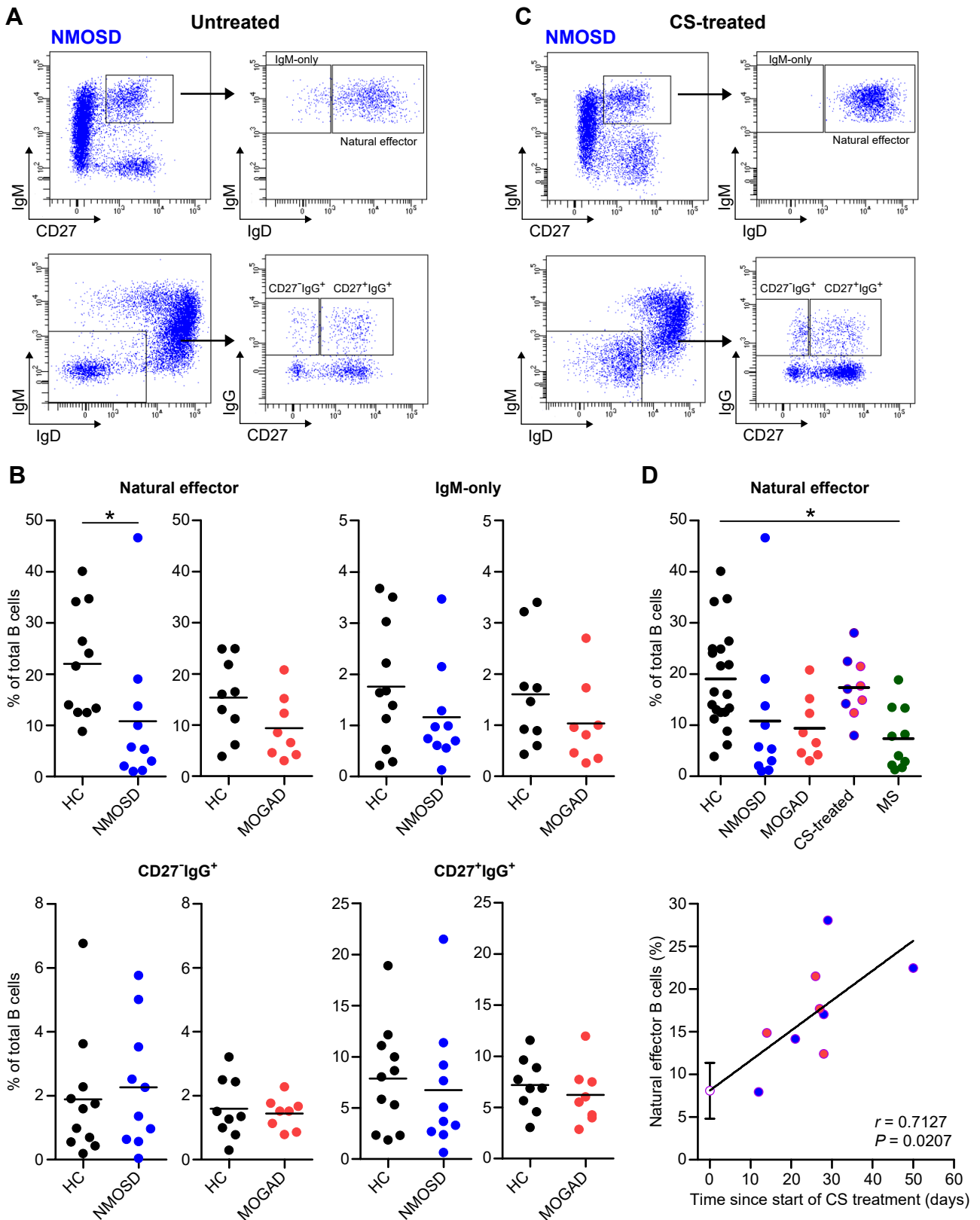
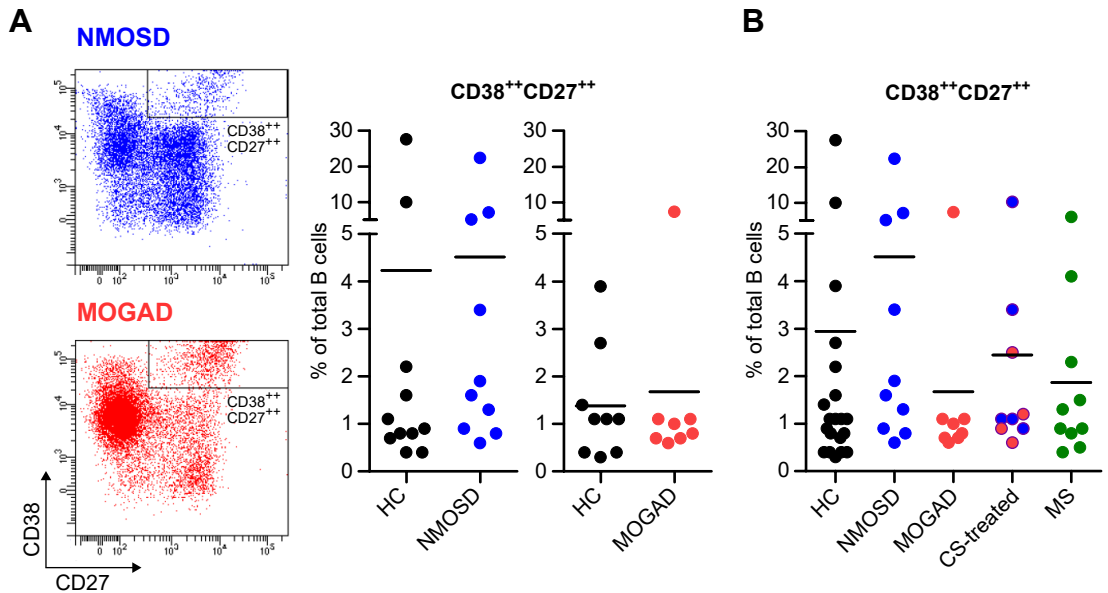


