

**Supplementary materials 2: Characteristics of the included studies.**

<b>Author/year/country</b>	<b>Focus</b>	<b>Type of brain tumor and stage of treatment at interview</b>	<b>Recruitment</b>	<b>Participants, sex, and relationship</b>	<b>Method/design</b>	<b>Data collection/analysis</b>
Arber et al. (2010). <sup>2</sup> United Kingdom (UK).	Caregivers' need for information.	Malignant * Stage of treatment not described.	Specialist hospital in England.	N = 22 M: 7 and F: 15 17 spouses 3 children 2 parents	Grounded theory.	Semistructured interview/comparative method for generating categories and topics.
Arber et al. (2013). <sup>24</sup> United Kingdom (UK).	Caregivers' need for support.	Malignant * Stage of treatment not described.	Recruited by a nurse at a cancer center in England.	N = 22 M: 7 and F: 15 17 spouses 3 children 2 parents	Grounded theory.	Semistructured interview/comparative method for generating categories and topics.
Coolbrandt et al. (2015). <sup>23</sup> Belgium.	Caregivers' experience and need for support.	High-grade * Radiation or chemotherapy, or in the follow-up phase after such treatment.	University Hospital in Leuven.	N = 16 M: 6 and F: 10 13 partners 2 parents 1 friend	Grounded theory.	Semistructured interview/thematic analysis inspired by the Qualitative Analysis Guide of Leuven.
Cutillo et al. (2018). <sup>30</sup> USA.	Which strategies caregivers of children with a brain tumor use in the postoperative phase.	15 benign. 25 malignant. Newly diagnosed and newly operated.	Pediatric hospital in the USA.	N = 22 M: 3 and F: 19 All parents	Triangulating mixed-method.	Semistructured interview/thematic analysis.

Edvardson & Ahlström (2008) <sup>25</sup> . Sweden.	Caregivers' experience.	25 low-grade. 2 high-grade. Stage of treatment not described.	The patients had participated in an earlier study.	N = 28 M: 8 and F: 20 15 partners, living together 3 partners, living apart 8 parents 1 sibling 1 child	Not described.	Semistructured interview/qualitative content analysis and quantitative analysis of how the topics were distributed among the participants.
Janda et al. (2006) <sup>22</sup> . Australia.	The need of support for brain tumor patients and their caregivers.	Different types * Treatment phase not described, but time since diagnosis stated: 1–2 years: 22 5 years: 5 More than 5 years: 11	Members of Queensland Cancer Fund's Brain Tumor Support Service.	N = 10 in focus group, n = 8 in semistructured interview M: 4 and F: 18 13 partners 5 children	Qualitative.	Focus group interview and semistructured interview/framework analysis.
Lipsman et al. (2007) <sup>37</sup> . Canada.	The experience of brain tumor patients and their caregivers, and how it affects the choice of treatment.	Malignant * Palliative phase.	Recruited by a neurosurgeon.	N = 22 Further participant information not described	Qualitative.	Semistructured interview/thematic analysis.
Lou et al. (2015) <sup>34</sup> . Taiwan.	The experience and suffering of mothers waiting for their child to die from brain tumor.	Malignant * All patients deceased.	Not described.	N = 10 F: 10 All mothers	Phenomenological.	In-depth interview/Colaizzi's analysis method.

