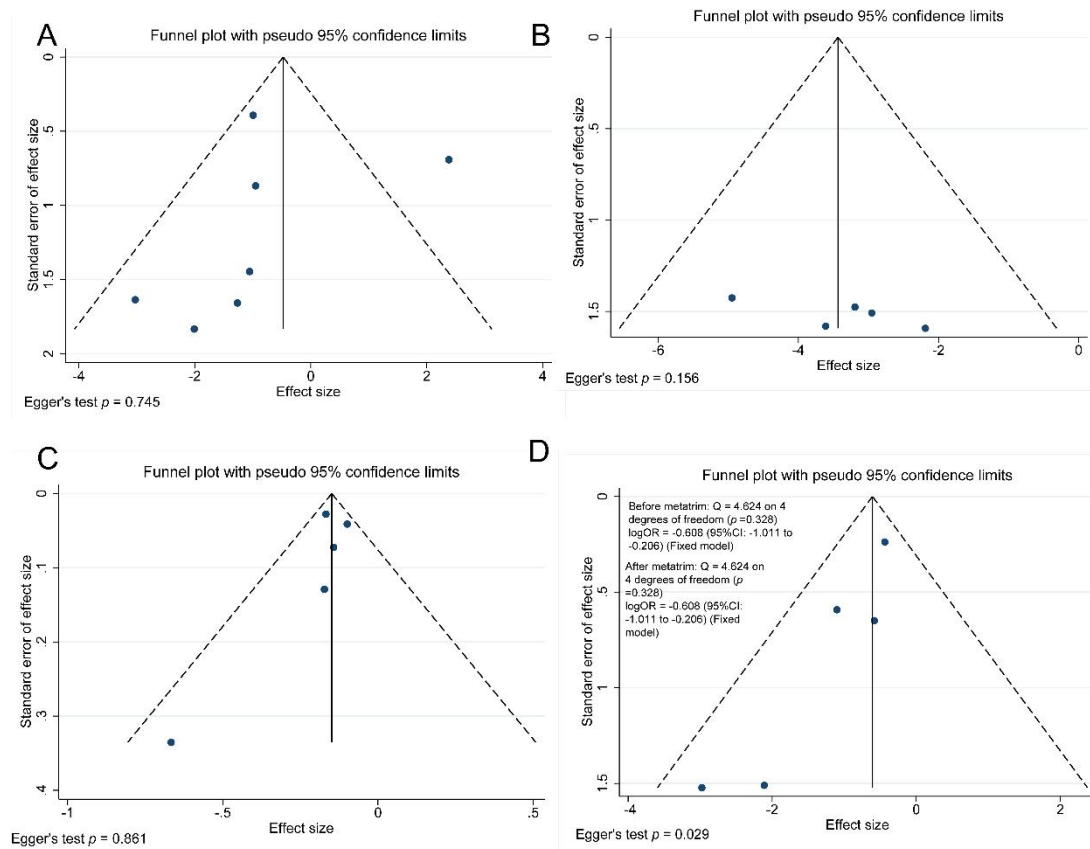
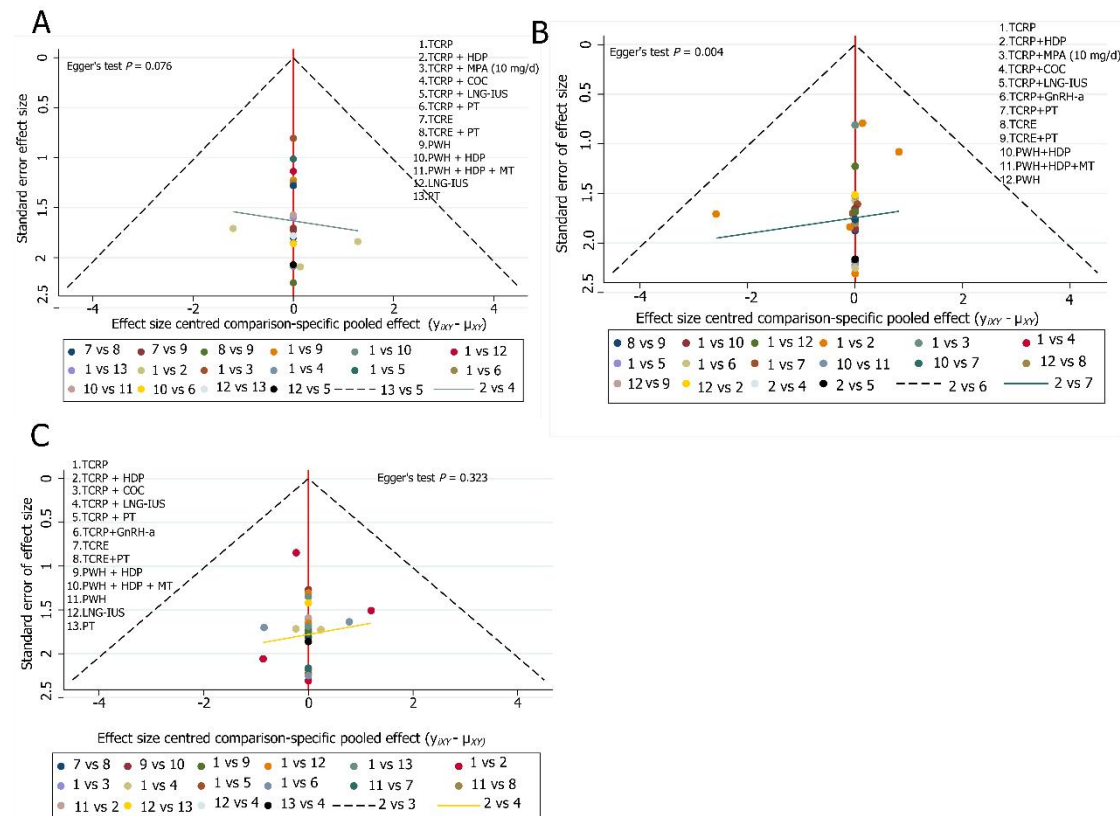
