

Figure S1. A chest computed tomography scan indicating (A) a 2.1x2.0-cm cavitory mass in the right lower lung alongside (B) vertebral metastases.

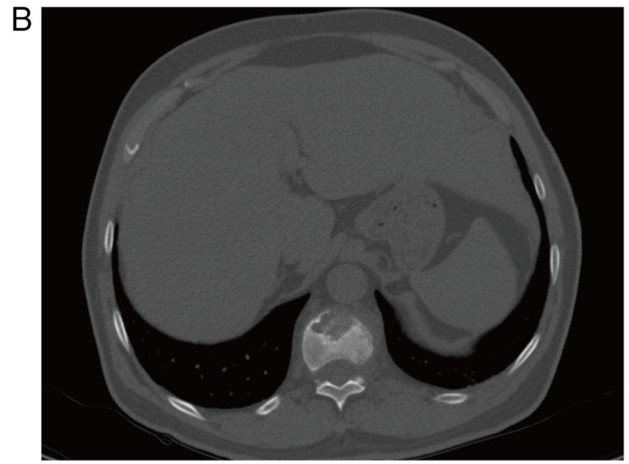
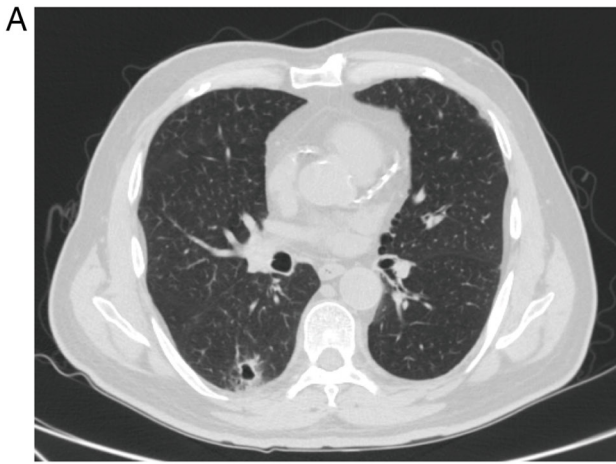
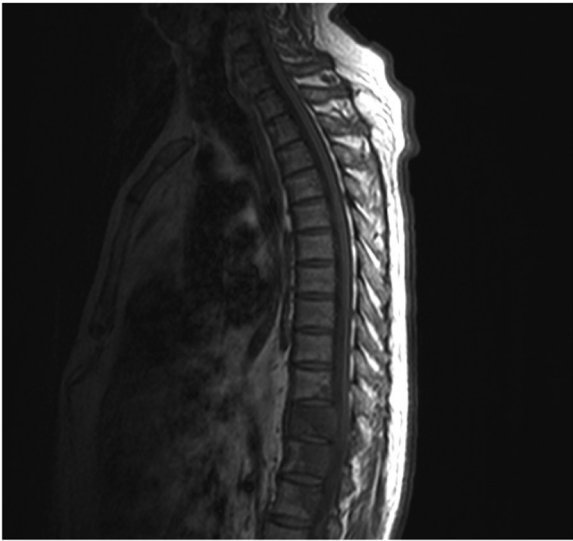


Figure S2. Magnetic resonance imaging of the thoracic and lumbar spine showing vertebral metastasis on (A) T1-weighted imaging and (B) T2-weighted imaging.

A



B

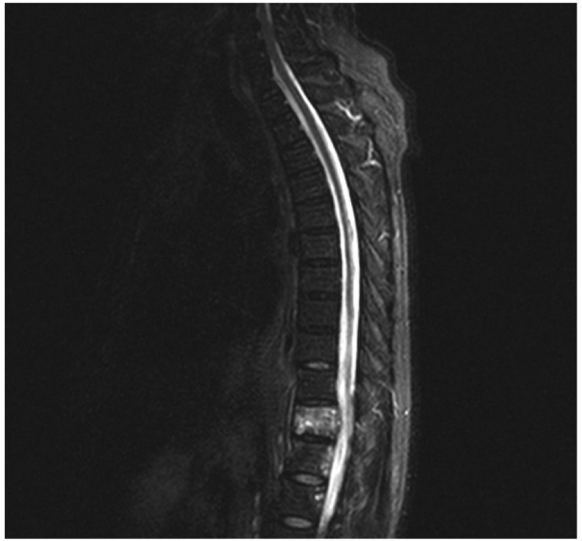


Figure S3. H&E staining of tissue from a computed tomography scan-guided biopsy of the thoracic vertebral lesions giving a histological diagnosis of metastatic squamous cell carcinoma (scale bar, 50 μm).

