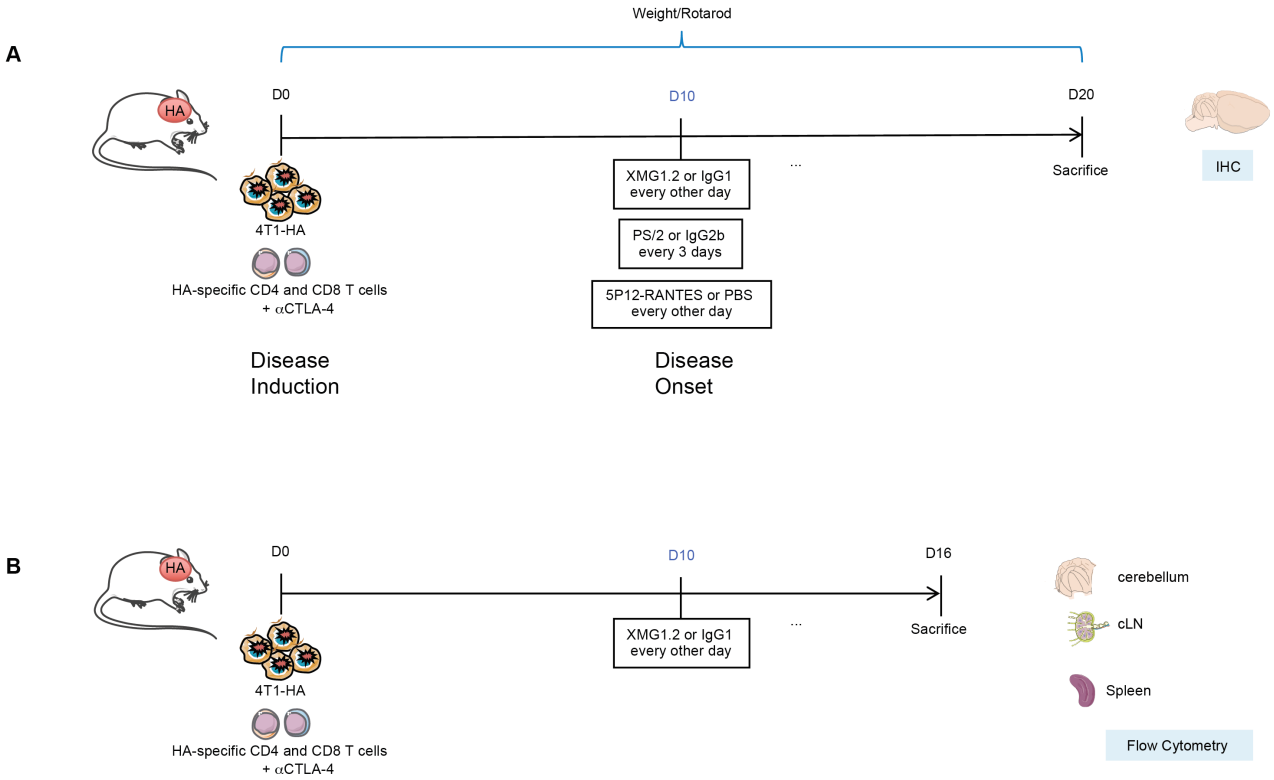
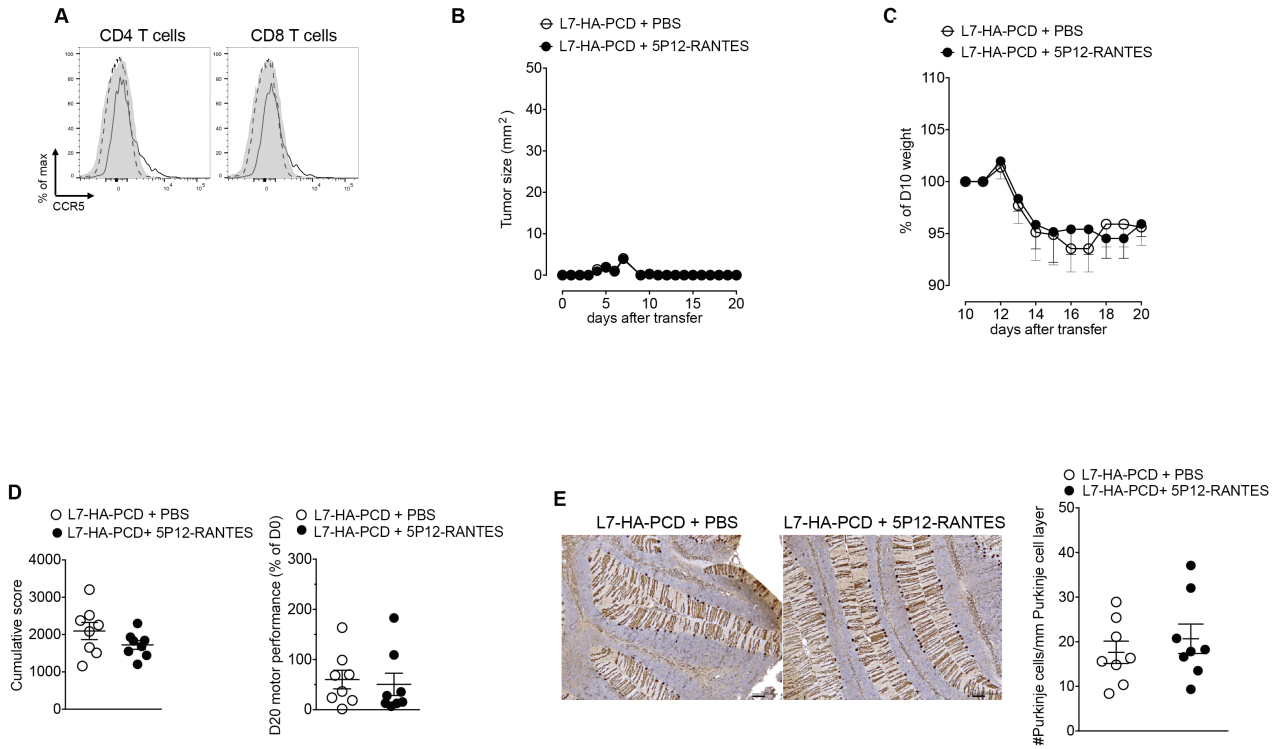
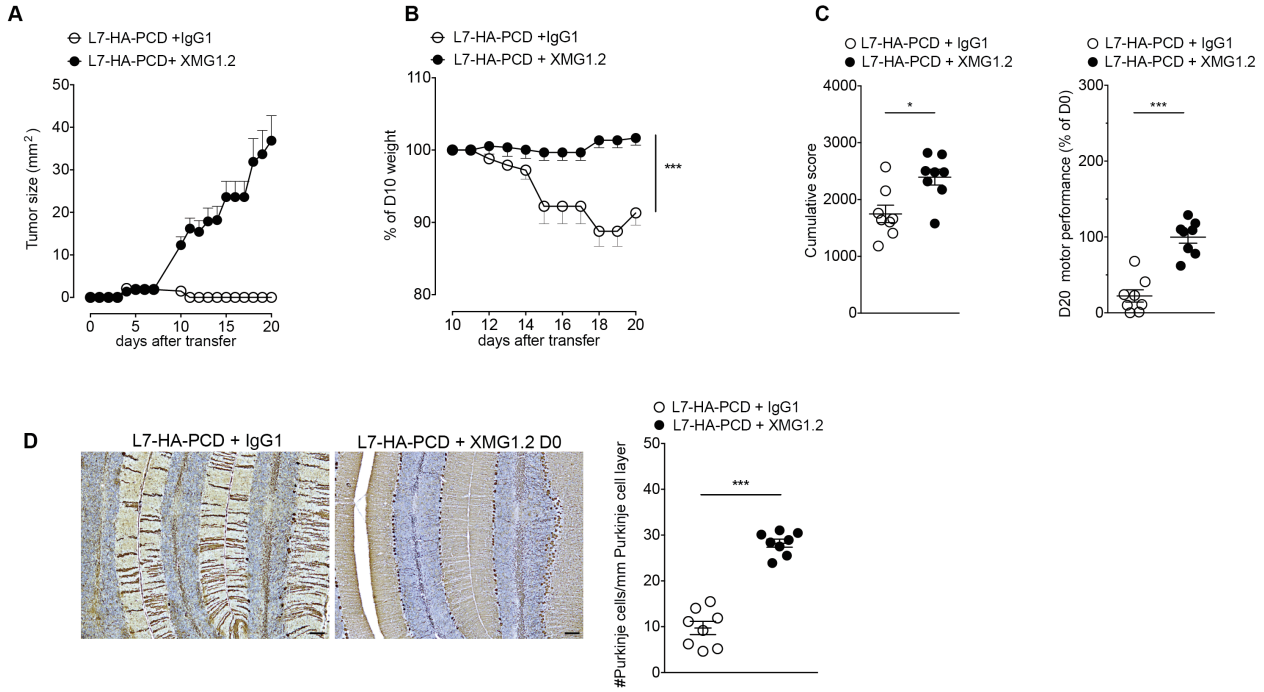
Supplementary figures