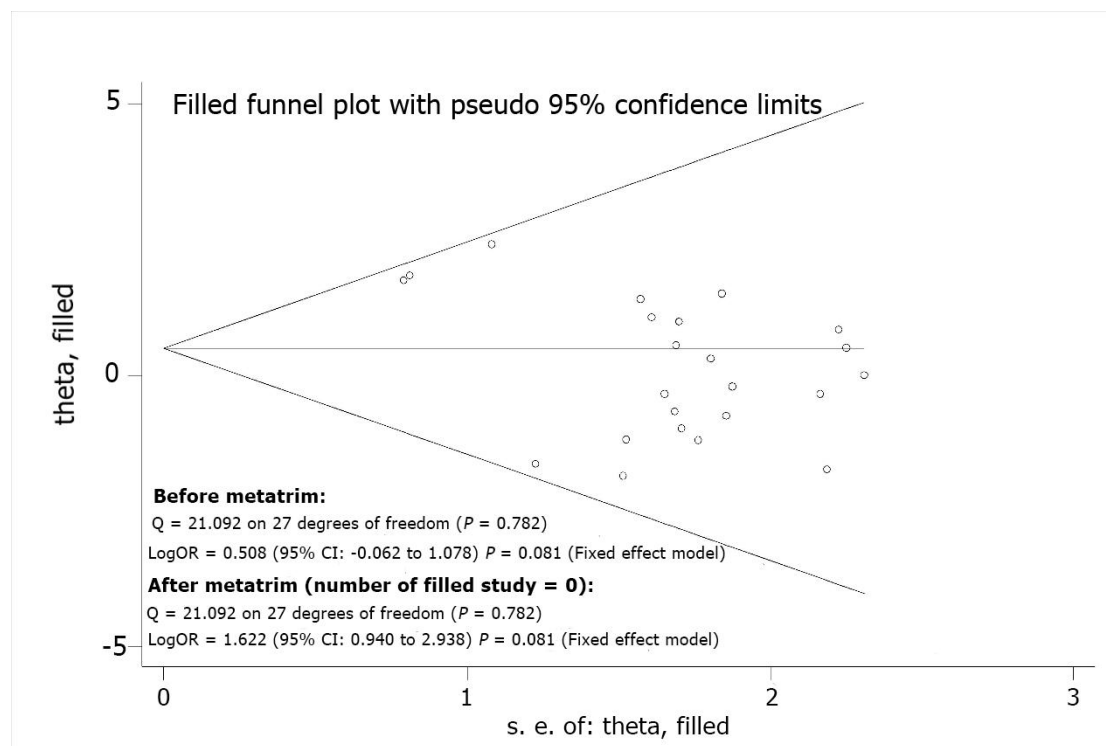




