

TABLE 1: CASES OF UTROSC WITH RECURRENCES AND /OR METASTASES

Authors and year (malignant cases/total of cases)	Age (ys)	Surgery	Gross appearance	Tumor size (cm)	Microscopic appearance (architecture / rhabdoid features)	Nuclear atypia	Mitotic rate	Tumor margins	LVI	Necrosis	Stage	Molecular findings	Site and time of recurrence/ metastasis
<i>Kantelip et al., 1985 (1/1 case) ref (42)</i>	86	Total hysterectomy and bilateral salpingo-oophorectomy	Multiple intamyometrial cysts filled with hemorrhagic and necrotic fluid, surrounded by a fibrotic capsule	Ranging from 2 to 10	Cords, trabeculae, nests, tubules	Not significant	<1/10 HPF	Well circumscribed	Absent	Present	NR	NR	One nodule in the left ovary and two epiploic nodules present at the time of diagnosis
<i>Biermann et al., 2007 (1/1 case) ref (43)</i>	68	NR	Graysh-yellow intramyometrial nodule	4.5	Tubules, pseudorosettes, sheets, cords	Not significant	Ki-67 < 5%	Focally infiltrative	Absent	NR	NR	NR	Mesentery and small bowel (48 mo)
<i>O'Meara et al., 2009 (1/1 case) ref (44)</i>	35	Hysterectomy	Soft and partly cystic yellow mass	9.9	Sertoliform	NR	Ki-67 = 5%	Expansive /serosal infiltration	NR	NR	NR	NR	Bladder, abdominal and intestinal wall, peritoneum, ovaries, lymph nodes (36 mo)
<i>Umeda et al., 2014 (2/2 cases) ref (45)</i>	38	Transvaginal myomectomy followed by total hysterectomy and bilateral salpingo-oophorectomy + LND	Yellowish-white intramyometrial mass	4.5	Solid, cords, tubules	Not significant	1/10 HPF	Infiltrative	Present	Absent	NR	NR	Left internal iliac lymph node metastasis present at the time of diagnosis

	57	Total hysterectomy and bilateral salpingo-oophorectomy	Polypoid submucosal mass	6.4	Cords, tubules	Not significant	0/10 HPF	Infiltrative	Present	Absent	NR	NR	Nodule in the epiploic appendix at the time of diagnosis
<i>Mačák et al., 2014</i> (1/1 case) ref (46)	53	Polyectomy followed by hysterectomy and bilateral salpingo-oophorectomy	Polypoid mass and intramyometrial mass	1.5 and 1.5	Solid nests, trabeculae, ribbons	Not significant	<1/10 HPF	NR	Absent	Absent	NR	NR	Pelvic lymph node metastasis at the time of diagnosis
<i>Liu et al., 2015</i> (1/4 cases) ref (40)	50	Trans-vaginal submucosal myomectomy	Isthmus mass protruding through cervical os	4.5	NR	NR	NR	Well circumscribed	Absent	NR	NR	NR	Local recurrence (10 mo)
<i>Jeong et al., 2015</i> (1/1 case) ref (47)	32	Submucosal resection	Submucosal protruding mass	3.6	Cords, tubules and nests	NR	NR	Infiltrative	NR	NR	NR	NR	Local recurrence (17 mo)
<i>Gomes et al., 2015</i> (1/1 case) ref (48)	53	Supracervical hysterectomy followed by bilateral salpingo-oophorectomy, omentectomy, parametrectomy, uterine cervical resection + LND	Myometrial mass	12	Cords, trabeculae	NR	NR	Infiltrative	Present	Present	NR	NR	Parametrial and right ovarian hilum involvement present at the time of diagnosis
<i>Endo et al., 2016</i> (1/1 case) ref (49)	62	Hysterectomy	NR	NR	Trabeculae, nests, cords	Not significant	Ki-67 < 5%	Myometrial infiltration	NR	NR	NR	NR	Pelvic lymph-node (23 yr)
<i>Viau et al., 2017</i> (1/2 cases) ref (50)	43	Total hysterectomy and bilateral salpingo-	Peduncolated solid mass attached to the uterine fundus, with	13 and 5.5	Solid, trabeculae	NR	NR	NR	NR	NR	IIB	NR	Pelvis (40 mo). Sigmoid serosa and peritoneal

