

Supplemental Figure 2

| Grade   | Management  |
|---------|---|
| Grade 1 | <ul style="list-style-type: none"><li>• Vigilant supportive care, aspiration precautions</li><li>• Consider neurology consultation</li></ul>  |
| Grade 2 | <ul style="list-style-type: none"><li>• Dexamethasone 10 mg IV every 6 hours</li><li>• If associated with concurrent CRS add tocilizumab 8 mg/kg IV x one</li><li>• Neurology consultation</li><li>• EEG, MRI brain, lumbar puncture as per table</li></ul>                                     |
| Grade 3 | <ul style="list-style-type: none"><li>• Consider ICU transfer</li><li>• Corticosteroids and/or tocilizumab (if associated with CRS) if not previous administered</li><li>• Consider repeat neuroimaging (CT or MRI) every 2-3 days if patient has persistent grade <u>&gt;3</u> ICANS</li></ul> |
| Grade 4 | <ul style="list-style-type: none"><li>• ICU monitoring, consider mechanical ventilation for airway protection</li><li>• Methylprednisolone 1000 mg/day IV continued until improvement to grade 1 and then taper</li></ul>   |