Owensworth et al. (2015). <sup>35</sup> Australia.	Caregivers' experience of support.	6 low-grade. 5 high-grade. All underwent surgery and radiation or chemotherapy. 9 months – 22 years since diagnosis.	Had participated in a different study.	N = 11 M: 6 and F: 5 8 spouses 3 parents	Phenomenological.	Semistructured interview/thematic analysis.
Piil et al. (2015). <sup>21</sup> Denmark.	Brain tumor patients' and their caregivers' experience, and their need for rehabilitation and support.	High-grade * The interviews conducted after: 1. Surgical diagnosis 2. Oncological treatment 3,4. Oncological treatment and scan showing treatment effect 5. After treatment	The University Hospital in Copenhagen.	N = 33 M: 10 and F: 23 23 spouses 2 girl/boyfriends 7 children 1 sister	Longitudinal and exploratory.	Semistructured interview/thematic analysis.
Russell et al. (2016) <sup>10</sup> . Canada.	The experience of children with a brain tumor and their caregivers.	Malignant * Diagnosed at least 3 months previously, stage of treatment not described.	Hospital in Toronto.	N = 12 Based on names: F: 11 stk., 1 stk. unknown All parents	Grounded theory.	Semistructured interview/comparative analysis.
Schmer et al. (2008) <sup>31</sup> . USA.	Caregivers' experience concerning care tasks after chemotherapy.	Malignant * During first 6 months of treatment.	The patients' treatment center.	N = 10 Sex unknown 7 spouses 2 daughters 1 son-in-law	Phenomenological.	Semistructured interview/Colaizzi's analysis method.

Schubart et al. (2008). <sup>20</sup> USA.	Caregivers' challenges and unmet needs.	Different types of brain cancer * 6 deceased 2 exacerbations 2 unstable 10 stable 1 terminal 3 recurrent 1 unclear	NeuroOncology Center.	N = 25 M: 7 and F: 18 18 spouses 4 parents 2 children 1 sibling	Grounded theory.	Semistructured interview/open coding and cross-case analysis.
Sherwood et al. (2011). <sup>36</sup> USA.	How caregivers adapt to their new role, and how this role changes during time.	Malignant * Interviewed 1 and 4 months after diagnosis.	A regional hospital.	N = 10 M: 2 and F: 8 5 spouses 2 parents 1 child 1 nephew 1 friend	Longitudinal descriptive design.	Semistructured interview/thematic content analysis.
Shortman et al. (2013). United Kingdom (UK).	Mothers of children with brain tumor—their experience and their coping mechanisms.	Different types and degrees *. All underwent surgery, five radiation, and four chemotherapy. 17–35 months since diagnosis.	Also participated in another study.	N = 6 F: 6 All mothers.	Not described.	Semistructured interview/thematic content analysis.

Strang & Strang (2001). <sup>28</sup> Sweden.	The degree to which patients with a brain tumor and their caregivers cope, understand, and create meaning in the situation.	Malignant tumors, grade 2–4. Treatment stage not described.	Not described.	N = 16 Further participant information not described.	Hermeneutic phenomenological.	Semistructured interview/structural analysis based on hermeneutic circle described by Ricoeur.
Tastan et al. (2011). <sup>32</sup> Turkey.	Caregivers' experience of postoperative phase and homecare.	Different types and degrees * All patients had undergone surgery and postoperative treatment and were being treated at home.	A research and military training hospital in Turkey.	N = 19 M: 4 and F: 6 4 spouses 4 children 1 parent 1 sibling	Descriptive qualitative study.	Semistructured interview/Colaizzi's analysis method.
Huang et al. (2021). <sup>27</sup> Taiwan	The lived experience of parents having a child with a brain tumor during the shared decision-making process of treatment	4 medulloblastoma 3 germ cell tumor 1 glioblastoma 1 astrocytoma 1 ependymoma  The interviews were conducted between 1-6 months after the child received the diagnosis	A pediatric oncology ward at a medical center in Taiwan	N=10 M: 3 and F: 7	Descriptive phenomenological study	Semistructured interview/Colaizzi's analysis method.
Wideheim et al. (2002). <sup>26</sup> Sweden.	The experience of a brain tumor from a family perspective.	High-grade glioma. The interviews were conducted 2–3 weeks, 3 months, and 6 months postoperatively.	Not described.	N = 5 Sex unknown 2 spouses 2 parents	Descriptive qualitative study.	Qualitative interviews/inductive content analysis.

				1 adult child		
Zelcer et al. (2010). <sup>33</sup> Canada.	The experience of brain tumor patients and caregivers in the palliative phase.	Malignant * All patients deceased.	Children's Hospital, London Health Sciences Centre.	N = 25 M: 9 and F: 16 All parents	Qualitative	Semistructured interview/thematic content analysis.

1 M = Male, F = Female

\*=Tumor not further described