Table S1. SSTR2 expression in glioma subtypes in CGGA and TCGA dataset

| | CGGA dataset | | | TCGA dataset | | |
|------------------------------|----------------------|-----------------------|-------|----------------------|-----------------------|-------|
| Diagnosis | Low SSTR2 expression | High SSTR2 expression | Total | Low SSTR2 expression | High SSTR2 expression | Total |
| glioblastoma | 35 (25.18%) | 104 (74.82%) | 139 | 125 (82.24%) | 27 (17.76%) | 152 |
| anaplastic oligodendroglioma | 0 (0%) | 12 (100%) | 12 | 21 (24.14%) | 66 (75.86%) | 87 |
| oligodendroglioma | 0 (0%) | 52 (100%) | 52 | 9 (7.69%) | 108 (92.31%) | 117 |
| astrocytoma | 3 (5.36%) | 53 (94.64%) | 56 | 19 (34.55%) | 36 (65.45%) | 55 |
| anaplastic astrocytoma | 5 (13.16%) | 33 (86.84%) | 38 | 61 (53.51%) | 53 (46.49%) | 114 |

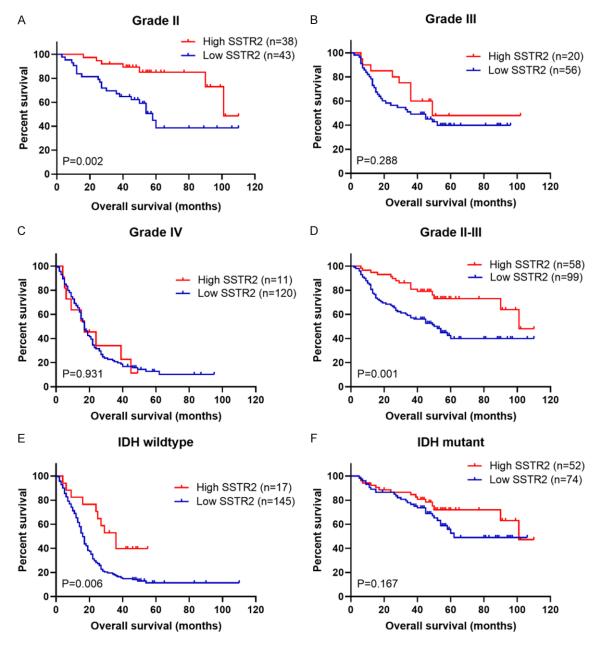


Figure S1. Kaplan-Meier curves with univariate analysis (log-rank). Patients with high SSTR2 expression were more frequently associated with better outcome than those with low SSTR2 expression in grade II glioma, grade II to III glioma and IDH wildtype glioma.

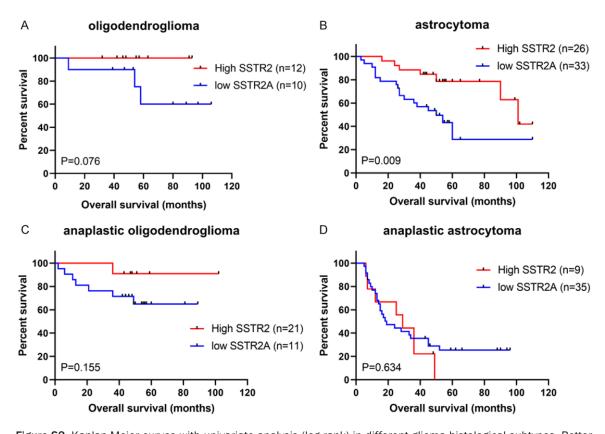


Figure S2. Kaplan-Meier curves with univariate analysis (log-rank) in different glioma histological subtypes. Better prognostic trends were noted for oligodendroglioma, astrocytoma and anaplastic oligodendroglioma patients, while statistical significance was only observed in astrocytoma patients.