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Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed.
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Supplement to: de Boer S M, Powell M E, Mileshkin L, et al. Adjuvant chemoradiotherapy versus radiotherapy alone in women with high-risk endometrial cancer (PORTEC-3): patterns of recurrence and post-hoc survival analysis of a randomised phase 3 trial. *Lancet Oncol* 2019; published online July 22. [http://dx.doi.org/10.1016/S1470-2045\(19\)30395-X](http://dx.doi.org/10.1016/S1470-2045(19)30395-X).

PORTEC 3 Study group and participating centres

PORTEC-3 Independent data monitoring committee:

L.V.A.M. Beex, N. James, M.J.M. Olofsen-van Acht, W. Parulekar, W.L.J. van Putten, D. Rischin, J. Yarnold
(chair)

PORTEC-3 trial statistician: H. Putter

List of participating countries and centres (listed in order of patients recruited):

United Kingdom: 184 patients (177 evaluable)

Study Coordinators: M. Powell (P.I.), London; H. Kitchener, Manchester; J. Ledermann, London

Group coordinating trial centre: Cancer Research UK and UCL Cancer Trials Centre, London

Trial pathologists: N. Singh, London; G. Wilson, Manchester

Participating centres and principal investigator(s) (number of patients):

London-Barts Health NHS Trust (M. Powell, 23); London-University College London Hospitals NHS Foundation Trust (M. McCormack, 15); Bebington, Wirral-The Clatterbridge Cancer Centre NHS Foundation Trust (K. Whitmarsh, K. Hyatt, 12); Wolverhampton-The Royal Wolverhampton NHS Trust (R. Allerton, 11); Cambridge-Cambridge University Hospitals NHS Foundation Trust (L.T. Tan, M. Iddawela, D. Gregory, S. Ayres, 11); Leicester-Leicester Royal Infirmary (P. Symonds, 10); Northwood-Mount Vernon Cancer Centre (P. Hoskin, 10); Middlesborough-The James Cook University Hospital (A. Rathmell, M. Adusumalli, 9); Nottingham-Nottingham City Hospital (S. Chan, A Anand, 9); Norwich-Norfolk and Norwich University Hospitals NHS Foundation Trust (R. Wade, 8); Guildford-Royal Surrey County Hospital (A. Stewart, 6); Newcastle Upon Tyne-Freeman Hospital (W. Taylor, 6); Brighton-Brighton & Sussex University Hospitals NHS Trust (K. Lankester, 5); Coventry-University Hospital Coventry (C. Irwin, M. Hocking, 5); Taunton-Musgrove Park Hospital (P. Jankowska, D. Milliken, C. Barlow, 5); Cheltenham-Cheltenham General Hospital (A. Cook, R. Counsell, 4); Exeter-Royal Devon & Exeter Hospital (P. Bliss, A. Hong, 4); Lincoln-Lincoln County Hospital (M. Panades, 4); Romford-Queens Hospital (M. Quigley, 4); Manchester-The Christie NHS Foundation Trust (S. Davidson, 3); Northampton-Northampton General Hospital NHS Trust (C. Mak, 3); Preston-Royal Preston Hospital (A. Hindley, 3); Truro-Royal Cornwall Hospitals NHS Trust (A. Thomson, 3); Sheffield-Weston Park Hospital (S. Pledge, J. Martin, 2); Shrewsbury-Royal Shrewsbury Hospital (S. Awwad, A. Zachariah, 2); Carlisle-North Cumbria University Hospitals NHS Trust (S. Singhal, 1); Colchester-Essex County Hospital (A. Lamont, 1); London-Guy's and St. Thomas' NHS Foundation Trust (A. Winship, A. Montes, V. Mullassery, 1); London-Hammersmith Hospital - Imperial College Healthcare NHS Trust (A. Taylor, 1); Poole-Poole Hospital NHS Foundation Trust (V. Laurence, M. Flubacher, 1); Reading-Royal Berkshire Hospital (H. O'Donnell, 1); Stoke-on-Trent-Royal Stoke University Hospital (R. Bhana, S. Lupton, 1)

The Netherlands: 145 patients (138 evaluable)

Study Coordinators: C.L. Creutzberg (C.I.), Leiden; R. Kruitwagen, Maastricht; H. Nijman, Groningen; N. Ottenvanger, Nijmegen

Group coordinating trial centre: Netherlands Comprehensive Cancer Organisation (IKNL), Leiden

Trial pathologists: H. Hollema, Groningen; V.T. Smit, Leiden

Participating centres and principal investigator(s) (number of patients):

University Medical Center Utrecht (I.M. Jurgenliemk-Schulz, 20); Maastro Clinic, Maastricht (L.C.H.W. Lutgens, 17); University Medical Center Groningen (E. Pras, 15); Leiden University Medical Center (C.L. Creutzberg, R. Nout, 15); University Medical Center Radboud, Nijmegen (J.W.H. Leer, A. Snyers, 11); Academic Medical Center, Amsterdam (A.L.J. Uitterhoeve, G.H. Westerveld, 9); Medical Spectre Twente, Enschede (J.J. Jobsen, 9); Radiotherapy institute Friesland, Leeuwarden (A. Slot, 9); Erasmus Medical Center Rotterdam (J.W.M. Mens, 8); Medical Center Haaglanden/ Radiotherapy Centre West (T.C. Stam, P.C.M. Koper, 7); Netherlands Cancer Institute, Amsterdam (B. van Triest, 6); Radiotherapy Group, Arnhem (E.M. van der Steen-Banasik, 6); Radiotherapy Institute Verbeeten, Tilburg (K.A.J. de Winter, 6); Radiotherapy Group, Deventer (S. van de Pol, 3); Catharina Hospital, Eindhoven (H.A. van den Berg, 3); VU Medical Centre, Amsterdam (O.W.M. Meijer, 1)

Australia & New Zealand: 122 patients (118 evaluable)

ANZGOG Study Coordinators: L. Mileshkin (P.I.) Melbourne; M. Quinn, Melbourne; P. Khaw Melbourne; I. Kolodziej, Sydney

Group coordinating trial centre: NHMRC Clinical Trials Centre, Sydney

Trial pathologist: J.Pyman, Melbourne

Participating centres and principal investigator(s) (number of patients):

Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia (L. Mileskin, P.Khaw; 31); Monash Cancer Centre (Monash Medical Centre), East Bentleigh, Victoria, Australia (P. Khaw/G. Goss, 20); Westmead Hospital, Wentworthville, NSW, Australia (G. Wain, 15); Auckland City Hospital , Auckland, New Zealand (S. Brooks, 13); Wellington Blood & Cancer Centre, Wellington, New Zealand (C. Johnson, 11); Calvary Mater Newcastle, Newcastle, Australia (A. Capp, 8); Christchurch Hospital, Canterbury, New Zealand (M. Vaughan, 4); Royal Hobart Hospital, Hobart, Tasmania, Australia (P. Blomfield, 3); Palmerston North Hospital, Palmerston North, New Zealand (C. Hardie, 3); Royal North Shore Hospital, St Leonards, NSW, Australia (M. Stevens, 3); Waikato Hospital, Hamilton, New Zealand (M. Kuper, 2); Royal Brisbane & Women's Hospital, Brisbane, QLD, Australia(R. Cheuk, 2); Liverpool Hospital, Liverpool, NSW, Australia (S. Vinod, 2); Mater Hospital Brisbane , South Brisbane, QLD, Australia(C. Shannon/J. Ramsay, 2); Wollongong Hospital, Wollongong, NSW, Australia (A. Glasgow, 2); Townsville Hospital, Townsville, QLD, Australia (S. Hewitt, 1)

