Fig. S4

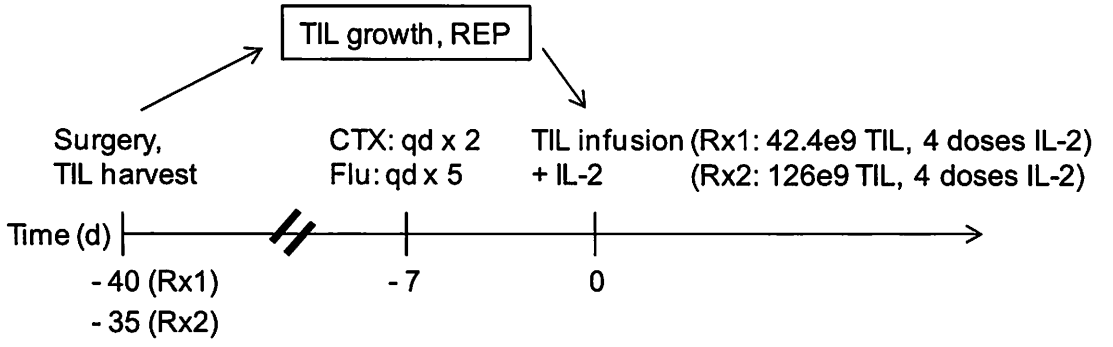


**Fig. S4. Patient treatment scheme.** For the first treatment (Rx1), Patient 3737 underwent a resection of lung lesions. Tumors were then minced into small fragments and incubated with high dose IL-2 to expand tumor infiltrating lymphocytes (TIL). After an initial expansion in IL-2, select TIL cultures were further expanded for 2 weeks using a rapid expansion protocol (REP) consisting of irradiated allogeneic peripheral blood feeder cells, OKT3 and IL-2. Prior to cell infusion, the patient was pre-conditioned with cyclophosphamide (CTX: 60 mg/kg, once a day for two days) followed by fludarabine (Flu: 25 mg/m$^2$ for 5 days). Patient 3737-TIL consisted of 42.4 billion TIL containing over 10 billion (25%) ERBB2IP-mutation reactive T cells, and was administered on day 0, followed by IL-2 (Aldesleukin, 7.2e5 IU/kg) every 8 hours. The patient received a total of 4 doses of IL-2. The second treatment (Rx2) was essentially identical as the first, except that the second cell infusion product consisted of 126 billion TIL containing greater than 120 billion (95%) Vβ22+ ERBB2IP-mutation-reactive T cells (derived from the first surgery). For both treatments, the side effects were expected with the administration of high dose IL-2 and included malaise and fluid retention but the patient tolerated the treatments well and was discharged on schedule. See Materials and Methods for more details of the treatment.