative tense in complete sentences wherever possible. Avoid usage of phrases such as “could be,” “should be,” and “would be” throughout the Protocol. Any text that cannot be written in the imperative tense may be added as a “Note.”

***We followed your suggestion and rewrote all the steps in the protocol using the imperative tense only. We removed phrases such as “could be” etc. We included the text that could not be written in the imperative tense in Notes.***

12. Lines 75-92: Please either write the text in the imperative tense as if telling someone how to do the technique (e.g., “Do this,” “Ensure that,” etc.), or move the solutions, materials and equipment information to the Materials Table.

***We rewrote the text in lines 75-92 in the imperative tense. We added additional information on equipment that could not be written in the imperative tense as “NOTE, as you suggested.***

13. Please add more details to your protocol steps. Please ensure you answer the “how” question, i.e., how is the step performed? Alternatively, add references to published material specifying how to perform the protocol action.

***We added more details on our protocol steps as well as new images in an attempt to help the reader to better understand such steps. When including details was not possible, we referenced published material.***

14. Lines 96-104, 180-184: These steps do not have enough details to replicate as currently written. Please add more details. For instance, what is the dosage of benzodiazepine, how to induce general anesthesia, and how to prepare a sterile area? Please mention how proper anesthesia is confirmed.

***We added details and referenced on the anesthesia protocol and how to prepare a sterile area. We highlighted these steps in yellow so that in the video we can show readers how to prepare a sterile surgical area.***

15. For surgical steps, please mention all surgical instruments used in the specific steps.

***We added the exact instruments that need to be used in each surgical step.***

16. Lines 127-128: Please specify the general sedation method used.

***We specified the general sedation method and added references to allow the reader to correctly replicate the procedure.***

17. Please include single-line spaces between all paragraphs, headings, steps, etc. After that, please highlight 2.75 pages or less of the Protocol (including headings and spacing) that identifies the essential steps of the protocol for the video, i.e., the steps that should be visualized to tell the most cohesive story of the Protocol.

***We followed your suggestions, included single-line spaces between paragraphs, and highlighted 2.75 pages of the protocol for video registration.***

18. For in-text references, the corresponding reference numbers should appear as superscripts after the appropriate statement(s) in the text (before punctuation but after closed parenthesis). The references should be numbered in order of appearance.

***We inserted the reference numbers as superscripts and numbered references in order of appearance.***

19. Please ensure that the references appear as the following: [Lastname, F.I., LastName, F.I., LastName, F.I. Article Title. Source. Volume (Issue), FirstPage – LastPage (YEAR).] For more than 6 authors, list only the first author then et al.

***We modified the reference as you suggested.***

20. References: Please do not abbreviate journal titles. Please include volume and issue numbers for all references.

***We included full journal titles, as well as volume and issue numbers for all references.***

21. Please revise the table of the essential supplies, reagents, and equipment. The table should include the name, company, and catalog number of all relevant materials in separate columns in an xls/xlsx file. Please remove trademark (™) and registered (®) symbols from the Table of Equipment and Materials.

***We inserted name, company, and catalogue number of all relevant material in separate columns in the material excel file. We removed trademark and registered symbols from the Table of Equipment and Materials.***

Answer to Reviewers

We wish to thank the reviewers for their valuable comments.

**Reviewer #1 (changes in text are highlighted in light blue)**

In this reviewer's opinion, the authors should express the amount endoscopic time during the procedure more clearly.

***We added a sentence between parentheses that reports the length of endoscopic time. We inserted a duration time for a surgeon with average level of expertise in endoscopic surgery of ear and in the EAMIRSA technique.***

Furthermore, the authors should explain how the endoscopic visualization might reduce the size of the craniotomy.

***We added a sentence that explains the advantages of endoscopic visualization and how it might reduce the size of the craniotomy.***  
  
Additionally, the authors should express the learning of using the endoscope.

***Thank you for this comment. At the end of our manuscript, we added a sentence that expresses the learning of using the endoscope.***

**Reviewer #2: (changes in text are highlighted in green)**

In this manuscript the authors illustrate how to perform the endoscope-assisted minimally invasive retrosigmoid approach (EAMIRSA) to the Angle Ponto-Cerebellum and Internal Auditory Canal.  
  
1) In the long abstract: "for decompression surgeries (e.g., loops of the ICA)", do you mean AICA?

***Thank you. Yes, you are correct. We meant AICA. We corrected this error.***

2) In the Figures 3 and 4 the authors could add the side of the approach and name all the different structures, such as the petrous pyramid and the cerebellum to best orient the readers.

***In Figures 3 and 4 (which have been renumbered as 12 and 13 in this version of the manuscript) we added the side of the approach and the name of the different structures.***

3) It could be helpful to add a figure illustrating the approach step by step, as well as the location and the size of the craniotomy.

***We added several figures to better illustrate our approach step-by-step. We illustrated all the steps of our surgical procedure in Figures 1-9. The first figure shows how to position the patient’s head for surgery; the last one shows the skin closure step.***

4) Some more endoscopic pics could be added in order to illustrate the entire course of the VII-VIII complex, from the brainstem to the IAC.

***We added Figure 8 (a,b,c) that illustrates the entire course of the VII-VIII complex, from the brainstem to the IAC***.

5) The transcanal transpromontorial approach (Ref. 7 and 22), as the name suggests, relies on a route that is completely different from the retrosigmoid route.

***Thank you for this comment. We mentioned the transpromontorial approach because this is the only surgery method that uses a “total” endoscopic treatment. These two references were mentioned to underline the limitations of a full endoscopic approach. To clarify this point we added a small sentence in the introduction.***

6) The authors claim that the EAMIRSA reduces the risk of persistent post-surgery headaches and CSF leak. Please, add references.

***We added references about the ability of EAMIRSA to reduce post-surgery headaches and CSF leak.***

7) Have the authors any tip to safely drill the internal acoustic canal, when required (for example in vestibular schwannoma surgery or for loops jutting into the canal itself), in order to preserve the endolymphatic sac and endolymphatic duct?

***We added a sentence that explained how to drill the IAC safely, and to what extent the drill may be extended without touching endolymphatic structures.***

Which are their anatomical topographical landmarks?

***We used the natural direction of the VII-VIII bundle, and the anatomical angle that these structures follow naturally as anatomical landmarks for drilling the first portion of the IAC.***

Have they never used a neuronavigator?

***Thank you for this question. No, we never used neuronavigation during this type of surgery. We will keep in mind your suggestion for additional studies that combine EAMIRSA and neuronavigation.***