

**Table S1. Posterior fossa tumor and central precocious puberty: reported cases in the literature**

Reference	No.	Sex And Age	Brain Tumor Histology	Location	Endocrinological Symptoms at Presentation	Hydrocephalus at Presentation	Endocrinological Therapy	Tumor Treatment
<i>Our case</i>	1	Male, 11	Ganglioglioma	Cerebellum	pubarche, incremented testicular volume,height > 95°, advanced bone age	no	GnRH agonist (triptorelina)	Surgery
<i>Medina et al. [8]</i>	2	Male, 7	Medulloblastoma	Cerebellum	pubarche, incremented testicular volume, acne, height and weight >95°	yes	none	Surgery, chemotherapy, radiotherapy
<i>Josan et al. [9]</i>	3	Female, 2	Pilocytic astrocytoma	Cerebellum	vaginal bleeding	no	none	Surgery
<i>Gass et al. [10]</i>	4	n.a.	Glioma	Tectal plate	n.a.	yes	none	ETV
<i>Rossfeld et al. [11]</i>	5	Male, 7	Medulloblastoma	Cerebellum	pubarche, axillary hair, body odor	n.a.	GnRH agonist (leuprolide)	Surgery, chemotherapy
<i>Wendt et al. [12]</i>	6	Female, 7	Pilocytic astrocytoma	Cerebellum	menarche, advanced bone age	n.a.	n.a.	Surgery

CPP = central precocious puberty; n. a. = not available; ETV= endoscopic third ventriculostomy