

Supplementary Table 1: A summary of all questions and responses.

Question (Q)	Response, <i>n</i> (%)
Q3 How many years of experience do you have?	
5 – 9 years	41 (20.5)
10 – 19 years	75 (37.5)
≥ 20 years	84 (42)
Q4 What is your level of training?	
Attending physicians	67 (33.5)
Deputy chief physicians	59 (29.5)
Chief physicians	74 (37)
Q5 How many cases do you diagnose per year?	
1–9 cases	128 (64)
10–19 cases	49 (24.5)
≥ 20 cases	23 (11.5)
Q7 Do you perform paraneoplastic screening routinely for children suspected to have autoimmune encephalitis?	
Yes	179 (89.5)
No	21 (10.5)
Q8 Do you examine serum lymphocyte subsets routinely for the patients suspected to have autoimmune encephalitis?	
Yes	135 (67.5)
No	65 (32.5)
Question (Q)	Response (N (%))
Q9 Do you prescribe immunotherapy routinely in treating anti – NMDAR encephalitis?	
Yes	199 (99.5)
No	1 (0.5)
Q10 Which first-line immunotherapy do you prescribe for the treatment of acute anti-NMDAR encephalitis?	
Glucocorticoid pulse therapy	194 (97)

Oral prednisolone	45 (22.5)
Intravenous immunoglobulin	193 (96.5)
Plasma exchange	59 (29.5)
Q11 Do you encourage tumor resection if present?	
Yes	177 (88.5)
No	23 (11.5)
Q12 For how long do you prescribe the first-line immunotherapy for acute phase (including tapering of oral prednisolone)?	
≤ 2 weeks	7 (3.5)
>2 weeks to ≤ 1 month	17 (8.5)
> 1 to ≤ 3 months	47 (23.5)
> 3 to ≤ 6 months	99 (49.5)
> 6 months	30 (15)
Q13 Is anti-NMDAR encephalitis treated with glucocorticoid pulse therapy routinely?	
Yes	192 (96)
No	8 (4)
Question (Q)	Response (N (%))
Q14 Which dosage do you prescribe for glucocorticoid pulse therapy?	
Methylprednisolone < 10 mg/kg/d	13 (6.5)
Intravenous methylprednisolone ≥ 10 mg/kg/d	179 (89.5)
No response	8 (4)
Q15 Do you use modified Rankin Scale score to decide whether to commence glucocorticoid pulse therapy?	
Yes	83 (41.5)
No	109 (54.5)
No response	8 (4)
Q16 For how long do you prescribe the intravenous glucocorticoid pulse therapy?	
≤ 3 days	36 (18)

> 3 to ≤ 5 days	95 (47.5)
>5 to 2 weeks	24 (12)
> 2 weeks to ≤ 1 month	36 (18)
> 1 month	1 (0.5)
No response	8 (4)
Q17 For how long do you give high dose oral prednisolone (2 mg/kg/d or 60 mg/m² or 60 mg/d)?	
≤ 2 weeks	49 (24.5)
> 2 weeks to ≤1 month	75 (37.5)
> 1 to 3 months	52 (26)
> 3 months	16 (8)
No response	8 (4)
Question (Q)	Response (N (%))
Q18 For how long do you prescribe the total course of glucocorticoid (intravenous pulse and oral prednisolone therapy)?	
≤ 1 month	3 (1.5)
> 1 to ≤ 3 months	27 (13.5)
> 3 to ≤ 6 months	112 (56)
> 6 to ≤ 12 months	46 (23)
> 12 months	4 (2)
No response	8 (4)
Q19 Do you prescribe second-line immunotherapy?	
Yes	125 (62.5)
No	75 (37.5)
Q20 If the patient refuse the second-line immunotherapy after the failure of the first-line immunotherapy, which alternative treatment do you prescribe?	
Regular glucocorticoid pulse therapy	121 (60.5)
Regular intravenous immunoglobulin	165 (82.5)
Regular plasma exchange	67 (33.5)

Others (provide chronic immunotherapy and/or refer to higher level hospitals)	17 (8.5)
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Q21 Do you prescribe the second-line immunotherapy based on modified Rankin Scale score after the completion of first-line immunotherapy?

Yes	116 (58)
No	84 (42)

Question (Q)	Response (N (%))
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Q22 How long does it take you to decide whether to prescribe the second-line immunotherapy after the completion of first-line immunotherapy?

≤ 7 days	5 (2.5)
>7 to ≤ 14 days	50 (25)
>14 to ≤ 28 days	89 (44.5)
>1 to ≤ 3 months	38 (19)
>3 months	18 (9)

Q23 At which modified Rankin Scale score do you decide to prescribe the second-line immunotherapy after the completion of first-line immunotherapy?

Modified Rankin Scale = 0–1	19 (9.5)
Modified Rankin Scale = 2	32 (16)
Modified Rankin Scale = 3	94 (47)
Modified Rankin Scale = 4–5	55 (27.5)

Q24 Which drug option (s) do you prescribe as second-line immunotherapy?

Rituximab	164 (82)
Cyclophosphamide	121 (60.5)
Bortezomib	4 (2)
Others (mycophenolate mofetil, azathioprine, plasma exchange, refer to higher level hospitals)	33 (16.5)

Question (Q)	Response (N (%))
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Q25 How do you prescribe rituximab?

Regular dose (375 mg/m², 750 mg/m²) 129 (64.5)

The dosage is adjusted according to the percentage of CD19 + B cells, 17 (8.5)
the cut-off value is $\leq 0.5\%$

The dosage is adjusted according to the percentage of CD19 + B cells, 11(5.5)
the cut-off value range from $> 0.5\%$ to $\leq 1\%$

The dosage is adjusted according to the percentage of CD19 + B cells, 3 (1.5)
the cut-off value range from $> 1\%$ to $\leq 5\%$

The dosage is adjusted according to the percentage of CD19 + B cells, 4 (2)
the cut-off value is $> 5\%$

No response 36 (18)

Q26 Have you ever prescribed chronic immunotherapy?

Yes 115 (57.5)

No 85 (42.5)

Q27 Is chronic immunotherapy a routine treatment?

Yes 75 (37.5)

No 125 (62.5)

Q28 Which drug option do you prescribe as a chronic immunosuppressive agent?

Azathioprine 68 (34)

Mycophenolate mofetil 91 (45.5)

Methotrexate 31 (15.5)

Others 13 (6.5)

No response 85 (42.5)

Question (Q)	Response (N (%))
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Q29 For how long do you prescribe chronic immunotherapy?

≤ 6 months 16 (8)

> 6 to ≤ 12 months 58 (29)

> 12 to ≤ 24 months 38 (19)

> 24 months 3 (1.5)

No response 85 (42.5)

Q30 What is the indication for stopping immunotherapy?

Clinical manifestations	187 (93.5)
Electroencephalogram	122 (61)
Brain magnetic resonance imaging	132 (66)
Cerebrospinal fluid/serum anti-NMDAR antibodies	141 (70.5)
Modified Rankin Scale score	129 (64.5)
Others (CD19+ B cell counts, completion of immunotherapy, and improvement of clinical symptoms)	10 (5)

NMDAR:N-methyl-d-aspartate-receptor.Question 1:what is the name of your hospital?;Question 2 : inclusion criteria;Question 6 : exclusion criteria.