Supplementary Figure 1. Expression of CD24, IgD and IgM on transitional and naive mature B cells in NMOSD blood.



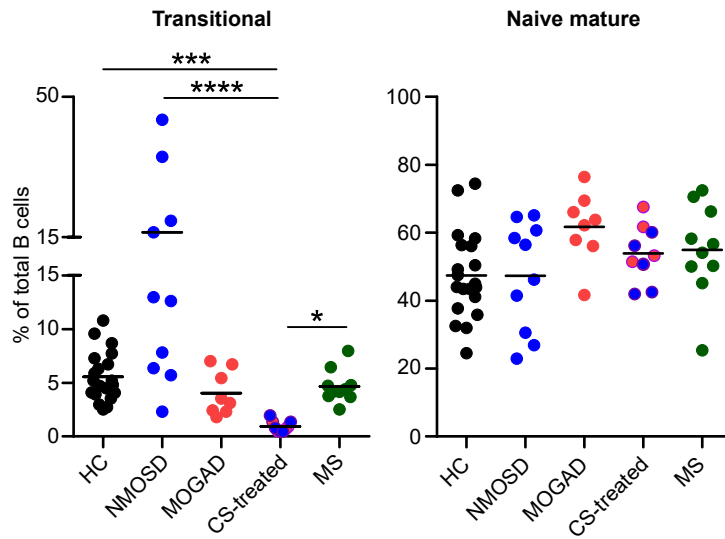
Supplementary Figure 2. Presence of *ex vivo* memory B-cell subsets in the blood of untreated and CS-treated NMOSD, MOGAD, MS and HC subgroups.

Gating strategy for the identification of IgM-only (CD27⁺IgM⁺IgD⁻), natural effector (CD27⁺IgM⁺IgD⁺) and IgG⁺ (both CD27⁻ and CD27⁺) memory B cells from the blood of a treatment-naïve (A) and a corticosteroid (CS)-treated (C) AQP4-IgG positive NMOSD patient. Fractions were compared between NMOSD ($n = 10$) and MOGAD ($n = 8$) and age- and gender-matched healthy controls (HC) for each group (for NMOSD, $n = 11$; for MOGAD $n = 9$; B). (D) Fractions of natural effector memory B cells in CS-naïve NMOSD, MOGAD, MS and HC, as well as CS-treated NMOSD and MOGAD groups and their correlation to time since start of CS treatment.



