

Table S1 Timeline

Date	Relevant past medical history and interventions (with no relevant personal, family and psychosocial history including important past interventions, outcomes, and follow-up) Summaries from initial and follow-up visits	Diagnostic testing (including dates)	Interventions
2017.4	Symptoms: abdominal mass, abdominal distension, abdominal pain, loss of appetite, nausea, vomiting Diagnosis: pelvic mass: ovarian cancer? mild anemia, liver dysfunction, pericardial effusion, bilateral pleural effusion, and right hydronephrosis	2017.4 The ultrasound suggested two huge solid masses with irregular shape and abundant blood flow around the mass, alanine transaminase (ALT): 626 U/L; aspartate transaminase (AST): 673 U/L; cancer antigen 125 (CA125): 429.1 U/L; cancer antigen 199 (CA199): 53.57 U/L; human chorionic gonadotropin (hCG): 966 mIU/mL; hemoglobin (HGB): 80 g/L	2017.5 The patient received supportive treatment and apatinib mesylate (850 mg qd) in other hospital
2017.5	Symptoms: recurrent fever, abdominal mass, abdominal distension, abdominal pain, loss of weight, loss of appetite, nausea, vomiting, small red papules scattered in the whole body Diagnosis: pelvic mass: ovarian cancer? mild anemia, liver dysfunction, pericardial effusion, bilateral pleural effusion, and right hydronephrosis	2017.5 The ultrasound suggested two huge solid masses with irregular shape and abundant blood flow around the mass, celiac effusion, pleural effusion, pericardial effusion; computed tomography (CT) suggested two huge irregular mass in the abdominal cavity, about 12.2 cm × 13.6 cm × 23.8 cm, 18.0 cm × 13.5 cm × 16.6 cm, with unclear boundary, accompanied with right hydronephrosis. Chest CT suggested pneumonia, blood examinations showed blood leucocytes decrease, anemia (HGB 73–88 g/L), prolonged activated partial thromboplastin time (APTT) (40.7–43.8 s), increased d-dimer (DDI) (11.62–14.10 mg/L), increased fibrinogen degradation products (FDP) (29.90–47.40 µg/mL), decreased antithrombin III (ATIII) (45–56%) and elevated liver enzymes (AST 65–84 U/L), decreased albumin (28.4–31.0 g/L)	2017.5 Recombinant human granulocyte colony-stimulating factor for elevating leukocyte, ademetonine and polyene phosphatidyl choline for reducing transaminase, red blood cell suspension for correction of anemia, fibrinogen, vitamin K1 (VK1), fresh frozen plasma for correction of abnormal coagulation, albumin for correction of hypoproteinemia 2017.6 Surgery of bilateral salpingo-oophorectomy and omentectomy without pelvic lymphadenectomy 2017.6 Six cycles of BEP (bleomycin 15 mg ivgtt d1/d4 + etoposide 100 mg ivgtt d1–5 + cis-platinum 20 mg ivgtt d1/d3/d5, 30 mg ivgtt d2/d4)
2017.7	Follow-up visits: alive with normal physical exams; no significant sign of recurrence was found	2017.7 CT suggested the lymph nodes of abdominal aorta and left common iliac vessel were still increased, part integration, but obviously reduced combined with before, tumour markers kept normal	None
2017.11	Follow-up visits: alive with normal physical exams; no significant sign of recurrence was found	2017.11 Positron emission tomography (PET)-CT indicated several lymph nodes were seen beside the abdominal aorta and left common iliac vessels, partly integration, but no increase in glucose metabolism, tumour markers kept normal	None
2018.5	Follow-up visits: alive with normal physical exams; no significant sign of recurrence was found	2018.5 CT suggested the lymph nodes of abdominal aorta and left common iliac vessel were still increased, part integration, but obviously reduced combined with before, tumour markers kept normal	None
2018.9	Follow-up visits: alive with normal physical exams; no significant sign of recurrence was found	2018.9 CT suggested the lymph nodes of abdominal aorta and left common iliac vessel were still increased, part integration, but obviously reduced combined with before, tumour markers kept normal	None
2019.3	Follow-up visits: alive with normal physical exams; no significant sign of recurrence was found	2019.3 CT suggested the lymph nodes of abdominal aorta and left common iliac vessel were still increased, part integration, but obviously reduced combined with before, tumour markers kept normal	None
2019.3	Final outcome for this episode of care	Alive and well 22 months after surgery	None