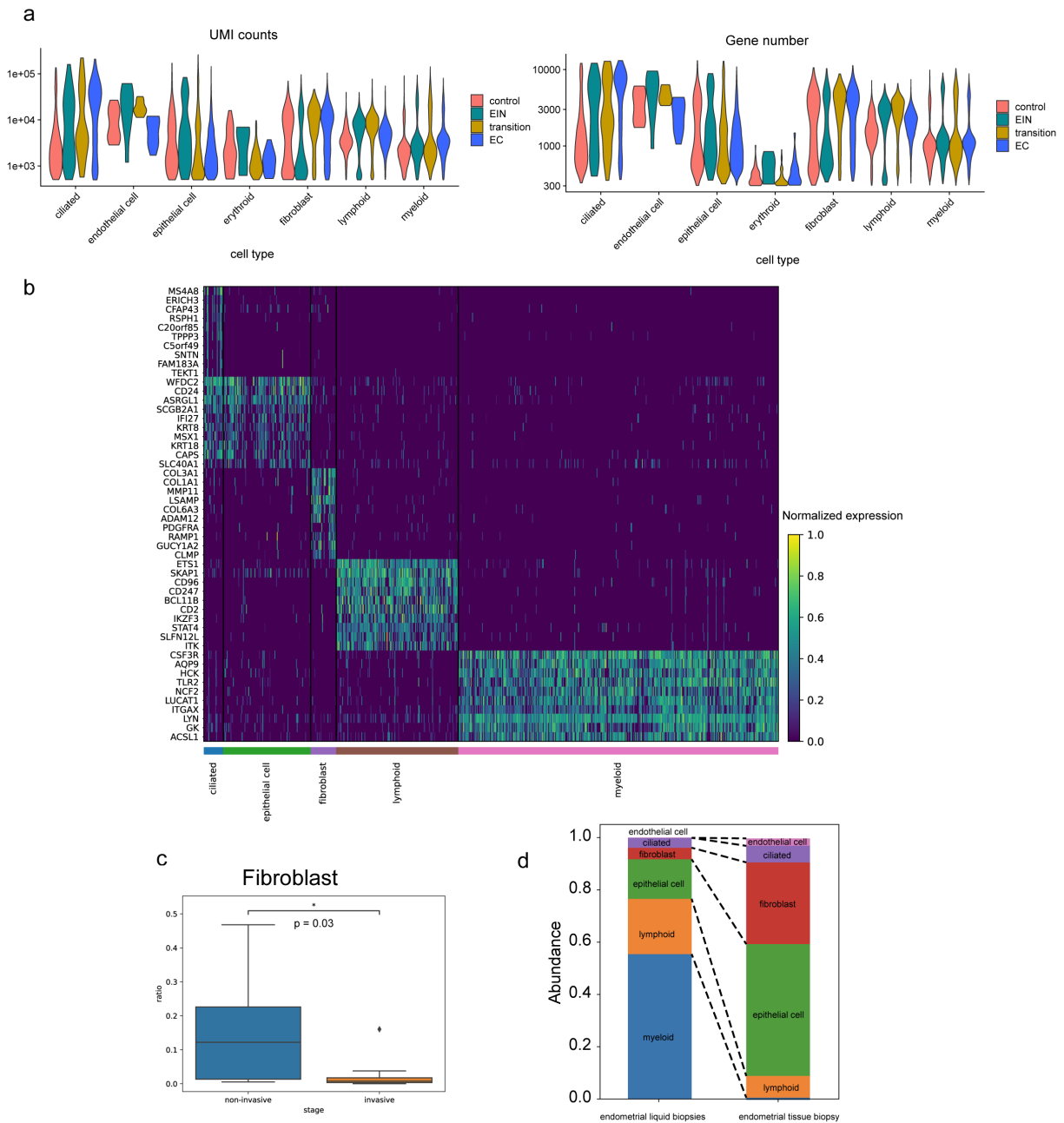




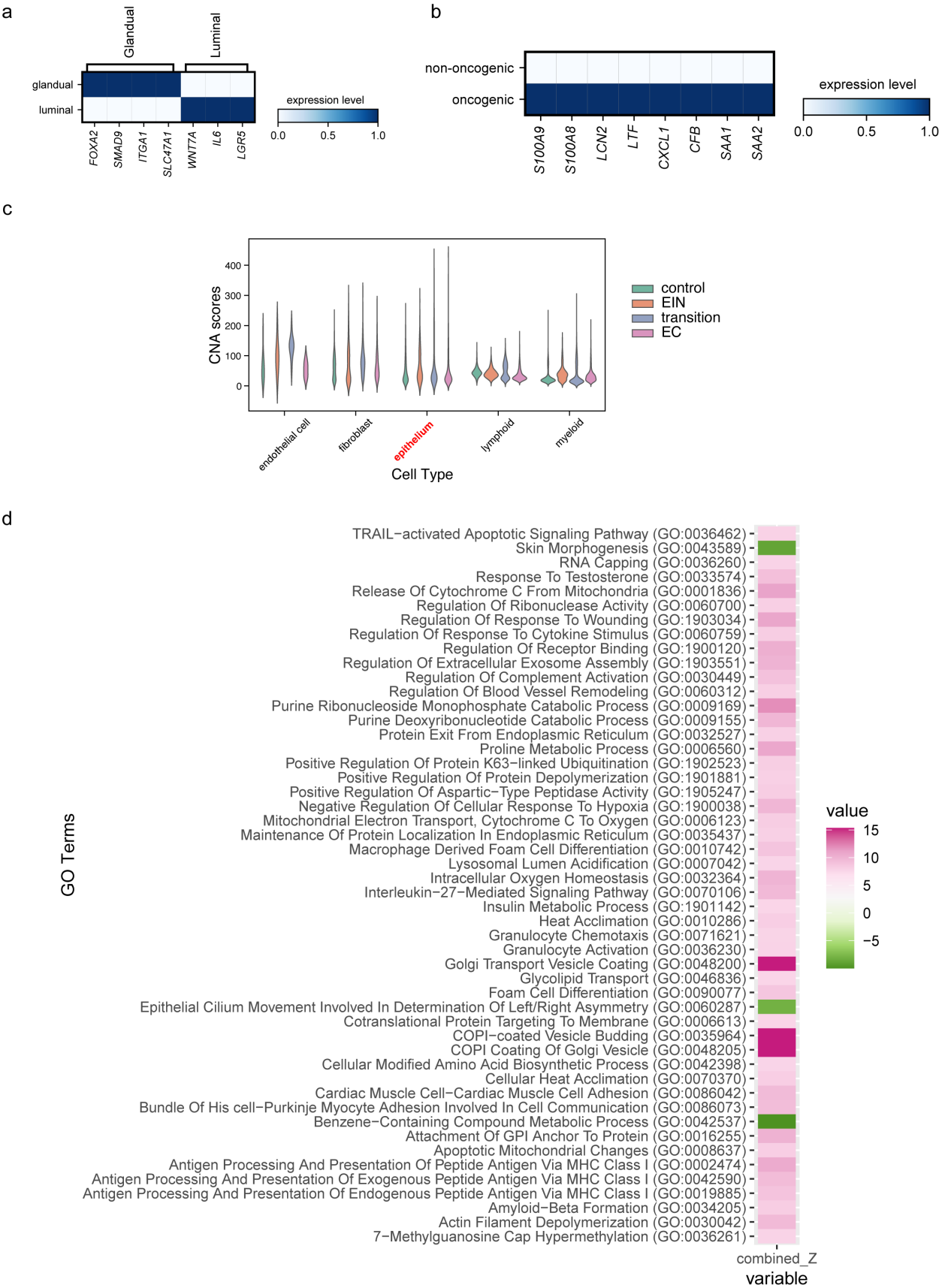
Supplementary Figure 1. Quality control and abundance changes across EC progression