Suppl. Fig 1. **PCD induction and treatment scheme.**
Naïve HA-specific CD4 and CD8 T cells were isolated from TCR-transgenic mice, and transferred i.v. into L7-HA or WT littermates on day 0 (disease induction), together with the simultaneous s.c. implantation of 4T1-HA tumor cells and anti-CTLA-4 mAb injection. On day 10 (clinical onset of neurological disease), mice were treated with mAbs blocking α4 integrin (PS/2) or neutralizing IFNγ (XMG1.2) or with a CCR5 antagonist (5P12-RANTES), or their respective controls. Mice were followed clinically daily and sacrificed for histological analysis at day 20 (**a**) or at the peak of disease (day 16) for characterization of cerebellum-infiltrating cells by flow cytometry (**b**).



Suppl. Fig 2. Blockade of the CCR5 chemokine receptor is ineffective to treat ongoing PCD. **a.** Evaluation by flow cytometry of CCR5 expression on CD4 and CD8 T cells from different organs of L7-HA-PCD mice at day 16. Dotted line: spleen, grey: cLN, and solid line: cerebellum. **b**. Tumor size, **c.** mouse weight, **d.** rotarod performance, and **e.** Purkinje cell density from L7-HA-PCD mice treated with 5P12-RANTES or PBS from day 10, n= 8 per group. Bar = 100 µm.



Suppl. Fig 3. Absence of tumor control and lack of PCD development upon IFNγ neutralization starting at day 0.

a. Tumor size, **b.** mouse weight, **c.** rotarod assessment, and **d.** Purkinje cell density from L7-HA-PCD mice treated with XMG1.2 or IgG1 from day 0 onwards. Bar = 100 µm. n=8 mice per group, Mann-Whitney U test, *P<0.05; **P<0.01; ***P<0.001.