Isotope	t <sub>1/2</sub> (h)	lmaging Modality	β- Energy (Abundance) <sup>ª</sup>	β+ Energy (Abundance) <sup>ª</sup>	γ Energy (Abundance) <sup>ª</sup>	Estimated Absorbed Dose (mSv/MBq) <sup>b</sup>	Predicted Necessary Starting Activity (MBq) <sup>c</sup>	Estimated Radiation Dose for Predicted Starting Activity (mSv) <sup>c</sup>
<sup>18</sup> F	1.8	PET	n/a	634 KeV (97%)	511 KeV (194%)	0.013	1.78e5	2348
99mTc	6.0	SPECT	293 KeV (100%)	n/a	141 KeV (89%)	0.003	349	1
<sup>64</sup> Cu	12.7	PET	578 KeV (37%)	653 KeV (18%)	511 KeV (35%)	0.059	400	24
<sup>111</sup> In	67.3	SPECT	n/a	n/a	245 KeV (94%)	0.241	26	6
<sup>67</sup> Ga	78.2	SPECT	n/a	n/a	93 KeV (39%)	0.159	134	21
<sup>89</sup> Zr	78.4	PET	n/a	396 KeV (23%)	909 KeV (99%)	0.811	134	108
<sup>186</sup> Re	89.2	SPECT	1069 KeV (71%)	n/a	137 KeV (9%)	0.972	260	253
<sup>124</sup>	100.3	PET	n/a	1532 KeV (11%) 2135 KeV (11%)	603 KeV (63%)	1.320	177	50

Table S5: Comparison of Isotopes Useful for Radiolabeling Liposomes – Estimated Absorbed Radiation Dose in Liver, Based on Mice Injected with <sup>64</sup>Cu-MM-302

<sup>a</sup>Isotope energies were taken from Holland, et al. 2010. Unconventional Nuclides for Radiopharmaceuticals. *Molecular Imaging*, 9(1) and Be, et al. 2013. Table of Radionuclides Vol 7, *Monographie BIPM-5*, and reflect the most abundant transition.

<sup>b</sup>Human absorbed radiation dose estimates for the selected isotopes were extrapolated from <sup>64</sup>Cu-MM-302 mouse biodistribution data. <sup>c</sup>Starting activity for each isotope was predicted based on estimated activity remaining at 24h post-injection with <sup>64</sup>Cu-MM-302, adjusted for isotope energy efficiency, and estimate a starting activity that would be required to obtain sufficient image quality after 24h. For example, with a positron abundance of 18%, <sup>64</sup>Cu requires approximately 100 MBq of activity at 24h, or 400MBq starting activity, whereas <sup>18</sup>F, with a positron abundance of 97%,

requires approximately 20MBq of activity at 24h, but a starting activity of approximately 178GBq due to its much shorter physical half-life.

## Table S6: Absorbed Radiation Doses in Primary Target Organs, Compared for <sup>64</sup>Cu-MM-302 and Approved Molecular Imaging Agents

Status	Agent	Target Organs	Radiation Absorbed Dose (mSv/MBq)	Administered Activity (MBq)	Radiation Dose per Administered Activity (mSv)	Reference
Clinical Trial	<sup>64</sup> Cu-MM-302	Renal Pelvis	0.61	400	244	Table 3
	Cu-IVIIVI-302	Heart Wall	0.53	400	210	Table 2
		Thyroid	2.71	185	501	[1]
		Kidneys	1.96	185	363	
Approved	BEXXAR ( <sup>131</sup> I-tositumomab)	Upper Large Intestines	1.34	185	248	
	( resitumonas)	Lower Large Intestines	1.30	185	241	
		Heart Wall	1.25	185	231	
	ProstaScint	Liver	1.00	185	185	[2]
Approved	( <sup>111</sup> In-Capromab pendetide)	Spleen	0.88	185	163	
Approved	<sup>111</sup> In-Oxiquinoline	Spleen	10.81	18.5	200	[3]
	OctreoScan	Spleen	0.67	222	148	[4]
Approved	( <sup>111</sup> In-Pentetreotide)	Kidneys	0.49	222	108	

Information for approved imaging agents was derived from human dosimetry data presented in package inserts:

1. BEXXAR (131I-tositumomab) [Package Insert]. Wilmington (DE): GlaxoSmithKline; 2003.

2. ProstaScint (111In-Capromab Pendetide) [Package Insert]. Langhorne (PA): EUSA Pharma, Jazz Pharmaceuticals; 1996.

3. In-111 Oxyquinoline Solution [Package Insert]. Arlington Heights (IL): Amersham Health, Medi-Physics, Inc.; 1994.

4. OctreoScan (111In-Pentetreotide) [Package Insert]. St. Louis (MO): Mallinckrodt, Inc.; 1995.