(a) Violin plots of UMI counts (left) and gene numbers (right) for each major cell type across the 4 disease stages.

(b) Heatmap of cell type-specific marker gene expression across all major cell types.

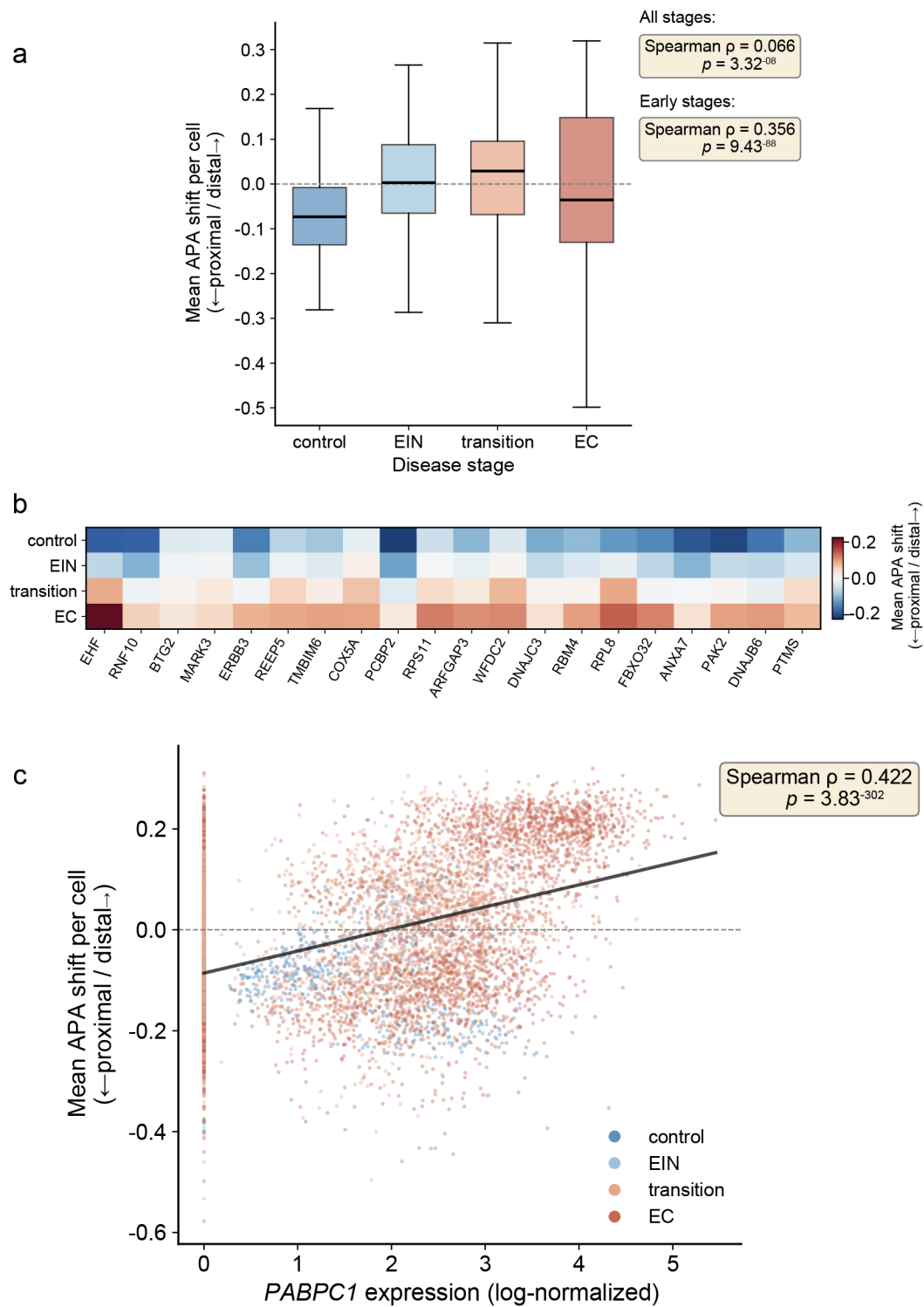
(c) Box plot showing differences in the fibroblast ratio between noninvasive and invasive ECs. Statistical tests revealed a significant reduction in fibroblasts in invasive cases (Mann–Whitney $p = 0.03$).