Supplementary Figure 1 Funnel plots and Egge's test for publication bias in comparative analysis of clinical outcomes between typical polypoid adenomyoma and atypical polypoid adenomyoma. A: Recurrence rates; B: Concurrent endometrial atypical hyperplasia rates; C: Concurrent endometrial cancer; D: Concurrent endometrial non-atypical hyperplasia rates.



Supplementary Figure 2 Funnel plots and Egger's test for publication bias in network meta-analysis of different conservative interventions in atypical polypoid adenomyoma. A: Complete response rates; B: Recurrence rates; C: Subsequent endometrial cancer rates.



Supplementary Figure 3 Robustness analyses using the Metatrim method confirmed persistent statistically significant intervention effects after bias correction on recurrence prevention in network meta-analysis.

Supplementary Table 1 Detailed information of studies included typical and atypical polypoid adenomyoma

Study	Country	Group and Sample size	Characteristics
			Age (Years), Mean (Range/SD)
Dong L et al 2024[1]	China	TPA: 125; APA: 30	TPA: 52.08±11.05 (20-82) ; APA: 53.80±11.17 (39-80)
Wang J et al 2019[2]	China	TPA: 111; APA: 59	TPA: 50.18±10.57 (25-74); APA: 52.25±8.49 (37-77)
Zhou R et al 2008[3]	China	TPA: 18; APA: 4	TPA: 57.39 (40-75); APA: 47.75 (35-63)
Meng X et al 2013[4]	China	TPA: 58; APA: 27	TPA: Not reported; APA: 51.04±10.11 (19-67)
Wang X et al 2010[5]	China	TPA: 33; APA: 1	TPA: 52 (31-78); APA: 46
Ren J et al 2020[6]	China	TPA: 26; APA: 22	TPA: 52.0 (44.8,58.0); APA: 46.5 (42.8,59.5)
Wei J et al 2022[7]	China	TPA: 382; APA: 203	TPA: 50.18±10.57; APA: 39.30±11.01
Study	Characteristics		

	BMI (kg/m ²), Mean (Range/SD)	Premenopausal, n (%)
Dong L et al 2024	-	TPA: 58 (58/125,46.4%); APA: 15 (15/30,50%)
Wang J et al 2019	-	TPA: 25 (25/59,42.4%); APA: 71 (71/111,63.9%)
Zhou R et al 2008	TPA: 26.13±4.01 (18.82-34.95); APA: 28.16±4.71 (23.66-33.87)	TPA: 6 (6/18,33.33%); APA: 3 (3/4,75%)
Meng X et al 2013	-	TPA: 24 (24/58,41.4%); APA: 15 (15/27,55.6%)
Wang X et al 2010	-	-
Ren J et al 2018	TPA: 24.0±4.0; APA: 26.3±3.9	TPA: 12(12/26,46.2%); APA: 14(14/22,63.6%)
Wei J et al 2022	TPA: 24.30±3.34; APA: 27.53±3.23	TPA: 244(244/382,63.9%); APA:163(163/203,81.3%)

Continued Supplementary Table 1

Study	Characteristics		
	Premenopausal, n (%)	Pregnancy	Labor

Dong L et al 2024	TPA: 58 (58/125,46.4%); APA: 15 (15/30,50%)	-	-
Wang J et al 2019	TPA: 25 (25/59,42.4%); APA: 71 (71/111,63.9%)	TPA: 2.84±1.80; 3.05±1.83	APA: TPA: 1.82±1.27 ; 2.00±1.36
Zhou R et al 2008	TPA: 6(6/18,33.33%); APA: 3(3/4,75%)	-	-
Meng X et al 2013	TPA: 24(24/58,41.4%); APA: 15(15/27,55.6%)	-	-
Wang X et al 2010	-	-	-
Ren J et al 2018	TPA: 12(12/26,46.2%); APA: 14(14/22,63.6%)	-	TPA: 22(22/26, 84.6%); APA: 19(86.4%)
Wei J et al 2022	TPA: 244(244/382,63.9%); APA:163(163/203,81.3%)	TPA: 3.05±1.83 times; APA: 2.90±1.80 times	TPA: 1.81±1.36 times; APA: 1.96±1.27 times

Continued Supplementary Table 1

Study	Characteristics		
	Labor, n (%)	Abortion, n (%)	Nulliparity, n (%)

Dong L et al 2024	-	-
Wang J et al 2019	TPA: 1.82±1.27; APA: 2.00±1.36	-
Zhou R et al 2008	-	-
Meng X et al 2013	-	-
Wang X et al 2010	-	-
Ren J et al 2018	TPA: 22 (22/26, 84.6%); APA: 19(16/19, 86.4%)	TPA: 12 (12/26, 46.2%); APA: 12(12/22,54.5%)
Wei J et al 2022	TPA: 1.81±1.36 times; APA: 1.96±1.27 times	-

Continued Supplementary Table 1

Study	Characteristics	
	Infertility, n (%)	Symptoms, n (%)

		TPA: AUB: 46(46/125,36.8%);
		Discharge: 3(3/125,2.4%);
		Abdominal discomfort: 3(3/125,2.4%);
		Asymptom: 65(65/125,52%);
		Others: 8(8/125,6.4%);
Dong L et al 2024	TPA: 2(2/125,1.6%);	APA: AUB: 16(16/30,53.4%);
	APA: 1(1/30, 3.3%)	Discharge: 1(1/30,3.3%);
		Abdominal discomfort: 0;
		Asymptom: 9(9/30,30%);
		Others: 3(3/30,10%);
		TPA: AUB: 8(8/111,7.2%);
		Discharge: 3(3/111,2.7%);
		Abdominal discomfort: 17(3/111,15.3%);
		Asymptom: 27(27/111,24.3%);
		Others: 2(2/111,1.8%);
Wang J et al 2019	TPA: 3(3/111,2.7%);	APA: AUB: 14(14/59,22.2%);
	APA: 2(2/59,3.4%)	Discharge: 4(4/59,6.3%);
		Abdominal discomfort: 6 (6/59,9.5%);
		Asymptom: 9(9/59,14.3%);

		Others: 1(1/59,14.3%);
Zhou R et al 2008	-	-
Meng X et al 2013	TPA: 2(2/58,3.4%); APA: 3(3/27,11.1%)	TPA+APA: AUB: 44(44/85,51.8%); Discharge: 4(4/85,4.7%); Abdominal discomfort: 6(6/85,7.1%); Asymptom: 13(13/85,15.3%); Others: 3(3/85,3.5%) TPA+APA: AUB: 22(22/34,64.7%); Discharge: 3(3/34,8.8%);
Wang X et al 2010	-	Abdominal discomfort: 1(1/34,2.9%); Asymptom: 8(8/34,23.5%); Others: 8(8/23,23.5%) TPA: AUB: 10(10/26,38.5%); Asymptom: 12(12/26,46.1%);
Ren J et al 2018	-	APA: AUB: 12(12/22,54.5%); Asymptom: 7(7/22,31.8%)

