**Supplementary material**

Supplementary Table 1. Summary of clinicopathologic features of EGCC.

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| Authors | age | Clinical presentation | Percentage of giant cell component | conventional cell type | FIGO stage | Surgery | Follow-up |
| Jones *et al.* [2] | 43 | Vaginal bleeding | 15% | Endometrioid\* | IA (superficial myometrial invasion) | TAH + BSO | NED, 72 mon |
| Jones *et al.* [2] | 66 | Vaginal bleeding | Predominant | Endometrioid\* | IA (superficial myometrial invasion) | TAH + BSO, total pelvic radiation | NED, 24 mon |
| Jones *et al.* [2] | 64 | Vaginal bleeding | Predominant | Endometrioid\* | IA (30% myometrial invasion) | TAH + BSO, total pelvic radiation, chemotherapy | DOD, 36 mon |
| Jones *et al.* [2] | 85 | Vaginal bleeding | Predominant | Endometrioid\* | IIIA (left adnexal involvement) | TAH + BSO | DOD, 6 mon |
| Jones *et al.* [2] | 63 | Vaginal bleeding | 15% | Endometrioid\* | IVB (metastases to ovaries, omentum) | TAH + BSO, omentectomy, total pelvic radiation | DOD, 5 mon |
| Jones *et al.* [2] | 71 | Vaginal bleeding | Predominant | Endometrioid\* | IVB (metastasis to appendiceal serosa) | TAH + BSO, omentectomy, total pelvic radiation | AWD, 12 mon |
| Mardi *et al.* [3] | 70 | Vaginal bleeding | Predominant | Endometrioid | IIIA (the serosa of the corpus uteri involvement) | TAH + BSO | Not available |
| Mulligan *et al.* [4] | 53 | Vaginal bleeding | 70% | Clear cell | IA (<50% myometrial invasion) | TAH + BSO + LND + omentectomy | NED, 32 mon |
| Mulligan *et al.* [4] | 60 | Anemia | 100% | Not present | IB (>50% myometrial invasion) | TAH + BSO, pelvic and abdominal radiation | Lung metastases, 48 mon |
| Mulligan *et al.* [4] | 58 | Vaginal bleeding | 50% | Endometrioid with spindle areas | IA (<50% myometrial invasion) | TAH + BSO, pelvic radiation | NED, 168 mon |
| Mulligan *et al.* [4] | 83 | Pelvic mass | 30% | Endometrioid | IIIC2 (the serosa of the corpus uteri and left adnexa involvement, 3/14 para-aortic lymph node metastases) | TAH + BSO, staging, Carboplatin and Taxol radiation topara-aortic and pelvic LND | NED, 15 mon |
| Mulligan *et al.* [4] | 67 | Vaginal bleeding | 90% | Serous | IA (confined to endometrium) | TAH + BSO, staging, Carboplatin and Taxol and whole pelvic radiation | NED, 16 mon |
| Bhattacharyya *et al.* [5] | 70 | Vaginal bleeding | 80% | Endometrioid | IB# (<50% myometrial invasion) | TAH + BSO | Not available |
| Sharma *et al.* [6] | 60 | Vaginal bleeding | 60% | Endometrioid | IB# (<50% myometrial invasion) | TAH + BSO | Not available |
| Ayık Aydın *et al*. [7] | 75 | Vaginal bleeding | unclear | Endometrioid | IIIC1 (>50% myometrial invasion, one positive external iliac lymph node metastasis) | TAH + BSO + paraaortic and pelvic LND + omental biopsy, Carboplatin and paclitaxel chemotherapy | Not available |
| Arafah *et al.* [8] | 71 | Vaginal bleeding | >95% | Not present | IA (<50% myometrial invasion) | TAH + BSO + LND, radiotherapy | Not available |
| Arciuolo *et al.* [9] | 66 | unclear | 90% | Endometrioid with spindled and undifferentiated component | IA (<50% myometrial invasion) | TAH + BSO + LND, Carbotaxol + external beam radiation therapy | NED, 12 mon |
| Arciuolo *et al.* [9] | 55 | unclear | 50% | Endometrioid with myxoid and undifferentiated component | IB (>50% myometrial invasion) | TAH + BSO + LND, Carbotaxol + external beam radiation therapy | NED, 8 mon |
| Arciuolo *et al.* [9] | 76 | unclear | 40% | Serous and undifferentiated component | IB (>50% myometrial invasion) | TAH + BSO + LND, Carbotaxol + external beam radiation therapy | NED, 3 mon |
| Our case | 55 | Vaginal bleeding | 90% | Serous | IA (confined to endometrium) | TAH + BSO + LND | NED, 12 mon |

\*One of the cases had a clear cell carcinoma component but it is not specified which case. In addition, 3 of the cases had a spindled cell component.

#The authors used FIGO staging of endometrial cancer in different years.

TAH: total abdominal hysterectomy; BSO: bilateral salpingo-oophorectomy; LND: lymph node dissection; AWD: indicates alive with disease; DOD: dead of disease; NED: no evidence of disease.