(d) Stacked bar plot comparing the relative abundance of major cell types in matched endometrial liquid biopsies (left) and endometrial tissue biopsies (right). The bars represent the proportional composition of six cell classes (myeloid, lymphoid, epithelial, fibroblast, ciliated epithelial, and endothelial), with dashed lines connecting equivalent cell types across biopsy types.



Supplementary Figure 2. Validation of epithelial cell subpopulation and gene module enrichment across EC development

- (a) Heatmap of glandular and luminal epithelial marker gene expression confirming accurate annotation of unciliated epithelial subtypes in uterine blood-derived cells.
- (b) Expression levels of oncogenic markers are enriched in a distinct epithelial subpopulation.
- (c) Violin plots of copy number alteration (CNA) scores across major cell types and EC stages reveal a sharp increase in CNA burden specific to epithelial cells during progression.
- (d) Heatmap of the top 50 Gene Ontology (GO) terms correlated with EC development stages, with scores reflecting their relationship with disease progression.



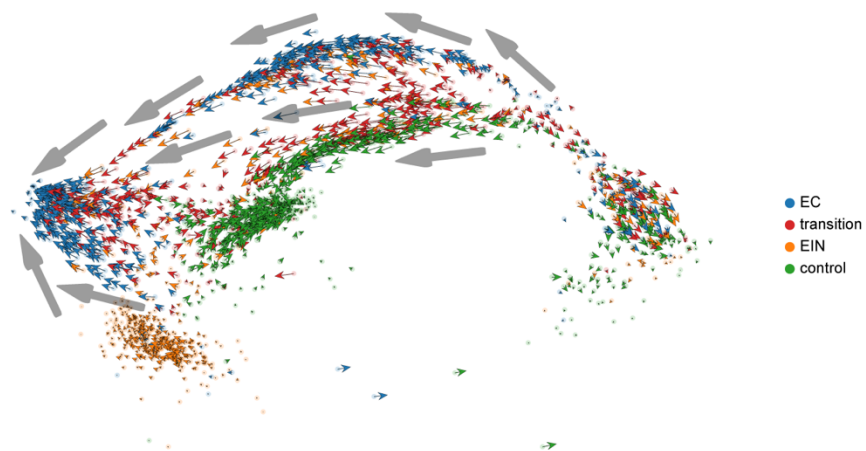
Supplementary Figure 3. Alternative polyadenylation (APA) dynamics in epithelial cells during EC development

(a) Boxplot of per-cell mean APA shift across disease stages reveals a progressive shift toward distal polyadenylation during early EC development (control to EIN and transition; Spearman $\rho = 0.356$, $p = 9.43 \times 10^{-88}$), with increased APA heterogeneity in established EC attenuating the overall four-stage trend ($\rho = 0.066$, $p = 3.32 \times 10^{-8}$).

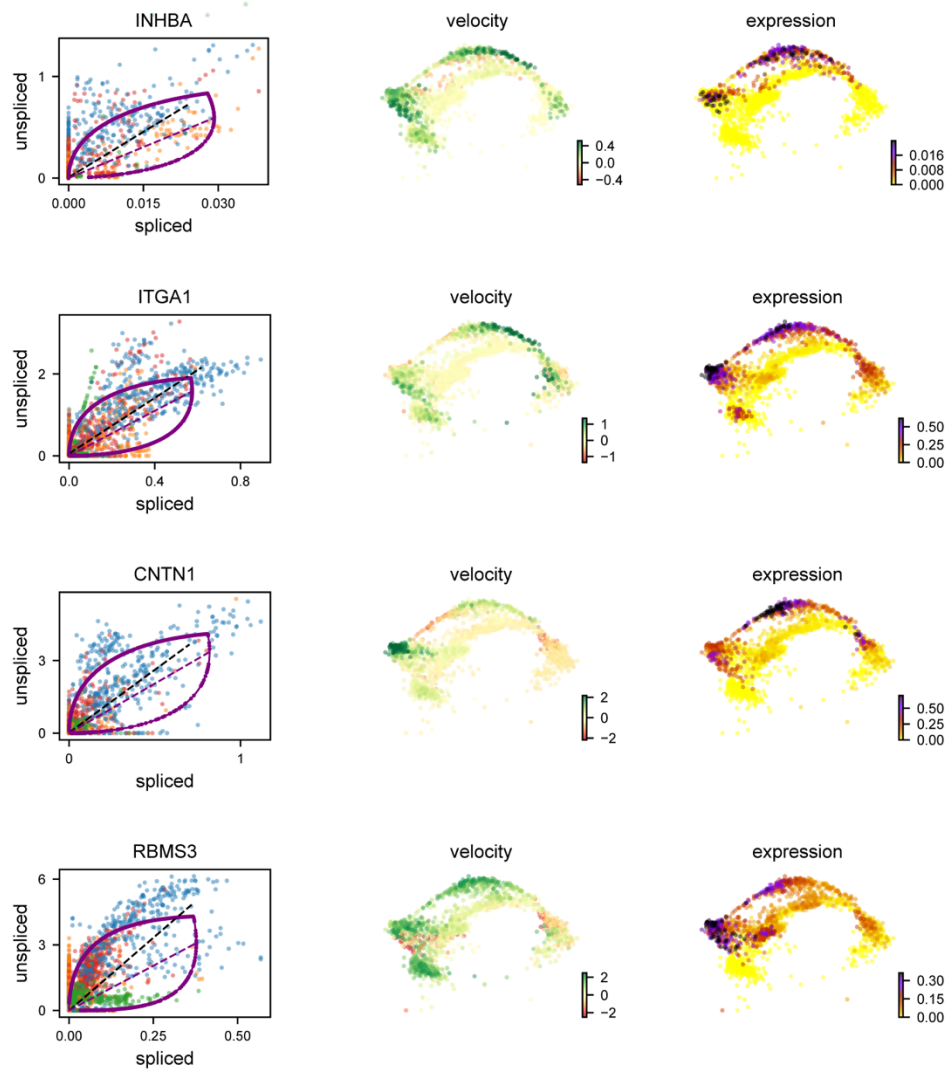
(b) Heatmap of the top 20 genes with the strongest progressive shift toward distal polyadenylation site usage across disease stages.

