

Supplementary data

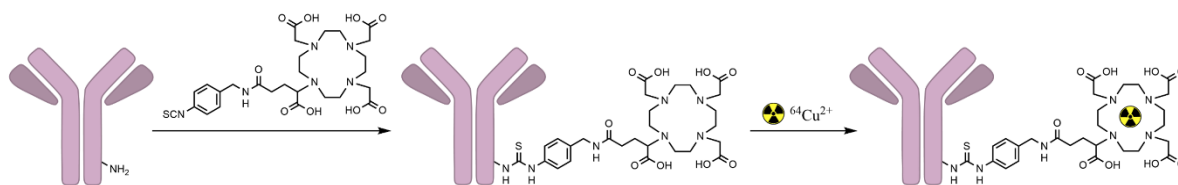


Figure S1: Scheme of the radiolabeling procedure

Schematic representation of chelator conjugation and radiolabeling of ch14.18. Chelator is first conjugated to lysine side chains (amines, NH₂) through its isothiocyanate moiety (SCN). After removal of excess chelator, the buffered radioisotope ⁶⁴Cu is bound to the chelator.

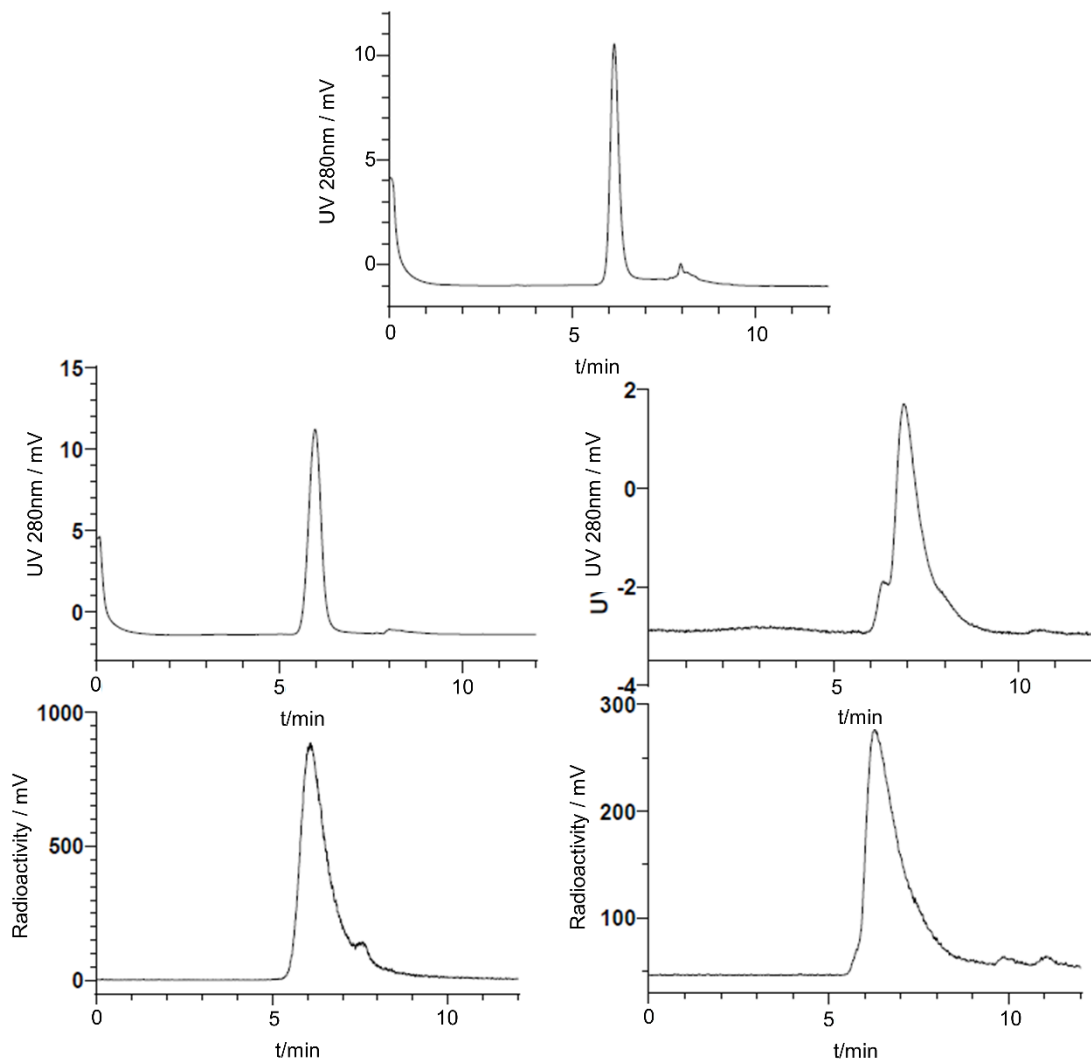


Figure S2: Chromatograms of the conjugates

