**Supplementary Table 1.** Control Cell Lines and Primary and Secondary Antibodies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Marker** | **Control Cells** | **Antibody and Fluorophores** | |
| **Primary** | **Secondary** |
| EpCAM | SKBR-3 | PE | - |
| panCK | SKBR-3 | FITC | - |
| CD45 | PBMCs | cy5.5 | - |
| SMA | A431 | (unconjugated) | Alexa Fluor 448 |
| Desmin | SJCRH30 | (unconjugated) | Alexa Fluor 448 |
| Synaptophysin | (patient derived) | (unconjugated) | Alexa Fluor 594 |
| Chromogranin | (patient derived) | (unconjugated) | Alexa Fluor 594 |

**Supplementary Table 2.** Demographic Details of Cancer Patients.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Male** | **Female** | **Total** |
| N = | 2422 | 1997 | 4419 |
| **Age (years)**  Median (Range) | 57 (17-80) | 58 (18-95) | 58 (17-95) |
| **Cancer Type**  Adrenal  Anal  Bile Duct  Bladder  Breast  Cervix  Colorectal  Gallbladder  Head and Neck  Kidney  Liver  Lung  Neuroendocrine  Oesophagus  Ovary  Pancreas  Penis  Prostate  Sarcoma  Skin  Small Intestine  Stomach  Testis  Thyroid  Unknown primary  Uterus  Vagina | 1  2  8  22  22  0  121  21  570  59  76  311  8  74  0  67  17  585  36  16  2  65  16  15  308  0  0 | 3  3  3  14  757  184  67  39  148  30  35  111  5  50  103  33  0  0  26  9  5  34  0  30  235  54  19 | 4  5  11  36  779  184  188  60  718  89  111  422  13  124  103  100  17  585  62  25  7  99  16  45  543  54  19 |

**Supplementary Table 3.** Demographic Details of patients with benign conditions

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Male** | **Female** | **Total** |
| N = | 153 | 171 | 324 |
| **Age (years)**  Median (Range) | 53 (20-77) | 54 (19-82) | 53 (19-82) |
| **Subtype**  Bone  Breast  Cervix  CNS  Colorectal  Gallbladder  Head and Neck  Lung  Lymph Node  Nerve Sheath  Oesophagus  Other  Ovary  Pancreas  Prostate  Skin  Small Intestine  Smooth Muscle  Stomach  Thyroid  Uterus | 6  2  1  0  1  0  24  1  4  3  2  31  0  1  57  6  0  6  3  5  0 | 4  66  9  2  3  5  11  0  4  2  0  25  22  0  0  0  1  5  2  6  4 | 10  68  10  2  4  5  35  1  8  5  2  56  22  1  57  6  1  11  5  11  4 |

**Supplementary Table 4. Follow-up Questionnaire.**

|  |  |
| --- | --- |
| **Question**  **Number** | **Question** |
| **1** | “Are there any health-related complaints?” |
| **2** | “Has (the individual) faced any major illnesses?” |
| **3** | “Has (the individual) undergone any investigations like scans, biopsy or related blood tests?” |