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1. Comment: "The literature review assigned psychiatric symptoms into 7 main categories. Detailed illustration of clinical presentation and history of cases in each category may not be needed, but more descriptions and statistics regarding the tumor location, outcomes, symptoms profiles and its atypical presentations should be added."

Response: The categorization of psychiatric symptoms was done by our group. As per the reviewer's suggestion we have deleted all the case descriptions following each category of symptoms except the miscellaneous section [Please note: the deleted portions of case descriptions are not tracked in the revised manuscript]. However this reduces the clarity of presentation to the readers. The available statistics regarding the tumor locations, outcomes, symptom profiles and its atypical presentations from a psychiatric perspective are all ready included in the original manuscript. Apart from mainly case reports, there is very limited information on this topic.

2. Comment: "Summarize the tables according to the tumor location or presentations. Case series with same presentation or location can be simplified in the same row."

Response: As we have stated in the introduction and discussion section of the original manuscript [Please note: The relevant sentences are underlined in the revised manuscript], psychiatric symptoms do not have any localizing value, even though older textbooks have described some correlation. There is only one meta-analysis of psychiatric symptoms and tumor location for a 50 year period of case reports. This was done by our group and did not reveal any statistically significant association except for anorexia and hypothalamus. [Madhusoodanan et. al. Brain tumor location and psychiatric symptoms- Is there any association? A meta-analysis of published case studies. Expert Rev Neurother 10 (10) 1529/1536 (2010)]. As can be seen from our present tables, any psychiatric symptom may be seen with brain tumors in any location and vice versa. Because of the above reasons, a new table with locations and symptoms may not be of any significance.

3. Comment: "Overall, the text is too long and several contents were redundant. It shall be more condensed."

Response: By deleting the case description from the text, the word count has been reduced by about 1000, hence condensing the article. However, as I have stated in response #1, it reduces the clarity of presentation to the readers.