

**Supplementary Material S1. Questionnaire template for the online survey.**

- Please select your country of employment:

- Profession:

- Duration of professional experience:

< 10 years

> 10 years

- How would you treat this patient?

**1) Please define YOUR therapeutic goals:****a. Oncological treatment**

With curative intent

With non-curative intent

**b. No further oncological treatment (palliative care/best supportive care)**

Yes       No

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**2) Please choose between the following options (single/multiple answers possible)**

- Invasive diagnostic and/or therapeutic measures?

Yes       No

- Predominant inpatient therapy acceptable

Yes       No

- Only predominant outpatient therapy acceptable

Yes       No

- Only predominant therapy at home acceptable

Yes       No

- Treatment profile with marked toxicity and/or stress acceptable

Yes       No

- Only favorable toxicity and stress profile acceptable

Yes       No

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**3) Do you see an indication for participation in early clinical trials (phase I/II)?**

Yes       No

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**4) Surgery** Yes  No

If yes:

- a) Rebiopsy only
  - b) Maximal safe resection
  - + Molecular work up
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**5) (Re-)irradiation** Yes  No

If yes:

 Only local  Craniospinal

Energy dose:

- ≤ 20 Gy
- > 20

Please specify:  

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**6) Chemotherapy** Yes  NoIf yes, please specify:  

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**7) Targeted therapy** Yes  NoIf yes, please specify:  

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**8) Immunotherapy** Yes  NoIf yes, please specify:  

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**9) Tumor treating fields (e.g. Optune®)** Yes  No  

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**10) Intraventricular chemotherapy** Yes  NoIf yes, please specify:  

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**11) Other treatment options:** Yes  NoIf yes, please specify:  

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