

Supplementary material 1

Summary of patients experiencing recurrences

Patient 1 had a serous intra-epithelial carcinoma limited to a polyp with lymphovascular space invasion. She had complete surgical staging including sentinel mapping, pelvic and para-aortic lymph nodes dissection and omentectomy. She did not receive any adjuvant treatment after surgery. She experienced vaginal recurrence 55 months after initial surgery and was treated with external beam radiation therapy for a total of 45Gy followed by interstitial brachytherapy for a total of 25Gy in 5 fractions. This was followed by paclitaxel and carboplatin for a total of 6 cycles. She remains disease-free 75 months after initial surgery.

Patient 2 also had an initial diagnosis of serous intra-epithelial carcinoma limited to a polyp without lymphovascular space invasion. Surgical staging included sentinel lymph node mapping and pelvic lymph node dissection. She did not receive any adjuvant treatment after surgery and had a pelvic lymph node recurrence 15 months after initial surgery. She was treated with 6 cycles of paclitaxel-carboplatin. She is still alive and shows no sign of recurrence 41 months after initial surgery.

Patient 3 had an initial diagnosis of mixed carcinoma limited to the endometrium with a 10% serous component and a 90% grade 2 endometrioid component. Surgical staging included sentinel lymph node mapping only. Lymphovascular space invasion was present and associated to the endometrioid component. She received adjuvant brachytherapy

after her initial surgery. She had a recurrence in her lungs 21 months after initial surgery confirmed by biopsy which was treated with 6 cycles of paclitaxel/carboplatin. She is still in remission 67 months after initial surgery.