Representative chromatograms of ch14.18 before (upper row) and after conjugation (middle row, left: DOTAGA, right: NOTA) and radiolabeling (lower row, left: DOTAGA, right: NOTA). UV traces at 280 nm or radioactivity traces are shown for non-radioactive or radiolabeled proteins, respectively.

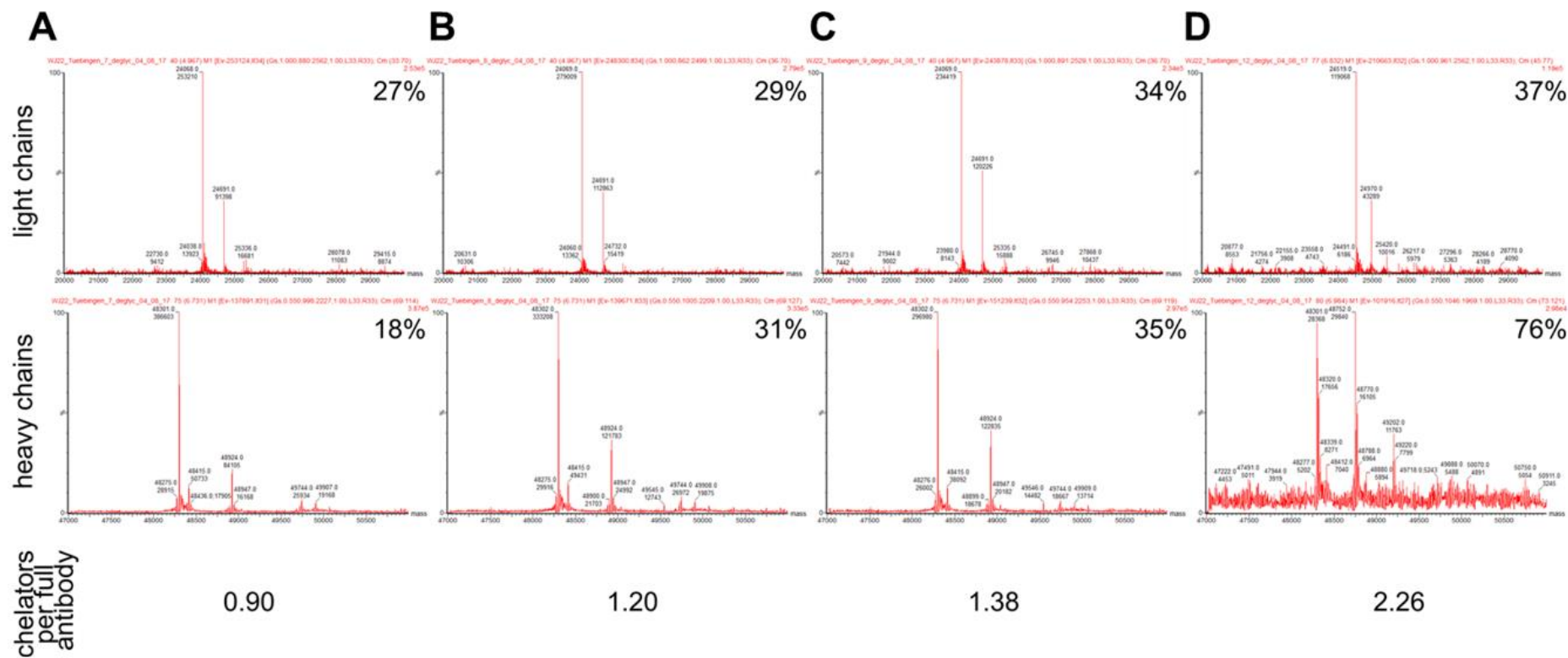


Figure S3: Mass spectra of the chelator-conjugates

Mass spectra of heavy and light chains of chelator-conjugated antibodies. A: DOTAGA-ch14.18 conjugated with 1:5 molar ratio Ab:chelator; B: dto, 1:10; C: dto, 1:15; D: NOTA-ch14.18 for human use.

