

Supplemental Table 2. Results of Delphi Round Two Surveys

Principle Statement	No. Responses	Percent Agreement*	Median Score (IQR) [%]
TNM based staging systems used in adult patients are of limited use for many, but not all pediatric malignancies	22	91	2 (1-2)
Ideally, cancer registries should collect the methods of evaluation by which stage was determined in order to assess the adequacy of staging (e.g. Chest X-ray vs. CT scan for lung metastases)	23	87	2 (1-2)
A primary reason for collecting disease stage in cancer registries is because stage may be used as a proxy for treatment	25	52	2 (2-4)
The importance of pathologic staging (i.e. staging at the time of surgery/resection), and the staging system by which it should be collected, will vary between pediatric malignancies	25	92	2 (1-2)
Stage at diagnosis, when collected, should incorporate all information available from diagnosis to 4 months post diagnosis	25	60	2 (2-3)

IQR – interquartile range; No. – number

*Agreement was defined as scores of 1 or 2; %1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree

Bolded principles indicate those achieving consensus by definitions outlined in text