Italy: 103 patients (98 evaluable)

MaNGO Study Coordinators: R. Fossati (P.I.) Milano; D. Katsaros, Torino; A. Colombo, Lecco

Group coordinating trial centre: Istituto di Ricerche Farmacologiche Mario Negri, Milano

Trial pathologists: S. Carinelli, Milano; C. Di Tonno, Milano

Participating centres and principal investigator(s) (number of patients):

Torino - S. Anna Hospital (S. Gribaldo, M. Mitidieri, 33); Lecco - Ospedale A. Manzoni (R. D'Amico, 24); Monza - S. Gerardo Hospital (S. Meregalli, A. A. Lissoni, 16); Torino - Ospedale Umberto I (A. Ferrero, 7); Padova – Istituto Oncologico Veneto / Mirano, Venezia – Azienda ULSS 13 (L. Corti, G. Artioli, 6); Varese - H. Del Ponte University of Insubria (C. Apolloni, 4); Ravenna - Ospedale S. Maria delle Croci (D. Turci, 4); Brescia – Spedali Civili (G. Tognon, 2); Como – ASST Lariana Ospedale S. Anna (E. Bianchi, 2); Meldola - Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori (E. Bianchi, 2); Genova – IRCCS San Martino IST (M. Bruzzone, 1); Milano - ASST Grande Ospedale Metropolitano Niguarda (S. Siena, 1); Palermo – AOR Villa Sofia-Cervello (N. Varsellona, 1)

Canada: 65 patients (65 evaluable)

CCTG Study Coordinators: A. Fyles Toronto, Ontario; P. Bessette, Sherbrooke, Quebec

Group coordinating trial centre: Canadian Cancer Trials Group, Kingston, Ontario

Trial pathologist: M. McLachlin, London, Ontario

Participating centres and principal investigator(s) (number of patients):

Sherbrooke-Centre Hosp. Universitaire de Sherbrooke (P. Bessette, 18); Montreal-Hopital Notre-Dame de Montreal (D. Provencher, 11); Calgary-Tom Baker Cancer Centre (P. Ghatage, 9); Halifax-Queen Elizabeth II Health Sciences Centr (P. Rittenberg, 8); Montreal-McGill Oncology Montreal (L. Souhami, 7); Toronto-Sunnybrook Health Sciences Centre (G. Thomas, 7); Quebec-Hotel-Dieu de Quebec (M. Plante, 2); London-London Health Sciences Centre (A. Hammond, 1); St John's-Dr. H. Bliss Murphy Cancer Centre (P. Power, 1); Toronto-Princess Margaret Hospital (A. Fyles, 1)

France: 67 patients (64 evaluable)

FEDEGYN Study Coordinator: Chr. Haie-Meder (P.I.) Paris

Group coordinating trial centre: UNICANCER, Paris

Trial pathologist: P. Duvillard, Paris

Participating centres and principal investigator(s) (number of patients):

Besancon-Hopital Jean Minjoz (M-H Baron, 10); Rouen-Centre Henri Becquerel (Hanzen, 9); Saint Herblain-Centre Rene Gauduchea (D. Berton-Rigaud, 8); Limoges-CHU Limoges (Pr. N. Tubiana-Mathieu, 6); Bordeaux-Institut Bergonie (L. Thomas, 5); Reims-Institut Jean Godinot (A. Savoye, S. Maillard, 5); Dijon-Centre Georges Francois Leclerc (K. Peignaux, 4); Paris/ Villejuif-Institut Gustave Roussy (C. Haie Meder, 4); Clermont-Ferrand-Centre Jean Perrin (C. Benoit, 3); Montpellier-Centre Val d'Aurelle (C. Kerr, 3); Toulouse Cedex-Institut Claudius Regaud (L. Gladieff, 3); Caen-Centre Francois Baclesse (D. Lerouge, 2); Nice Cedex-Centre Antoine Lacassagne (P. Follana, 2); Marseille-Institut Paoli Calmettes (M. Cappiello, 1); Strasbourg-Centre Paul Strauss (T. Petit, 1); Tours Cedex-CHU de Tours - Hopital Bretonneau (I. Barillot, 1)

Table S1: Treatment for first recurrence

Treatment	Total		RT		RT + CT	
	N	%	N	%	N	%
Chemotherapy*	78	42.2%	48	46.6%	30	36.6%
Hormonal therapy	26	14.1%	13	12.6%	13	15.9%
Radiotherapy	15	8.1%	7	6.8%	8	9.8%
Surgery	11	5.9%	7	6.8%	4	4.9%
Targeted therapy	2	1.1%	0	0.0%	2	2.4%
Surgery + radiotherapy	5	2.7%	1	1.0%	4	4.9%
Surgery + hormonal therapy	2	1.1%	0	0.0%	2	2.4%
Surgery + chemotherapy	4	2.2%	3	2.9%	1	1.2%
Surgery + radiotherapy + chemotherapy	1	0.5%	1	1.0%	0	0.0%
Radiotherapy + hormonal therapy	6	3.2%	3	2.9%	3	3.7%
Radiotherapy + chemotherapy	5	2.7%	2	1.9%	3	3.7%
Chemotherapy + hormonal therapy	2	1.1%	2	1.9%	0	0.0%
Unknown	1	0.5%	1	1.0%	0	0.0%
No treatment	27	14.6%	15	14.6%	12	14.6%
Total	185	100.0%	103	100.0%	82	100.0%

* Radiotherapy group: 43 patients received carboplatin + paclitaxel; 2 carboplatin; 1 adriamycin + cisplatin; 1 paclitaxel; 1 paclitaxel, epirubicine, cisplatin). Chemoradiotherapy group: 12 patients received carboplatin + paclitaxel; 5 adriamycin + cisplatin; 4 carboplatin + doxorubicine; 3 doxorubicine; 2 carboplatin + epirubicine; 1 paclitaxel; 1 cyclophosphamide, adriamycin, cisplatin; 1 apebilone; 1 unknown.

Abbreviations: CTRT: chemotherapy plus radiotherapy. RT: radiotherapy.

Table S2: Late toxicity reported by physicians using the CTCAE v3.0 at 12, 36 and 60 months of follow-up.

