



Supplementary Fig. 2. Indications for intramedullary spinal cord tumor (IMSCT) surgery in older patients. GTR, gross total removal; STR, subtotal removal. Appendix: The ultimate determination regarding surgical indications remains at the discretion of the treating physician, and this algorithm should be regarded as a general guide rather than an inflexible rule. Older age is not an independent poor prognostic factor, but older patients should be informed that it is difficult to achieve the same degree of neurological recovery as younger patients. Older patients of preoperative mMC III with cervical lesions should be informed that approximately 40% of patients will have postoperative neurological deterioration. Older patients of preoperative mMCs II/IV suspected astrocytoma should be informed postoperative independence difficulties. A history of cancer or heart disease independently contributed to overall survival in patients with IMSCT and should be factored into surgical decision-making.