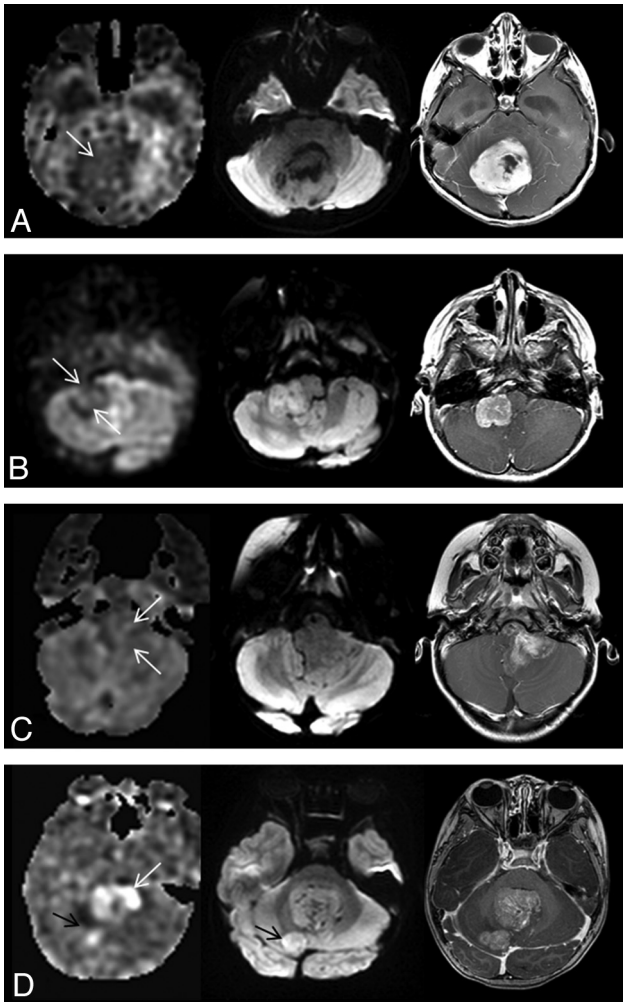
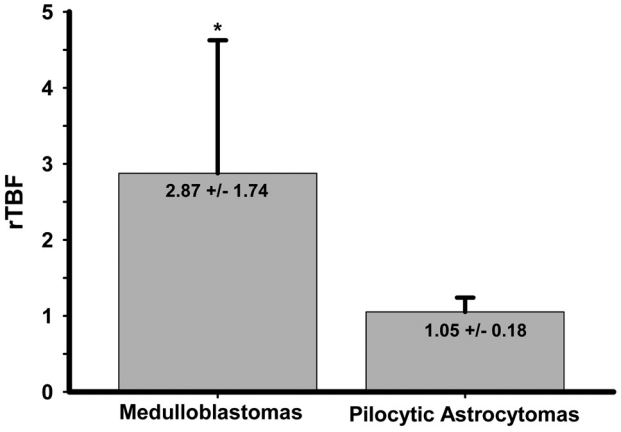


ON-LINE FIGURE 1. ASL perfusion (*left*) of various posterior fossa tumors and correlative axial isotropic diffusion tensor MR image (*middle*) and axial contrast-enhanced T1-weighted MR image (*right*). *A*, Low ASL signal (*arrow*) is seen in a 6-year-old boy with an enhancing pilocytic astrocytoma with a relatively high ADC range of 1.5×10^{-3} mm^2/s. *B*, Low rTBF (*arrows*) is seen in a 2-year-old boy with choroid plexus papilloma that shows a relatively low mean ADC of 0.6×10^{-3} mm^2/s. *C*, ASL signal within the tumor (*arrows*) is similar to the contralateral cerebellum in a 3-year-old boy with ependymoma, which shows a mean ADC of 1.2×10^{-3} mm^2/s. *D*, Markedly high ASL signal (*white arrow*) and a relatively low mean ADC of $0.6–0.7 \times 10^{-3}$ mm^2/s is seen in a 3-year-old girl with medulloblastoma with intracranial seeding (*black arrows*; other brain regions not shown). The separate tumor nodule (*black arrows*) also shows a high ASL signal.



ON-LINE FIGURE 2. A bar graph showing comparison of posterior fossa medulloblastoma and pilocytic astrocytoma. Significantly higher mean rTBF (*) is seen in medulloblastoma compared with pilocytic astrocytoma. The error bars represent standard deviation.