	12 months						36 months						60 months					
	Grade 2			Grade 3/4			Grade 2			Grade 3/4			Grade 2			Grade 3/4		
	CTRT	RT	p*	CTRT	RT	p#	CTRT	RT	p*	CTRT	RT	p#	CTRT	RT	p*	CTRT	RT	p#
Any	103 (33)	89 (28)	0·04	33 (10)	21 (7)	0·09	62 (23)	49 (18)	0·06	22 (8)	16 (6)	0·32	59 (29)	33 (18)	0·002	17 (8)	10 (5)	0·24
Any grade 3	na	na		27 (9)	19 (6)		na	na		21 (8)	17 (7)		na	na		16 (8)	10 (5)	
Any grade 4	na	na		6 (2)	2 (1)		na	na		1 (0)	0 (0)		na	na		1 (0)	0 (0)	
Auditory/hearing	10 (3)	2 (1)	0·02	0 (0)	0 (0)	1·00	1 (0)	1 (0)	1·00	1 (0)	1 (0)	1·00	4 (2)	1 (1)	0·29	2 (1)	1 (1)	1·00
Hypertension	14 (4)	17 (5)	0·62	4 (1)	5 (2)	1·00	15 (6)	17 (6)	0·75	5 (2)	6 (2)	1·00	16 (8)	16 (9)	0·87	4 (2)	4 (2)	1·00
Lymphatics (edema)	8 (3)	3 (1)	0·11	2 (1)	1 (0)	0·62	3 (1)	1 (0)	0·12	2 (1)	0 (0)	0·25	5 (2)	0 (0)	0·06	0 (0)	0 (0)	1·00
GI - any	21 (7)	19 (6)	0·24	7 (2)	2 (1)	0·11	11 (4)	17 (6)	0·46	2 (1)	1 (0)	0·62	16 (8)	9 (5)	0·19	2 (1)	1 (1)	1·00
Diarrhea	11 (3)	8 (3)	0·39	1 (0)	1 (0)	1·00	4 (1)	8 (3)	0·42	1 (0)	1 (0)	1·00	7 (3)	7 (4)	1·00	0 (0)	0 (0)	1·00
Ileus/obstruction	2 (1)	3 (1)	0·77	4 (1)	2 (1)	0·45	0 (0)	0 (0)	0·50	1 (0)	0 (0)	0·50	2 (1)	1 (1)	0·37	2 (1)	0 (0)	0·50
Hematological - any	26 (8)	21 (7)	0·89	4 (1)	7 (2)	0·55	3 (1)	3 (1)	1·00	1 (0)	2 (1)	1·00	5 (2)	5 (3)	1·00	0 (0)	0 (0)	1·00
Lymphocytes	24 (8)	22 (7)	0·89	4 (1)	5 (2)	1·00	3 (1)	3 (1)	1·00	2 (1)	1 (0)	1·00	3 (1)	4 (2)	0·74	0 (0)	0 (0)	1·00
Neuropathy - any	26 (8)	1 (0)	<0·001	4 (1)	1 (0)	0·22	17 (6)	2 (1)	<0·001	3 (1)	0 (0)	0·12	13 (6)	0 (0)	<0·001	1 (0)	0 (0)	1·01
Neuropathy - motor	1 (0)	0 (0)	0·22	3 (1)	1 (0)	0·37	3 (1)	2 (1)	0·45	1 (0)	0 (0)	0·50	1 (0)	0 (0)	0·50	1 (0)	0 (0)	1·02
Neuropathy - sensory	26 (8)	1 (0)	<0·001	4 (1)	1 (0)	0·22	17 (6)	1 (0)	<0·001	3 (1)	0 (0)	0·12	12 (6)	0 (0)	<0·001	1 (0)	0 (0)	1·03
Pain - any	26 (8)	22 (7)	0·18	8 (3)	3 (1)	0·14	17 (6)	15 (5)	0·24	4 (1)	0 (0)	0·06	13 (6)	5 (3)	0·15	3 (1)	3 (2)	1·00
Joint pain	4 (1)	3 (1)	0·72	0 (0)	0 (0)	1·00	2 (1)	5 (2)	0·72	1 (0)	0 (0)	0·50	7 (3)	2 (1)	0·14	2 (1)	1 (1)	1·00
Muscle pain	4 (1)	1 (0)	0·22	0 (0)	0 (0)	1·00	0 (0)	3 (1)	0·25	0 (0)	0 (0)	1·00	1 (0)	1 (1)	0·61	0 (0)	1 (1)	0·48
Back/pelvic/limbs	11 (3)	5 (2)	0·05	3 (1)	1 (0)	0·37	4 (1)	3 (1)	0·50	1 (0)	0 (0)	0·50	0 (0)	2 (1)	0·11	0 (0)	1 (1)	0·48
abdomen/cramps	2 (1)	5 (2)	0·77	3 (1)	2 (1)	0·69	4 (1)	1 (0)	0·12	1 (0)	0 (0)	0·50	2 (1)	0 (0)	0·12	2 (1)	0 (0)	0·50
Musculoskeletal (other)	3 (1)	0 (0)	0·12	0 (0)	0 (0)	1·00	1 (0)	0 (0)	0·62	1 (0)	0 (0)	0·50	0 (0)	1 (1)	1·00	1 (0)	0 (0)	1·00
Pulmonary - dyspnea	2 (1)	2 (1)	1·00	0 (0)	1 (0)	1·00	1 (0)	0 (0)	1·00	0 (0)	1 (0)	1·00	2 (1)	0 (0)	0·25	0 (0)	0 (0)	1·00
Genitourinary																		
Incontinence	8 (3)	9 (3)	1·00	1 (0)	1 (0)	1·00	8 (3)	3 (1)	0·09	1 (0)	0 (0)	0·50	8 (4)	9 (5)	1·00	0 (0)	0 (0)	1·00
Obstruction	0 (0)	0 (0)	1·00	0 (0)	1 (0)	1·00	0 (0)	0 (0)	1·00	0 (0)	1 (0)	1·00	0 (0)	0 (0)	1·00	0 (0)	0 (0)	1·00
Urinary frequency	4 (1)	8 (3)	0·26	0 (0)	1 (0)	1·00	7 (3)	5 (2)	0·58	0 (0)	0 (0)	1·00	8 (4)	2 (1)	0·14	0 (0)	1 (1)	0·48
Constitutional																		
Fatigue	5 (2)	4 (1)	1·00	0 (0)	2 (1)	0·50	1 (0)	0 (0)	0·50	0 (0)	0 (0)	1·00	0 (0)	3 (2)	0·11	0 (0)	0 (0)	1·00
Other	5 (2)	4 (1)	0·54	1 (0)	0 (0)	0·50	1 (0)	0 (0)	0·25	1 (0)	0 (0)	0·50	0 (0)	0 (0)	1·00	1 (0)	0 (0)	1·00
Other toxicity	0 (0)	0 (0)	1·00	0 (0)	0 (0)	1·00	2 (1)	3 (1)	1·00	1 (0)	1 (0)	1·00	4 (2)	4 (2)	1·00	3 (1)	2 (1)	1·00

Abbreviations: CTRT, combined chemotherapy and radiotherapy; RT, radiotherapy; GI, gastro-intestinal; GU, genito-urinary; CTCAE v3.0, Common Terminology Criteria for Adverse Events version 3.0; AE were calculated at each time point. Per AE, the maximum grade per patient was calculated (worst ever by patient). p* = significant level < 0·01 for grade ≥ 2, 3 and 4; p# = significant level < 0·01 for grade 3 and 4.

