

On-line Table 1: Patient characteristics

Patient	Age (yr)	Sex	Baseline mRS	Autoantibody	Clinical Features at Onset of Symptoms	Viral Prodrome	History of Autoimmune Disease	Malignancy	CSF WBC (mm ³)	CSF Protein (mg/dL)	Traumatic Lumbar Puncture	VGKC Titers (Reference Range, ≤0.02 nmol/L)	NMDA Serology (Reference Range, <1:10)
P1	61	F	0	GABA-BR	Seizure, chest pain, shortness of breath	No	No	No	11	33	Yes	≤0.02	<1:10
P2	63	M	0	GAD65	Malaise, seizure	No	No	No	7	34	No	0	<1:10
P3	22	F	1	GAD65	Myalgias, chest pain	Yes	No	No	12	60	No	0	<1:10
P4	44	F	0	GAD65, ANA, SSA	Confusion, seizure	Yes	Yes	No	9	47	No	0	<1:10
P5	22	M	0	NMDA-R	Depression, suicidal ideation, violent behavior	No	No	No	64	23	No	0	≤1:10, titers unknown
P6	27	F	0	NMDA-R	Catatonia, anxiety, depression	No	No	No	18	41	Yes	≤0.02	<1:10
P7	31	F	0	NMDA-R	Confusion	Yes	No	Ovarian teratoma	118	37	No	0	1:320
P8	35	F	0	VGKC complex	Anxiety	Yes	No	No	2	34	No	2.8	Not sent
P9	78	F	0	VGKC-LGII	Confusion, pathologic spending, seizure	Yes	No	No	1	33	No	0.735	<1:10
P10	26	F	0	None	Seizure	Yes	No	No	31	20	No	0	<1:10
P11	14	F	0	None	Seizure	No	No	No	4	140	Yes	0	<1:10
P12	56	F	0	None	Seizure	Yes	No	No	9	19	No	0	<1:10

Note:—GAD65 indicates glutamic acid decarboxylase 65; GABA-BR, γ -aminobutyric acid B receptor; ANA, antinuclear antibody; SSA, Sjogren syndrome A antibody; WBC, white blood cell.

On-line Table 2: Summary of imaging and EEG findings

Patient	FDG-PET 1 Findings	Therapy Received Prior to FDG-PET 1 (Doses)	EEG 1 Findings	MRI 1 Findings	FDG-PET 2 Findings	Therapy Received Prior to FDG-PET 2 (Doses)	MRI 2 Findings	MRI 3 Findings
P1	HD 13: severe L amygdala and hippocampus hypermetabolism; mild R amygdala and hippocampal hypermetabolism; L cerebral cortical hypometabolism	None	HD 13: ISR L temporal	HD 11: L hippocampus and amygdala T2 hyperintensity and mild edema; diffuse cerebral edema	HD 62: L operculum hypermetabolism; L amygdala and hippocampus hypometabolism; bilateral frontal hypometabolism	IVMP × 4	HD 1: L hippocampus and T2 hyperintensity and mild edema; diffuse cerebral edema resolved	HD 14: L hippocampus and amygdala T2 hyperintensity and atrophy
P2	HD 11: B hippocampus, amygdala, and insula hypermetabolism	IVMP × 3	HD 11: BIPLEDs, L > R frontal slowing, CSG	HD 0: normal			HD 11: B hippocampus and insula T2 hyperintensity	HD 47: resolution of hippocampus and insula T2 hyperintensity, diffuse atrophy enhancement
P3	HD 47: medial dorsal frontal and parietal cortical hypermetabolism	IVMP × 5 with IVIG × 5		HD 0: normal	HD 56: resolution of frontal and parietal cortical hypermetabolism; subtle B hippocampus and amygdala hypermetabolism	IVMP × 5 with IVIG × 5	HD 4: normal	HD 18: leptomeningeal enhancement
P4	HD 36: marked L hippocampus hypermetabolism	None	HD 36: SWR L temporal, CSR L > R frontotemporal	HD 29: severe L and mild R hippocampus T2 hyperintensity	HD 250: normal	IVMP × 5 with IVIG × 5	HD 47: L hippocampus mild T2 hyperintensity	HD 189: mild L hippocampus atrophy
P5	HD 14: marked B occipital > parietal hypometabolism	Pentobarbital	HD 14: interictal CSG, IRSG, BS; ictal EEG seizure, generalized with mild arm stiffening	HD 7: normal	HD 26: diffuse hypometabolism; B inferolateral frontal hypermetabolism	Pentobarbital, PLEX × 2	HD 12: normal	HD 42: mild diffuse atrophy
P6	HD 20: marked B occipital and perioral hypometabolism	IVMP × 2	HD 20: CSG, CRSG with increased β activity overriding the high amplitude Δ slowing	HD 2: normal			HD 14: mild diffuse pachymeningeal thickening and enhancement	
P7	HD 95: marked B occipital and perioral hypometabolism; mild B amygdala hypermetabolism	IVMP × 5, PLEX × 4, R oophorectomy, IVIG × 5, rituximab × 2	HD 95: CSG, IRSG maximum bifrontal	HD 0: diffuse leptomeningeal enhancement	HD 181: unchanged; marked B occipital and perioral hypometabolism; mild B amygdala hypermetabolism	IVMP × 5, PLEX × 4, R oophorectomy, IVIG × 5, rituximab × 2	HD 24: resolution of leptomeningeal enhancement	HD 86: mild scattered SAH and/or superficial CVT; diffuse cerebral atrophy
P8	HD 12: hypermetabolism in L > R striatum and anterior cingulate gyri; L globus pallidus hypermetabolism; marked L hippocampus hypermetabolism	IVMP × 4	HD 12: interictal IRSG; ictal EEG seizure, regional left paracentral with head and R arm myoclonus	HD 1: L anterior cingulate, L striatum, L globus pallidus, L hippocampus T2 hyperintensity and edema			HD 78: L hippocampus and L caudate mild T2 hyperintensity	HD 415: L hippocampus atrophy
P9	HD 20: diffuse cortical hypometabolism; B anterior temporal and mesial temporal hypermetabolism	Pentobarbital, IVMP × 5 with IVIG × 4	HD 20: TWG, CSG	HD 15: R hippocampus head atrophy and T2 hyperintensity			HD 27: R hippocampus head atrophy and T2 hyperintensity	HD 29: R hippocampus head atrophy and T2 hyperintensity
P10	HD 6: R frontal pole hypermetabolism	None	HD 6: interictal intermittent slow generalized and regional L and R temporal, IRSG; ictal EEG seizure non-localizable with lip smacking, numbness, and tingling	HD 4: normal	HD 1397: normal	IVMP × 3, R temporal lobectomy	HD 5: R frontal pole enhancement, T2 hyperintensity and edema	HD 45: resolution of R frontal pole enhancement, T2 hyperintensity and edema
P11	HD 17: mild B amygdala and hippocampus hypermetabolism	IVMP × 5 with IVIG × 2	HD 17: PPG maximum bifrontal, spike multiregional L and R hemisphere, spindle fragments, CSG	HD 0: normal			HD 5: normal	HD 17: pachymeningeal thickening and enhancement; cortical venous thrombosis
P12	HD 17: L > R hippocampus and amygdala hypermetabolism	None	HD 17: PPG maximum bifrontal, CSG	HD 1: L amygdala and hippocampus mild T2 hyperintensity and edema			HD 9: B amygdala and hippocampus T2 hyperintensity and edema	HD 60: improved B amygdala and hippocampus T2 hyperintensity

