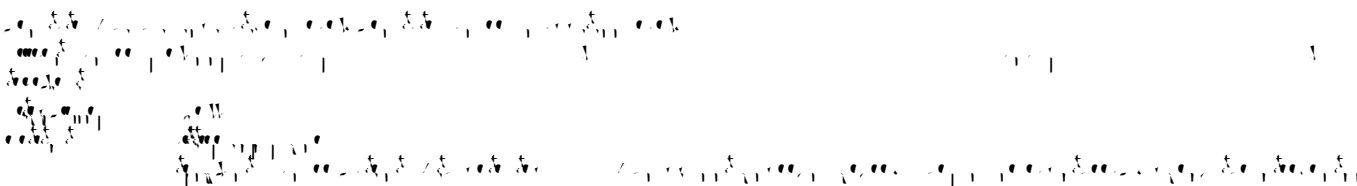


CTC are stained blue, filter holes of 8 microns appear black.

Panel A: breast cancer, B: prostate cancer, C: colorectal cancer, D: renal/ bladder cancer

Figure 2: Histo-pathological/ cyto-morphological detection of CTC using the ISET method.

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M22a, 76 yrs	ISET;	Feb-16;	0.7 atypical inflammatory cells;		normal	May-16	3	Prostatitis	PSMA-PET CT: mild prostatitis; ISET-CTC identified in inflammatory condition, no CTC detected; Maintrac-CTC does not distinguish between CTC and atypical inflammatory cells
M22b	Maintrac	Apr-16	2	PSA=79; AR=88.6	normal				
M23, 49 yrs	ISET;	May-16	65.4;		normal	April-16	1	Prostate	PSMA-PET: moderate uptake
	Maintrac	May-16	13	AR=62; PSA=0					
M24, 66 yrs	ISET;	May-16	10.7;		high normal	Jun-16	1	Prostate	PSMA-PET: low to moderate uptake
	Maintrac		11	PSA=79; AR=73;					

ISET, ISET technology (Rarecells, France, www.rarecells.com)

Maintrac technology (Germany, www.maintrac.com): Receptor expression and EpCAM marker based CTC testing. In our experience, the CTC count by Maintrac correlates to the ISET CTC count by a factor of 100. For comparison to ISET CTC counts Maintrac CTC counts have been divided by 100.

F, female; M, male, AR, androgen receptor; Ki67, the Ki-67 protein is a cellular marker for cell proliferation; PSA, prostate specific antigen; PSMA, prostate specific membrane antigen; PET scan, positron emission tomography scan; n/a, not applicable

Table 3: Early detection CTC screening and follow-up scans of asymptomatic patients without detected tumour at time of CTC testing (group 2).

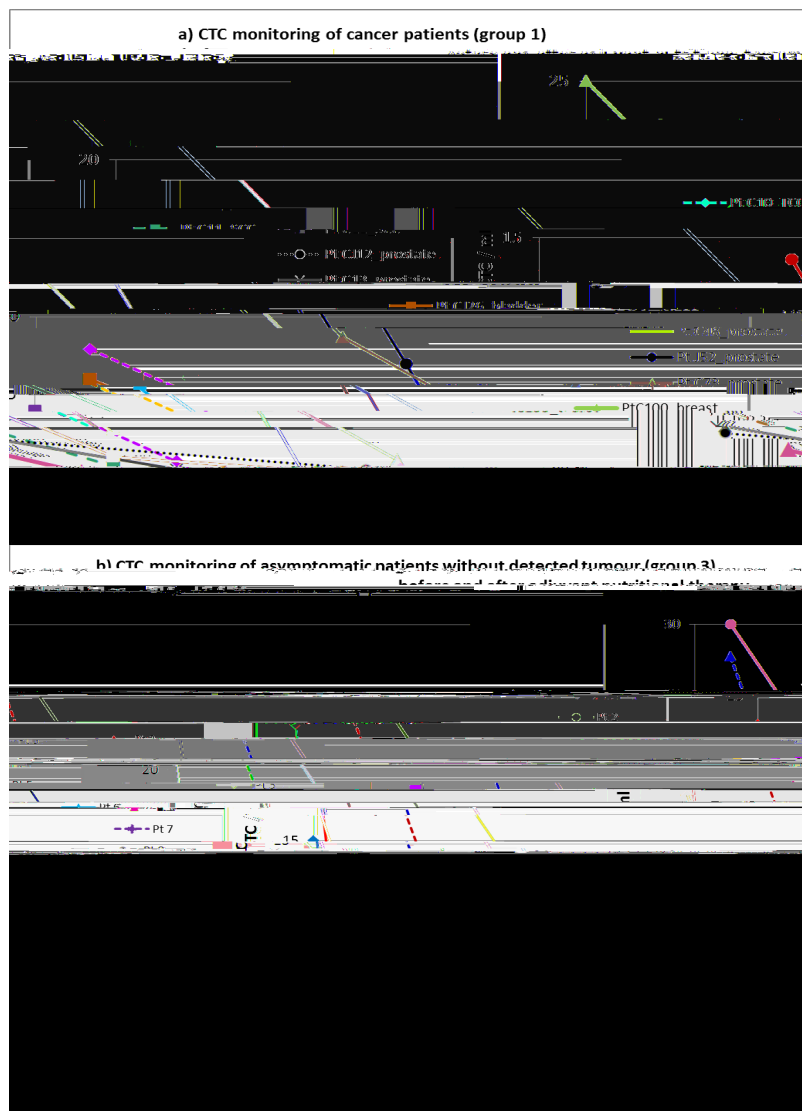


Figure 3: CTC monitoring of a) cancer patients (group1) and b) asymptomatic patients without detectable tumour (group3) before and after integrative nutritional immune-stimulating therapy.

Cancer patients (group 1) did not undergo surgery, chemo- or radiotherapy.

Ac a a,

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