(c) Scatter plot of *PABPC1* expression versus per-cell mean APA shift demonstrates a strong positive correlation (Spearman $\rho = 0.422$, $p \approx 0$), supporting a regulatory link between PABPC1 upregulation and distal APA usage during EC progression.

a



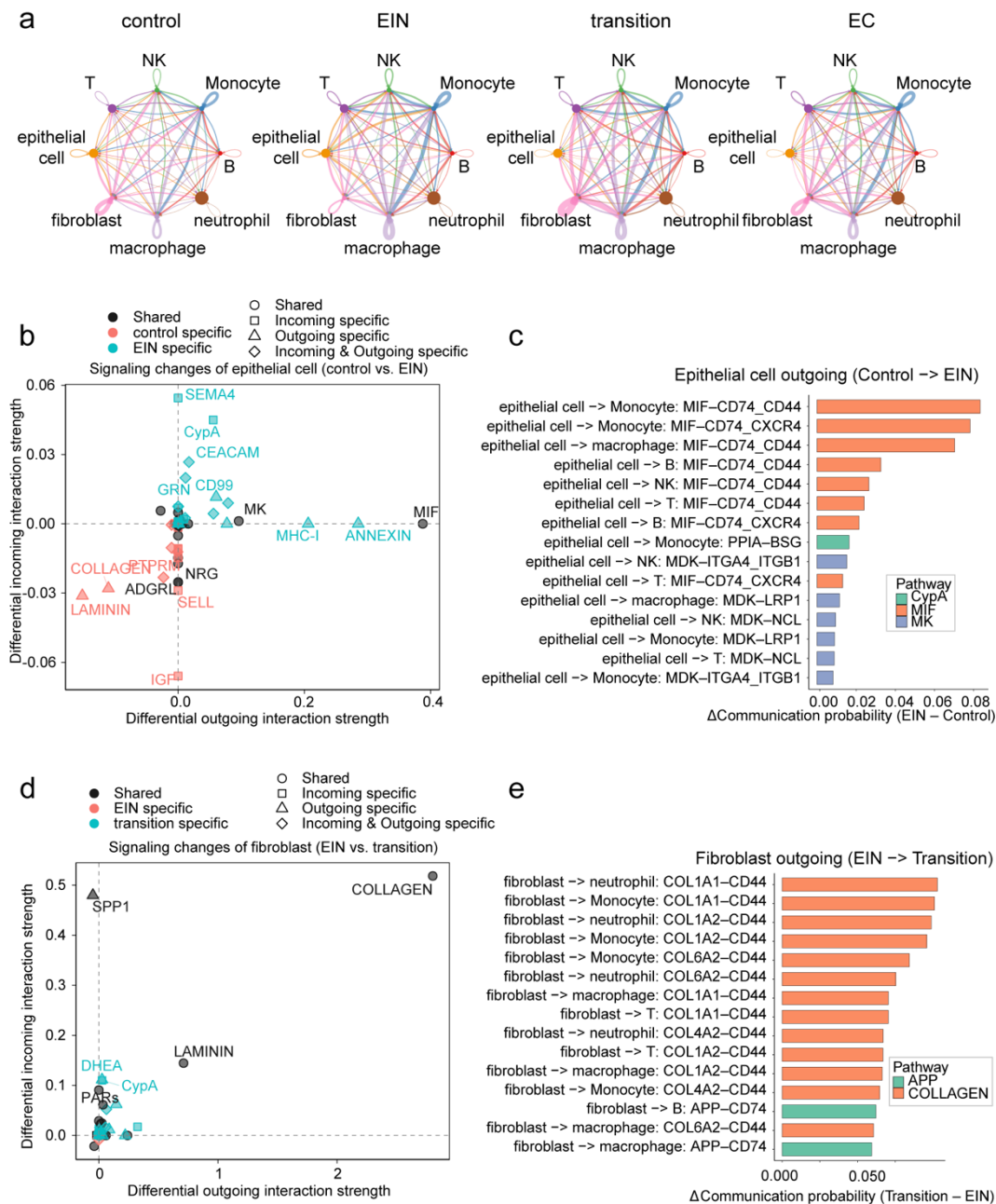
b



Supplementary Figure 4. RNA-velocity dissects the step-wise re-programming of fibroblasts during EC progression

(a) UMAP of all fibroblasts according to pathological stage—green, control; orange, EIN; red, transition; blue, EC. Arrows represent RNA-velocity vectors predicted with the dynamical model in scVelo; arrow length encodes the speed and direction of the inferred future transcriptional state. Large gray arrows highlight the overall trajectory direction. Vectors converge from a control-enriched root toward an EC-dominant terminus, indicating a continuous developmental trajectory from normal to cancer-associated fibroblasts.

(b) Gene-specific velocity phase portraits and embedding overlays for the top velocity drivers. For each gene, three panels are shown: phase portrait (left): unsliced (y-axis) versus spliced (x-axis) counts for individual cells, colored by stage as in *a*. The fitted latent-time trajectory (purple curve) denotes transcriptional dynamics; dashed arrows indicate the velocity direction in phase space. Velocity embedding (middle): UMAP of fibroblasts colored by cell-wise velocity values for the indicated gene (green = positive induction, brown = negative). Expression embedding (right): log-normalized expression of the same gene projected onto UMAP (yellow/purple gradient; scale bars show the z-scores).



