

Supplementary-Table-4. Definitions used for adjudication and grading of the different evaluated events
(adapted from National Cancer Institute – Common Toxicity Criteria for Adverse Events).

Outcome studied	Grade	Definition
Cardiac dysfunction (LVEF)		
Mild (asymptomatic)	1	- Asymptomatic increase in biomarkers (NT-proBNP, BNP) or appearance of LV abnormality (wall motion abnormalities or LVEF between 35 and 50%)
Moderate (heart dysfunction)	2	- Heart failure symptoms (mild) not requiring intravenous diuretics associated with increased biomarkers (NT-proBNP, BNP) or LV abnormality - Appearance of asymptomatic LVEF \leq 35%
Severe (heart failure)	3	- Heart failure symptoms requiring/resolving on intravenous diuretics associated with increased biomarkers (NT-proBNP, BNP) or appearance of LV abnormality
Life-threatening (cardiogenic shock)	4	- Cardiogenic shock requiring inotropes and/or hemodynamic support
Fatal	5	- Leading to death
Cardiac arrhythmias (ECG)		
Mild	1	- Modification of ECG with no severity criteria*
Moderate	2	- Modification of ECG with appearance vs. baseline ECG pre-ICI of micro-voltage, pathological Q-waves, QRS \geq 150msec or delta QRS vs. baseline \geq 30msec
Severe	3	- Asymptomatic non-sustained ventricular tachycardia, or intermittent high degree atrio-ventricular block or sinus dysfunction
Life-threatening	4	- Symptomatic or sustained ventricular tachycardia, or persistent high degree atrio-ventricular block or sinus dysfunction
Fatal	5	- Leading to death
Respiratory muscle dysfunction		
Mild (asymptomatic)	1	- Asymptomatic but abnormal respiratory muscles explorations
Moderate (dysfunction)	2	- Symptomatic but no alveolar hypoventilation
Severe (failure)	3	- Hypoventilation but no indication for mechanical ventilation
Life-threatening	4	- Hypoventilation requiring mechanical ventilation
Fatal	5	- Leading to death

Abbreviations: (NT-pro)BNP: (N-terminal pro) brain natriuretic peptide; LV(EF): left ventricular (ejection fraction)

* Severity criteria on ECG include appearance of pathological Q-waves, micro-voltage, QRS \geq 150msec or delta \geq 30msec vs. baseline pre-ICI, ventricular tachycardia, high-degree atrioventricular block or sinus dysfunction(1)

REFERENCE

1. Power JR, Alexandre J, Choudhary A, Ozbay B, Hayek S, Asnani A, *et al.* Electrocardiographic Manifestations of Immune Checkpoint Inhibitor Myocarditis. *Circulation* **2021**;144(18):1521-3 doi 10.1161/CIRCULATIONAHA.121.055816.