Table S1. Comprehensive patient's medical history.

YEAR	DIAGNOSIS AND CLINICS	TREATMENT	OUTCOME
2002, March	- Relapsing-remitting multiple sclerosis. - Right breast adenoma.	- *Beta-interferon/prednisone* combination therapy. - Adenoma untreated because of its benignity.	
2005, July	Radical ovariectomy for ovarian carcinoma.	- Carboplatin/paclitaxel combination chemotherapy every 21 days for six cycles postoperatively, followed by - Carboplatin/cyclophosphamide combination chemotherapy at 4-week intervals for a total of three cycles.	Remission of the disease.
2016, September	- Left pelvic neoformation infiltrating a loop of the small intestine and adhering to the sigmoid. - Multiple liver nodules.	Liver disease: carboplatin AUC 5q21 plus gemcitabine 1,8 q21 for six cycles.	Remission of the disease.
2019, January	- New pelvic neoformation compressing the left distal ureter with hydroureteronephrosis. - Three cystic formations in liver. - One non calcific micronodule in lower lobe of right lung. - Two nodules in lower lobe of left lung.	None	
2019, February	Increased uptake at IV, VII and VIII liver segments, left paramedian pelvic site inseparable from ureter, and thyroid gland, documented by positron emission tomography (PET) integrated with computed tomography.	- Percutaneous nephrostomy (PCN) placement of a 18F Foley catheter at left kidney due to ureteric obstruction. - The catheter was changed at 3-months intervals. - Gemcitabine 1,8 q21 for four cycles.	- Failure to achieve the expected outcome. - Gemcitabine interruption first in May due to the occurrence of an infection contracted in the hospital setting, and definitively in August.
2019, September	Locoregional progression of the ovaric disease.	Carboplatin monochemotherapy for four cycles.	- Complete remission of both oncological, cytological, and laboratory parameters' evidence.
2020, June	Ovaric disease progression.	Cyclophosphamide per os.	- Therapy stopped on December due to the occurrence of serious side effects and the need for a clinical reassessment.