Supplementary Figure 5. Immune subset-level cell–cell communication rewiring during EC development

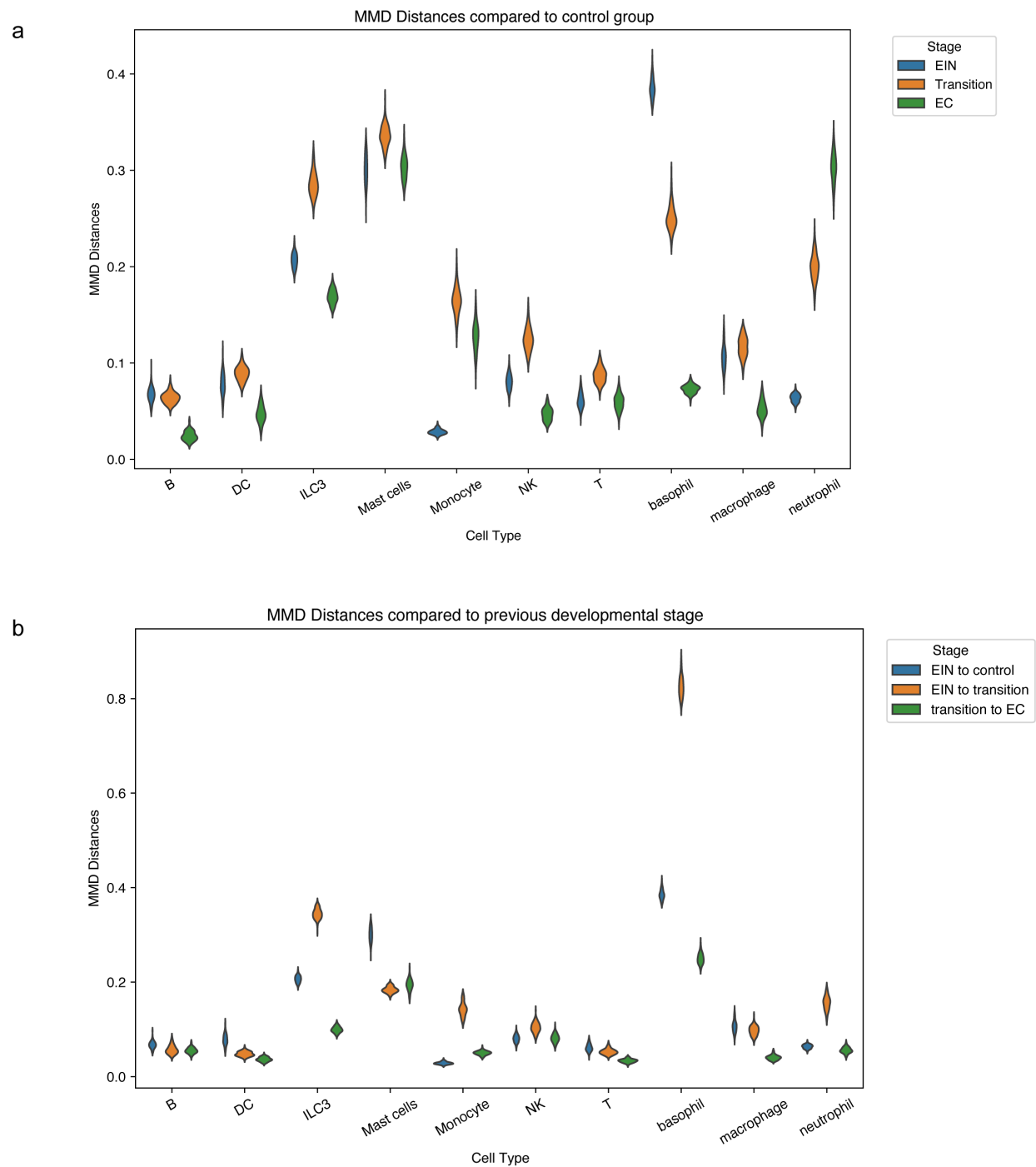
(a) Heatmaps of the number of inferred ligand–receptor interactions between immune cell subsets (B cells, monocytes, NK cells, T cells, macrophages, neutrophils), epithelial cells, and fibroblasts at each disease stage (control, EIN, transition, EC), computed using CellChat.

(b) Differential signaling analysis of epithelial cells between control and EIN stages. MIF signaling emerges as the top upregulated outgoing pathway, with MIF–CD74_CD44 to monocytes showing the largest gain ($\Delta\text{prob} = 0.083$).

(c) Differential signaling analysis of fibroblasts between EIN and transition stages. COLLAGEN signaling dominates the transition, with COL1A1–CD44 to neutrophils showing the largest gain ($\Delta\text{prob} = 0.103$).

(d) Top 15 ranked ligand–receptor pairs by change in communication probability (Δprob) for epithelial cell outgoing interactions (EIN – Control). Bars are colored by signaling pathway.

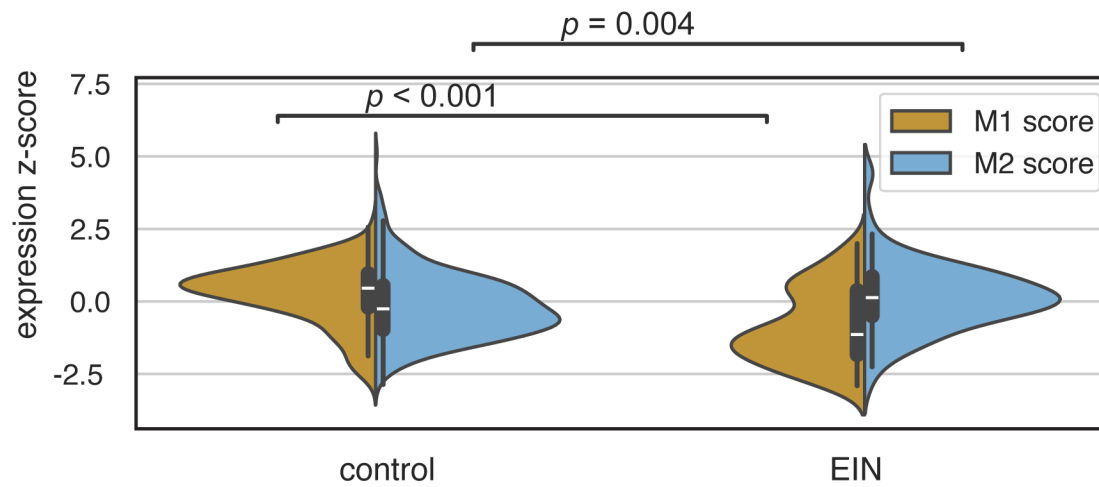
(e) Top 15 ranked ligand–receptor pairs by change in communication probability (Δprob) for fibroblast outgoing interactions (Transition – EIN). Bars are colored by signaling pathway.



