- Table S1. Patient based enumeration of tumor lesions and sites detected by ⁶⁴Cu-GD2
- PET/MRI.

Patient ID	Lung	Lymph nodes	Liver	Bone	Soft tissue
1	0	0	0	>10	2
2	0	0	0	0	0
3	7	0	0	0	0
4	0	1	0	0	0
5	>10	0	0	0	0
6	5	2	0	3	0
7	0	0	0	7	0
8	0	0	0	0	2
9	0	0	2	2	1
10	0	0	0	>10	0
11	0	0	0	0	0

Table S2. Additional functional and follow-up imaging performed (+ positivity of detected lesions, - no lesions detected, I. f. = lost to follow up, n.p. = not performed).

_	Patient ID	Histology	Tumor lesion on MRI	⁶⁴ Cu-GD2 expression on PET	MIBG- SPECT/CT	FDG-PET	Follow-up imaging
	1	NB	+	+	n. p.	n. p.	progress
	2	NB	-	-	-	n. p.	stable
	3	OS	+	-	n. p.	n. p.	progress
	4	NB	+	+	+	n. p.	response
	5	OS	+	+	n. p.	n. p.	progress
	6	OS	+	+	n. p.	n. p.	progress
	7	NB	+	+	+	n. p.	progress
	8	ES	+	+	n. p.	n. p.	progress
	9	NB	+	+	+	n. p.	progress
	10	NB	+	+	n. p.	+	progress
	11	ES	-	-	-	n. p.	l. f.

Figure S1. PET based assessment of 64 Cu-GD2 biodistribution by SUV_{max} analysis in all patients (n = 11) on day 1 as well as on day 1 and day 2 in patients with two imaging

13 timepoints (n = 6).

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site

16 17

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Figure S2. Comparison of ⁶⁴Cu-GD2 expression in PET with MRI based parameters such as tumor lesion size (long axis diameter of all lesions in cm) (**A**) and ADC values of bone metastases (**B**) or pulmonary metastases (**C**). Tumor lesions presenting with a Likert score ≥ 2 on ⁶⁴Cu-GD2 PET were defined as GD2 positive, whereas lesions with a Likert score < 2 were classified as GD2 negative. All Data are presented as the mean ± standard error and considered significant at p < 0.05.

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