

Table e-1: Clinical Course Summary

	Case 1	Case 2
Demographics	Female in her 7 th decade	Female in her 7 th decade
Past Medical History	Vaginal squamous cell carcinoma (stage 3, T2N1M0)	Right breast invasive ductal carcinoma (stage IIa, T2N0M0, ER+, PR+, HER2 +) s/p lumpectomy
Radiation Prior to Sx	1 month of treatment (fraction 17/25 45Gy, cycle 3)	None (was scheduled to start)
Chemo Prior to Sx	Cisplatin (40mg/m2 weekly)	None
Presenting Symptoms	Acute left sided weakness and intermittent upper extremity jerking	Chronic worsening headache with phonophobia and lightheadedness
Initial MRI	T2- hyperintense lesion in right frontoparietal lesion with cortical gyra swelling and right precentral and postcentral gyral edema	T2-weighted hyperintense lesions involving the right temporoparietal region with discrete local swelling, subtle leptomeningeal enhancement, and no restricted diffusion on DWI
Repeat MRI Before Treatment	Progression of cortical gyra swelling with surrounding edema, hemorrhage, and local mass effect	Slight interval posterior extension of signal abnormality in the right temporal lobe with associated mild mass effect and linear enhancement
Paraneoplastic Testing	Negative	Negative
Autoimmune Testing	High serum acetylcholinesterase receptor antibody (AChR, 0.11 units)	Slightly elevated ACE of 6, weakly positive ANA titer (1:40 speckled)
CSF	Leukocyte 4 cells/mm ³ , protein concentration 69 mg/dL, and normal glucose (71 mg/dL)	2 Leukocyte cells/mm ³ normal protein (29 mg/dL), normal glucose (54 mg/dL)
Additional Abnormal Labs	Elevated IgG index (0.77), elevated MBP (4.8 units), and >1 OCB in both the CSF and serum	Normal IgG index (0.46) and 1 isolated OCB.
CSF Cytology	Numerous erythrocytes with rare neutrophils and lymphocytes without malignant cells	Increased lymphomononuclear cells without malignant cells.
Biopsy	Angiocentric lymphocytic inflammatory process with evidence of vascular wall injury	Necrotizing vasculitis with fibrinoid vascular wall necrosis, karyorrhexis, and neutrophilic inflammation
Initial Treatment	5 days methylprednisolone (60mg daily) and 7 sessions PLEX	Prednisone (60mg daily)
Maintenance Therapy	6 month prednisone taper (20mg)	Prednisone taper (10mg) and methotrexate (2.5mg)
Improvement	Clinical and radiographic response after PLEX	Clinical and radiographic response after Prednisone