

## Supplementary Material

### Clinical Scenarios

#### <Scenario 1: Newly diagnosed astrocytoma, IDH-mutant>

Please select the most appropriate treatment strategy during the crisis period for each clinical scenario in the following table considering performance status and risk. Don't consider whether it's a reimbursement or a domestic permit.

	A. WHO grade 2	B. WHO grade 3 or 4
1. KPS $\geq$ 60 Low risk	(A-1)	(B)
2. KPS $\geq$ 60 High risk	(A-2)	
3. KPS <60	(C)	

\*Low risk:  $\leq$ 40 y and gross total resection (GTR)

\*High risk: >40 y or subtotal resection (STR) or open/stereotactic biopsy

**<Scenario 2: Newly diagnosed oligodendroglioma, IDH-mutant and 1p19q codeleted>**

Please select the most appropriate treatment strategy during the crisis period for each clinical scenario in the following table considering performance status and risk. Don't consider whether it's a reimbursement or a domestic permit.

	<b>A. WHO grade 2</b>	<b>B. WHO grade 3</b>
<b>1.</b> <b>KPS ≥60</b> <b>Low risk</b>	(A-1)	(B)
<b>2.</b> <b>KPS ≥60</b> <b>High risk</b>	(A-2)	
<b>3.</b> <b>KPS &lt;60</b>	(C)	

\*Low risk: ≤40 y and gross total resection (GTR)

\*High risk: >40 y or subtotal resection (STR) or open/stereotactic biopsy

**<Scenario 3: Newly diagnosed glioblastoma>**

Please select the most appropriate adjuvant treatment and radiotherapy schedule during the crisis period for each clinical scenario in the following table considering age, performance status, extent of resection, and methylation status of the *MGMT* promoter.

**Adjuvant treatment**

1. Radiotherapy plus temozolomide
2. Radiotherapy alone
3. Temozolomide
4. Best supportive care

**Radiotherapy dose-fractionation schedule**

1. 60 Gy in 30 daily fractions
2. 40 Gy in 15 daily fractions
3. 34 Gy in 10 daily fractions
4. 25 Gy in 5 daily fractions

	<b>A.</b> Surgery: GTR MGMTp: meth	<b>B.</b> Surgery: GTR MGMTp: unmeth	<b>C.</b> Surgery: PR MGMTp: meth	<b>D.</b> Surgery: PR MGMTp: unmeth
<b>1.</b> Age: 64 KPS: 90	(1-A)	(1-B)	(1-C)	(1-D)
<b>2.</b> Age: 76 KPS: 90	(2-A)	(2-B)	(2-C)	(2-D)
<b>3.</b> Age: 64 KPS: 60	(3-A)	(3-B)	(3-C)	(3-D)
<b>4.</b> Age: 76 KPS: 60	(4-A)	(4-B)	(4-C)	(4-D)

**<Scenario 4: Newly developed symptomatic brain metastases>**

Please select the most appropriate radiotherapy strategy during the crisis period for each clinical scenario in the following table considering performance status and number of brain metastases.

Radiotherapy type

1. Radiosurgery (RS)
2. Whole brain radiotherapy (WBRT)
3. Best supportive care (BSC)

WBRT dose-fractionation schedule (if you have selected '2. WBRT' for radiotherapy type)

1. 30 Gy in 10 daily fractions
2. 20 Gy in 5 daily fractions
3. Other

	<b>Number of brain metastases</b>			
	<b>A. 3</b>	<b>B. 3</b>	<b>C. 10</b>	<b>D. 10</b>
<b>1. KPS: 70</b>	(1-A)	(1-B)	(1-C)	(1-D)
<b>2. KPS: 40</b>	(2-A)	(2-B)	(2-C)	(2-D)

**<Scenario 5: Newly diagnosed atypical meningioma>**

Please select the most appropriate adjuvant treatment and radiotherapy schedule during the crisis period for each clinical scenario in the following table considering age, performance status, extent of resection, and mitotic count (per 10 high-power field).

Adjuvant treatment

1. Surveillance
2. Radiotherapy (conventional fractionation)
3. Radiosurgery

Radiotherapy dose-fractionation schedule (if you have selected '2. Radiotherapy' for adjuvant treatment)

1. 60 Gy in 30 daily fractions
2. 54 Gy in 30 daily fractions
3. Other or hypofractionation

	<b>A.</b> Surgery: GTR Mitosis: 4	<b>B.</b> Surgery: GTR Mitosis: 15	<b>C.</b> Surgery: STR/PR Mitosis: 4	<b>D.</b> Surgery: STR/PR Mitosis: 15
<b>1.</b> Age: 57 KPS: 90	(1-A)	(1-B)	(1-C)	(1-D)
<b>2.</b> Age: 82 KPS: 90	(2-A)	(2-B)	(2-C)	(2-D)
<b>3.</b> Age: 57 KPS: 60	(3-A)	(3-B)	(3-C)	(3-D)
<b>4.</b> Age: 82 KPS: 60	(4-A)	(4-B)	(4-C)	(4-D)