The landscape of metastatic progression patterns across major human cancers

Supplementary Material

Supplementary Table 1: Overview of three different autopsy studies investigating metastatic disease progression across major cancer types.

	Autopsy studies on metastatic progression patterns across major human cancers		
General study characteristics	**Abrams et al. (1950)**	**diSibio/French (2008)**	**Budczies et al. (2014)**
Major aims of the study	- description of metastatic patterns	- description of metastatic patterns	- description of metastatic patterns - determination of the frequency of metastases - prediction of primary sites
No. of cases analyzed	1000	3827	1008
Period in which autopsies were performed	1943 – 1947	1914 – 1943	2000 – 2013
Tumor origin	epithelial	epithelial	epithelial
Treatment	n/a[#]	No chemotherapy or radiation	Surgery, chemotherapy, and radiation
No. of primary cancers analyzed	18* (36)	41	16
No. of metastasis sites analyzed	44	30	20
Additional influencing factors investigated	-	-	- tobacco smoking - histological type
Basic and comparable results of the analyses			
The most frequent primary cancers in the cohort investigated	1. breast (16.7%) 2. lung** (16.0%) 3. stomach (11.9%) 4. colon (11.8%) 5. rectum (8.7%)	1. rectum (11.4%) 2. breast (11.3%) 3. cervix (10.9%) 4. stomach (9.1%) 5. prostate (5.0%)	1. lung (27.8%) 2. esophagus/stomach (9.7%) 3. colorectal cancer (8.8%) 4. breast (8.8%) 5. pancreas (7.7%)
The most frequent metastasis sites	1. abdom. LN (49.5%) 2. liver (49.4%) 3. lung (46.5%)	1. reg./dist. LN (20.5%/12.9%) 2. liver (11.1%)	1. liver (59%) 2. dist. LN (53%) 3. lung (44%)

	4. mediast. lymph nodes (42.1%)	3. lung (10.7%) 4. bone (6.5%)	4. bone (38%)

[#] Therapy data not provided in the paper

* These entities account for about 95% of all cases.

** No distinction between NSCLC and SCLC

LN = lymph nodes