Wei J et al 2022	-	TPA: AUB: 199(199/382,52.1%);
		Discharge: 18(18/382,4.7%);
		Abdominal discomfort: 57(57/382,19.9%);
		Asymptom: 56(56/382,14.7%);
		APA: AUB: 144(144/203,70.9%);
		Discharge: 13(13/203,6.4%);
		Abdominal discomfort: 22 (22/203,10.9%);
		Asymptom: 29(29/203,114.3%)

Continued Supplementary Table 1

Study	Characteristics	
	Complications, n (%)	Size of PA, Mean(range/SD)
Dong L et al 2024	TPA: Uterine fibroids: 54(54/125,43.2%);	
	Adenomyosis: 8(8/125,6.4%);	
	Hypertension: 38(38/125, 30.4%);	TPA:< 3 cm: 70(70/125,56.9%);
	Diabetes: 9(9/125,7.2%);	≥ 3 cm: 53(43.1%); APA:<3 cm:
	Breast cancer: 9(9/125,7.2%)	12(12/125,42.9%);
	APA: Uterine fibroids: 16(16/30,53.3%);	≥ 3 cm: 16(16/125,57.1%)
	Adenomyosis: 7(16/30,23.3%);	
	Hypertension: 10(10/30, 33.3%);	

	Diabetes: 4(4/30,13.3%); Breast cancer: 4(4/30,13.3%) TPA: Uterine fibroids: 5(5/111,8.2%); Endometrial polyps: 10(10/111,16.4%); Hypertension: 11(11/111, 9.9%); Diabetes: 3(3/111,2.7%); Breast cancer: 6(6/111,5.4%)	TPA: 2.59 ± 1.45 cm;
Wang J et al 2019	APA: Uterine fibroids: 4(4/59,9.1%); Endometrial polyps: 7(7/59,15.9%); Hypertension: 8(8/59, 13.6%); Diabetes: 6(6/59,10.2%); Breast cancer: 2(2/59,3.4%)	APA: 2.17 ± 1.66 cm
Zhou R et al 2008	- TPA: Hypertension: 23(23/58, 39.7%); Diabetes: 9(9/58,15.5%);	-
Meng X et al 2013	APA: Hypertension: 12(12/27, 44.4%); Diabetes: 9(9/27,15.5%)	TPA + APA: 2.54 (0.5-6.5 cm)
Wang X et al 2010	-	TPA: 1.5(0.5-5 cm); APA: 2 cm

Ren J et al 2018	TPA: IGT: 2(2/26,7.7%); Uterine fibroids: 14(14/26,53.8%); APA: Diabetes: 3(3/22,13.6%); Uterine fibroids: 6 (6/22,27.3%) TPA: Uterine fibroids: 34(34/382,8.9%); Endometrial polyps: 63(63/328,16.5%); Hypertension: 104(104/382, 27.2%); Diabetes: 21(21/382,5.5%);	-
Wei J et al 2022	Breast cancer: 12(12/382,3.1%) APA: Uterine fibroids: 19(19/203,9.4%); Endometrial polyps: 33(33/203,16.3%); Hypertension: 60(60/203, 29.5%); Diabetes: 18(18/203,8.9%); Breast cancer: 4(4/203,1.8%)	TPA: 2.59 ±1.66 cm; APA: 2.20±1.45 cm

Continued Supplementary Table 1

Study	Characteristics
	Location of PA, n (%)
Dong L et al 2024	TPA: Uterine cavity: 89(89/125,72.4%); Lower segment of uterus: 19(19/125,15.4%);

	Cervix: 15(15/125,12.2%);
	APA: Uterine cavity: 25(25/30,89.3%);
	Lower segment of uterus: 1(1/30,3.6%);
	Cervix: 2 (2/30,7.1%)
	TPA: Uterine cavity: 99(99/111,89.2%);
	Lower segment of uterus: 5(5/111,4.50%);
	Cervix: 7(7/111,6.3%);
Wang J et al 2019	APA: Uterine cavity: 43(43/59,72.9%);
	Lower segment of uterus: 7(7/59,11.8%);
	Cervix: 9(9/59,15.3%)
Zhou R et al 2008	-
	TPA+APA: Uterine cavity: 70(70/85,85.4%);
Meng X et al 2013	Lower segment of uterus: 4(4/85,4.9%),
	Cervix: 8(8/85,9.8%)
	TPA: Uterine cavity: 10(10/33,30.3%);
	Lower segment of uterus:
Wang X et al 2010	3(3/33,9.1%);
	Cervix: 6(6/33,18.2%);
	APA: Uterine cavity: 1(1/1,100%)

Ren J et al 2018

-

TPA: Uterine cavity: 326(326/382,85.3%);

Lower segment of uterus: 36(36/382,9.4%);

Cervix: 20(20/382,5.2%);

Wei J et al 2022

APA: Uterine cavity: 168(168/203,82.7%);

Lower segment of uterus: 22(22/203,10.8%); Cervix:
13(13/203,6.4%)

AUB: Abnormal uterine bleeding; IGT: Impaired glucose tolerance; PA: polypoid adenomyoma; -: Not reported.