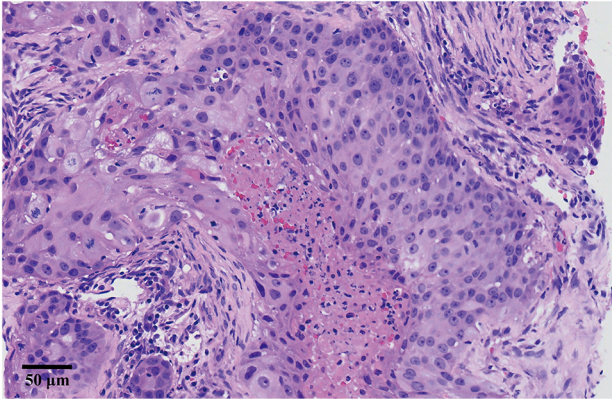


Figure S4. Immunohistochemical analysis of PD-L1, p40, CK5/6, CK7 and TTF1 expression was performed on tissue from a computed tomography-guided biopsy of the thoracic vertebral lesions (scale bar, 50 μ m). PR-L1, programmed death-ligand 1; CK, cytokeratin; TTF1, thyroid transcription factor 1.

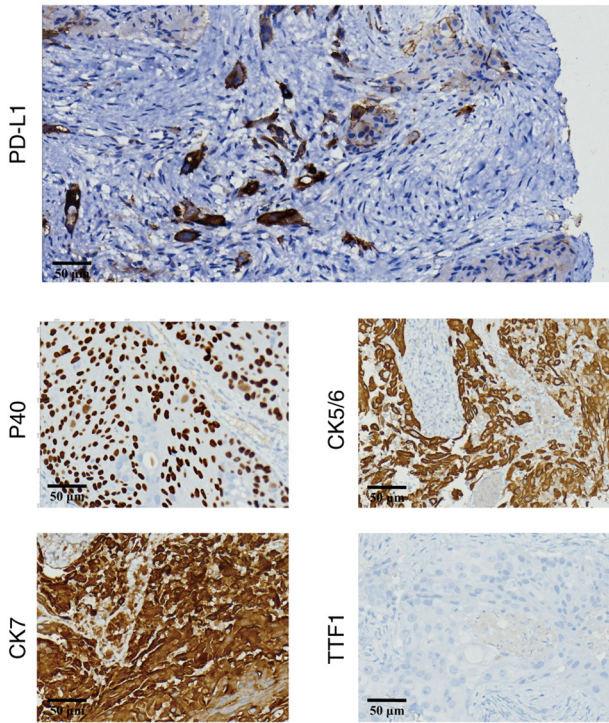


Figure S5. H&E staining of tissue from a computed tomography-guided lung biopsy of the consolidation of the lower lobe of the right lung showing inflammation of the lung tissue and fibrous tissue hyperplasia (cell images) (scale bar, 50 μ m).

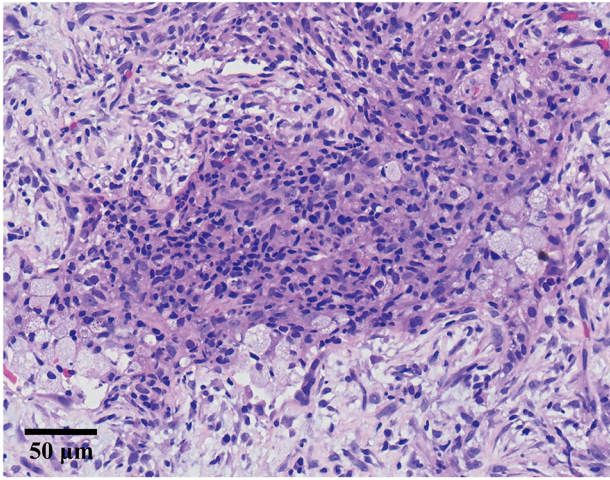


Figure S6. Computed tomography images at the level of (A) the carina and (B) the diaphragm showing that the pneumonitis remained in complete remission in February 2022.

