**Supplement table no. 6: Course of disease case no 6**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Date** | **Therapy** | **Staging** |
| **2013** | 07/2013 |  | initial diagnosis of a NET G1 of the pancreas head with liver and lymoh node metastasesSynaptophysin+, CD 56+, PDX1+, CKMNF+, SSTR2 +Ki-67 2-3% |
| **2014** | 01-12/2014  | CAP/TEM |  |
|  | 12/2014 |  | PR |
| **2015** | 08/2015 |  | PD with progressive vascular invasion and size increase of liver metastases |
|  | 11/2015 | STZ/5-FU |  |
| **2016** | 04-10/2016 PRRT | PRRT (3 cycles) |  |
|  | 09/2016 |  | SD |
| **2017** | 02/2017 |  | PD (hepatic progress) |
|  | 02-05/2017 | FOLFOX |  |
|  | 05/2017 | FOLFIRI |  |
|  | 12/2017-02/2018 | everolimus |  |
| **2018** | 02/2018 |  | PD |
|  | 03-05/2018 | sunitinib |  |
|  | 05/2018 |  | PD |
|  | 06-10/2018 | CAP/TEM |  |
|  | 09-11/2018 | avelumab | SNV in MSH2 |
|  | 12/2018 |  | death due to multiorgan failure |

neuroendocrine tumor (NET), partial remission (PR), progressive disease (PD), stable disease (SD), streptozocin/5-fluorouracil (STZ/5-FU), capecitabin/temzolomide (CAP/TEM), peptide receptor radionuclide therapy (PRRT), single nucleotide variant (SNV)