Case	GAD	Age/	Type 1	Tumor	Time from	Time from	Time	Treatment		mRS		Improved	Follow-
no.	grou	sex	DM	(PNS	symptom	diagnosis to	from	Symptomatic	Immunotherapy	Base	Final	symptom	up (m)
	р			Score)	onset	immunothe	diagnosis	treatment		line			
					to diagnosis	rapy	to IVIg						
					(m)	(m)	(m)						
Good o	outcome	group wi	thout immu	inotherapy									
27	low	36/M	-	-	2	-	-	Diazepam	-	2	1	Disappearance	114
								5-15mg/day				of spasm	
7	high	55/F	+	-	6	0	0	Diazepam	-	4	2	Disappearance	30
								20mg/day				of spasm	
15	high	52/F	-	-	12	-	-	Diazepam	-	4	1	Decreased	89
								12mg/day;				stiffness and	
								Baclofen 5mg/day;				Improved	
								Eperisone				walking	
								150mg/day					
29	high	62/F	+	-	1	-	-	Clonazepam	-	1	1	Improved	34
								0.5mg/day				balance	

eTable 4 Characteristics, longitudinal outcomes, and treatments of 29 GAD65 antibody-positive patients

35	high	26/F 35/M	+	-	84	-	-	Diazepam 6- 20mg/day Diazepam	-	5	1	Decreased stiffness Decreased	60 96
								12mg/day; Pregabalin 300mg/day				stiffness	
						Good outco	me group wit	hout effective long-term	immunotherapy				
20	high	54/F	-	Lung cancer (2)	24	0	-	-	IVMP 1 course for one month	5	0	Disappearance of spasm	24
34	high	55/F	+	-	12	0	0	Diazepam 17- 25mg/day	IVIg 1 course for 36 months	5	2	Decreased stiffness	36
Good	outcome	group wit	h effective	long-term	immunotherapy	r							
9	low	26/M	-	_	2	0	0	ITB 550μg, daily	PE 2 course for 2 months; IVIg 9 course for 2 years; IVMP 6 courses for 1 year; PSL 5-20mg/day for 2 years; tacrolimus 3mg/day for 3 years	4	2	Decreased stiffness	48

24	low	50/M	-	-	12	0	0	Diazepam 1.5- 4mg/day; Dantrolene 25- 50mg/day	IVIg 9 course every 4 months for 3 years	2	0	Disappearance of stiffness and spasm	36
3	high	63/F	-	-	5	1	-	Diazepam 15mg/day	IVMP 1 course, followed by PSL 25-30mg alternate- day for 60 months	5	2	Disappearance of stiffness and dysarthria	60
6	high	51/F	-	-	60	0	1	Diazepam 30- 40mg/day	PE 2 courses and IVIg 1 course for 2 months, followed by IVIg 4 courses and IVCPA 2 courses for 28 months; PSL 5-30mg/day and tacrolimus 3mg/day for 30 months	4	2	Improved walking	30
12	high	71/F	-	-	36	7	7	Levetiracetam1000 mg/day; etizoram 3mg/day	IVIg 2 course for 19 months; PSL maximum dosage 30mg/day for 26 months	2	1	Improved walking and disappearance of stiffness and myoclonus	30

18	high	62/F	-	-	14	0	1	Diazepam 4-	PE 1 course and IVMP 1	3	1	Improved	18
								8mg/day	course for 1 month; IVIg 2			stiffness	
									courses followed by 12				
									courses monthly				
									administration for 17				
									months				
26	high	23/F	-	-	6	0	1	-	PE 1 course, IVIg 1 course,	3	0	Improved	15
									and pulse 2 course for 1			posture and	
									month, followed by PSL for			decreased	
									14 months			spasm	
30	high	43/F			48	0	2	Diazepam	PE 1 course for one month,	5	2	Decreased	168
50	mgn	13/1			10	Ū	2	0.5mg/day;	followed by IVIg 18	5	-	stiffness and	100
								clonazepam 1-	courses, PSL 10-45mg/day,			improved	
								1.5mg/day	and tacrolimus 3.5mg/day			posture	
									for 167 months				
31	high	36/M	-	-	12	1	-	Diazepam 10mg/day	PE 1 course for one month;	3	1	Disappearance	96
									PSL 5mg/day for 24			of myoclonus	
									months, followed by			and decreased	
									tacrolimus 2-3mg/day for			stiffness	
									36 months				