Note:—HD indicates hospital day; IVMP, intravenous methylprednisolone; IVIG, intravenous immunoglobulin; PLEX, plasmapheresis; ISR, intermittent slow regional; CSG, continuous slow regional; SWR, sharp wave regional; CRSG, continuous rhythmic slow generalized; IRSG, intermittent rhythmic slow generalized; PPG, periodic pattern generalized; BIPLEDs, bilateral independent periodic lateralized epileptiform discharges; TWG, triphasic wave generalized; BS, burst suppression; L, left; R, right; B, bilateral; CVT, cerebral venous thrombosis.

On-line Table 3: Treatment strategies and outcome

Patient	Length of Hospitalization (Days)	Symptom Onset to SE (Days)	Duration of SE (Days)	Maximum No. AED	Pentobarbital Coma (Days)	Tier 1 Therapy (Doses)	Tier 2 Therapy (Doses)	Symptom Onset to Therapy (Days)	Discharge Disposition	mRS at Hospital Discharge	Duration of Follow-Up (Days)	mRS at Last Follow-Up	Clinical Seizures at Follow-Up
P1	56, 44	0, 120	17, 5	6	5	IVMP × 4, IVMP × 5	None	52	SNF, death	4	137 to death	6	Yes
P2	54	1	35	5	0	IVMP × 3, IVIG × 2, PLEX × 5, IVMP × 5	None	7	Home with full care	4	63	2	No
P3	64	5	36	7	34	IVMP × 5 with IVIG × 5, PLEX × 5	None	10	AR	2	None		
P4	42	49	6	4	0	IVMP × 5 with IVIG × 5	None	56	Home	3	1561	1	Yes
P5	153	21	106	6	105	PLEX × 5, IVMP × 5, IVMP × 3, PLEX × 3, IVIG × 5, PLEX × 5	Rituximab × 2, cyclophosphamide	31	LTAC	5	509	3	No
P6	36	71	12	5	2, then transfer	IVMP × 6, IVIG × 5, PLEX × 5	Rituximab × 3	64	ICU transfer	5	None		
P7	199	40	90	5	No	IVMP × 5, PLEX × 5, PLEX × 4, IVIG × 5	Rituximab × 2	10	LTAC	5	None		
P8	30	62	3	5	No	IVMP × 4	None	53	Home	2	839	1	Yes
P9	45	14	8	4	8	IVMP × 5 with IVIG × 4, PLEX × 5	Long-term IVIG	19	LTAC	4	364	0	No
P10	19	12	11	6	0	IVMP × 3	None	24	AR	3	1827	1	Yes
P11	52	0	17	4	11	IVMP × 5 with IVIG × 2, IVMP × 2 with IVIG × 2	Long-term IVIG with IVMP, oral steroids	10	AR	2	655	1	Yes
P12	26	7	3	4	No	IVMP × 5, PLEX × 5	None	18	LTAC	5	89	3	No

Note:—SE indicates status epilepticus; SNF, skilled nursing facility; LTAC, long-term acute care; AR, acute rehabilitation; ICU, intensive care unit; AED, antiepileptic drug; IVMP, intravenous methylprednisolone; IVIG, intravenous immunoglobulin; PLEX, plasmapheresis.