

Supplementary Table 1 Description of the studies

Reference and country	Population, sample size and attrition	Median age (range)	Study design, focus and time of enrollment	Intervention, mode and setting	Duration, frequency, length and adherence	Time for measurements and main results
Hassler et al., 2010 ²² Austria	HGG (n=11) Attrition 0%	50 years (range 23-73)	Clinical controlled pilot trial, single arm, no control group Investigates the outcome on cognitive function Enrollment 10-42 months (median 15) after diagnosis	Neuro-cognitive group training Group + supervised Setting: outpatient clinic	1½ hour/1 day per week for 10 weeks 100% adherence and satisfaction	Pre- and post measurements Verbal Memory Total Learning (HVLt total learning) ↑ (P=0.04) Verbal Memory Delayed Recall (HVLt recall) → (P=0.11) Psychomotor speed (TMT-A) → (P=0.22) Sustained attention (TMT-B) → (P =0.17) Verbal fluency (COWAT) → (P =0.29)
Pace et.	BT	60	Clinical	Physical	1 hour/ 3	Pre- and post

Supplementary Table 1 Description of the studies

al. 2007 ²³	(121); 62 with HGG, 27 with AA, 12 with Oligode n- droglio ma and mixed BT, 20 with other BT. Attrition not reported	years (range 14-79)	controlled pilot trial, single arm, no control group Explores the functional outcome and impact on QOL Enrollment: 82 after diagnosis, 39 after recurrence	training Individual + supervised Setting: home	days per week for 12 weeks Adherence not reported	measurements BI: An increased tendency in 39%, a stable tendency in 16%, and decreased tendency in 44% (no <i>P</i> value) A tendency for increased KPS in 24% (no <i>P</i> value) Among a selected group of clinical improved patients: Median BI↑ (<i>P</i> =0.001) and Median KPS ↑ (<i>P</i> = 0.001) No differences in functional gain between the histological subgroup (no <i>P</i> value)
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Supplementary Table 1 Description of the studies

						A functional gain was observed in 26% of the patients with HGG (not specified) 72% had an improvement in at least one domain scores compared with their baseline QOL score (n=54)
Geler- Kulcu et al. 2008 ²⁴ Turkey	BT (n=21); 9 with HGG Stroke (n=21) Attrition 0%	BT group: 52.5 (range 36.5- 68.5) Stroke group: 56.7 (range 45.7- 67.7)	Clinical controlled and comparative trial, single arm, two groups matched according to lesion side Examines the functional	Physical training + Occupation al therapy Individual + supervised Setting: hospital	1 hour/5 days per week for 5.7- 18.7 weeks Mean number of sessions: BT group 11.5± 5.8 Stroke group 12.3±6.4	Pre- and post measurements Both the BT group and the stroke group improved significantly: MAS ↑ ($P=0.025/ P =$ 0.002) between groups ($P=0.718$) PASS ↑ ($P=0.002/$ $P=0.002$) between groups ($P=0.817$) BBS ↑ ($P=0.011/$

Supplementary Table 1 Description of the studies

			outcomes			<p>$P=0.109$) between groups ($P=0.109$)</p> <p>FIM mobility ↑ ($P=0.043/ P=0.007$) between groups ($P=0.660$)</p> <p>There was no statistically significant difference between the two groups in any of the four outcome measures.</p>
Bartolo et al. 2012 ²⁵	BT (n=75); 43 with HGG, 32 with meningioma	BT group: 63.5 (range 50.3-76.7)	A case-controlled and comparative trial, single arm, two groups matched one-to-one, for age, sex, and side of	Individual + supervised Physical training + speech therapy	1 hour/ 6 days a week for 4 weeks	Pre- and post measurements FIM, Sitting Balance, Standing balance, Hauser Index and MGHFAC ↑ for both groups ($P<0.001$)
Italy	Stroke (n=75) Attrition	HGG group: 62 (range		Setting: Hospital	100% adherence	Patients with meningioma achieved

Supplementary Table 1 Description of the studies

	0%	48.1-75.9) Stroke group: 65.7 (range 55.1-76.3)	lesion Tests the functional outcomes Enrollment after surgery			better results in regards to independence in activities of daily living ($P=0.02$) and mobility ($P=0.04$) compared with HGG or stroke.
Sardell et al., 2000 ²⁶ UK	BT (N=45); 43 with HGG, 1 with PNET, 1 with OA Attrition: unclear	50 years (range 23-69)	A quantitative pilot evaluation study Measures the numbers of unscheduled outpatient visits, BI, and patient satisfaction	Individual + supervised Psycho-social and supportive intervention with telephone follow-up in a nurse-led telephone follow-up clinic.	1 telephone consultation/month for 3 months + face-to-face consultation in the clinic on the fourth month. Patients	Unscheduled clinic visits and BI: pre and post measurements Satisfaction questionnaire completed at the fourth month or later (n=22) Unscheduled clinic visits= 41. Thirty-one were due to disease progression and were usually initiated by the nurse after a NTF call.