Supplementary Table 2 Clinical outcomes for different conservative treatments in patients with atypical polypoid adenomyoma alone

Study	Country	Interventions	Intervention Description
Matsumoto T et al 2013[8]	Japan	TCRP	Transcervical resection of polyps (TCRP)
		PWH	Dilatation and curettage (D&C) / Transvaginal resection

Wang Q et al 2024[9]	China	TCRP	TCRP
		TCRP + HDP	TCRP plus subsequent megestrol acetate (MA) 160 mg/d for 3-6.3 months or LNG-IUS for 48.9 months
		TCRP + COC	TCRP plus subsequent Diane-35 for 2-12.6 months
Beshar et al 2025[10]	USA	TCRP	TCRP
		TCRP + LNG-IUS	TCRP plus subsequent LNG-IUS placement
		LNG-IUS	LNG-IUS placement after pathological confirmation
		PT	Oral progesterone therapy after pathological confirmation
Sun Y et al 2023[11]	China	TCRP	TCRP
		TCRP + HDP	TCRP plus subsequent medroxyprogesterone acetate (MPA) 160 mg/d for at least 6 months
		TCRP + COC	TCRP plus subsequent oral Diane-35 for 1 year
		TCRP + LNG-IUS	TCRP plus subsequent LNG-IUS placement
		TCRP + PT	TCRP plus subsequent oral progesterone 200 mg/d for at least 3 months
		TCRP + GnRH-a	TCRP plus subsequent GnRH-a for 6 months

Nomura H et al 2018[12]	Japan	PWH + HDP	D&C plus subsequent MPA 200–600 mg/d for at least 3 months
		PWH + HDP + MT	D&C plus subsequent MPA 200–600 mg/d for at least 3 months, plus progestin maintenance therapy for at least 6 months
Lu B et al 2019[13]	China	TCRP	TCRP
		TCRP + PT	
		PWH + PT	
Cui C et al 2025[14]	China	TCRE	Transcervical resection of endometrium (TCRE)
		PWH	D&C
		TCRE + PT	TCRE plus subsequent oral progesterone 20 mg/d therapy for at least 3 months
Yin L et al 2024[15]	China	TCRP	TCRP
		TCRP + MPA (10 mg/d)	TCRP plus subsequent treated with MPA 10 mg/d for 6 months
Zhou Q et al 2017[16]	China	TCRP	TCRP

		TCRP + HDP	TCRP plus subsequent treated with MPA 250 mg/d for 3 months
Wang S et al 2016[17]	China	TCRP + HDP	TCRP plus subsequent treated with MPA 160 mg/d for 3-6 months
		PWH	D&C
Ren J et al 2020[6]	China	TCRP	TCRP
		TCRP + HDP	TCRP plus subsequent treated with MPA 250-500 mg/d or norethindrone 15 mg/d for 3-6 months
Zhang Y et al 2022[18]	China	TCRP	TCRP
		TCRP + HDP	TCRP plus subsequent treated with MPA 300 mg/d

Continued Supplementary Table 2

Study	Interventions	Complete/partial Response	
		Response/Total (n, %)	Occurrence Time (Mean, range/SD)
Matsumoto T et al 2013	TCRP	9(9/10,90%)	-
	PWH	7(7/11,63.6%)	-
Wang Q et al 2024	TCRP	4(4/4,100%)	49(30.1-55.5 months)
	TCRP + HDP	6(6/6,100%)	49(30.1-55.5 months)
	TCRP + COC	7(7/7,100%)	49(30.1-55.5 months)

Beshar et al 2025	TCRP	4(4/12,33.3%)	24(6-216 months)
	TCRP + LNG-IUS	3(3/5,60%)	24(6-216 months)
	LNG-IUS	1(1/4,25%)	24(6-216 months)
	PT	0(0/4)	24(6-216 months)
Sun Y et al 2023	TCRP	-	-
	TCRP + HDP	-	-
	TCRP + COC	-	-
	TCRP + LNG-IUS	-	-
	TCRP + PT	-	-
	TCRP + GnRH-a	-	-
Nomura H et al 2018	PWH + HDP	14(14/18,77.8%)	94(22-179 months)
	PWH + HDP+MT	5(5/5)	94(22-179 months)
Lu B et al 2019	TCRP	9(9/10,90%)	27.30±15.26(1-49 months)
	TCRP + PT	7(7/8,87.5%)	43.25±33.37(4-102 months)
	PWH + PT	0(0/1)	-

Cui C et al 2025	TCRE	3(3/6, 50%)	-
	PWH	2(2/2,100%)	-
	TCRE + PT	1(1/1,100%)	-
Yi L et al 2024	TCRP	31(31/41,75.6%)	-
	TCRP + MPA (10 mg/d)	39(39/41,95.1%)	-
Zhou Q et al 2017	TCRP	7(7/7,100%)	12-120 months
	TCRP + HDP	8(8/9,88.8%)	12-120 months
Wang S et al 2016	TCRP + HDP	10(10/10,100%)	-
	PWH	19(19/27,70.4%)	-
Ren J et al 2020	TCRP	1(1/1,100%)	-
	TCRP + HDP	20(20/21,95.2%)	-
Zhang Y et al 2022	TCRP	-	-
	TCRP + HDP	-	-

Continued Supplementary Table 2

Study	Interventions	Recurrence	
		Response/Total (n, %)	Occurrence Time (Mean, range/SD)
Matsumoto T et al 2013	TCRP	1(1/10,10%)	39.6 (1-202 months).

