

## UCS - Uterine Carcinosarcoma

Subtype	Biology & Expression	Genomic Alterations	Clinical Features
<b>Subtype I</b> (Low-grade UCS)	<ul style="list-style-type: none"> <li>- Enriched cell–cell adhesion (e.g., PCDH1) and apoptosis pathways (CASP6, CASP8)</li> <li>- Lower EMT signature</li> </ul>	<ul style="list-style-type: none"> <li>- Frequent mutations in <b>TP53, PTEN, PIK3CA, PPP2R1A, FBXW7, KRAS</b></li> <li>- Extensive arm-level &amp; focal copy-number alterations</li> </ul>	<ul style="list-style-type: none"> <li>- Lower myometrial invasion (~36%)</li> <li>- Smaller tumor weight (~267 g)</li> <li>- Predominantly stage I disease</li> <li>- More often NOS histology</li> <li>- Better initial treatment response &amp; overall prognosis</li> </ul>
<b>Subtype II</b> (High-grade UCS)	<ul style="list-style-type: none"> <li>- Enriched myogenesis &amp; muscle-development programs (MYOD1, MYOG)</li> <li>- Higher EMT signature</li> </ul>	<ul style="list-style-type: none"> <li>- Similar spectrum of driver mutations &amp; CNA burden as Subtype I</li> <li>- No clear subtype-specific recurrent mutations</li> </ul>	<ul style="list-style-type: none"> <li>- Higher myometrial invasion (~59%)</li> <li>- Larger tumor weight (~432 g)</li> <li>- Predominantly stage III disease</li> <li>- More often heterologous histology</li> <li>- Lower treatment sensitivity &amp; poorer prognosis</li> </ul>