Supplemental Table 1 Table illustrating results from the circulated questionnaire form regarding iodine-based radionuclide therapy.

Iodine-based TRT				
Question	**Choices**			
Which term can best identify iodine-based TRT, namely [131I] and [131I]MIBG?	Transporter-Mediated Radionuclide Therapy (TMRT)	Targeted Uptake-Directed Endoradiotherapy (TUDET)	Selective Uptake-Driven Endoradiotherapy (SUDET)	Transporter-Specific Radionuclide Therapy (TSRT)
Response Rate	55%	25%	5%	15%
Question	**Choices**			
Which term can best identify [131I] that is currently implemented in differentiated thyroid cancer and thyrotoxicosis?	Radioactive Iodine Therapy (RAIT)		Radioiodine Therapy (RIT)	
Response Rate	28%		72%	
Question	**Choices**			
The term [131I]MIBG have been uniformly described in the literature. Should this be used as the term of choice when referring to this specific line of therapy?	Yes		No	
Response Rate	88%		12%	

Supplemental Table 2 Table illustrating results from the circulated questionnaire form regarding Intratumoral radionuclide therapy

Intratumoral TRT			
First Round			
Question	**Choices**		
Which term can best identify Intratumoral radionuclide therapy?	Radioembolization (RE)	Selective Internal Radiation Therapy (SIRT)	Transarterial Radioembolization (TARE)
Response Rate	33%	44%	33%
Second Round			
Question	**Choices**		
Which term can best identify Intratumoral radionuclide therapy?	Radioembolization (RE)	Selective Internal Radiation Therapy (SIRT)	Transarterial Radioembolization (TARE)
Response Rate	13%	67%	20%
Rational			
The term SIRT offers a more comprehensive perspective on the primary mechanism of action underlying this mode of therapy, while other terms may not provide the same level of generalizability and longevity. This is particularly important in the context of potential future expansions into other tumor subtypes, beyond hepatology, gastroenterology, cardiology, and neuro-oncology.			

Supplemental Table 3 Table illustrating results from the circulated questionnaire form regarding peptide receptor radionuclide therapy

Peptide Receptor Radionuclide Therapy (PRRT)		
Question	**Choices**	
The term PRRT have been uniformly described in the literature. Should this be used as the term of choice when referring to this specific line of therapy?	Yes	No
Response Rate	95%	5%
Question	**Choices**	
Which formulation do you prefer to use when referring to specific peptide receptor TRT?	First initial of the receptor of interest followed directly by PRRT (e.g., somatostatin receptor PRRT → SPRRT)	Abbreviated term for the receptor of interest followed by space followed by PRRT (e.g., somatostatin receptor PRRT → SSTR PRRT)
Response Rate	25%	75%

Supplemental Table 4 Table illustrating results from the circulated questionnaire form regarding radioligand therapy

Radioligand Therapy (RLT)		
Question	**Choices**	
The term RLT have been uniformly described in the literature. Should this be used as the term of choice when referring to this specific line of therapy?	Yes	No
Response Rate	96%	4%
Question	**Choices**	
Which formulation do you prefer to use when referring to specific peptide receptor RLT?	First initial of the receptor of interest followed directly by RLT (e.g., prostate-specific membrane antigen RLT → PRLT)	Abbreviated term for the receptor of interest followed by space followed by RLT (e.g., prostate-specific membrane antigen RLT → PSMA RLT)
Response Rate	11%	89%

Supplemental Table 5 Table illustrating consensus results from the circulated questionnaire form regarding specific radionuclide therapy agent terminology

Question	**Choices**	
Most publishers and journals adhere to "Consensus nomenclature rules for radionuclide chemistry — Setting the record straight" when referring to specific radionuclide nomenclature. Do you think that this terminology consensus is appropriate to be implemented as a standard formulation for radionuclide terms?	Yes	No
Response Rate	68%	32%
Question	**Choices**	
Regarding structured radionuclide therapy nomenclature, do you think it is important to list the abbreviated chelator name when available as part of the therapy agent term?	Yes	No
Response Rate	92%	8%

Supplemental Table 6 Important remarks from NMGI experts

BALANCING ACT IN TERMINOLOGY STATEMENT
Finally, the experts of NMGI initiative would like to stress an important remark regarding the terminology consensus statement. We understand that we may not accomplish universal acceptance of a single terminology, and the Working Group does not intend to cause unintended adverse implications on the prevalent use of nomenclature in certain parts of the world. For example, the term Molecular Radiotherapy, deeply ingrained in clinical practice in the UK, is also very familiar amongst regulators, including the National Health System (NHS) responsible for reimbursement of medical services in the UK. Replacing it with the term Targeted Radioligand Therapy (TRT), therefore, has very negative implications for the field in the UK. Similarly, the Radiopharmaceutical Therapy (RPT) term is highly popular in the USA. It is used widely by the Society of Nuclear Medicine and Molecular Imaging (SNMMI), for example, in recognizing its RPT Centers of Excellence. However, our field needs to embrace an umbrella terminology that can help increase awareness among regulators, the scientific community, and the general population. This will also provide more comprehensive results when performing the literature search for various purposes. One way to accomplish our harmonization goal without causing adversarial effects on the local practice pattern would be to continue using locally prevalent terminology but add the universally accepted term Targeted Radioligand Therapy (TRT) in parentheses.