

Supplemental Table 1. Patient level data for 16 evaluable patients with desmoid tumors treated on the DART immunotherapy protocol.

	Best response to date	Days to best response	Tumor change (%)	Progression	Death	PFS (months)	OS (months)	Prior systemic treatment	Sites of disease
1	Stable disease	-	-23	No	No	60.7+	60.7+	imatinib, doxorubicin	Target: abdominal Non-target (NT): abdominal
2	Stable disease	-	-6	Progressed	No	30.1	47.1+	sorafenib (x3), hydroxyurea, tamoxifen+sulindac	Target: axilla
3	Stable disease	-	-0	No	No	48.3+	48.3+	sorafenib (x3)	Target: proximal brachial plexus
4	Stable disease	-	-4	No	Died	22.6	22.6	sorafenib, tamoxifen, methotrexate+vinblastine, sulindac, meloxicam	Target: abdomen (x2), retus abdominus
5	Stable disease	-	-6	Progressed	No	16.5	57.8+	No prior systemic	Target: knee
6	Stable disease	-	-3	Progressed	No	4.0	47.3+	No prior systemic	Target: foot
7	Stable disease	-	+14	Progressed	No	5.6	52.1+	vincristine+methotrexate, tamoxifen	Target: peritoneum/omentum, abdominal wall NT: peritoneum/omentum
8	Stable disease	-	-7	No	No	22.4+	49.7+	sulindac+tamoxifen, imatinib, methotrexate+vinblastine, sorafenib	Target: mesentery root (x2)
9	Confirmed PR	174	-83	No	Died	16.1	16.1	tamoxifen, celecoxib, miloxicam, imatinib	Target: abdomen (x3), jejunum, pelvis
10	Confirmed PR	112	-71	Progressed	No	8.4	50.1+	pazopanib	Target: anterior mesentery NT: lung (x2), kidney, bowel and mesentery
11	Stable disease	-	-1	No	No	38.2+	38.2+	No prior therapy	Target: neck
12	Not assessed*	-	-5	Progressed	No	19.7	37.7+	tamoxifen, sulindac	Target: flank, abdomen
13	Not assessed*	-	+6	Progressed	No	3.6	37.3+	methotrexate + vinblastine	Target: thigh
14	Not assessed	-	-	No	No	1.0+	1.0+	sulindac	Target: gluteal musculature
15	Confirmed PR	550	-40	No	No	30.5+	30.5+	No prior therapy	Target: abdomen NT: mesenteric lymph node, subdiaphragmatic seg 2
16	Stable disease	-	+4	Progressed	Died	4.1	15.1	imatinib	Target: right upper quadrant implant, mesenteric, presacral, perirectal NT: lower quadrant mass, mesentery

“+” indicates ongoing response.

*Patients 12 and 13 did not receive adequate scans, and therefore, RECIST was not coded for them. However, we have provided a percentage of tumor change for the target lesions that were scanned.

Abbreviations: PFS, progression-free survival; PR, partial response; OS, overall survival.