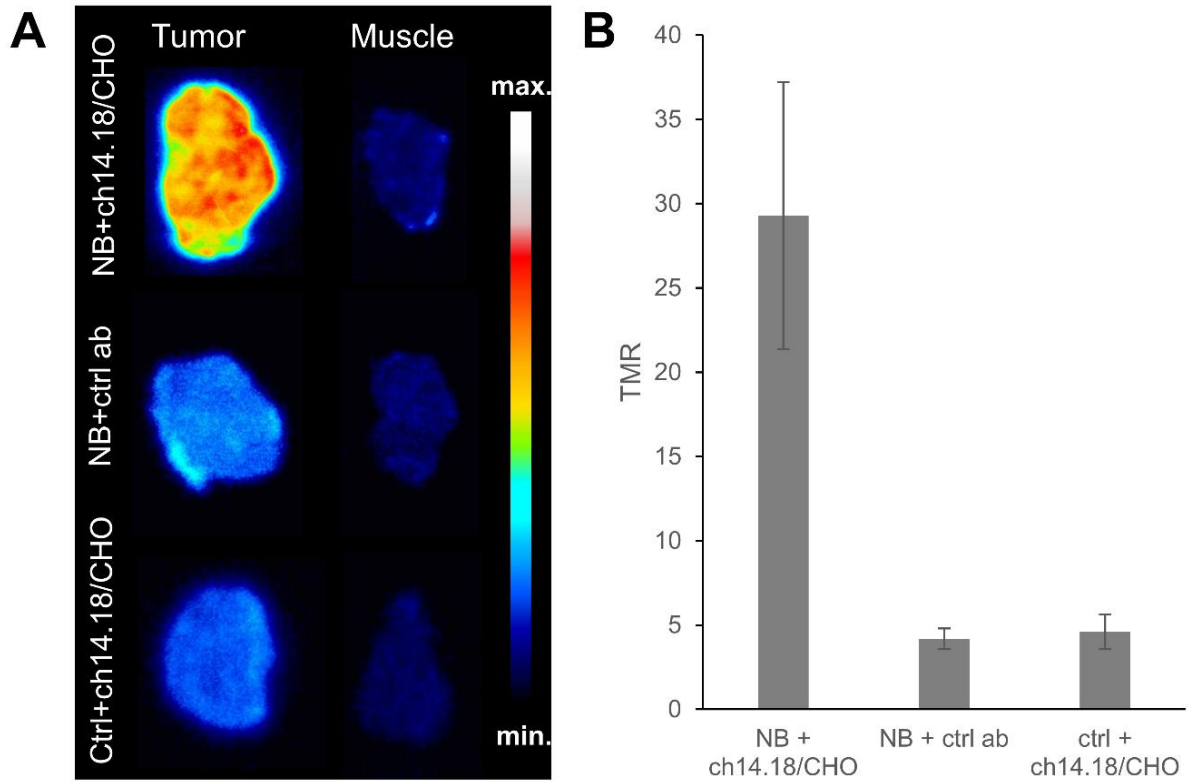


Figure S4: Autoradiography of tissue samples

Autoradiography acquired from tumor slices after the 48 h imaging time point show a highly increased signal in the NB after injection of radiolabeled ch14.18/CHO compared to controls (NB + control ab or control tumor + radiolabeled ch14.18/CHO). Muscle tissue is shown as reference and TMR are quantified for comparison between studies.