Supplementary Table 1 Description of the studies

			(n=22) Enrollment 16 months after diagnosis	Setting: Combined home and outpatient	could choose to continue with NTF hereafter Adherence : 80% after 4 month, 45% at 8 months, 34% at 1 year.	The other 10 visits were due to concern regarding symptoms. The number of unscheduled clinic visits would not have been avoided with CCF carried out at the same time intervals. BI at baseline: 43 patients reported normal or near normal function. On subsequent follow-up (n=11) and time not specified – 5 patients had an improvement, six had a reduction, one patient was not assessed (no <i>P</i> -value) Patient satisfaction: 81% strongly agree and 19% agree that
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Supplementary Table 1 Description of the studies

						the follow up allows the patient to get on with their life and make better use of their time. Median patient satisfaction score of 9 on a visual analogue scale of 0-10 (range 3.6-10)
Spetz et al., 2005 ²⁷ Sweden	HGG (n=16) Caregivers (n=16); 10 spouses Attrition: 0%	Patients: 50.8 (range from 21-71) Caregivers: not reported	A qualitative descriptive intervention study Explores the patients' and their families' perspective on the function, relationship and their use of a SN	Individual + supervised Psycho-social and supportive intervention with a SN function Setting: Combined home and outpatient	Ongoing telephone contact with a SN during the entire course. 100% adherence	Field notes and conversations were written during the entire course of the disease. Interviews with patients and their families every third month. The spouses were interviewed after the patient's death Four relationships between the family and the SN were identified: 1) a resource for the

Supplementary Table 1 Description of the studies

			function Enrollment at time of diagnosis			family 2) a parallel resource within the family 3) a resource for the caregiver 4) a resource for the patient
Spetz et al., 2008 ²⁸ Sweden	HGG patients (n=16) Caregivers (n=16) Attrition: 0% Attrition from the last interview: 12.5%	Same study as described in Spetz, 2005 ²⁶	A qualitative descriptive intervention study Explores how the caregivers utilized the SN function and the relationship between the SN and the caregivers Enrollment at time of diagnosis	Same study as described in Spetz, 2005 ²⁶	Same study as described in Spetz, 2005 ²⁶	Field notes and conversations were written during the entire course of the disease. Interviews with patients and their families every third month. The spouses were interviewed after the patient's death Mean number of total contacts= 32 (range 1- 115) Three main categories of subjects discussed with the SN were: 1) Subjects related to the

Supplementary Table 1 Description of the studies

						<p>sick partner's medical health and treatment</p> <p>2) Subjects related to needs and desires concerning one-self 3) Subjects related to the relationship with the SN</p> <p>Close relationships between the SN and the caregivers were identified as reducing the caregivers' feeling of being left alone with the responsibility, and assisted adequate decisions</p>
Boele et al., 2011 ²⁹	IG: caregivers (n=31) CG: caregiver	IG: 50.77 (range 39.3-62.2)	A cross-sectional randomized controlled intervention trial	Individual+ supervised Psycho-social and	IG: 1 hour/1 day per week for 6 weeks CG: Usual	<p>Four questionnaires at baseline and every 2 months, five times in total</p> <p>Patients increased</p>

Supplementary Table 1 Description of the studies

<p>Netherlands</p>	<p>rs (n=25) Attrition: IG: 51.6% CG: 32%</p>	<p>CG: 50.56 (range 40.2 - 60.92)</p>	<p>Investigates the outcome on QOL and feeling of mastery of caregivers Enrollment ≥12 months from diagnosis (n=24) ≤12 months from diagnosis (n=32)</p>	<p>educational intervention Setting: Hospital</p>	<p>care e.g. interaction s with specialists Adherence : IG:48.4% CG:68%</p>	<p>uncertainty concerning the future and increments in communication deficits were negatively associated with mental functioning of the caregiver ($P=0.004$ and $P=0.043$, respectively) Caregiver mastery was positively related to patient's visual disorders ($P=0.031$) + communication deficits ($P=0.005$) Caregiver mastery delta scores (assessment at test time 5 minus baseline assessment) differed significantly between</p>
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Supplementary Table 1 Description of the studies

						the two groups ($P=0.008$) showing that the IG's feelings of mastery increased ($P=0.021$)
Keir, 2011 ³⁰ USA	HGG (n=26) with KPS of ≥ 70 . Attrition: one patient dropped out	Not reporte d	A prospective, single-arm intervention pilot study, no control group Assesses the patient reported psychologic al outcomes, level of stress and QOL Enrollment	Individual+ supervised Massage therapy Setting: A outpatient clinic related to the Hospital	45 minutes/2 days per week for 4 weeks Adherence :96.2%	Measurements at baseline, after week 1,2,3, and 4 and 1 week after last massage session (week 5) Levels of stress ↓ between week 2 and 3 ($P=0.010$) A tendency for reduction in stress continued throughout week 4 ($P=0.063$) FACT-Br at week 4: Emotional well-being ↑ ($P\leq 0.001$) Additional BT concerns ↑ ($P\leq 0.013$) Social/family well-

Supplementary Table 1 Description of the studies

			after diagnosis			being ↑ ($P \leq 0.024$) A trend for improvement in physical well-being ($P \leq 0.078$) At the end of week 4, PSS-10 scores of all participants were below the stress threshold
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Abbreviations: HGG, Patients diagnosed with a high-grade glioma; KPS, Karnofsky Performance Score; AA, Anaplastic Astrocytoma; BT, Brain tumor; TMT-B, Trail Making Test B; TMT-A, Trail Making Test A; COWAT, Controlled Oral Word Association Test; BI, Barthel Index used to measure Activities of Daily Living; MAS, Motor Assessment Scale; PASS, Postural Assessment Scale for Stroke; BBS, Berg Balance Scale; FIM, Functional Impairment Measurement; MGHFAC, Massachusetts General Hospital Functional Ambulation Classification; PNET, Primitive neuroectodermal tumor; OA, Oligoastrocytoma; SN, Specialist Nurse; NTF, Nurse-led Telephone Follow-up; CCF, Conventional Clinic Follow-up; PSS-10, Perceived Stress Scale; FACT-Br, Functional Assessment of Cancer Therapy-Brain; IG, Intervention group; CG, Control group; QOL, Quality of life; →, No change; ↑, Significant increased change; ↓, Significant decreased change.