Supplementary Table S1. Sensitivity analysis comparing full and parsimonious multivariable Cox models for overall survival and progression-free survival

Comparison of the full multivariable Cox model with a parsimonious model restricted to histology, bevacizumab, residual disease, and FIGO stage, for overall survival and progression-free survival.

A. Overall Survival

Variable	Full model*		Parsimonious model†	
	HR (95% CI)	**P**	**HR (95% CI)**	**P**
OCCC (vs. HGSOC)	**3.03 (1.71–5.34)**	**<0.001**	**3.24 (1.89–5.55)**	**<0.001**
Bevacizumab (vs. none)	0.52 (0.30–0.90)	0.019	0.60 (0.36–0.99)	0.048
Residual R1/R2 (vs. R0)	2.51 (1.37–4.58)	0.003	2.71 (1.49–4.92)	0.001
FIGO IIIC (vs. IIIA+IIIB)	1.19 (0.52–2.74)	0.675	1.78 (0.87–3.64)	0.114
FIGO IV (vs. IIIA+IIIB)	0.86 (0.32–2.34)	0.765	1.69 (0.78–3.66)	0.184
Ascites ≥500 mL (vs. <500)	2.05 (1.09–3.85)	0.025	Not included	–
Interval surgery (vs. primary)	2.62 (1.32–5.23)	0.006	Not included	–
PARPi (vs. none)	0.46 (0.18–1.15)	0.096	Not included	–
Age >50 (vs. ≤50)	0.67 (0.38–1.18)	0.164	Not included	–

B. Progression-Free Survival

Variable	Full model*		Parsimonious model†	
	HR (95% CI)	**P**	**HR (95% CI)**	**P**
OCCC (vs. HGSOC)	**1.81 (1.10–3.00)**	**0.02**	**2.15 (1.32–3.50)**	**0.002**
Bevacizumab (vs. none)	0.74 (0.48–1.15)	0.181	0.74 (0.48–1.12)	0.154
Residual R1/R2 (vs. R0)	2.53 (1.56–4.11)	<0.001	2.49 (1.53–4.04)	<0.001
FIGO IIIC (vs. IIIA+IIIB)	1.94 (1.03–3.67)	0.041	2.53 (1.43–4.49)	0.001
FIGO IV (vs. IIIA+IIIB)	1.72 (0.79–3.71)	0.170	2.33 (1.25–4.36)	0.008
Ascites ≥500 mL (vs. <500)	2.02 (1.23–3.32)	0.005	Not included	–
Interval surgery (vs. primary)	2.19 (1.31–3.67)	0.003	Not included	–
PARPi (vs. none)	0.27 (0.13–0.53)	<0.001	Not included	–
Age >50 (vs. ≤50)	0.76 (0.48–1.21)	0.247	Not included	–

Abbreviations: HR, hazard ratio; CI, confidence interval; OCCC, ovarian clear cell carcinoma; HGSOC, high-grade serous ovarian carcinoma; FIGO, International Federation of Gynecology and Obstetrics; PARPi, PARP inhibitor.

* The full model was adjusted for histology, bevacizumab use, residual disease, FIGO stage, ascites volume, type of surgery, PARP inhibitor use, and age group (complete-case N = 125; 63 OS events and 93 PFS events). With 9 covariate degrees of freedom, the model yielded 7.0 and 10.3 events per degree of freedom for OS and PFS, respectively.

† The parsimonious model was restricted to histology, bevacizumab use, residual disease, and FIGO stage (complete-case N = 127; 65 OS events and 95 PFS events). Its larger complete-case sample reflected fewer exclusions due to missing covariate data.

Table S2. Incidence of Bevacizumab-Related Adverse Events According to Treatment Group

Adverse Event	Bevacizumab group n (%) N = 73
Hypertension	33 (45%)
Proteinuria	13 (18%)
Wound Dehiscence	5 (6.8%)
Bowel Perforation	0 (0%)
Venous Thromboembolism (VTE)	2 (2.7%)

Adverse events listed are those with established pharmacological association with bevacizumab and were recorded during the active treatment period. Adverse events were graded according to the Common Terminology Criteria for Adverse Events (CTCAE) version 5.0. Pre-existing hypertension and proteinuria were excluded from analysis.

VTE, venous thromboembolism.