**Supplementary Files**

**Neurosarcoidosis of the Cauda Equina: Clinical Course, Radiographic and Electrodiagnostic Findings, Response to Treatment, and Outcomes**

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SUPPLEMENTARY S1: Major Findings With and Without Incorporation of “Possible” Patients

In the main manuscript, we present our data for the total cohort, which includes patients with neurosarcoidosis of all three diagnostic classifications (definite, probable, and possible). As outlined by the 2018 consensus diagnostic criteria, definite patients are confirmed by neural biopsy and probable patients by extraneural biopsy.1 Possible patients do not have confirmatory pathology but do adhere strictly to typical clinicoradiographic profiles for neurosarcoidosis as well as behave as expected in response to standard neurosarcoidosis treatments.1 To illustrate that the major conclusions of the paper hold without inclusion of the “possible” diagnostically-classified patients, we present the table below examining the effect of removing possible patients on major conclusions of the manuscript. The “Total Cohort” column represents the findings presented in the main manuscript with all three classification levels included while the “Probable + Definite Cases” column represents the findings of the cohort when possible cases are not included. As displayed below, no significant alterations to the final conclusions were evident following this analysis.

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| --- | --- | --- |
|  | Total Cohort (14) | Probable + Definite Cases (10) |
| Cauda equina an uncommon manifestation of NS | 14/216, 6.5% | 10/216, 4.6% |
| More common in females | 12/14, 85.7% | 8/10, 80.0% |
| Presence of leptomeningitis | Spinal: 14/14, 100.0%  Cranial: 10/14, 71.4% | Spinal: 10/10, 100.0%  Cranial: 8/10, 80.0% |
| Primary driver of symptoms rather than incidental | 12/14, 85.7% | 8/10, 80.0% |
| Responsiveness to MTX | MTX monotherapy: 3/4  MTX/IFX combo: 3/4 | MTX monotherapy: 2/3  MTX/IFX combo: 3/4 |
| Poor prognostic factor for future recovery, mRS at last follow-up | 3.0 | 2.5 |

Reference:

1. Stern BJ, Royal W, Gelfand JM, et al. Definition and consensus diagnostic criteria for neurosarcoidosis: from the neurosarcoidosis consortium consensus group. *JAMA Neurol.* 2018;75:1546-1553.