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1	Online only methods
2	Immunohistochemistry of human biopsy samples
3	Formalin-fixed, paraffin-embedded tissue sections (3-4µm thick) from right frontal biopsy
4	material of a patient with anti-NMDAR encephalitis (case #51) were deparaffinized and the
5	antigen retrieved as reported. Sections were then serially incubated with 0.3% hydrogen
6	peroxide for 15 minutes at room temperature, 10% horse serum in PBS for 1h, and the
7	primary antibody overnight at 4°C. The following primary antibodies were used: polyclonal
8	(goat) antibody CXCL13 (1:15; R&D System, Minneapolis, USA), CD68 (1:5000; activated
9	microglia/macrophages, DAKO, Glostrup, Denmark), CD138 (1:50; plasma cells,
10	plasmablasts, DAKO, Glostrup, Denmark), CD3 (1:100; Leica, Bannockburn, IL), CD8 (1:20;
11	DAKO), CD4 (1:20; Biocare, Concord, CA), and CD20 (1:250; DAKO). The next day,
12	sections were incubated with the appropriate secondary antibody (1:1000) for 1h at room
13	temperature (Vector lab, Burlingham, CA, USA), avidin-biotin-peroxidase for 40 minutes,
14	and visualized with diaminobenzidine (DAB) (Vector lab). Sections were then counterstained
15	with Mayer's hematoxylin.
16	
17	Online-only references:
18	1. Martinez-Hernandez E, Horvath J, Shiloh-Malawsky Y, Sangha N, Martinez-Lage M,
19	Dalmau J. Analysis of complement and plasma cells in the brain of patients with anti-
20	NMDAR encephalitis. Neurology. 2011;77(6):589–593.

1 <u>eTable 1: Statistical analysis of CSF CXCL13 in initial and follow-up samples of patients</u>

with anti-NMDAR encephalitis

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All patients n=167 first available sample General linear model Post-hoc testing										
	P-value	Effect size°		Grou	ıp	Mean [®] (95% CI)), n	P-Value		
Corrected model	0.001	0.241								
Age	0.005	0.062								
Gender	0.914	0.000								
Maximum mRS 5	0.811	0.000								
Onset-to- sample time	0.004	0.065		months months months	3-4¥	14.9pg/ml (10.6-21.0 4.4pg/ml (2.0-9.7) 3.5pg/ml (1.9-6.7)	n=21	p=0.017 p=0.0003		
Prodromal symptoms	0.011 0.051			prodrome [#] no prodrome [#]		. • .	20.3pg/ml (12.5-33.0) n=67 10.0pg/ml (6.2-16.0) n=44			
MRI abnormal	0.448	0.005								
CSF abnormal	0.117	0.020								
Stay in ICU	0.398	0.006								
Tumor found	0.104	0.021								
Prior immuno- suppression [§]	0.302	0.009			,					
Interaction Prodrome * 0.039 0.034 Tumor			no tumor, prodrome [#] no tumor, no prodrome [#] tumor, prodrome [#] tumor, no prodrome [#]			16.9pg/ml (9.9-28.9) n=56 11.0pg/ml (6.6-18.4) n=36 26.2pg/ml (9.7-70.5) n=20 6.4pg/ml (1.7-24.4) n=8		p=1.0 p=0.45		
General li	Pa near mode P-value		ated wit	thin 90 days Grou	Group	st available sample means Mean (95% CI)	_	P-Value		
Limited response at 8 months	0.003	0.078		Limited response at 8 months avorable response at 8 months		16.4 pg/ml (10.0-26.8), n=57 8.6 pg/ml (Cl 5.6-13.1), n=80		n/a		
Monophasic patients treated within 90 days from onset and follow-up samples available n=35 Two-way ANOVA Post-hoc testing®										
Variable		of variation	P- value	Months after treatment	Limited response, mean [95% CI],n	Favorable response, mean [95% CI],n		city-adjusted p value [®]		
CSF CXCL13 in pg/ml in initial	treatmen	ns after nt initiation	<0.001	1-2 months	24.7 [5.98-101.8],13	9.00 [2.37-34.1],13		0.23		
and follow-up samples n=35	ip therapy		0.003	3-6 months	12.7 [4.43-36.11],15	1.69 [0.99-2.88],13		0.019		
campiec n=cc			0.36	> 6 months	1.96 [1.09-3.53],18	1 [1-1],9		0.32		
Relapsing patients n=13 Kruskal-Wallis-Test Dunn's post-hoc testing										
Variable			P-		Variable	Mean rank diff Multiplicity-adjust				
CSF CXCL13 in pg/ml in initial and follow-up samples n=13			value		vs. last sample	11.75		value 0.044		
			0.004		versus last sample versus last sample	5.61 11.5	(0.78 0.027		

[&]Logarithmical mean, recalculated after creation of the model leading to skewed 95% CI of mean intervals. [¥]post hoc testing done using one-way ANOVA with Sidak-Holm post-hoc test and multiplicity-adjusted p-values of difference to samples from months 1-2. [#]Post-hoc testing done using unpaired t-tests and data from samples from months 1 and 2. [§]To correct

for effects of samples acquired before and after initiation of immunosuppression and allow for

the immunosuppressive effect on cytokine levels, any immunosuppressive treatment >14 days

1 before sample was included as a factor. °partial eta squared. * Interaction analysis in univariate general linear model. @Post-hoc testing using Sidak-Holm procedure with 2 3 multiplicity-adjusted p-values. ICU intensive care unit, n/a not applicable. 4 5 6 7 **Supplemental figure legends:** 8 eFigure 1: Serum concentration of CXCL13 is not different between anti-NMDAR 9 encephalitis and controls 10 Serum CXCL13 levels of patients with anti-NMDAR encephalitis (NMDAR) are not 11 significantly different from those of controls with non-inflammatory conditions (NID). 12 Data is presented as logarithmic mean and 95% CI. CXCL13 concentrations below 1pg/ml are depicted as negative (neg). 13 14 eFigure 2: CSF CXCL13 correlates with age but not with CSF titer of NMDAR antibodies. 15 A) CSF CXCL13 measured in samples from patients with anti-NMDAR encephalitis, 16 17 showing patients' age in years at time of diagnosis. Samples obtained during months 1-2. 18 **B**) CSF CXCL13 concentration plotted against the CSF NMDAR antibody titer in the first available CSF sample of patients with monophasic anti-NMDAR encephalitis (n=30) shows 19 20 lack of significant correlation. Pearsson R² and significance p indicated. CSF CXCL13 concentrations below 1pg/ml are 21 22 depicted as negative (neg). 23 24 eFigure 3: Perivascular macrophages and activated microglia express CXCL13 25 **A-B**) Brain biopsy of a patient with anti-NMDAR encephalitis showing perivascular 26 infiltrates expressing CXCL13 (A, arrow heads); these infiltrates were mainly composed of 27 monocytes and macrophages (B, arrow heads indicate CD68 expressing monocytes and

- 1 macrophages).
- 2 C-D) CXCL13 was also expressed by activated microglia in the brain parenchyma (C,
- 3 CXCL13, arrow head shows a microglial cell; **D**, CD68, arrow heads show microglial cells).
- 4 No complement deposition was observed (Case #5¹). Scale bar A-B 14 μm, C-D 10 μm.

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