Supplementary Figure 6. MMD analysis of immune-cell state changes

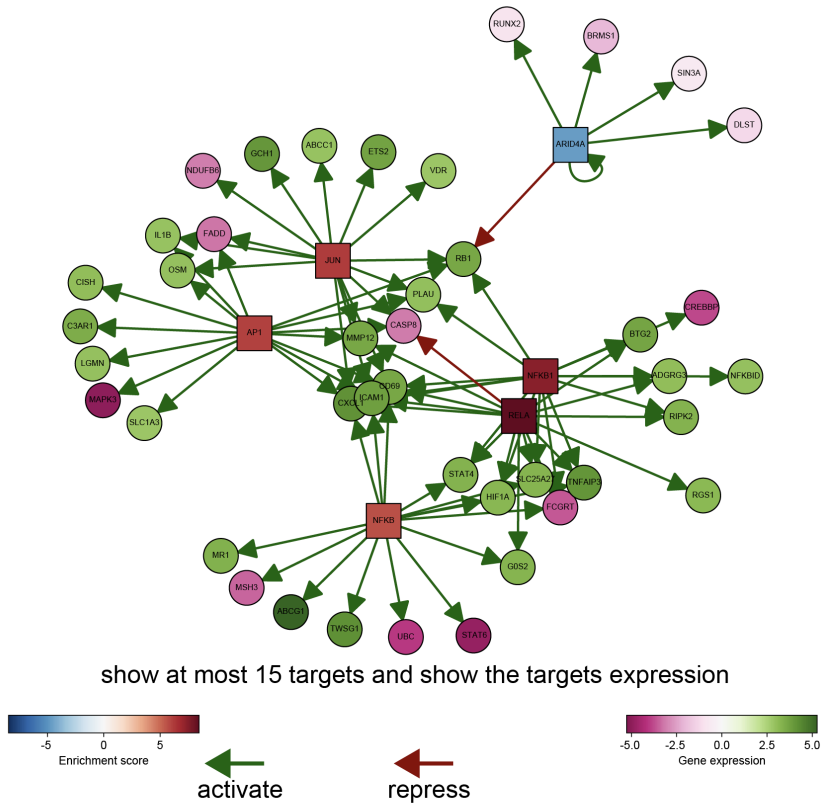
(a) Violin plots of MMD distances between each immune cell type at the indicated stages and its control counterpart (larger values = greater divergence).

(b) Violin plots of MMD distances between consecutive stages (EIN→control, EIN→transition, transition→EC), representing the instantaneous “speed” of transcriptional change.

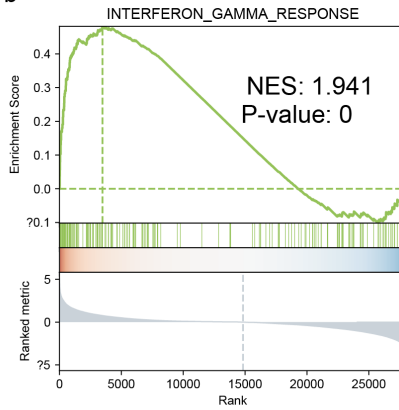


Supplementary Figure 7. Progressive immune reprogramming during EC development. Violin plots of classical- (M1, ochre) and alternative- (M2, blue) macrophage signature scores in control versus EIN samples. Centre lines mark medians; whiskers denote $1.5 \times$ IQR. P values were calculated from two-sided Wilcoxon tests.

