

Peer Review File

Article information: <https://dx.doi.org/10.21037/pcm-21-57>

Reviewer A

Comment 1: "...namely, cyproterone, as the association...."

Reply 1 and changes in the text: Reference to cyproterone has been made in the Discussion, as requested (page 6, paragraph 3):

"Cyproterone acetate is an antiandrogen and commonly used form of ADT; it is particularly useful in abrogating flares associated with initial GnRH use and in the treatment of locally advanced and metastatic prostate cancer (Bastide et al, 2013). However, its use has not been associated with meningioma stimulation".

Comment 2: "triptorelin" rather than "Dephereline".

Reply 2: this has been changed where used in the text (all on Page 4, paragraph 3), as requested.

Reviewer B

Comment 1: "...there is no tissue diagnosis...."

Reply 1: we have acknowledged this already in the text. However, to make it clearer, we include the term "a likely" before "meningioma" in both the Abstract and paragraph 2 of the Introduction.

Comment 2: "Please add or comment if meningioma express androgen receptors, LH and FSH receptors? And give reference"

Reply 2: this has already been addressed, including references, in our original text (Page 6, paragraph 1).

Comment 3: "GnRH receptor is not down-regulated with persistent agonist stimulation in meningioma cells in vitro?"

Reply 3: we are not sure whether this is an hypothesis/statement or question. To our knowledge, there is no data on this topic, so we have not included this.

Comment 4: regarding the title..

Reply 4: Title changed as requested.

Comment 5: "please delete "currently".

Reply 5: the word "currently" has been deleted (Page 4, paragraph 2).

Comment 6: "Usually prostate cancer does not express GnRH receptor".

Reply 6: Good point, we were mistaken. The final paragraph has been removed.

Response to Editorial Comments

- a. OK
- b. OK
- c. Provided
- d. None are
- e. Yes they are
- f. OK
- g. NA