Supplementary Table 4: Clinicopathological features and prognosis of recurrent cases.

No.	Age (years)	Clinical manifesta-tion	Stage	Tumor differentiation	Tumor size (cm)	Primary surgery	Primary chemothe-rapy	Recurrent site	Time to recurrence (months)	Histopatho-logy	Characteristics of recurrence	Treatment after recurrence*	Follow-up (months)	Outcome
1	42	A	IA	G3	7	SO	—	Ipsilateral pelvic	32	G3	Slow disease progression (tumor increased by 3 cm in 6 months)	TH+ SO+ omentectomy+ appendectomy+ PEB×6	82	DFS
2	24	N	IC1	G3	10	SO	—	Abdominopelvic cavity	13	G3,R	Tumor size was 10 cm, ruptured spontaneously	CRS+PVB×4/RCRS+TC×1+PEI×3/RCRS	80	Dead†
3	15	N	IC2	G2	18	SO	—	Abdominopelvic cavity	33	G2-3,R	Serum AFP 4096.10 mg/ml, CA125 457.3 U/mL, tumor size was 35 cm	PEB×3/CRS+PEB×2+PEV×2/RCRS+TC×1	95	Dead†
4	10	N	IIIC	G3,H/R	30	SO	PEB×2	Extraperitoneal and anterior bladder	4	G3,H	Preoperative serum AFP 109.6ng/mL; serum AFP 0.9ng/mL when relapsed	Lesionectomy+ omentectomy+ VAI×2+VCE×2/CRS+ COA-IEVD-AVCP-IEVD-AVCP-IEVD/RCR S+VAC-CI-VAC-CI-VAC-CI/ Radiotherapy+ VI/pulmonary lesionectomy+pazopanib	38	DFS
5	17	A	IC1	G2	4	cystectomy	VP-16×3	Ipsilateral ovary	22	G3,H	Amenorrhea and high-level testosterone were still present after the primary operation, tumor size was 10 cm ruptured spontaneously.	CRS (fertility-sparing) + PEB×4	196	DFS
6	22	N	IC2	G3	12	SO	PEB×2	Abdominopelvic cavity and liver	uncontrolled	G3	tumor size was 13 cm with liver metastasis	PI×1	6	Dead†
7	59	N	IC2	G3,H	22	SO	Paclitaxel×3	Undefined	7	Undefined	Undefined	—	10	Dead†
8	14	A	IC2	G2	10	SO	Lobaplatin peritoneal infusion	Contralateral ovary	13	SLCT	Menstruation was not resumed after initial treatment	SO	18	DFS
9	28	N	IB	G3	undefined	CRS	PEB×4	spleen	36	G2-3	Peutz-Jeghers syndrome, with mature teratoma simultaneously in primary surgery, tumor in spleen was 9 cm	PE×1+ splenectomy	60	DFS
10	17	A	IA	G2-3	33.9	SO	PEB×3	Contralateral ovary	14	G2-3, R	Menstruation was irregular after initial treatment, T 2.45 ng/mL	SO+PEB×2, PEV×2	36	DFS

* '/' is used to separate each recurrence. A: Androgenic; N: Nonhormonal; G1-3: Well-poor differentiation; R: Retiform pattern; H: Heterologous elements; SO: Salpingo-oophorectomy; CRS: Cytoreductive surgery; TH: Total hysterectomy; PEB: Cisplatin+etoposide+bleomycin; VP-16: Etoposide; PVB: Cisplatin+vinblastine+bleomycin; TC: Paclitaxel + cyclophosphamide; PEI: Cisplatin+ epirubicin+ ifosfamide; PEV: Cisplatin+ epirubicin+etoposide; VAI: Vincristine+ dactinomycin+ifosfamide; VCE: Vincristine + cyclophosphamide+ etoposide; COA: Vincristine+ cyclophosphamide+ doxorubicin; IEVD: Icyclophosphamide + etoposide+ vindesine + dexamethasone; AVCP: Doxorubicin + vincristine+ cyclophosphamide+ cisplatin; VAC: Vinblastine+actinomycin+cyclophosphamide; VI: Irinotecan + vinodixin; PI: Ifosfamide; DFS: Disease free survival. † tumor uncontrolled, widespread metastasis, dead.