		oophorectomy + debulking	ruptured surface and whitish-yellow colour and solid subserosal mass in the anterior myometrium										implants present at the time of diagnosis.
<i>Schraag et al., 2017 (2/3 cases) ref (30)</i>	24	Submucosal resection	Submucosal nodule	NR	NR	NR	NR	NR	NR	NR	NR	NR	Local recurrence (9 mo)
	28	Partial resection (due to intraoperative complication) followed by fertility sparing surgery. Hysterectomy + partial bilateral salpingectomy after delivery	Cystic-solid tumor in the anterior uterine wall	10	NR	NR	NR	NR	NR	NR	NR	NR	Initial persistence of disease (3 mo). Pelvis, peritoneum, right fallopian tube, ovaries, vagina (39 mo)
<i>Moore and McCluggage, 2017 (8/34 cases) ref (51)</i>	44	Hysterectomy	NR	12.5	NR	Not significant	≥2/10 HPF	NR	Absent	Absent	NR	NR	Para-aortic lymph nodes, peritoneum (11 mo)
	75	NP	NR	NA	NR	Not significant	≤1/10 HPF	NR	Absent	Absent	NR	NR	Para-aortic lymph nodes, retroperitoneal and sacral metastasis present at the time of diagnosis
	62	Hysterectomy	NR	7	NR	Not significant	≤1/10 HPF	NR	Absent	Present	NR	NR	Peritoneum, lung (33 mo)

	43	Hysterectomy	NR	1	NR	Not significant	≥2/10 HPF	NR	Absent	Absent	NR	NR	Pelvis, peritoneum (25 mo)
	47	Hysterectomy	NR	6	NR	Not significant	≤1/10 HPF	NR	Absent	Present	NR	NR	Vertebra, ovary (78 mo)
	68	Hysterectomy	NR	8	NR	Significant	≥2/10 HPF	NR	Absent	Absent	NR	NR	Death (12 mo) Peritoneum, liver (11 mo)
	61	Hysterectomy	NR	12.5	NR	Not significant	≥2/10 HPF	NR	Present	Present	NR	NR	Death (23 mo) Vertebra, clavicle (12 mo)
	72	Hysterectomy	NR	7	NR	Not significant	≥2/10 HPF	NR	Absent	Absent	NR	NR	Death (23 mo) Liver (23 mo)
<i>Kuznicki et al., 2017 (1/1 case) ref (52)</i>	49	Cytoreductive surgery post NACT	Intramyo-metrial mass	6	Trabeculae, rosette-like structures, nests, tubules	NR	High	Myometrial invasion / tumor present at 1mm from	Present	NR	NR	NR	Death (15 mo) Liver, peritoneum and pelvis (4 mo). Bilateral ovarian and omental metastasis at the time of diagnosis.
<i>Kondo et al., 2018 (1/1 case) ref (53)</i>	69	Hysterectomy	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	Lung (36 mo)
<i>Cömert et al., 2018 (1/1 case)</i>	61	Total hysterectomy and bilateral	Endometrial located tumor, suspect for	7	Cords, trabeculae, nests, tubules	NR	2/10 HPF	Infiltrative	Absent	Absent	NR	NR	Pelvis, omentum and splenic hilum

ref (35)		salpingo-oophorectomy	superficial myometrial invasion										(60 mo) Pelvis, anterior surface of the abdominal wall (75 mo)
<i>Marrucci et al., 2019</i> (1/1 case) ref (54)	54	Total hysterectomy and bilateral salpingo-oophorectomy	Graysh-yellow intramyometrial mass with poorly delineated margins	9	Trabeculae, alveolar-like structures, tubules	NR	3/10 HPF	NR	NR	NR	NR	NR	Vaginal vault (59 mo)
<i>Croce et al., 2019</i> (1/1 case) ref (55)	70	Total hysterectomy and bilateral salpingo-oophorectomy	Yellow, well circumscribed myometrial mass	10	Diffuse, tubules, nests, trabeculae / focal rhadoid cells	Not significant	1/10 HPF	Well circumscribed, with serosal involvement	NR	NR	NR	GREB1-CTNNB1 fusion	Pelvis (17 mo) Lung and peritoneum (29 mo)
<i>Goebel et al., 2020</i> (1/26 cases) ref (56)	74	Hysterectomy	NA	13	Cords, trabeculae, sertoliform, retiform	NR	1/10 HPF	Infiltrative	Absent	NR	NR	GREB1-NCOA2 fusion	Pelvis (66 mo)
<i>Kaur et al., 2020</i> (1/6 cases) ref (57)	47	Total hysterectomy and bilateral salpingo-oophorectomy	Mass in the uterine body	9.3	Cords, nests, trabeculae, sheets	Not significant	1-3/10 HPF	Infiltrative	NR	Absent	NR	NR	Pelvis, retroperitoneal lymph nodes, lungs (7 mo)
<i>Chang et al., 2020</i> (1/1 case) ref (58)	57	Total hysterectomy and bilateral salpingo-oophorectomy	Intramyometrial, well circumscribed, soft, yellow mass	10	Diffuse sheets, nests, cords, trabeculae, glands	Not significant	3/10 HPF	Infiltrative	NR	Absent	IB	GREB1-NCOA2 fusion	Pelvis (30 mo)
<i>Bennett et al., 2020</i> (3/3 cases)	37	Hysterectomy	Yellow white myometrial mass	NA	Sheets, cords, trabeculae, occasional pseudopapillary	NR	0/10 HPF	Infiltrative	Suspect	Absent	I	ESR1-NCOA2 fusion	Pelvis (7 yr)