Wang Q et al 2024	PWH	4(4/11,36.4%)	39.6 (1-202 months).
	TCRP	0(0/4)	49(30.1-55.5 months)
	TCRP + HDP	0(0/6)	49(30.1-55.5 months)
	TCRP + COC	0(0/7)	49(30.1-55.5 months)
Beshar et al 2025	TCRP	-	-
	TCRP + LNG-IUS	-	-
	LNG-IUS	-	-
	PT	-	-
Sun Y et al 2023	TCRP	8(8/22,36.4%)	58.9(7-117 months)
	TCRP + HDP	2(2/26,7.7%)	58.9(7-117 months)
	TCRP + COC	0(0/1)	58.9(7-117 months)
	TCRP + LNG-IUS	0(0/1)	58.9(7-117 months)
	TCRP + PT	0(0/2)	58.9(7-117 months)
	TCRP + GnRH-a	0(0/3)	58.9(7-117 months)
Nomura H et al 2018	PWH + HDP	1(1/14,7.1%)	13 months

	PWH + HDP + MT	0(0/5)	94(22-179 months)
Lu B et al 2019	TCRP	1(1/10,10%)	1 month
	TCRP + PT	0(0/8)	-
	PWH + PT	0(0/1)	-
Cui C et al 2025	TCRE	1(1/6)	-
	PWH	0(0/2)	-
	TCRE + PT	0(0/1)	-
Yi L et al 2024	TCRP	10(10/41,24.4%)	-
	TCRP + MPA (10 mg/d)	2(2/41,4.8%)	-
Zhou Q et al 2017	TCRP	0(0/7)	-
	TCRP + HDP	1(1/9, 11.1%)	3 months
Wang S et al 2016	TCRP + HDP	0(0/10)	-
	PWH	6(6/27,22.2%)	-
Ren J et al 2020	TCRP	1(1/1,100%)	-
	TCRP + HDP	20(20/21,95.2%)	18 months

Zhang Y et al 2022	TCRP	31(31/40, 77.5%)	-
	TCRP + HDP	39(39/40, 97.5%)	-

Continued Supplementary Table 2

Study	Interventions	Subsequent endometrial cancer	
		Response/Total (n, %)	Occurrence Time (Mean, range/SD)
Matsumoto T et al 2013	TCRP	-	-
	PWH	-	-
Wang Q et al 2024	TCRP	-	-
	TCRP + HDP	-	-
	TCRP + COC	-	-
Beshar et al 2025	TCRP	3(3/12,25%)	24(6-216 months)
	TCRP + LNG-IUS	0(0/4)	24(6-216 months)
	LNG-IUS	1(1/4,25%)	24(6-216 months)
	PT	2(2/3,66.7%)	24(6-216 months)
Sun Y et al 2023	TCRP	4(4/22,18.2%)	-
	TCRP + HDP	2(2/26,7.7%)	-
	TCRP + COC	0(0/1)	-
	TCRP + LNG-IUS	0(0/1)	-
	TCRP + PT	0(0/2)	-

	TCRP + GnRH-a	0(0/3)	-
Nomura H et al 2018	PWH + HDP	9(9/13,69.2%)	39(19-84 months)
	PWH + HDP + MT	1(1/5,20%)	39(19-84 months)
Lu B et al 2019	TCRP	0(0/10)	-
	TCRP + PT	1(1/8,12.5%)	18 months
	PWH + PT	1(1/1,100%)	102 months
Cui C et al 2025	TCRE	2(2/6,33.3%)	7-11 months
	PWH	0(0/2)	-
	TCRE + PT	0(0/1)	-
Yi L et al 2024	TCRP	-	-
	TCRP + MPA (10 mg/d)	-	-
Zhou Q et al 2017	TCRP	-	-
	TCRP + HDP	-	-
Wang S et al 2016	TCRP + HDP	0(0/10)	-

	PWH	2(2/27,5.3%)	-
Ren J et al 2020	TCRP	-	-
	TCRP + HDP	-	-
Zhang Y et al 2022	TCRP	36(36/40, 90.0%)	-
	TCRP + HDP	40(40/40, 100%)	-

TCRP: Transcervical resection of polyps; PWH: polyp resection without hysteroscopy; HDP: High-dose of progestin; COC: Combined oral contraceptive; PT: oral progesterone therapy; TCRE: Transcervical resection of endometrium; LNG-IUS: levonorgestrel-releasing intrauterine system; GnRH-a: Gonadotrophin-releasing hormone agonist; MT: Hormone maintenance therapy; MPA: Medroxyprogesterone acetate; -: Not reported.