Table S3: Multivariable analysis of prognostic factors for overall survival and failure-free survival

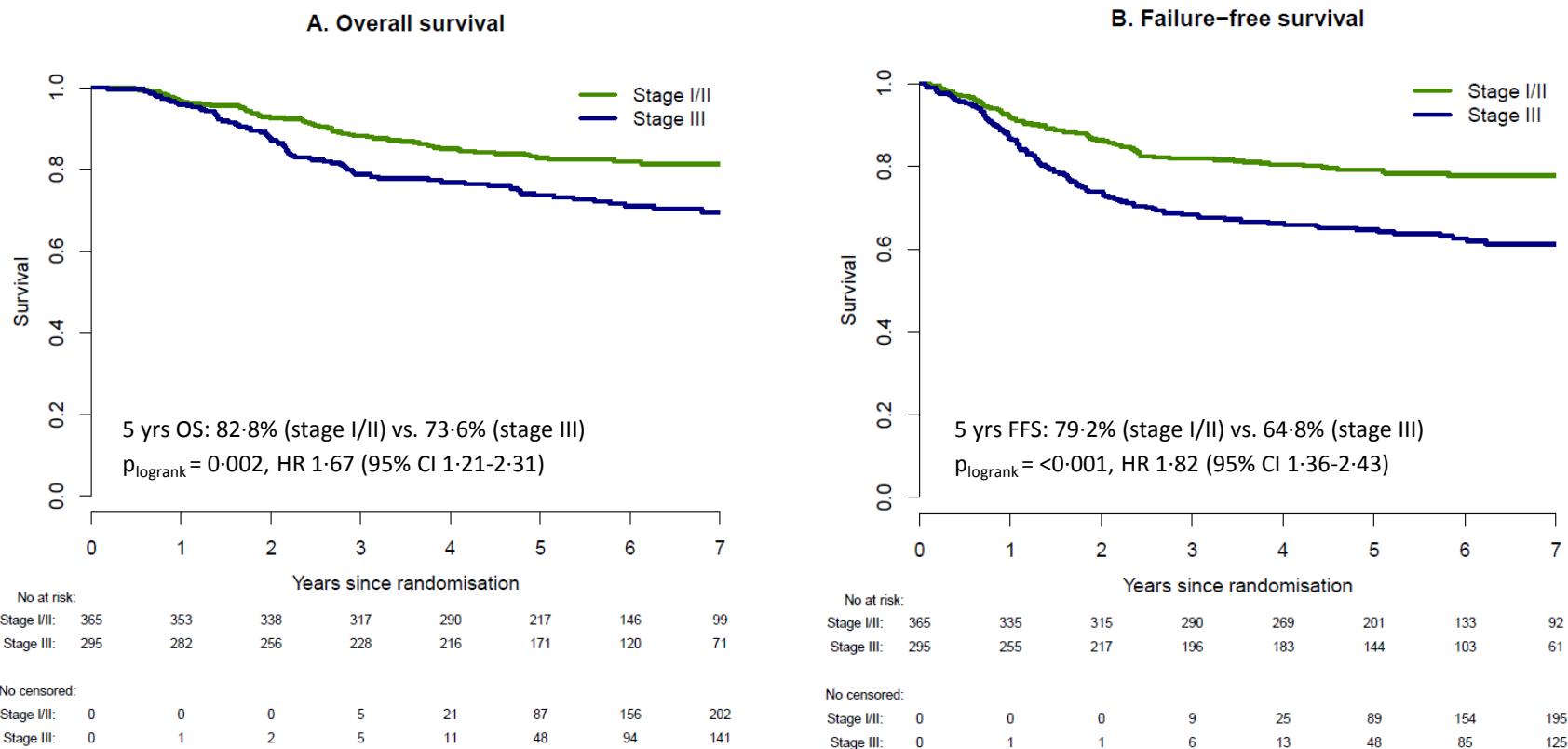
Overall Survival					
	# of patients	# of events	5yrs OS (95% CI)	HR (95% CI)	P-value
Total	660	150			
Prognostic variables					
Arm					0·022
Radiotherapy (RT)	330	85	76% (71·6-80·9)		
Chemoradiotherapy (CTRT)	330	65	81% (77·2-85·8)	0·68 (0·49 - 0·95)	
Age					<0·001
< 60 years	268	33	89% (85·2-92·8)		
60-69 years	272	73	75% (69·6-80·1)	2·35 (1·54-3·58)	
≥70 years	120	44	65% (57·1-74·5)	3·42 (2·12-5·52)	
Stage					<0·001
Stage I + II	365	66	83% (79·0-86·9)		
Stage III	295	84	74% (68·7-78·9)	2·50 (1·75 - 3·56)	
Histology and grade					<0·001
Endometrioid grade 1 + 2	258	39	86% (82·2-90·7)		
Endometrioid grade 3	213	49	78% (72·9-84·2)	1·91 (1·22 - 2·98)	
Serous / clear cell	189	62	69% (62·4-75·8)	2·57 (1·66 - 3·97)	
LVSI					0·162
No	271	50	83% (78·7-87·9)		
Yes	389	100	76% (71·4-80·1)	1·29 (0·90 - 1·84)	
Lymphadenectomy					0·119
No	281	71	75% (70·5-80·8)		
Yes	379	79	81% (77·3-85·3)	0·74 (0·51 - 1·08)	

* Adjusted for participating groups

Failure-Free survival					
	# of patients	# of events	5yrs FFS	HR (95% CI)	P-value
Total	660	189			
Prognostic variables					
Arm					0·007
Radiotherapy (RT)	330	105	69% (63·8-73·8)		
Chemoradiotherapy (CTRT)	330	84	76% (71·5-80·7)	0·67 (0·50-0·90)	
Age					<0·001
< 60 years	268	54	81% (75·9-85·4)		
60-69 years	272	89	68% (62·0-73·2)	1·78 (1·26 - 2·52)	
≥70 years	120	46	65% (55·7-72·7)	2·20 (1·45 - 3·32)	
Stage					<0·001
Stage I + II	365	79	79% (74·6-83·1)		
Stage III	295	110	65% (59·0-70·0)	2·62 (1·90-3·60)	
Histology and grade					<0·001
Endometrioid grade 1 + 2	258	61	79% (73·6-83·6)		
Endometrioid grade 3	213	60	73% (66·0-78·1)	1·54 (1·05-2·26)	
Serous / clear cell	189	68	64% (57·1-70·8)	2·12 (1·45-3·10)	
LVSI					0·042
No	271	63	78% (72·8-82·7)		
Yes	389	126	69% (64·1-73·3)	1·38 (1·01-1·89)	
Lymphadenectomy					0·227
No	281	84	72% (65·9-76·6)		
Yes	379	105	74% (68·8-77·8)	0·81 (0·58-1·14)	

* Adjusted for participating groups

Abbreviations: CTRT: chemotherapy plus radiotherapy. RT: radiotherapy. LVSI: lymph vascular space invasion. HR: hazard ratio. CI: confidence interval. OS: overall survival. FFS: failure-free survival.



