Supplementary Table 1. Timeline of the patient's clinical course and diagnostic findings

Time point	Clinical event and findings
Initial presentation	Abdominal pain, contact bleeding, vaginal spotting
Initial clinical impression	Suspected 3 × 3 cm uterine fibroid
Pelvic imaging	Thin endometrium (~3 mm) and posterior intramural uterine fibroid, no findings suggestive of endometrial primary malignancy
Subsequent clinical evaluation	Cervical mass identified
Cervical biopsy	Tissue obtained for histopathologic examination
Histopathology	Invasive cervical adenocarcinoma with endometrioid-like glandular architecture, atypical columnar cells, pleomorphic hyperchromatic nuclei, increased mitotic activity
Initial IHC panel	CEA positive, ER, vimentin, and Napsin A negative
Supplementary IHC	Non–block-type p16 staining, high Ki-67 labeling index
Clinical outcome	Patient referred for oncology staging and management, long-term follow-up unavailable