ref (19)					appearance / extensive Rhabdoid component								
	54	Supracervical hysterectomy followed by completion trachelectomy and staging	Multiple red brown myometrial nodules	Ranging from 1.5 to 6.5	Sheets, cords, trabeculae, occasional pseudopapillary appearance /extensive rhabdoid component	NR	4/10 HPF	Infiltrative	Absent	Absent	II	ESR1-NCOA2 fusion	Pelvis (9 yr). Cervical involvement and paratubal soft tissue localization at the time of diagnosis
	30	Hysterectomy	NR	NR	NR	NR	NR	NR	NR	NR	NR	ESR1-NCOA2 fusion	Omentum (32 yr and 34 yr) Rectosigmoid nodule (38 yr)
<i>Dimitriadis et al., 2020</i> (1/1 case) ref (36)	46	Hysterectomy followed by bilateral salpingo-oophorectomy	Well circumscribed uterine mass	11	Sheets, cords, nests, trabeculae	NR	6/10 HPF	NR	NR	NR	NR	NR	Intra-abdominal recurrence (24 mo)
<i>Devereaux et al., 2021</i> (1/1 case) ref (59)	42	Myomectomy	Myometrial based lesion	8.8	Clusters, cords	NR	2/10 HPF	NA	NR	Present	NR	GFT2A1-NCOA2 fusion (in recurrent tumor)	Uterus, bilateral ovarian surfaces, peritoneum, large bowel serosa, anterior abdominal wall (6 mo)
<i>Dondi et al., 2021</i> (1/1 case) ref (31)	24	Myomectomy	Submucosal mass	3	NR	NR	1/10 HPF	NR	NR	Absent	NR	NR	Local recurrence (20 mo)

<i>Boyras et al., 2023 (5/75 cases) ref (20)</i>	32	Hysterectomy or excision with negative margins	NA	11	Diffuse, cords	Moderate to severe	6/10 HPF	Infiltrative, with serosal involvement	Absent	Absent	NR	NR	Lung metastasis present at the time of diagnosis
	47		NA	13	Diffuse, cords / extensive rhabdoid component.	Moderate	7/10 HPF	Infiltrative, with serosal involvement	Absent	Present	NR	NR	Peritoneum (60 mo)
	58		NA	7	Diffuse, cords	Moderate	4/10 HPF	Infiltrative	Absent	Absent	NR	NR	Peritoneum (144 mo)
	68		NA	13	Diffuse, cords	Moderate	7/10 HPF	Infiltrative, with serosal involvement	Absent	Absent	NR	NR	Death (96 mo) Peritoneum (60 mo)
	73		NA	3	Diffuse, cords	Moderate to severe	9/10 HPF	Infiltrative	Absent	Present	NR	NR	Death (50 mo) Brain (30 mo) Femour (48 mo)
<i>Bini et al., 2023 (4/4 cases) ref (60)</i>	NR	NR	NR	NR	NR	NR	4/50 HPF	NR	NR	NR	NR	ESR1-NCOA2 fusion	All patients had metastatic disease and received several systemic treatments. After a median of 13.5 years of follow up (6 to 34 years), 3 patients died of disease.
	NR	NR	NR	NR	NR	NR	8/50 HPF	NR	NR	NR	NR	ESR1-NCOA3 fusion	
	NR	NR	NR	NR	NR	NR	5/50 HPF	NR	NR	NR	NR	ESR1-NCOA2 fusion	
	NR	NR	NR	NR	NR	NR	1/50 HPF	NR	NR	NR	NR	NA	
<i>Bi et al., 2023</i>	33	Total hysterectomy and bilateral salpingo-	Endometrial thickening, intramyometrial mass	2	Retiform, papillae, nests, diffuse,	Not significant	<1/10 HPF	Infiltrative	Absent	Absent	IIIC	GREB1-NCOA2 fusion	Death (177 mo) Retroperitoneal