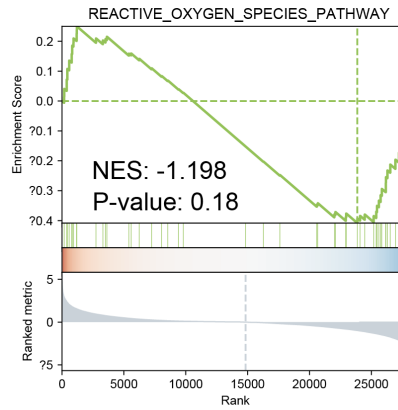
a



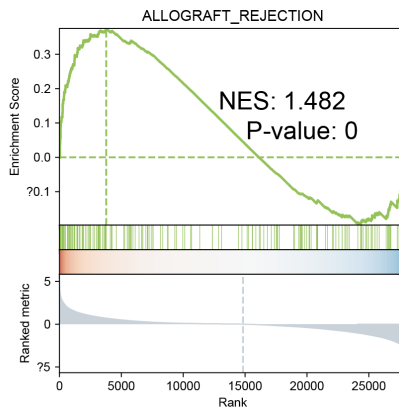
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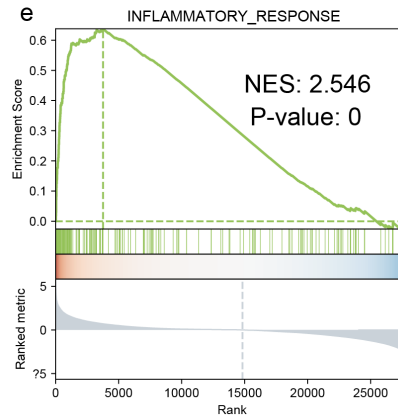
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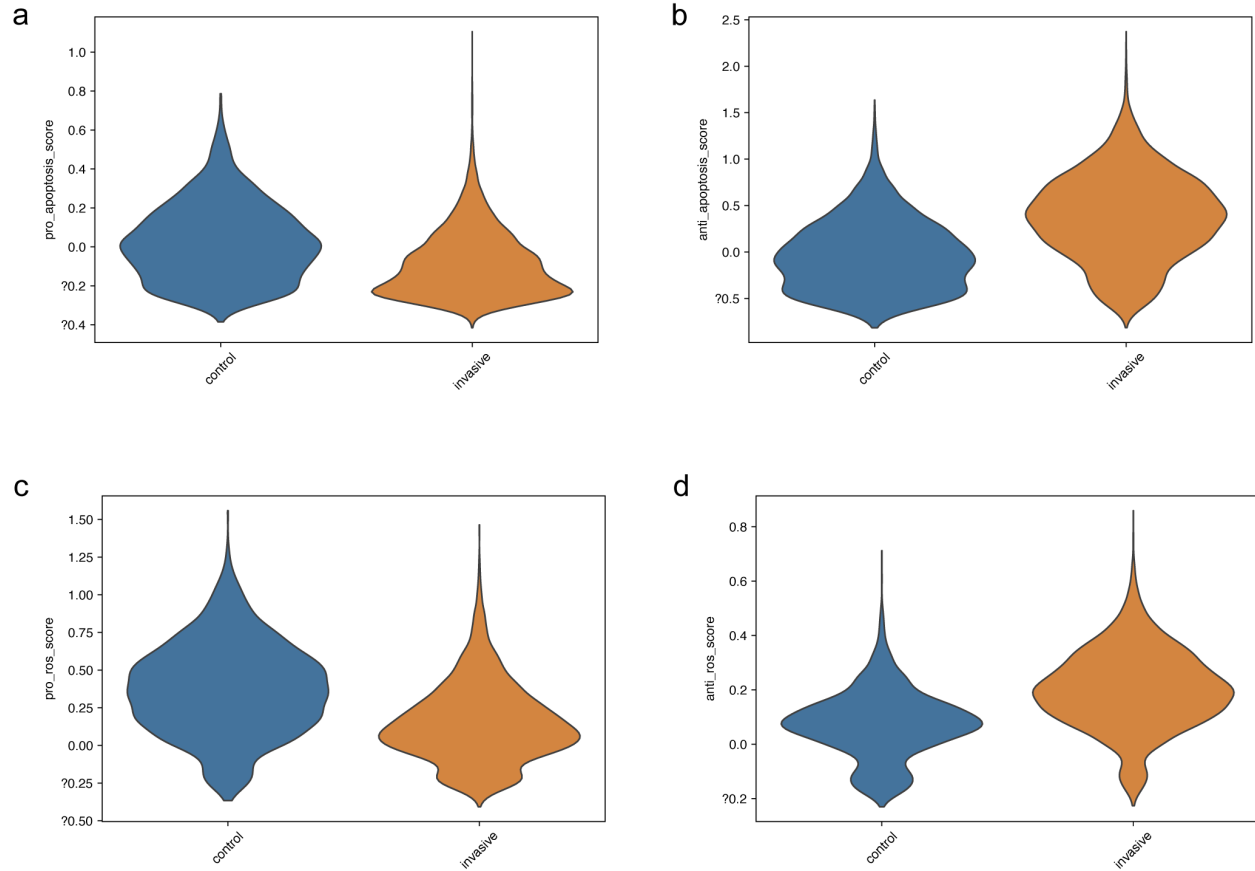
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Supplementary Figure 8. Regulatory and pathway landscape of invasive neutrophils

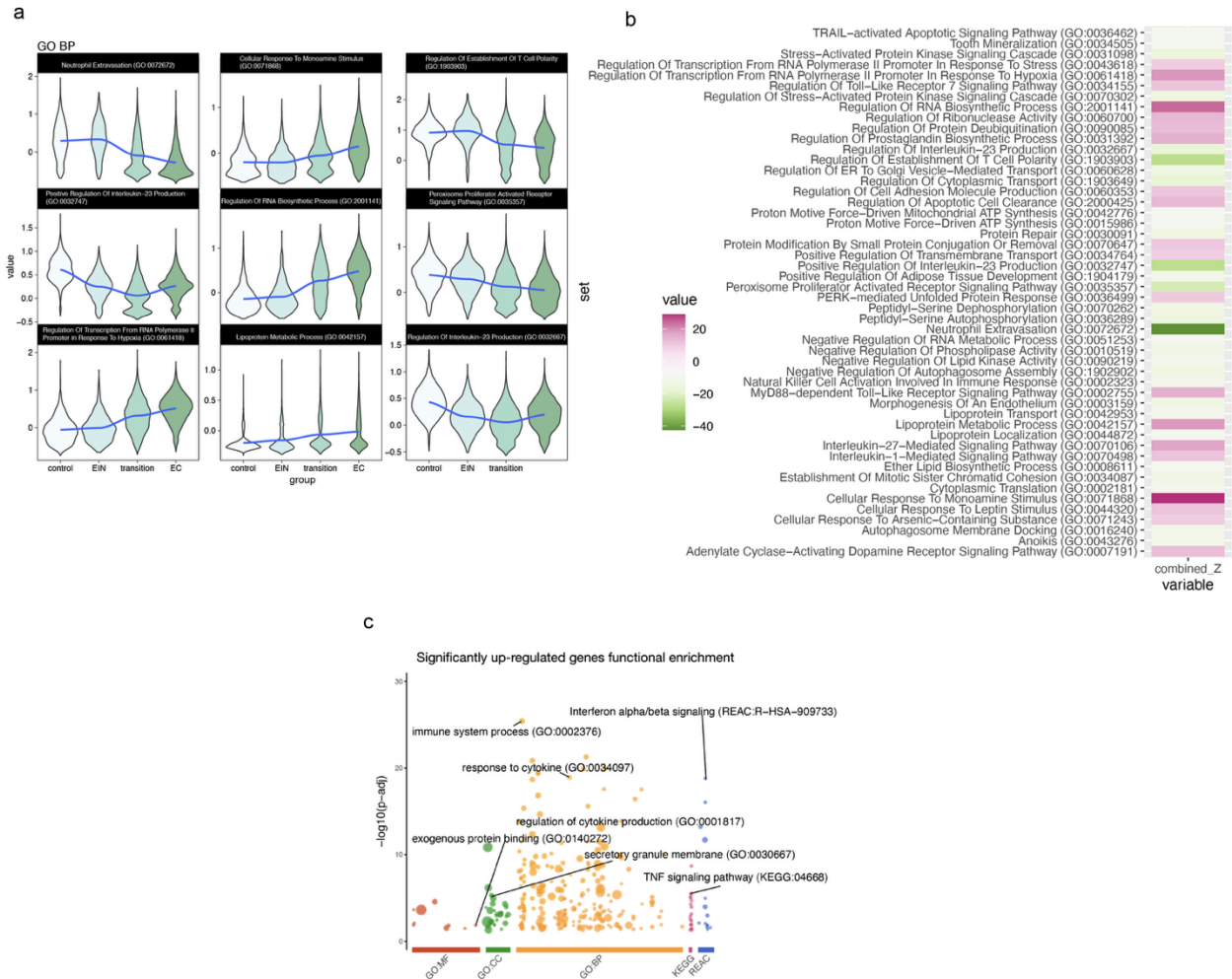
(a) CollecTRI interaction graph illustrating activated (green arrows) or repressed (red arrows) targets of key TFs; node shading represents $\log_2\text{FC}$. TF shading represents the enrichment score.