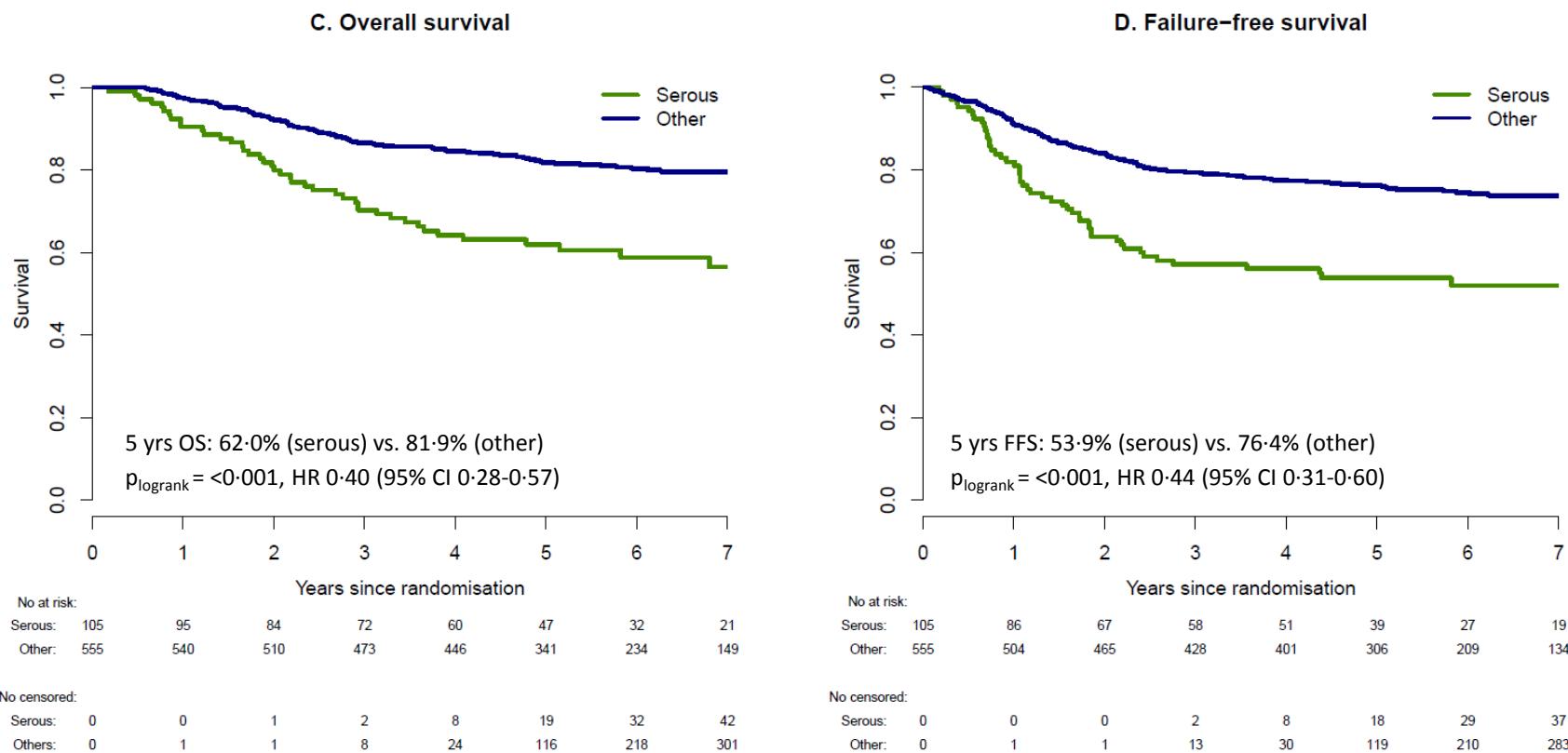
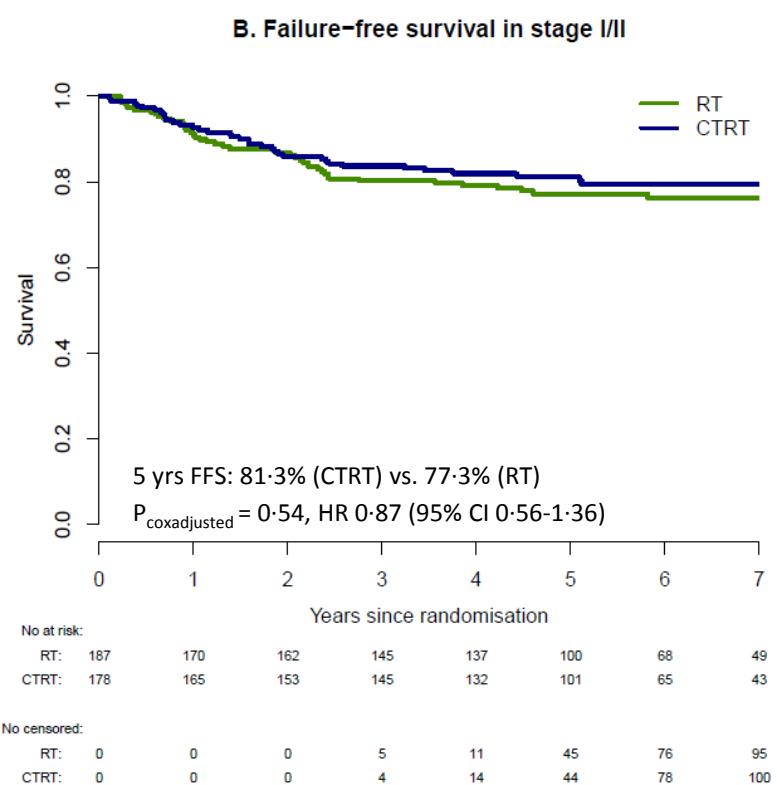
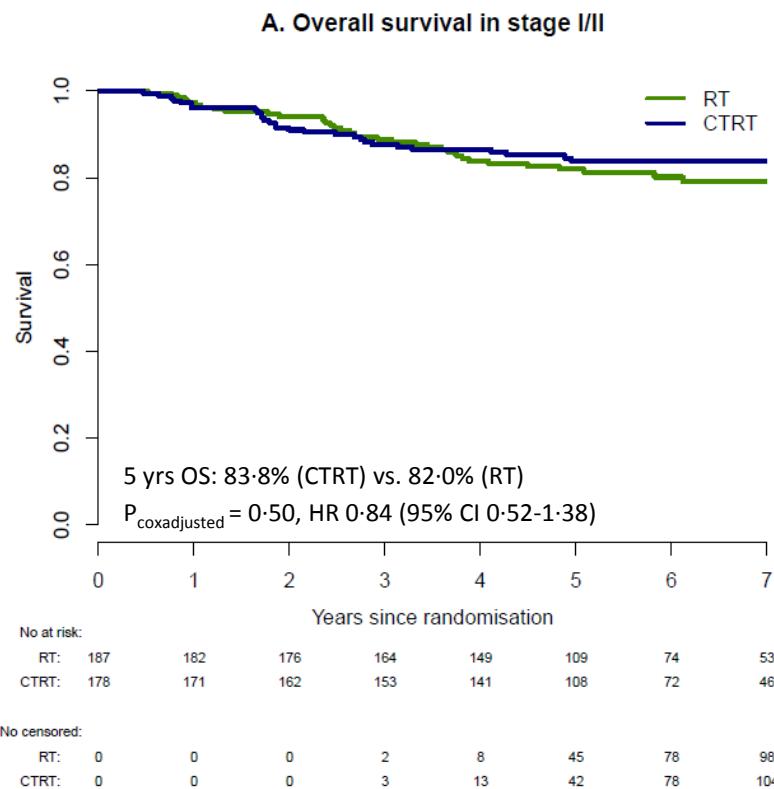


Figure S4: Overall and failure-free survival

Kaplan-Meier survival curve for overall survival (A) and failure free survival (B) in patients with stage I/II versus stage III endometrial cancer. Overall survival and failure-free survival for patients with serous cancer versus all other histological types (C and D).



