

Step 1	Writing group Identifies key areas needing consensus building Finalizes open-ended questions (n=21) to be asked from the whole group of experts
Step 2	Round 1 : Online survey (<i>questions with open-ended questions</i>) The responses to the open-ended survey were analysed Questions with responses indicating consensus (n=11) are identified and removed from further surveys
Step 3	Round 2: Online survey (<i>questions with multiple options along with feedback from previous survey</i>) The experts choose from multiple options provided along with the questions. Each option had a percentage response provided from the previous round of the survey Questions with responses indicating consensus (n=8) were identified and removed from further surveys
Step 4	Round 3: Online survey (<i>questions with multiple options along with feedback from previous survey</i>) The experts choose from options provided along with the questions for which consensus was not reached in round-2. Each option had a percentage response provided from the previous round of the survey
Step 5	Round 4: Online meeting Results of the round-3 survey along with evidence in literature were discussion among the experts and consensus reached on the remaining two questions. The writing group then drafted the guidelines.

Web Fig. 1 Step followed in the DELPHI Process

Web Box I Step 1: Open-ended questions for experts

1. In your opinion/ experience, what are the common presenting symptoms of neurocysticercosis apart from seizures, in children?
2. What are the unusual or rare presentations of neurocysticercoses in children seen by you?
3. How in your opinion do symptoms of neurocysticercoses differ in children as compared to adults?
4. In your opinion, should we screen family members of a child presenting with neurocysticercosis? If so how?
5. Do you use serological tests for the diagnosis of neurocysticercosis? If yes in what situation and what test?
6. In your opinion, when will you order an MRI in a child suspected of NCC, who has already had a CT done?
7. What are the special techniques in MRI to help detect NCC and to differentiate from other close differentials?
(*Question specifically for experts in radiodiagnosis*)
8. In your opinion, which findings do you rely on to reliably differentiate NCC from tuberculoma radiologically?
(*Question specifically for experts in radiodiagnosis*)
9. What in your opinion should be the ideal time to repeat the imaging after treatment of NCC, does it differ in those with one versus those with multiple lesions? Secondly do you order a CT or MRI? Plain or contrast?
10. In case initial imaging is not conclusive to differentiate NCC from tuberculoma, what in your opinion is the role of repeat imaging and to be done at what interval?
11. What is your preferred way to treat ring enhancing lesions that persist after one course of antihelmenthics? Concurrent administration of albendazole and praziquantel OR a longer duration of albendazole OR repeat course of albendazole in same dose OR any other option?
12. In children who do not have seizures but have NCC detected on neuroimaging (e.g., imaged for evaluation of headache). Will you use the following?
 - a. Antihelmenthic drugs
 - b. Antiseizure medications
13. In your opinion what is the optimal duration of Albendazole in Solitary cysticercus granuloma –one week, two weeks or 4 weeks regimen?
14. What is your preferred way to use antihelminthic drugs for more than two ring enhancing lesions (Not encephalitis) ? Concurrent administration of albendazole and praziquantel OR a longer duration of albendazole OR any other option?
15. What, in your opinion, is the best drug to manage NCC encephalitis with **acute symptomatic** cerebral edema in children (headache, vomiting, behaviour change, papilledema, reduced sensorial level)? Notably, the role of steroid pulses/oral. (which steroid and for how long?
16. What, in your opinion, is the best drug for **long term management of NCC encephalitis** with symptomatic cerebral edema (intermittent headache, vomiting, behaviour change, persistent papilledema)? Notably, the role of steroids and steroid sparing agents
17. Subarachnoid and ventricular cysts are rare in children and in the Indian sub-continent. They are more common in series from the South-America. Evidence based guidelines published by IDSA and ASTMH may be adopted for India for these rarer kinds of NCC.¹ Are you in agreement with this?
18. What anti-seizure drug, dose and duration of therapy would be best suited, as per your practice, in the following situations?
 - a. Single ring enhancing lesion
 - b. Multiple ring enhancing lesions
 - c. Calcified NCC
19. When do you consider epilepsy surgery for calcified NCC?
20. In your opinion what is the treatment of calcified lesions that show edema along with seizures? –would you use antihelminthic drugs and/or anti-inflammatory drugs> which drug do you prefer and the dose/duration you follow.?
21. What is the optimal duration for treatment with antiepileptic drugs in children with NCC and on what criteria must we base our decision to withdraw anti-seizure drug?

¹ Diagnosis and Treatment of Neurocysticercosis: 2017 Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA) and the American Society of Tropical Medicine and Hygiene (ASTMH). White AC Jr, Coyle CM, Rajshekhar V, Singh G, Hauser WA, Mohanty A, Garcia HH, Nash TE. Am J Trop Med Hyg. 2018 Apr;98(4):945-966.