Supplementary appendix

A Past medical history and management of lung modules

He had severe chronic obstructive pulmonary disease (COPD) with bilateral emphysema, and mild ischemic heart disease with good left ventricular function. He had high blood pressure controlled with bisoprolol and Furosemide. He had a hiatus hernia, old osteoporotic wedge compression fractures on T5, and T8, and a stable abdominal aortic aneurysm. He had undergone transurethral resection of the prostate in 2011 for an enlarged prostate, which had not returned abnormal tissue. He was known to have small lung nodules of uncertain etiology not amenable to biopsy which had been stable over a few years and were deemed nonmalignant. He was a current smoker. He had unexplained weight loss of about 14 kg over the 2-year period preceding the first neurological assessment.

The patient was not considered fit enough for a lung biopsy; his lung nodules were kept under surveillance, with no subsequent changes.

B Screening for paraneoplastic cause for the raised CASPR 2 antibodies

Screening included positron emission tomography (PET), CT and whole body MRI, cerebrospinal fluid analysis, serial imaging.