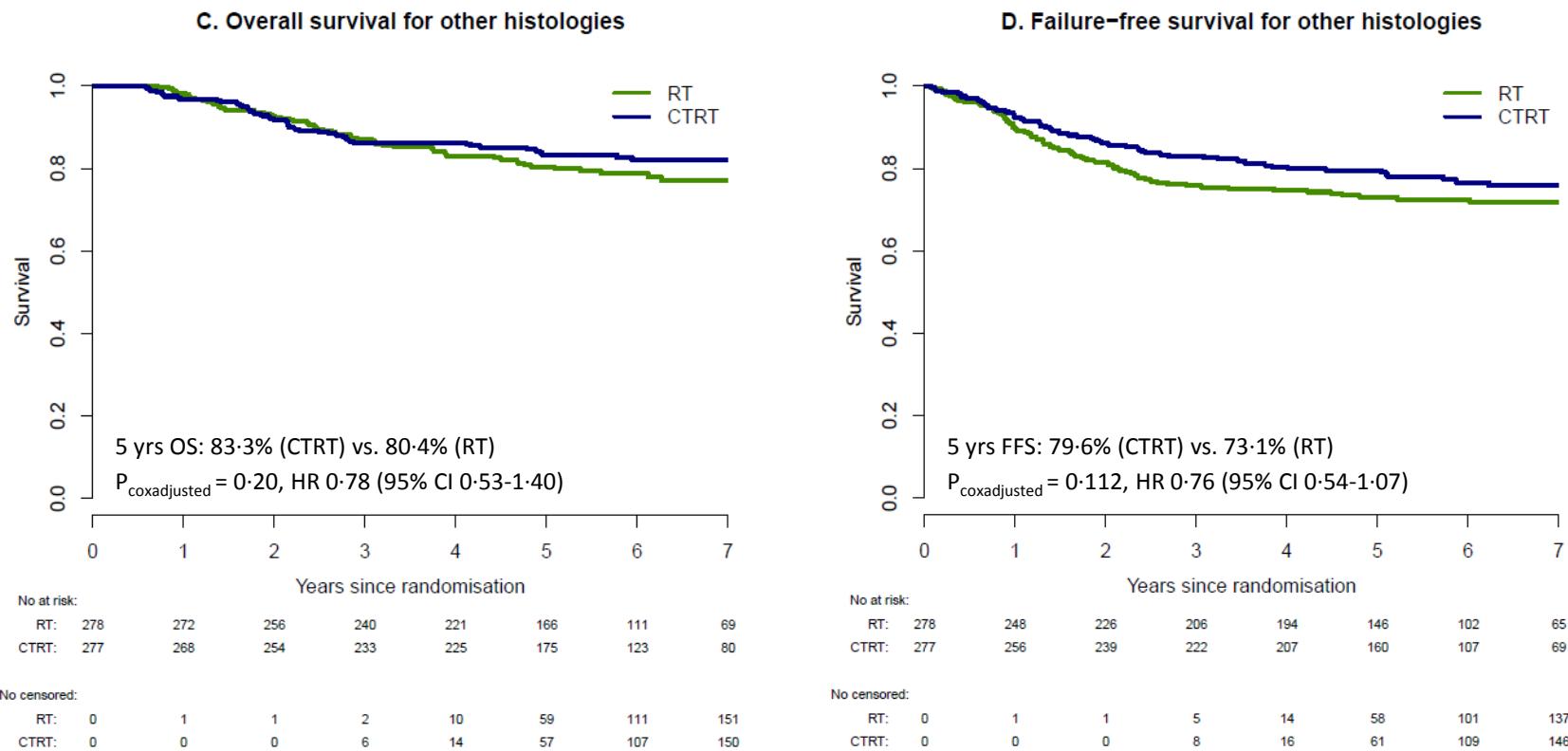
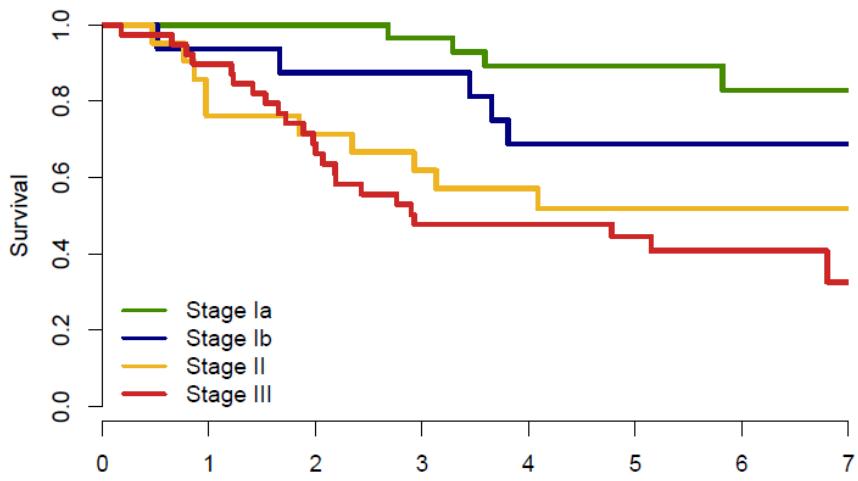


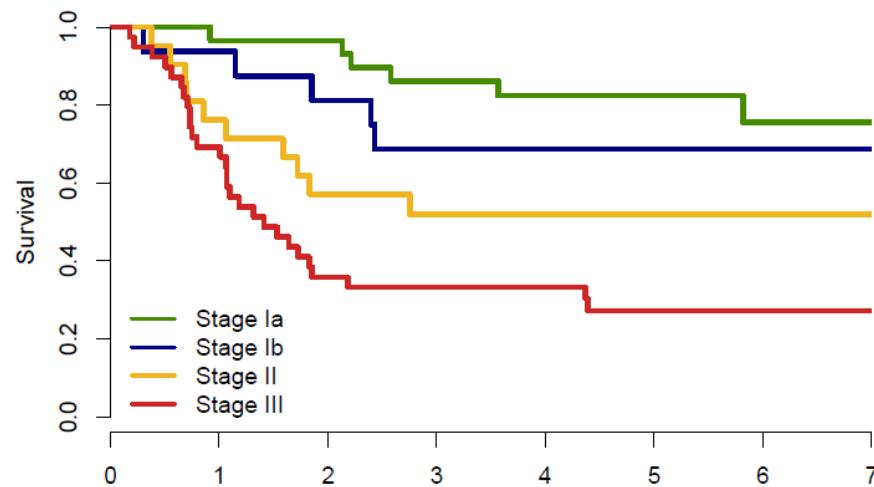
Figure S5: Overall and failure-free survival

Kaplan-Meier survival curve for overall survival (A) and failure free survival (B) in patients with stage I/II endometrial cancer. Overall survival and failure-free survival of patients with a histological type other than serous type (C and D).