Supplementary Table 3 Quality Assessment of enrolled studies

Criteria	Dong L et al 2024[1]	Wang J et al 2019[2]	Zhou R et al 2008[3]
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes

2. Was the study population clearly specified and defined?	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	CD	NR	NR
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	Yes	Yes	Yes
5. Was a sample size justification, power description, or variance and effect estimates provided?	No	No	No
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	Yes	Yes	NA
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	Yes	CD	NA

8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	Yes	Yes	Yes
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
10. Was the exposure(s) assessed more than once over time?	Yes	Yes	NA
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	CD	Yes	CD
12. Were the outcome assessors blinded to the exposure status of participants?	NR	NR	NA
13. Was loss to follow-up after baseline 20% or less?	Yes	Yes	NA

14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	Yes	No	No
Total	71.4%(Good)	64.3%(Adequate/fair)	55.5%(Poor)

Continued Supplementary Table 3

Criteria	Meng X et al 2013[4]	Wang X et al 2010[5]	Ren J et al 2020[6]
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes
2. Was the study population clearly specified and defined?	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	NA	NA	CD

4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	Yes	Yes	Yes
5. Was a sample size justification, power description, or variance and effect estimates provided?	Yes	No	No
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	NA	NA	NA
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	NA	NA	NA
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	Yes	No	Yes
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	NA	Yes

10. Was the exposure(s) assessed more than once over time?	NA	NA	NA
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
12. Were the outcome assessors blinded to the exposure status of participants?	NA	NA	NA
13. Was loss to follow-up after baseline 20% or less?	NA	NA	NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	No	No	No
Total	87.5%(Good)	57.1%(Poor)	66.7%(Adequate/fair)

Continued Supplementary Table 3

Criteria	Wei J et al 2022[7]	Wang Q et al 2024[9]	Beshar et al 2025[10]
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes
2. Was the study population clearly specified and defined?	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	CD	CD	CD
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	No	No	Yes
5. Was a sample size justification, power description, or variance and effect estimates provided?	No	No	No

6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	NA	No	No
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	NA	CD	Yes
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	Yes	No	No
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
10. Was the exposure(s) assessed more than once over time?	NA	No	No
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes

12. Were the outcome assessors blinded to the exposure status of participants?	NA	No	No
13. Was loss to follow-up after baseline 20% or less?	NA	Yes	No
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	No	No	No
Total	55.6%(Poor)	35.7%(Poor)	42.8%(Poor)

Continued Supplementary Table 3

Criteria	Sun Y et al 2023[11]	Nomura H et al 2018[12]	Matsumoto T et al 2013[8]
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes

2. Was the study population clearly specified and defined?	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	CD	CD	CD
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	No	Yes	Yes
5. Was a sample size justification, power description, or variance and effect estimates provided?	No	No	No
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	Yes	NA	NA
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	Yes	NA	NA

8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	Yes	Yes	Yes
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
10. Was the exposure(s) assessed more than once over time?	No	NA	NA
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
12. Were the outcome assessors blinded to the exposure status of participants?	No	NA	NA
13. Was loss to follow-up after baseline 20% or less?	Yes	NA	NA

14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	No	Yes	Yes
Total	59%(Adequate/fair)	77.8%(Good)	77.8%(Good)

Continued Supplementary Table 3

Criteria	Lu B et al 2019[13]	Cui C et al 2025[14]	Yin L et al 2024[15]
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes
2. Was the study population clearly specified and defined?	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	CD	CD	CD

4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	Yes	Yes	Yes
5. Was a sample size justification, power description, or variance and effect estimates provided?	No	No	No
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	NA	NA	Yes
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	NA	NA	Yes
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	Yes	Yes	Yes

9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
10. Was the exposure(s) assessed more than once over time?	NA	NA	No
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
12. Were the outcome assessors blinded to the exposure status of participants?	NA	NA	NR
13. Was loss to follow-up after baseline 20% or less?	NA	NA	Yes
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	No	No	No

Total	66.7%(Adequate/fair)	66.7%(Adequate/fair)	64.3%(Adequate/fair)
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Continued Supplementary Table 3

Criteria	Zhang Y et al 2022[18]	Zhou Q et al 2017[16]	Wang S et al 2016[17]
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes
2. Was the study population clearly specified and defined?	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	CD	CD	CD
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	Yes	Yes	Yes

5. Was a sample size justification, power description, or variance and effect estimates provided?	No	No	No
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	Yes	NA	NA
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	Yes	NA	NA
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	No	No	No
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	No	No
10. Was the exposure(s) assessed more than once over time?	No	NA	NA

11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes
12. Were the outcome assessors blinded to the exposure status of participants?	NR	NA	NA
13. Was loss to follow-up after baseline 20% or less?	Yes	NA	NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	No	No	No
Total	57.1%(Poor)	44.4%(Poor)	44.4%(Poor)

CD: Cannot determine; NA: Not applicable; NR: Not reported.