(7/22 cases, 1 already reported by <i>Chen et al., 2021</i>) ref (40)		oophorectomy + LND			whorls, sex cords								recurrence with abdominal aorta involvement (167 mo) Pelvic lymph nodes involvement presents at the time of diagnosis
	48	Total hysterectomy and bilateral salpingo-oophorectomy	Intramyometrial solid mass, partially cystic	13	Nests, sex cords, sertoliform trabeculae	Not significant	1/10 HPF	Well-circumscribed	Absent	Absent	IB	GREB1-NCOA2 fusion	Pelvis and omentum (45 mo)
	38	Total hysterectomy and bilateral salpingo-oophorectomy	Intramyometrial solid mass	NA	Nests, diffuse, sex cords / focal rhabdoid cells.	Not significant	NA	Infiltrative	Absent	Absent	NA	GREB1-NCOA2 fusion	Pelvis and omentum (101 mo)
	48	Total hysterectomy and bilateral salpingo-oophorectomy	Protuberant and intramyometrial solid mass	3.5	Diffuse, focal whorls, pseudopapillae, retiform, few cords	Not significant	<1/HPF	Infiltrative	Absent	Absent	IIB	GREB1-NCOA1 fusion	Pelvis (13 mo). Peritoneal involvement present at the time of diagnosis.
	65	Total hysterectomy and bilateral salpingo-oophorectomy	Intramyometrial solid mass	15	Diffuse, sex cords, whorls, sertoliform trabeculae	Not significant	3/10 HPF	Infiltrative	Absent	Absent	IB	GREB1-NCOA1 fusion	Death (44 mo) Pelvis (35 mo)
	40	Polypectomy	Polypoid mass	4	Sex cords, sertoliform trabeculae / Rhabdoid component	Not significant	<1/10 HPF	Well-circumscribed	Absent	Absent	IA	ESR1-NCOA2 fusion	Local recurrence (21 mo and 64 mo)

	45	Hysterectomy	Intramyo- metr al solid mass, partially cystic	8	Polypoid mass Diffuse, vague sex cords	Mild to moderat e	1/10 HPF	Well- circumscrib ed	Absen t	Absent	IB	ESR1-NCOA3 fusion	Pelvis (56 mo)
<i>Xiong et al., 2023 (6/18 cases) ref. (61)</i>	41	Hysterectomy	NR	5.5	Sertoliform, nests, cords	Not significa t	3/10 HPF	Infiltrative	Absen t	Absent	NR	ESR1-NCOA2 fusion	Peritoneum (144.4 mo)
	46	NA	NR	2.5	Sertoliform, retiform	Not significa nt	2/10 HPF	Infiltrative	Absen t	Absent	NR	Negative for NCOA1-3 fusion and JAZF1/SUZ12/P HF1 rearrangement	Death (26.3 mo) Pelvis, colon (2.5 mo)
	19	NA	NR	3	Cords, trabeculae	Not significa nt	2/10 HPF	Infiltrative	Absen t	Absent	NR	NA	Metastasis (site NA) (69.9 mo)
	36	Hysterectomy	NR	1.5	Sertoliform, retiform	Significa nt	10/10 HPF	Infiltrative	Absen t	Present	NR	Negative for NCOA1-3 fusion and JAZF1/SUZ12/P HF1 rearrangement	Pelvis, lung (56.5 mo)
	55	Hysterectomy	NR	13	Sertoliform, cords, trabeculae	Significa nt	2/10 HPF	Infiltrative	Absen t	Absent	NR	GREB1-NCOA2 fusion	Pelvis, colon (195.3 mo)
	48	Hysterectomy	NR	2.2	Sertoliform, retiform	NA	NA	Infiltrative	Absen t	NA	NR	NA	Lung (21.1 mo)

Table Legend: LVI: lymphovascular invasion, mo: months,NA: Not Available; NR: Not Reported; NOS: Not Otherwise Specified; NP: Not performed, ys: years