**Supplemental Data**

**Monitoring therapeutic responses to silicified cancer cell immunotherapy
using PET/MRI in a mouse model of disseminated ovarian cancer**

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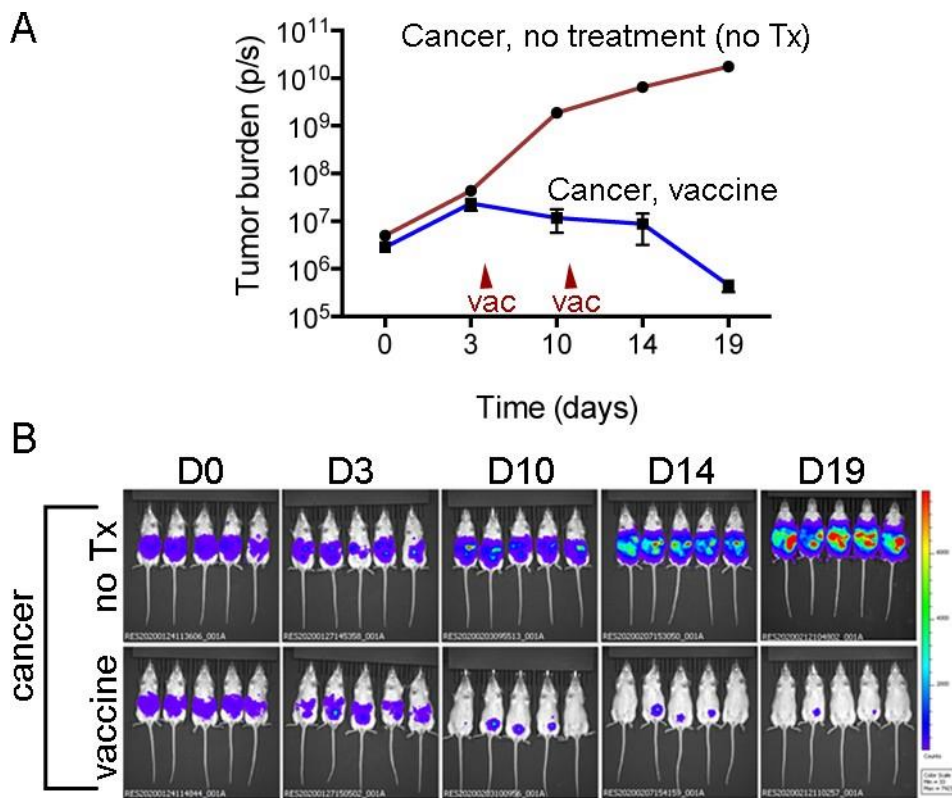
Figure S1. Additional efficacy data on therapeutic vaccination of mice with disseminated ovarian cancer. Bioluminescent images (**A**) and graphs (**B**) of tumor burden (photons/s) for FVB mice injected IP with 2×10^5 BR5-*akt*-Luc2 cells (Day 0) and vaccinated with 3×10^6 BR5-*akt* vaccine cells (Days 4 and 11).
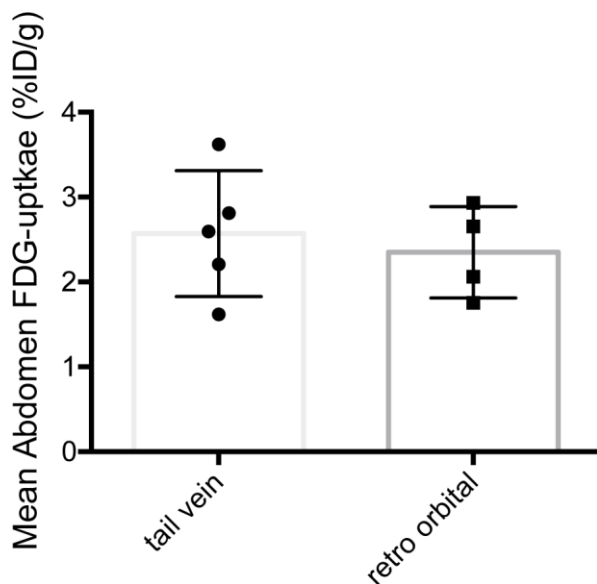
Figure S2. Impact of injection route on abdominal FDG uptake. Abdominal FDG-uptake (%ID/g) in untreated, tumor-bearing mice following either retro-orbital (n=4) or tail vein (n=5) injection of [^{18}F]FDG. Statistical analysis was performed using an unpaired, parametric, two-tailed t-test. No significant differences were observed in abdominal uptake between the different injection methods.
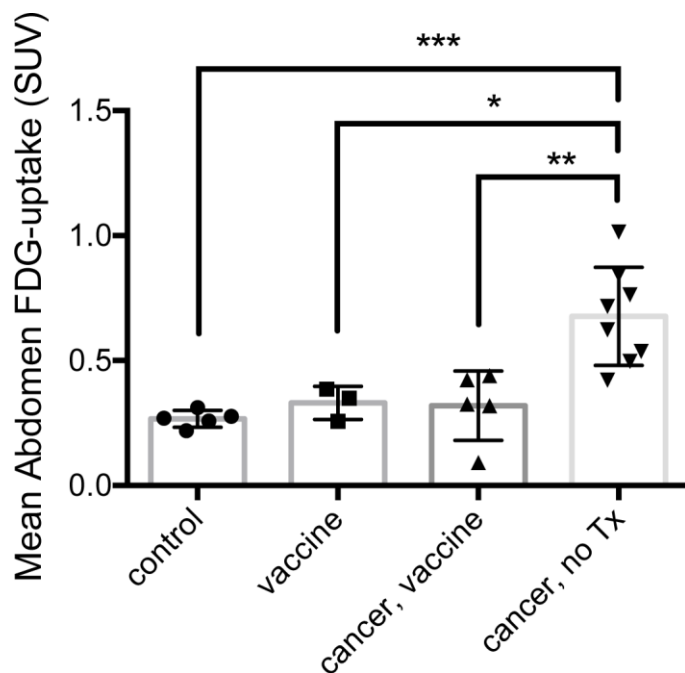
Figure S3. Abdominal FDG-uptake using the Standardized Uptake Value (SUV). Abdominal [^{18}F]FDG concentration normalized by injected dose per unity body weight in control (naïve), vaccinated (+/- cancer), and untreated cancer bearing mice. Statistical analysis between groups was carried out using ANOVA with multiple comparisons by Tukey's test. The comparisons were significantly different as indicated by * $p \leq 0.05$, ** $p \leq 0.01$, and ***$p \leq 0.001$.

Figure S4. Whole blood glucose levels in mice pre-[^{18}F]FDG administration. Pre-scan whole blood glucose (PreWBglc) levels were similar treatment groups.