(b–e), GSEA enrichment curves for the interferon- γ response (b), the ROS pathway (c), allograft rejection (d) and the inflammatory response (e); NES and P -values are indicated.



Supplementary Figure 9. Distributions of ROS- and apoptosis-related module scores

(a–d) Violin plots comparing pro- and anti-apoptotic (a, b) and pro- and anti-ROS (c, d) signatures between non-invasive and invasive neutrophils.



Supplementary Figure 10. Functional annotation of stage-correlated neutrophils

(a–b) Violin plots (a) and heat-map (b) highlighting GO terms whose module scores correlate positively or negatively with pathological stage.

(c) Bubble plot of enriched GO and pathway terms for EIN-up-regulated genes; bubble size = gene count, color = $-\log_{10}$ adjusted P.

Table S1. Demographic and clinical characteristics of participants.

ID	Preop		Postop		MMR IHC testing	Group
	Procedure	Diagnosis	Procedure ^a	Diagnosis ^b		
S1	Hysteroscopy D&C	Atypical Glandular Endometrium	Hysterectomy + BSO	Complex Atypical Hyperplasia	N/A	EIN
S2	Hysteroscopy D&C	Endometrial Intraepithelial Neoplasia	Hysterectomy + BSO	Endometrial Hyperplasia with Atypia	N/A	EIN
S3	Office EMB	Atypical Endometrial Hyperplasia	Hysterectomy + BSO	pT1aN0M0 Grade 1 Endometrioid Adenocarcinoma	Intact	transition
S4	Hysteroscopy D&C	FIGO Grade 1 Endometrioid Adenocarcinoma	Hysterectomy + BSO + Lymph node staging	pT1aN0M0 Grade 1 Endometrioid Adenocarcinoma	Intact	EC
S5	Hysteroscopy D&C	FIGO Grade 1 Endometrioid Adenocarcinoma	Hysterectomy + BSO + Lymph node staging	pT1bN0M0 Grade 2 Endometrioid Adenocarcinoma	Loss MLH1 (MLH1 hypermethylation detected) Loss PMS2	EC
S6	None	Postmenopause (control)	Hysterectomy + BSO	Benign Endometrium	N/A	control
S7	Hysteroscopy D&C	Pre-menopause (control)	Hysterectomy + bilateral salpingectomy	Benign Endometrium	N/A	control
S8	Office EMB	FIGO Grade 1 Endometrioid Adenocarcinoma	Hysterectomy + BSO + Lymph node staging	pT1aN0M0 Grade 1 Endometrioid Adenocarcinoma	Intact	EC
S9	Office EMB	FIGO Grade 1 Endometrioid Adenocarcinoma	Hysterectomy + BSO + Lymph node staging	pT1aN0M0 Grade 1 Endometrioid Adenocarcinoma	Loss MSH2 Loss MSH6	EC
S10	Office EMB	FIGO Grade 1 Endometrioid Adenocarcinoma	Hysterectomy + BSO + Lymph node staging	pT1aN0M0 Grade 1 Endometrioid Adenocarcinoma	Intact	EC
S11	None	Premenopause (control)	Hysterectomy + bilateral salpingectomy	Benign Endometrium	N/A	control
S12	Office EMB	At least complex hyperplasia with atypia	Hysterectomy + BSO + Lymph node staging	pT3N1aM0 Grade 2 Endometrioid Adenocarcinoma	Loss MSH2 Loss MSH6	transition
S13	Office EMB	Complex atypical hyperplasia with atypia	Hysterectomy + BSO + Lymph node staging	No residual hyperplasia with atypia	Intact	EIN
S14	Hysteroscopy D&C	Complex atypical hyperplasia with atypia, areas concerning for carcinoma	Hysterectomy + BSO + Lymph node staging	pT1bN0M0 Grade 1 Endometrioid Adenocarcinoma	Intact	transition
S15	Hysteroscopy D&C	Complex atypical hyperplasia with atypia, areas concerning for carcinoma	Hysterectomy + BSO + Lymph node staging	pT1aN0M0 Grade 1 Endometrioid Adenocarcinoma	Intact	transition

^a BSO=bilateral salpingo-oophorectomy;Lymph node staging = sentinel lymph node mapping and biopsy^b AJCC staging used in diagnosis