40	high	47/F	-	-	52	0	-	Diazepam 5-	IVMP 1 course followed by	5	2	Disappearance	36
								15mg/day	PSL for 36 months			of spasm	
51	high	53/F	-	-	24	1	1	Diazepam 9mg/day;	PE 1 course, IVIg 1 course,	5	2	Improved	38
								baclofen 30mg/day	and IVMP 2 courses for 1			walking and	
									month, followed by PSL			decreased	
									maximum dosage			stiffness	
									30mg/day for 37 months				
Poor	outcome v	vithout in	nmunothera	ару	-			_					
13	high	60/F	-	-	12	-	-	Diazepam 12mg/day	-	4	3	decreased	50
								Levetiracetam				stiffness	
								500mg/day					
Poor	outcome v	vithout ef	fective lon	g-term imm	unotherapy		8					1	
28	low	37/F	+	-	2	9	-	Diazepam 6-	PE 1 course for 1 month	3	3	Decreased	46
								8mg/day				spasm and	
												stiffness	
39	low	53/F	+	Breast	3	0	0	Diazepam 2-	IVIg 17 courses and IVMP	4	4	Improved	108
				cancer				6mg/day; gabapentin	13 courses for 120 months			walking	
								200-900mg/day					

1	high	59/F	+	-	84	1	2	Diazepam 2mg occasionally; clonazepam 3mg/day; gabapentin 900mg/day; baclofen 30mg/day	PE 1 course and IVMP 1 course for 1 month, followed by IVIg 3 courses for 4 months	4	3	Decreased stiffness	144
5	high	51/F	+	Thymo ma (2)	96	0	-	Diazepam 30mg/day Clonazepam 3mg/day	IVMP 1 course and PE 1 course for 1 month	4	3	Improved walking	96
14	high	51/F	+	-	5	0	0	Diazepam 4- 16mg/day; baclofen 30- 60mg/day; pregabalin 225mg/day	IVIg 4 courses for 48 months	3	3	Improved posture	48
55	high	56/F	+	-	12	1	3	Diazepam 2mg/day; eperisone 100mg/day	PE 1 course for one month, followed by IVIg 30 courses for 180 months	4	4	Decreased stiffness	180

57	high	46/M	-	-	12	1	1	Diazepam 4- 8mg/day	IVIg 1 course and IVMP 1 course for one month	3	3	No improvement	40
Poor	outcome v	vith effec	tive long-te	erm immuno	otherapy								
54	high	25/M	+	-	84	0	1	Diazepam	PE 1 course for 1 month,	4	4	Improved	24
								15mg/day;	followed by IVIg 6 courses,			walking	
								Clonazepam	PSL maximum dosage				
								3mg/day	55mg/day, and tacrolimus				
									3mg/day for 23 months				
56	high	67/F	+	-	12	2	2	Diazepam 7mg/day	IVIg 43 courses and	4	4	Decreased	192
									tacrolimus 3mg/day for 192			stiffness	
									months				

CSF, cerebrospinal fluid; DM, diabetes mellitus; GAD65, glutamic acid decarboxylase-65; ITB, intrathecal baclofen therapy; IVCPA, intravenous cyclophosphamide; IVIg, intravenous immunoglobulin;

IVMP, intravenous methylprednisolone; mRS, modified Rankin scale; PE, plasma exchange; pulse, steroid pulse; PNS, paraneoplastic neurologic syndrome; PSL, oral prednisolone

§ The first two courses were intermittent, and the third and subsequent courses were administrated monthly

Case 30 and 40 were previously reported.^{e3, e4}