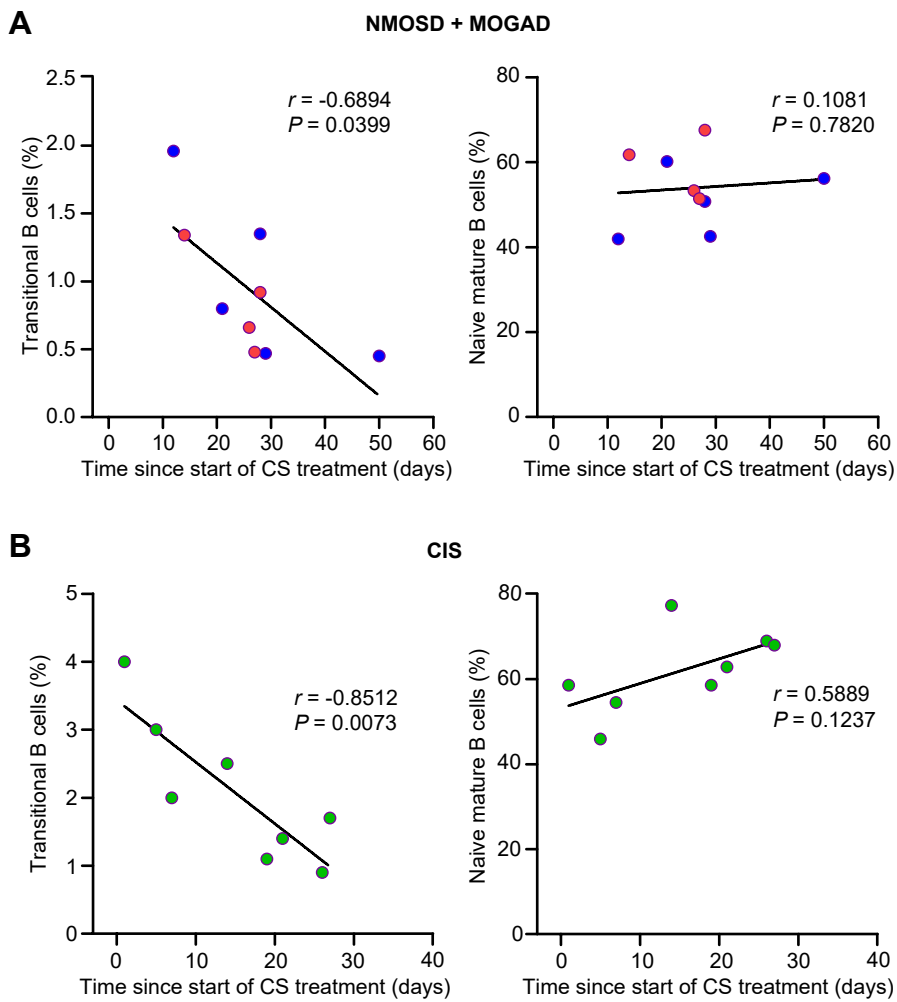
Supplementary Figure 3. Frequencies of *ex vivo* plasmablasts in the blood of untreated and CS-treated NMOSD, MOGAD, MS and HC subgroups.

Representative gating and frequencies of circulating plasmablasts (CD38⁺⁺CD27⁺⁺) in treatment-naive (A) and corticosteroid (CS)-treated (B) NMOSD and MOGAD patients. Fractions of *ex vivo* plasmablasts within the total CD19⁺ pool were compared between CS-naive NMOSD ($n = 10$), CS-naive MOGAD ($n = 8$), CS-treated NMOSD or MOGAD ($n = 9$), MS ($n = 10$) as well as age- and gender-matched HC (for NMOSD, $n = 11$; for MOGAD, $n = 9$) groups.



