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<th>Guideline Page and Request</th>
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| **ASTR-1**<br>External Request<br>External submission from the American Society of Radiation Oncology (ASTRO) to consider:  
- Moving the recommendation for MRI within 72 hours after surgery out of footnote into main flow chart to highlight its importance in management decisions.  
- Including adjuvant chemoradiation as an option for low risk, low grade glioma | Panel consensus was not to move the postoperative MRI recommendation from the footnote into the body of the algorithm.  
Panel consensus was not to add chemoradiation as an adjuvant therapy option for low risk, low grade gliomas based on limited data. | 0 16 0 10 |
| **LEPT-2**<br>External Request<br>External submission from ASTRO to consider adding the following two options after involved-field RT (IFRT) for good risk patients:  
- “Consider the use of organ-specific, systemic agents with CNS activity”  
- “Consider intra-CSF chemotherapy” | Panel consensus was not to include the two proposed options following IFRT for patients with leptomeningeal metastases and good risk. | 0 16 0 10 |
| **BRAIN-C (1 of 3)**<br>External Request<br>External submission from ASTRO to consider adding the following under limited field radiation for (adult) ependymoma: “Conformal radiation therapy (3D, IMRT, VMAT, etc.) is recommended to spare critical structures.” | Panel consensus was not to add a statement about conformal radiation therapy for ependymomas based on limited data. | 0 16 0 10 |
| **Discussion (MS)**<br>External Request<br>External submission from ASTRO to consider the following revisions to the discussion section text:  
- MS-2: Adding radiation oncologists to the list of health professionals included in the interdisciplinary team that is involved for each patient with a CNS tumor.  
- MS-30: Clarifying that for leptomeningeal disease, MRI of the brain and spine is also recommended when chemotherapy and/or radiotherapy is being considered.” | The panel is in favor of revising the discussion text to reflect the recommendations in the algorithm. Revisions will be included in the updated discussion section, when available. |