A. Overall survival

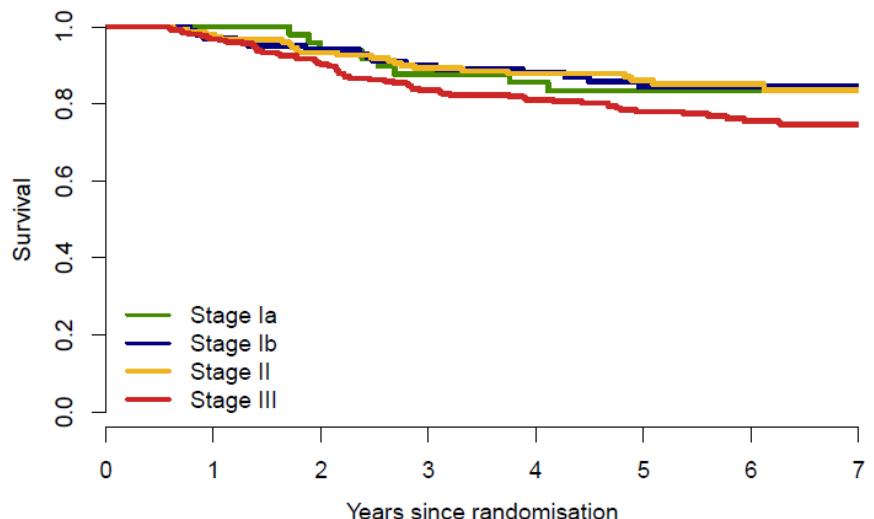
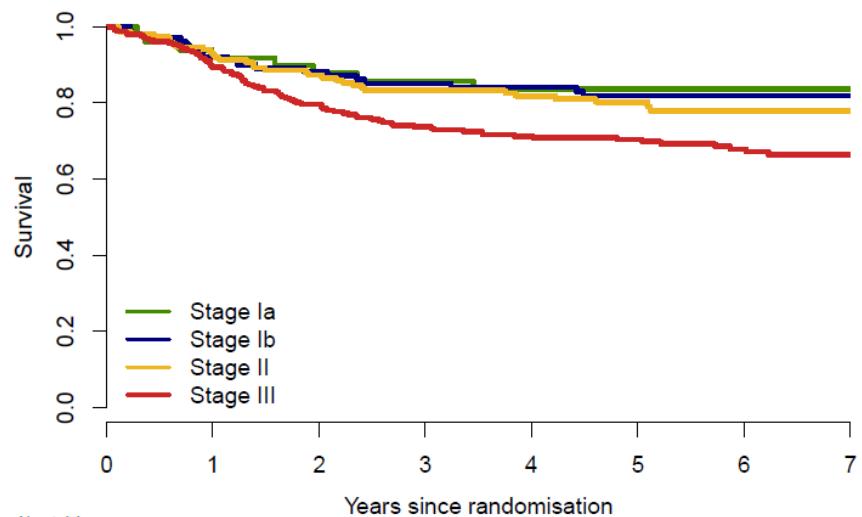
Years since randomisation								
No at risk:								
Stage Ia:	29	29	29	27	21	16	12	11
Stage Ib:	16	15	14	14	11	11	6	5
Stage II:	21	16	15	13	11	7	5	3
Stage III:	39	35	26	18	17	13	9	2

No censored:								
Stage Ia:	0	0	0	1	5	10	13	14
Stage Ib:	0	0	0	0	0	5	6	
Stage II:	0	0	0	0	1	4	6	8
Stage III:	0	0	1	1	2	5	8	14

B. Failure-free survival

Years since randomisation								
No at risk:								
Stage Ia:	29	28	28	24	19	14	10	9
Stage Ib:	16	15	13	11	11	11	6	5
Stage II:	21	16	12	10	9	6	5	3
Stage III:	39	27	14	13	12	8	6	2

No censored:								
Stage Ia:	0	0	0	1	5	10	13	14
Stage Ib:	0	0	0	0	0	0	5	6
Stage II:	0	0	0	1	2	5	6	8
Stage III:	0	0	0	0	1	3	5	9

C. Overall survival**D. Failure-free survival****Figure S6: Overall and failure-free survival**

Kaplan-Meier survival curves for overall survival (A) and failure free survival (B) in patients with serous endometrial cancer among the different stages; and overall survival (C) and failure-free survival (D) in patients with a histological type other than serous cancer among different stages.