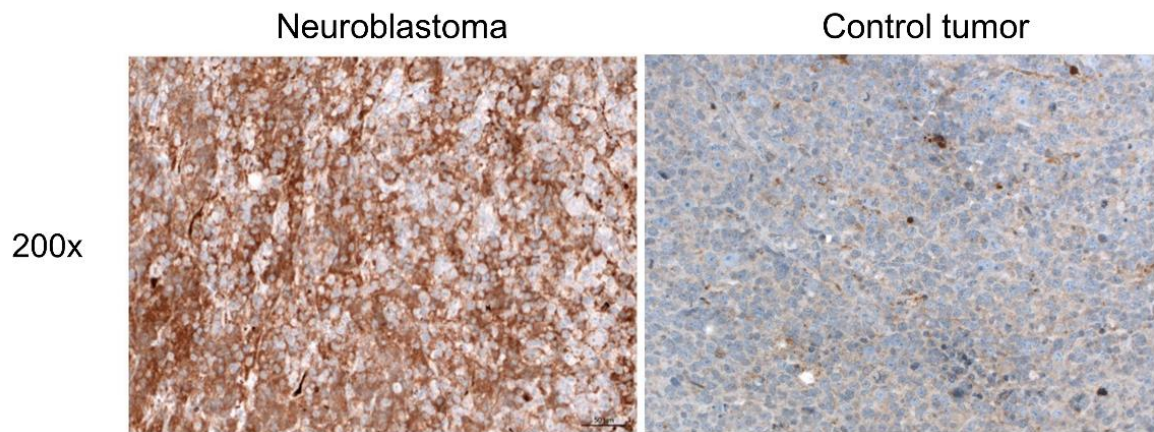


Figure S5: GD2 staining of tumor sections

GD2 expression in the tumor tissue was verified using the GD2-specific antibody. GD2 expression was only observed in NBs.

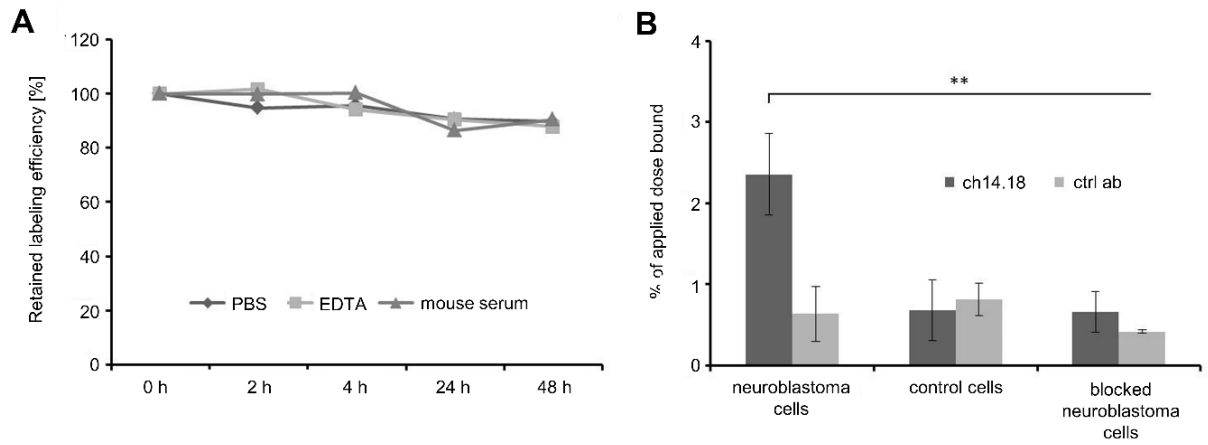


Figure S6: *In vitro* testing of the clinically ^{64}Cu -labeled ch14.18/CHO

Stability and specificity of ch14.18/CHO, which was chelator- and radiolabeled under GMP conditions, was tested *in vitro*. The radioconjugation was verified to be stable over 48 h in PBS, EDTA and mouse serum via TLC (A) and $[^{64}\text{Cu}]\text{Cu-p-SCN-Bn-NOTA-ch14.18}$ showed a specific binding to GD2 positive neuroblastoma cells (B).