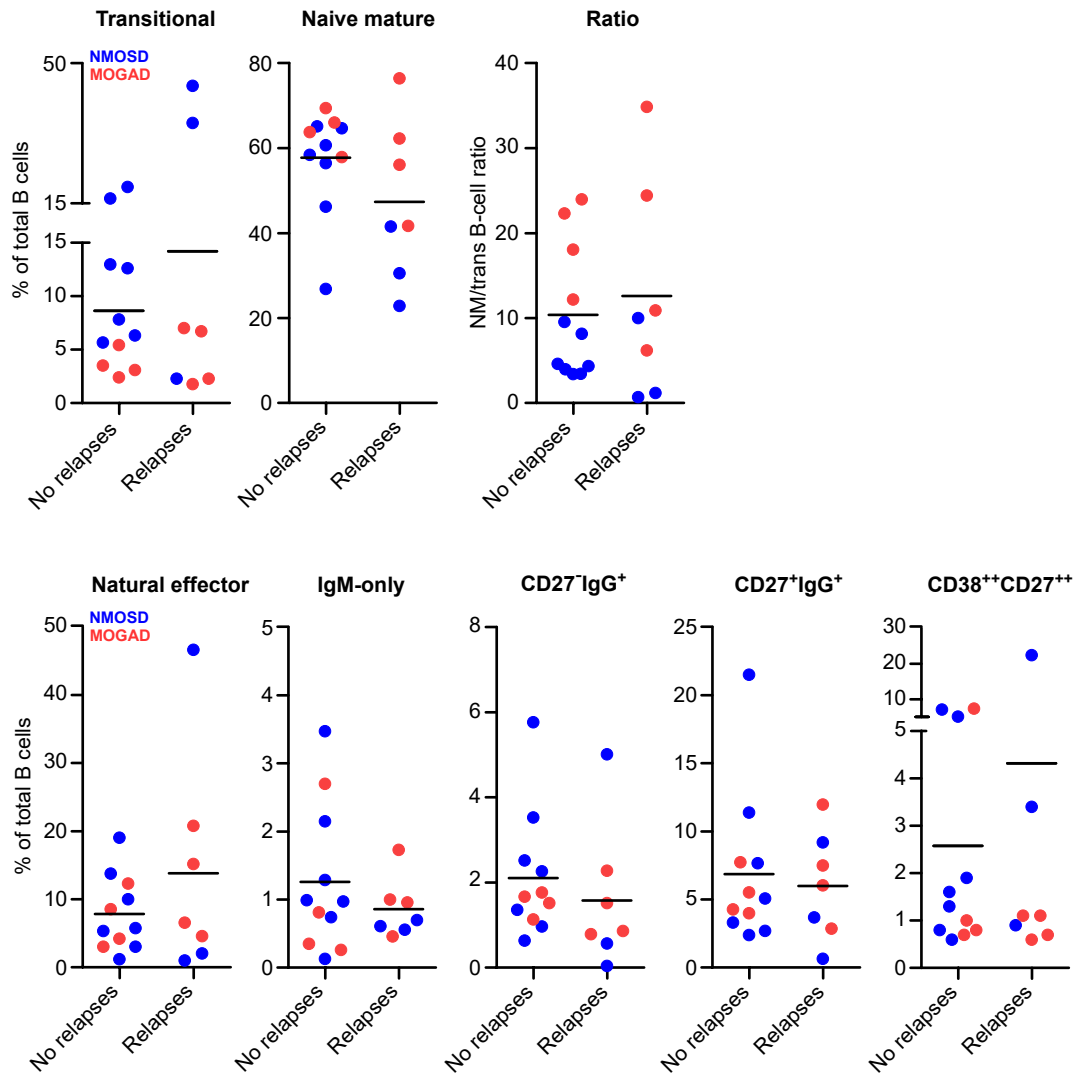
Supplementary Figure 4. Composition of the naive B-cell pool in the blood of untreated and CS-treated NMOSD, MOGAD, MS and HC subgroups.

Proportions of circulating transitional and naive mature B cells within the total CD19⁺ pool were assessed in CS-naive NMOSD ($n = 10$), CS-naive MOGAD ($n = 8$), CS-treated NMOSD or MOGAD ($n = 9$), MS ($n = 10$) and HC ($n = 20$) groups.



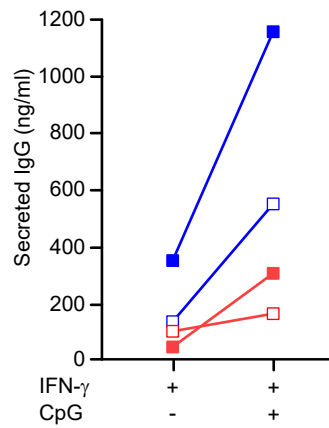
Supplementary Figure 5. The impact of CS treatment on the presence of transitional and naive mature B cells in the blood.

Proportions of circulating transitional and naive mature B cells were correlated to time since start of CS treatment in NMOSD or MOGAD ($n = 9$; **A**) and clinically isolated syndrome (CIS, $n = 8$; **B**) groups.



Supplementary Figure 6. Presence of *ex vivo* B-cell subsets in relapsing and non-relapsing NMOSD and MOGAD subgroups.

Proportions of naive and memory B-cell subsets as well as plasmablasts (CD38⁺⁺CD27⁺⁺) were analyzed in the blood using FACS and compared between CS-naive NMOSD (blue) and MOGAD (red) patients with and without relapses.



Supplementary Figure 7. Validation of the differences in IgG secretion by *in vitro*-generated plasmablasts between NMOSD and MOGAD subgroups.

Plasmablasts were generated from naive mature B cells of a relapsing (solid box) and non-relapsing (open box) NMOSD and MOGAD patient under IFN- γ and/or CpG-ODN-inducing germinal-center like conditions. IgG secretion was compared after 11 days.