Supplementary Table 4 Sensitivity analysis of comparing the recurrence rates between and typical and atypical polypoid adenomyoma

Study	Odds Ratio	Lower 95% Confidence Interval	Lower 95% Confidence Interval
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Dong L et al 2024	2.02	0.35	11.61
Wang J et al 2019	3.05	1.60	5.79
Zhou R et al 2008	1.51	0.34	6.76
Meng X et al 2013	1.95	0.39	9.70
Wang X et al 2010	1.77	0.38	8.24
Ren J et al 2018	1.91	0.40	9.20
Wei J et al 2022	2.06	0.31	13.67
Combined	2.00	0.48	8.33

Supplementary Table 5 Consistency test of different conservative treatments in atypical polypoid adenomyoma for achieving complete response rates

Treatments	Coefficient	Standard Error	z value	<i>p</i>	95% Confidence Interval
TCRP+HDP vs TCRP	0.229	1.074	0.210	0.831	(-1.876, 2.334)
TCRP+MPA (10 mg/ d) vs TCRP	1.967	0.806	2.440	0.015	(0.387, 3.547)
TCRP+COC vs TCRP	0.441	1.877	0.230	0.814	(-3.239, 4.120)
TCRP+LNG-IUS vs TCRP	0.973	1.013	0.960	0.337	(-1.012, 2.957)
TCRP+PT vs TCRP	-0.236	1.254	-0.190	0.851	(-2.693, 2.221)
TCRE vs TCRP	-3.246	2.115	-1.530	0.125	(-7.391, 0.899)
TCRE+PT vs TCRP	-2.147	2.563	-0.840	0.402	(-7.171, 2.876)
PWH vs TCRP	-1.637	1.226	-1.340	0.182	(-4.041, 0.7663)
PWH+HDP vs TCRP	-2.943	1.854	-1.590	0.112	(-6.577, 0.690)
PWH+HDP+MT vs TCRP	-1.716	2.431	-0.710	0.480	(-6.480, 3.049)
LNG-IUS vs TCRP	-0.211	1.137	-0.190	0.853	(-2.439, 2.017)
PT vs TCRP	-1.561	1.601	-0.980	0.329	(-4.698, 1.576)

Supplementary Table 6 Consistency test of different conservative treatments in atypical polypoid adenomyoma for reducing recurrence rates

Treatments	Coefficient	Standard Error	z value	<i>p</i>	95% Confidence Interval
TCRP+HDP vs TCRP	1.502	0.545	2.760	0.006	(0.434, 2.570)
TCRP+MPA (10mg/d) vs TCRP	1.839	0.811	2.270	0.023	(0.249, 3.429)
TCRP+COC vs TCRP	0.491	1.679	0.290	0.770	(-2.800, 3.782)
TCRP+LNG-IUS vs TCRP	0.491	1.679	0.290	0.770	(-2.800, 3.782)
TCRP+GnRH-a vs TCRP	1.338	1.562	0.860	0.392	(-1.723, 4.399)
TCRP+PT vs TCRP	0.995	1.165	0.850	0.393	(-1.288, 3.278)
TCRE vs TCRP	-1.436	2.050	-0.700	0.484	(-5.454, 2.581)
TCRE+PT vs TCRP	-1.637	2.454	-0.670	0.505	(-6.446, 3.172)
PWH+HDP vs TCRP	-0.745	1.824	-0.410	0.683	(-4.320, 2.831)
PWH+HDP+MT vs TCRP	-1.924	2.378	-0.810	0.419	(-6.584, 2.737)
PWH vs TCRP	-1.126	0.977	-1.150	0.249	(-3.042, 0.789)

Supplementary Table 7 Consistency test of different conservative treatments in atypical polypoid adenomyoma for preventing endometrial cancer progression

Treatments	Coefficient	Standard Error	z value	<i>p</i>	95% Confidence Interval
TCRP+HDP vs TCRP	1.057	0.687	1.540	0.124	(-0.289, 2.403)
TCRP+COC vs TCRP	-0.283	1.700	-0.170	0.868	(-3.614, 3.049)
TCRP+LNG-IUS vs TCRP	-0.073	1.212	-0.060	0.952	(-2.448, 2.302)
TCRP+PT vs TCRP	0.565	1.584	0.360	0.721	(-2.539, 3.669)
TCRP+GnRH-a vs TCRP	-0.526	1.174	-0.450	0.654	(-2.827, 1.776)
TCRE vs TCRP	-0.686	2.455	-0.280	0.780	(-5.497, 4.124)
TCRE+PT vs TCRP	-0.176	2.841	-0.060	0.951	(-5.743, 5.392)
PWH+HDP vs TCRP	-1.287	1.992	-0.650	0.518	(-5.191, 2.616)
PWH+HDP+MT vs TCRP	0.910	2.362	0.390	0.700	(-3.719, 5.539)
PWH vs TCRP	0.335	1.734	0.190	0.847	(-3.062, 3.733)
LNG-IUS vs TCRP	-1.249	1.269	-0.980	0.325	(-3.735, 1.238)
PT vs TCRP	-2.607	1.313	-1.990	0.047	(-5.180, -0.034)

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