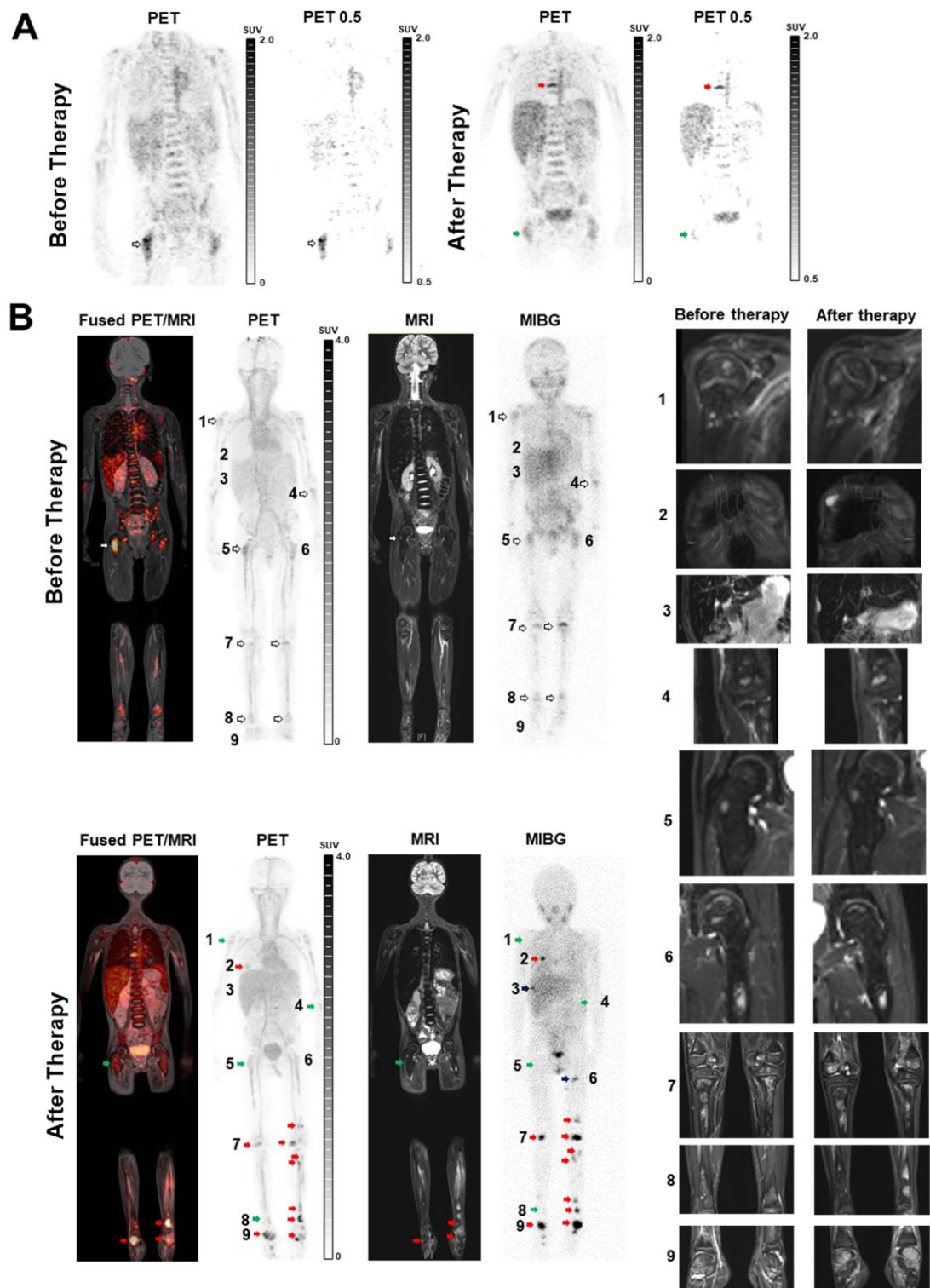


Figure S7: Clinical GD2-specific ImmunoPET/MRI of Neuroblastoma

A: To better distinguish between metastasis and the unspecific uptake in the bone (especially in the spine and the pelvis) the windowing was adapted to minimize the visible background signal (PET 0.5). A new lesion in the spine was indicated by a red arrow, a lesions responding to treatment in the right femur was indicated by white and green arrows).

B: Exemplary lesions were numbered and the corresponding MRI (whole body T2 TIRM) slices were presented to highlight the morphological changes: (1) right humerus: decreased intensity in the follow up MRI; (2) thorax right ventral: new bone lesion in the follow up MRI; (3) thorax right lateral: new bone lesion in the follow up MRI; (4) left elbow: lesions partly less, partly more intense; (5) right femur: no major changes; (6) left femur: no major changes; (7) right lateral femoral condyle: new bone lesion; left proximal tibia: new lesions; right tibia: no major changes; (8) right distal tibia: regressive lesions; left distal tibia: new lesions; (9) tarsus bilateral: new bone lesion.