

**Table S1** Day-by-day overview of treatment-related complications and therapeutic interventions

Day	Event	Complication	Treatment
0	Initial presentation with esophageal transit disorder; diagnosed with stage IIIC NSCLC	–	–
1	–	–	Initiation of durvalumab, tremelimumab, and chemotherapy
8	–	Grade 2 liver dysfunction with fever (resolves spontaneously)	–
34	–	Grade 3 colitis develops	Treated with methylprednisolone
37	–	Fever reappears, positive for COVID-19	Treated with remdesivir
39	–	Severe diarrhea, worsening colitis	Treated with methylprednisolone pulse
42	Colitis improves to grade 2	–	–
43	–	Fever recurs, <i>Candida albicans</i> detected, esophagomediastinal fistula develops. Simultaneously developed CRS and myocarditis	Intensive care: antifungal drugs, methylprednisolone pulse, tocilizumab, immunoglobulin, vasopressors, and hemodialysis
Post-CRS (~1 month)	–	<i>Candida</i> endophthalmitis, resolves without sequelae	Treated with antifungal drugs
Post-CRS (~2 months)	Dialysis completed 2 months after the onset of CRS	Cytomegalovirus infection	Treated with ganciclovir
Post-CRS (~5 months)	Esophageal stent placed, oral intake restarted; stent removed, fistula closed	–	–
6+ months post-treatment	CT shows tumor remission with no recurrence	–	–

NSCLC, non-small cell lung cancer; COVID-19, coronavirus disease 2019; CRS, cytokine releasing syndrome; CT, computed tomography.