

Supplementary Figure 1. A 67-year-old male was attended in our outpatient clinic because of muscle weakness, loss of weight (8 kg/last month) and asthenia. Heliotrope rash (left) and Gottron's papules were observed. A muscle biopsy showed perifascicular atrophy and a cancer screening by means of a whole body (18F) FDG PET/CT revealed hilar lymphadenopathies and a lumbar vertebra (right) with high standardized uptake value (SUV max= 9.5). A core needle biopsy showed tumor cells compatible with an adenocarcinoma. Anti-TIF1 γ antibodies were highly positive.



Supplementary Figure 2. A 60-year-old male under treatment with atorvastatin for hypercholesterolemia came to the clinic for proximal weakness. No skin or lung involvement was detected and a muscle biopsy showed some necrotic fibers (left) and patchy MHC1 positivity (right). Anti-HMGCR autoantibodies were positive and the patient was diagnosed with an anti-HMGCR IMNM.

