

Supplementary table

Supplementary Table 1. Consensus based on the modified Delphi method

| Recommendations  | Delphi rounding achieving consensus | Agreement rate (%) |
|--|-------------------------------------|--------------------|
| 1. For patients who have undergone endovascular treatment for intracranial aneurysms, it is recommended to schedule the initial follow-up imaging within a timeframe of 3 to 6 months.   | Second round                        | 93                 |
| 2. While digital subtraction angiography (DSA) remains the gold standard, noninvasive imaging modalities such as contrast-enhanced magnetic resonance angiography (CE-MRA) or time-of-flight magnetic resonance angiography (TOF-MRA) can also be considered as alternatives during the first imaging follow-up.   | Second round                        | 95                 |
| 3. Following the initial follow-up imaging, it is recommended to consider mid-term follow-up imaging at 1, 2, 4, and 6 years after the initial treatment.  | First round                         | 90                 |
| 4. If noninvasive imaging reveals unstable changes in the treated aneurysms, such as the emergence of a new aneurysmal neck remnant or growth of an existing aneurysmal neck remnant, it is recommended to consider digital subtraction angiography (DSA) for further evaluation and to discuss the potential need for retreatment.  | First round                         | 91                 |
| 4-1. For patients with identified unstable changes who have opted for observation rather than retreatment, it is advisable to undergo more frequent noninvasive imaging (such as CE-MRA or TOF-MRA) compared to individuals without unstable changes. This includes annual imaging follow-ups for a duration of up to 5 years.   |                                     |                    |
| 4-2. Patients who have undergone retreatment due to unstable changes should be treated as if they are receiving initial treatment and should follow the same imaging follow-up schedule (It is recommended to schedule the initial follow-up imaging within a timeframe of 3 to 6 months).   |                                     |                    |
| 5. For patients who exhibit unstable changes or are at high risk of recurrence, it is recommended to consider late-term imaging follow-up every 3-5 years for lifelong monitoring. The high-risk group for recurrence typically includes aneurysms with a size greater than 10 mm, Raymond-Roy occlusion classification grade 2 or higher, and initially ruptured aneurysms. | First round                         | 91                 |