

## Supplementary Material

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**Table i.** Questions being voted upon at the Birmingham Orthopaedic Oncology Consensus Meeting.

Theme	Question
De-differentiated chondrosarcoma	How aggressive should we be with surgery on de-differentiated chondrosarcoma?
	Should we routinely use chemotherapy with de-differentiated chondrosarcoma?
Radiology of ACT	Which imaging feature gives the best positive/negative predictive value for differentiating an enchondroma from an ACT/chondrosarcoma?
	Can chondrosarcoma be safely diagnosed by radiology alone using radiology classifications e.g. BACTIP?
Pathological fractures	Does pathological fracture influence the outcome for chondrosarcoma?
	Is limb salvage safe in patients presenting with a pathological fracture through chondrosarcoma?
Treatment of ACT	Do purely intraosseous central cartilage tumours/ACT/chondrosarcoma metastasize?
	How should we treat intraosseous ACT/chondrosarcoma?
	Is it safe to avoid biopsy in radiologically typical chondrosarcomas/ACT?
Pelvic chondrosarcoma risk	Do pelvic chondrosarcomas behave more aggressively and therefore should they be treated more aggressively?
	Does navigated surgical resection (with jigs or computer navigation) of chondrosarcoma of pelvis result in better oncological outcomes?
Margins	What is a wide margin in chondrosarcoma?
	Should we vary the attempted surgical margin depending on grade of chondrosarcoma?

Local recurrence	Does local recurrence influence the prognosis for chondrosarcoma?
	How aggressive should we be in treating locally recurrent disease in chondrosarcoma?
Treatment after intralesional margins	Do intralesional margins for high grade chondrosarcoma increase risk of poor oncological outcomes?
	What is the optimal treatment following an inadvertent intralesional margin of a high-grade chondrosarcoma?
Surveillance	What is the optimal clinical and radiological surveillance following chondrosarcoma resection? Should we stratify by risk?
	Is it safe to undertake radiological surveillance in ACT? What is optimal interval between scans and when should we intervene?
Adjuvant treatment	What is the role of adjuvant therapy (radiotherapy/proton beam therapy/carbon ion/chemotherapy) in conventional chondrosarcoma?
	Is there a role for alternate treatments in chondrosarcoma (e.g. cryoablation/RFA/irradiation and reimplantation)?
Two-stage revision	Should all implants (including stems) be removed at a two-stage revision for PJI?
	How do we know it is safe to proceed with the second stage revision of PJI?
Antibiotic prophylaxis	What is the optimal antibiotic choice and duration for prophylaxis in limb oncology reconstructions?
	Should we give high risk reconstructions (e.g. pelvic reconstructions) extended prophylaxis and if so how long and what type?
Acute infection on chemotherapy	What is the optimal management of an acute PJI while the patient is still receiving chemotherapy?
	Can chemotherapy safely be continued with a low grade PJI?
DAIR	Is DAIR an acceptable way to treat PJI in oncology, how should we do it and when should DAIR be used?
	What adjuvants (e.g. local irrigation solutions, antibiotics carriers) should we use in a DAIR?
Single-stage revisions	Is single-stage revision an acceptable way to treat PJI in oncology and when should it be used?
	How long should antibiotics be administered following a single-stage treatment of PJI?
Extended antibiotics/suppression	Is there a role for prolonged antibiotics following the second stage of a two-stage revision?
	When should we consider long term antibiotic/antifungal suppression after PJI?
Risk factors for infection	What are the risk factors for PJI in oncology patients?

	Do coated (e.g. silver/iodine) implants reduce the risk of a subsequent PJI at primary implantation and should these be used routinely?
Wound management	How aggressive should we be with leaking wounds to reduce the risk of PJI?
	What wound strategies (e.g. dressings, drains) can be used to reduce risk of PJI and how long should we use them for?
Infection in biology vs EPR	Is there a difference in the rates of PJI following biological vs metallic reconstruction?
	What is the optimal management of an infected allograft reconstruction?
Organisms in PJI	Are there organisms which have a less favourable prognosis with a treatment rationale for PJI (e.g. DAIR/single-stage/two-stage)?
	Is 1.5-stage revision (interval prosthesis with local antibiotic delivery) an acceptable way to treat PJI? Is it suitable for all organisms?

ACT, atypical cartilage tumour; BACTIP, Birmingham Atypical Cartilage Tumour Imaging Protocol; DAIR, debridement, antibiotics and implant retention; PJI, periprosthetic joint infection; RFA, radiofrequency ablation.

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