

#	Age	Sex	Breed	Mass location	Inj. (Y/N)	Vol. CFA (mL)	responder	comments
001	24	Mare	Thoroughbred x	Left thorax	Y	0.3	no	Two approximately equal sized contralateral tumours; one injected, other "control" Third tumour injected 3 months after initial injections.
				Right thorax	N	0		
				Left thorax	Y	0.2		
002	13	Mare	Warmblood	Tail	Y	0.2	YES	Complete regression of injected tumour in the tail six weeks after injection. Vulval tumour still present. (other small tumours in the tail are still present)
				Vulva	Y	0.1		
003	4	Gelding	Welsh x	Anus	Y	0.1	YES	Young horse with melanomas. Complete regression of injected tail tumour at 10 weeks, and injected anal tumour at 4 months. However growth of new anal tumours.
				Tail	Y	0.2		
004	14	Mare	Warmblood	Anus (super)	Y	0.3	no	Anal tumour removed by surgery 4 months after treatment.
				Anus (deep)	N	0		
005	16	Mare	Welsh	Anus	Y	0.3	no	Injected a small nodule, part of a very large anal tumour >10 x 15cm. Euthanased due to suspected melanoma associated impaction.
006	10	Mare	Quarter Horse	Anus	N	0	no	One tumour injected.
				Tail	Y	0.2		
				Salivary gland	N	0		
007	20	Gelding	Aust Riding Pony	Tail (prox)	Y	0.2	maybe	Reduction in size of un-injected tumour 3 months after treatment.
				Tail (dist)	N	0		
008	10	Gelding	Thoroughbred	Anus	Y	0.2	YES	Injected tumour did not regress, however subjective major reduction in size and number of melanomas at commissures of lips and on head. Reduction in size of neck melanoma (too big to fit on ultrasound screen on first visit, so not measured; fitted easily on screen at 3 months review.)
009	22	Mare	Andalusian	Anus	Y	0.25	no	Very large >25cm mass around anus and base of tail. Small tip of mass was measured, injected, and got smaller. Injected a second area on tail 3 months after first injection.
010	10	Gelding	Warmblood	Tail (prox)	Y	0.1	n.d.	
011	15	Mare	Welsh Pony	Tail	Y	0.2	n.d.	
				Vuvla	Y	0.2		

Supplementary Table 1. Grey horses with melanoma treated with Complete Freund's Adjuvant.

Patient gender, age	Cancer type	Site of injection	Doses of CFA (emulsified with viscum)	Adverse events	Comments
M, 77	Non small cell lung carcinoma	Right thoracic tumour	4 doses 2x 1ml (75%CFA) at one month interval then 1x 2ml (50%CFA) at, two month interval, then 1x 1ml (50%CFA) at 6 week interval.	Fever following 3 rd dose	Tumour changes on ultrasound, but tumour slowly progressed. Patient died of cancer 5 months after first CFA injection.
F, 54	Invasive grade 3 ductal breast cancer (ER/PgR+ve; HER2/neu -ve; Ki 40-40%).	Right breast	3x 2ml (50%CFA) at two month then three month intervals.	1 st injection: Inflammation of breast, fever (39.6-40) requiring 24 hour hospitalisation. Abscess developed after viscum i.t. (no CFA) injection, resolved, but left scar. 2 nd and 3 rd injections: fever.	Tumour changes and gradual shrinkage on ultrasound. Local control for two years, after which progressed; underwent mastectomy/chemotherapy/radiation. Patient well 5 years after initial CFA treatment.
F, 54	Invasive grade 2 ductal breast carcinoma (ER+/PgR-ve; Ki-67 45%; Her-2/neu -ve)	breast	1x 1.5ml CFA (33% CFA)	Inflammation of breast, lasting > 1 month, sterile pus discharge	Patient lost to follow up.
F, 18	Metastatic osteoblastic osteosarcoma	Pulmonary metastatic lesion, adhering to pleura	2 x 2ml (50%CFA), 7 weeks apart		Patient died of widespread metastatic disease 4 months after first CFA injection.

Supplementary Table 2A. Patients treated in Arlesheim, Switzerland. Note: patients were additionally treated with intravenous and intratumoural doses of viscum without CFA which also caused inflammation and fever.

Patient Initials, gender, age	Cancer type	Site of injection	Doses of CFA (emulsified in saline)	Adverse events	Comments
1. WR F, 79	Squamous cell cervical carcinoma	Supra-clavicular mass	1 x 0.5ml		Cancer progressed. Died 9 months after treatment
2. RPS M, 67	Squamous cell head and neck cancer	2cm deposit on neck	1 x 0.5ml		Withdrew from trial. Injected metastasis stable. Other metastases on face progressed. Treated with palliative chemotherapy, further radiation. Alive 4.25 years after CFA treatment.
3.AH M, 72	Prostate cancer, poorly differentiated	Metastasis on neck	2 x 0.5*ml	Inflammation at site of injection	Metastasis kept growing, PSA increasing. Withdrew from trial. Neck metastasis regressed following radiation. Received further antiandrogen therapy, chemotherapy and radiation to pelvis/prostate. Alive 4 years after last CFA treatment.
4. GC M, 69	Metastatic renal cancer	Deposit on neck	3x 1ml*	1 st injection: 'flu like symptoms for 2-3 days. 3 rd injection Grade 2 adverse event. Fever, worsening dementia	Lung effusion and shortness of breath disappeared after first treatment. Able to resume daily activities. Withdrew from trial after third injection. Died of cancer 7 months after first treatment.
5. IF F, 57	Metastatic renal cell carcinoma	Deposits on groin, neck scalp	1x treatment of 1ml in each deposit		Died of cancer 48 days after treatment.
6. MW M, 61	Lung cancer. Additional pancreatic cancer confirmed at time of first treatment.	Lung (CT guided injection)	1x 1ml		Died of cancer 20 days after treatment.
7.RM M, 71	Recurrent neuro-endocrine tumour of lung.	Deposit on neck	1x 1ml	Hospitalised 21 days after treatment; extremely short of breath.	Died of cancer 22 days after treatment.
8. DL M, 67	Urothelial cancer. Extensive lung metastases, brain metastases.	Deposit on left chest.	2x 1 [†] ml in two different chest deposits.	Suspected seizure 7 days after injection, hospitalised for 2 days.	Died of cancer three months after first treatment.

Supplementary Table 2B. Patients treated at The Canberra Hospital, as part of clinical trial ACTRN12616001637437. * doses given at 6 week intervals. † doses given at 8 week interval.