Patient	Number of lesions injected	Number of time points injected	Response 30 days after injection	Prior lines of therapy	Prior anti-PD1 therapy	Time to next treatment with progression post-protocol anti-PD1-based therapy (maximum response)	Time to next treatment under observation
M10101	1	1	SD	3 (Pembrolizumab, ipilimumab, carbo/taxol)	Yes	1337 ongoing (SD)[c]	-
M10103	3	1	SD	0[a]	No	313 (PR)	-
M10104	3	1	PD	2 (pembrolizumab, dabrafenib/ trametinib)	Yes	395 (PR)	-
M10105	3	1	N.E.	3 (clinical trial, pembrolizumab)	Yes	-	-
M10106	1	1	SD	4 (Pembrolizumab, Clinical Trial, TVEC/ Pembrolizumab, Clinical Trial)	Yes	199 (SD)	-
M10107	2	1	PD	2, (TVEC, clinical trial with anti-PD1)	Yes	608 (PR)[d]	-
M10108	2	2	PD	0[b]	No	-	403

Supplemental Table 2: In this table, the response at 30 days and whether a patient received prior anti-PD1 therapy are depicted. The reactions to anti-PD1 therapy post-treatment suggest that IFx-Hu2.0 may be the prime response to checkpoint blockade. In addition, one patient experienced stable disease after the conclusion of the protocol therapy with no further treatment. [A]contraindications to anti-PD1 therapy; had Grade 3 complications post trial to anti-PD1 therapy. [b]Elderly patient within transit disease only with no systemic disease and declined anti-PD1 therapy. [C]patient elected for definitive surgery 868 days after post-therapy anti-PD1 therapy and has no recurrence as of 1337 days. [d]The patient had consolidative surgery as part of treatment plan after a good PR to anti-PD1 based therapy at 252 days and the time to the next therapy was 608 days.