**Table e-1**. **Cases of immunotherapy-induced transverse myelitis**

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| --- | --- | --- | --- | --- | --- |
| **author, year** | **cancer** | **onset** | **immunotherapy** | **Therapy and outcome** | **Restart therapy** |
| 1 O’Kane et al. 2014 | melanoma | 42 days | Ipilimumab | Steroids, no improvement | no |
| 2 Mancone et al. 2018 | melanoma | 280 days | Nivolumab and Ipilimumab | Steroids, near complete | no |
| 3 Liao et al.2014 | melanoma | 41 days | Ipilimumab | Steroids, partial improvement | no |
| 4 Wilson et al. 2018 | Mb Hodgkin | 28 days | Pembrolizumab | Steroids, intravenous immunoglobulins and plasma exchange, yes | no |
| 5 Wanner et al. 2018 | CLL | 28 days | Ibrutinib | Steroids, complete recovery | yes |
| Index case | melanoma | 357 and 54 days, respectively | Nivolumab, followed by Ipilmumab and BRAF/MIK inhibitors teratment | Steroids, followed by Rituximab, complete recovery | no |

Table e-1: Transverse myelitis has only been reported in five cases during cancer immunotherapy treatment so far. Steroids are the cornerstone of therapy. CLL= chronic lymphocytic leukemia, Mb= Morbus.

1. O'Kane GM, Lyons TG, Colleran GC, et al. Late-onset paraplegia after complete response to two cycles of ipilimumab for metastatic melanoma. Oncol Res Treat 2014;37:757-60.

2. Mancone S, Lycan T, Ahmed T, et al. Severe neurologic complications of immune checkpoint inhibitors: a single-center review. J Neurol 2018;265:1636-42.

3. Liao B, Shroff S, Kamiya-Matsuoka C, Tummala S. Atypical neurological complications of ipilimumab therapy in patients with metastatic melanoma. Neuro Oncol 2014;16:589-93.

4. Wilson R, Menassa DA, Davies AJ, et al. Seronegative antibody-mediated neurology after immune checkpoint inhibitors. Ann Clin Transl Neurol 2018;5:640-5.

5. Wanner D, Bohn JP, Rudzki J, Stockhammer G, Steurer M. Autoimmune myelitis in a CLL patient undergoing treatment with ibrutinib. Ann Hematol 2019;98:205-7.