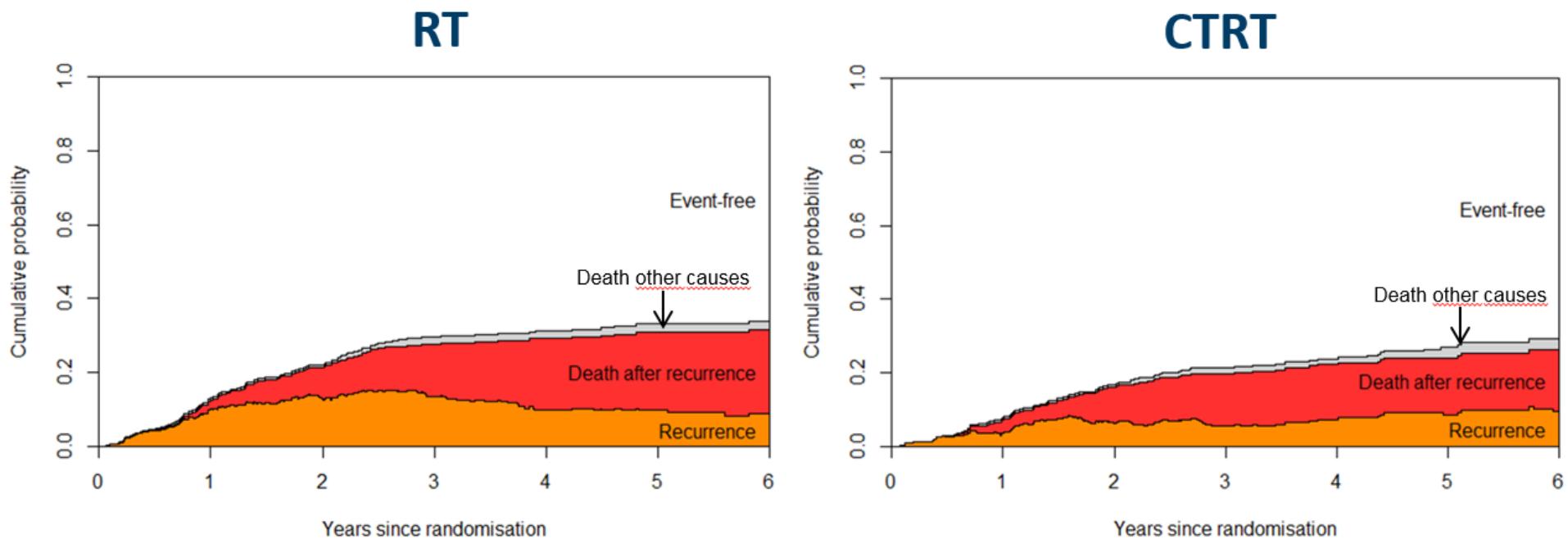
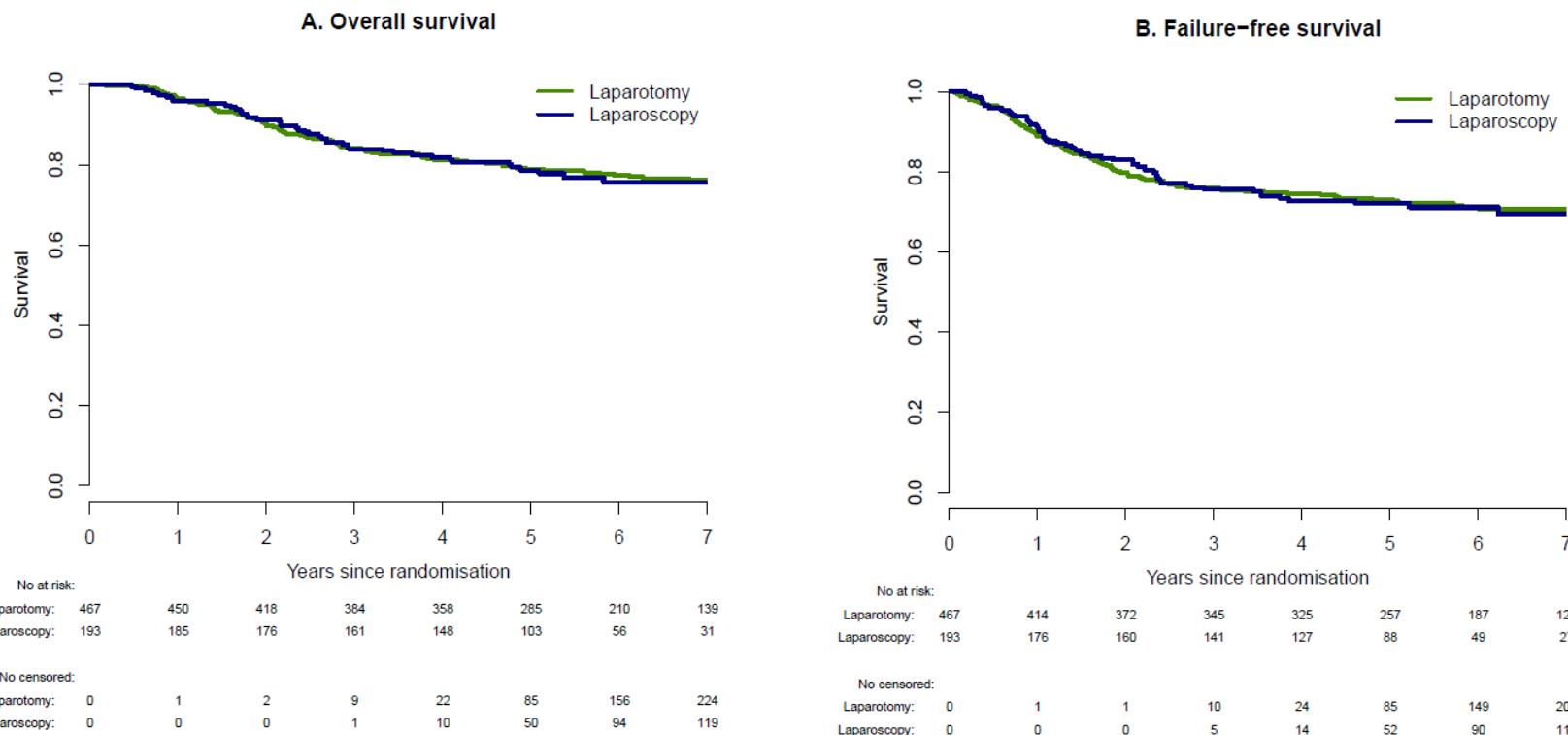


Figure S7: Events and survival by arm

For every time point since randomisation the cumulative probability for a patient was given to be: event-free, alive with an event, deceased after event or deceased due to other causes (intercurrent or second cancer).

**Figure S8: Overall and failure-free survival**

Kaplan-Meier survival curve for overall survival (A) and failure free survival (B) in patients who underwent laparotomy compared with patient who underwent laparoscopic surgery

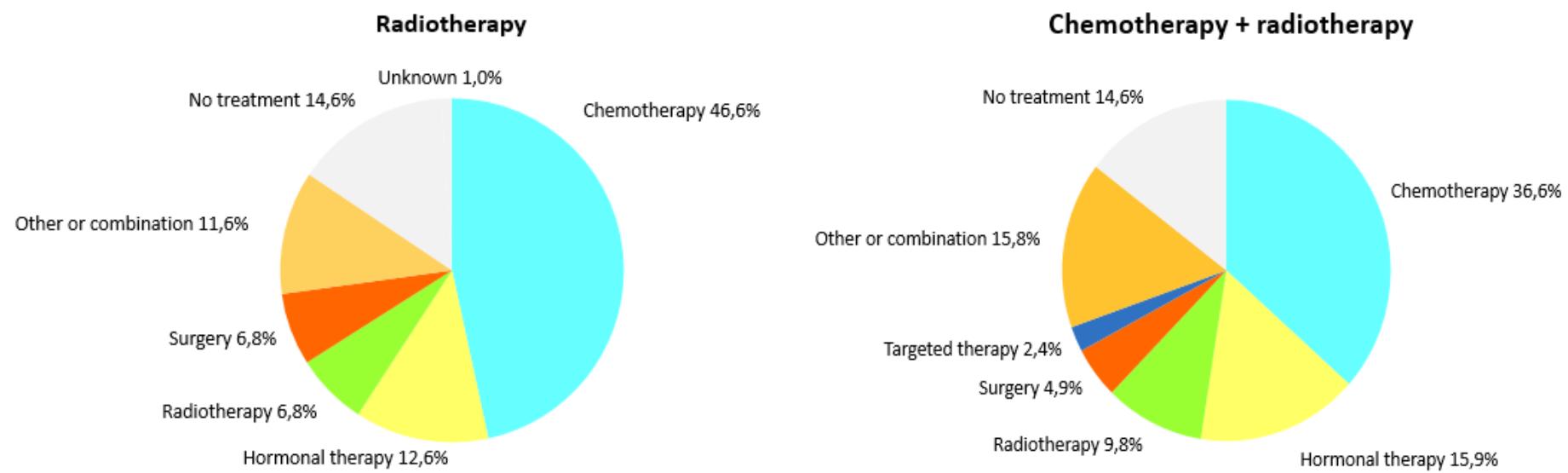


Figure S9: Treatment for first recurrences by treatment arm