

Supplemental Table 1: irAE-N Severity Grade, Definitions and Disease-Specific Examples (Overall Criteria Median 8, Range 6-9; CNS Examples Median 8, Range 5-9; PNS Examples Median 9, Range 7-9)								
Severity Grade (CTCAE Equivalent)	Severity Grade Definition	irMeningitis	IrEncephalitis	irDemyelinating	irVasculitis	irNeuropathy	irNMJ Disorder	irMyopathy
Death (5)	<ul style="list-style-type: none"> Death attributable to symptoms 	<ul style="list-style-type: none"> Herniation from increased intracranial pressure 	<ul style="list-style-type: none"> Respiratory failure Cerebral edema Status epilepticus 	<ul style="list-style-type: none"> Respiratory failure from brainstem or cervical lesion 	<ul style="list-style-type: none"> Cerebral edema following infarct 	<ul style="list-style-type: none"> Respiratory failure related to respiratory and/or bulbar muscle weakness 		
Fulminant (4)	<ul style="list-style-type: none"> Life-threatening symptoms requiring emergent intervention (e.g., intubation, feeding tube) 	<ul style="list-style-type: none"> Extraventricular drain for increased intracranial pressure 	<ul style="list-style-type: none"> Severe plus status epilepticus 	<ul style="list-style-type: none"> Intubation for respiratory failure from brainstem or cervical lesion 	<ul style="list-style-type: none"> Intubation for altered mental status following infarct Status epilepticus 	<ul style="list-style-type: none"> Intubation or non-invasive ventilation for respiratory weakness Feeding tube placement for dysphagia 		
Severe (3)	<ul style="list-style-type: none"> Symptoms interfere with ADLs and may require hospitalization for expedited work-up and aggressive treatment (e.g., IV medications) 	<ul style="list-style-type: none"> Severe headache requiring intravenous pain medications or any corticosteroids Severe papilledema with associated vision loss 	<ul style="list-style-type: none"> Cognitive deficits impacting ADLs Seizures 	<ul style="list-style-type: none"> Severe unilateral or bilateral vision loss Acute urinary retention ADLs limited by deficit 	<ul style="list-style-type: none"> Acute infarct 	<ul style="list-style-type: none"> Impaired ambulation from weakness or abnormal proprioception Upper extremity ADLs limited Neuropathic pain refractory to non-opioid medications and limiting ADLs Dyspnea not requiring non-invasive or invasive ventilation 	<ul style="list-style-type: none"> Moderate to severe limb or neck weakness Impaired ambulation or new use of assistive device Dysphagia requiring dietary modification Dyspnea requiring monitoring but not invasive or non-invasive ventilation 	
Moderate (2)	<ul style="list-style-type: none"> Symptoms interfere with IADLs (but not ADLs) and may require outpatient treatment 	<ul style="list-style-type: none"> Headache manageable with PO prescription medications for pain. 	<ul style="list-style-type: none"> Subjective or mild objective cognitive deficits not impacting ADLs or requiring hospitalization 	<ul style="list-style-type: none"> Mild unilateral visual changes from optic neuritis Diplopia from intranuclear ophthalmoplegia 	<ul style="list-style-type: none"> Transient ischemic attack or incidental infarct (may still require expedited work-up) 	<ul style="list-style-type: none"> Any weakness from neuropathy Neuropathic pain manageable with prescription medications All cranial neuropathies at least moderate 	<ul style="list-style-type: none"> Mild to moderate weakness, including ocular weakness (Mild to moderate weakness would include MRC strength grade 4, 4+, and 5- out of 5; i.e., able to provide some resistance against gravity) 	
Mild (1)	<ul style="list-style-type: none"> Symptoms do not interfere with ADLs/IADLs or are subclinical 	<ul style="list-style-type: none"> Mild headache managed with over-the-counter medications 	<ul style="list-style-type: none"> N/A (Mild category not applicable) 	<ul style="list-style-type: none"> N/A (Mild category not applicable for irDemyelinating) 	<ul style="list-style-type: none"> N/A (Mild category not applicable for CNS irVasculitis) 	<ul style="list-style-type: none"> Mild sensory symptoms in extremities 	<ul style="list-style-type: none"> Asymptomatic weakness on neurologic exam 	<ul style="list-style-type: none"> Pauci-symptomatic hyperCKemia Mild myalgia without weakness

Supplemental Table 2: Clinical Trial Adjudication (Median 8, Range 4-9)	
TEST	PRIMARY DATA OR REPORT(S) WITH DATES
Clinical Assessments	<ul style="list-style-type: none"> • Clinical evaluations (notes, swallowing, or respiratory evaluations) • Emergency department documentation • Admission notes, progress notes, intensive care unit notes • Specialty consultation notes • Discharge summaries
Lab Testing	<ul style="list-style-type: none"> • Lab reports including assay name and normal range (especially for antibody testing or infectious disease evaluation) and date performed • Lumbar puncture result or note
MRI and CT Imaging	<ul style="list-style-type: none"> • Reports • Consider review MRI/CT images
Neurophysiology Studies (EMG/NCS, EEG, Evoked Potentials, Autonomic Testing)	<ul style="list-style-type: none"> • Report • Consider centralized review of data
Biopsy Specimens (Muscle, Nerve, Skin, Brain, Other)	<ul style="list-style-type: none"> • Report • Consider collection of slides (centralized pathology review may be of value)