**Supplementary material-1:** Detailed treatments and follow-up definitions in cesarean scar pregnancies

There were six basic treatment modalities which were used in caesarean scar pregnancies in our clinic when the patient records were scanned. Fetal heart activity (FHA) was also determined in all patient files (FHA:(+) or FHA:(-)). The details of the procedures used in CSPs are described below according to the patient records.

**1) Observational Approach:** Despite the fact that CSP was diagnosed, the observational approach was applied to patients who wanted to continue their pregnancy by considering all of the risks. Receiving informed consent of these patients, only β-hCG test and clinical findings were followed.

**2) Dilatation and Curettage (D/C) Procedure:** D/C procedure was performed under general anesthesia in the operating room conditions with the guidance of mobile abdominal and vaginal ultrasonography (Mindray DP 6600, Mindray Medical International, Shenzen, China). Patients stayed in the clinic for 1 day after the procedure and USG reconfirmation of the healing of the CSP site was performed on the postoperative first day.

**3) Dilatation and Curettage plus Systemic MTX Therapy:** As described above, D/C procedure was performed under general anesthesia in the operating room conditions with the guidance of mobile abdominal and vaginal ultrasonography. 50 mg/m2 systemic methotrexate therapy was administrated intramuscularly at the same time. These two treatment modalities may have been administrated together at the same day or consecutively within a 10 day period due to the clinical conditions.

**4) Systemic MTX therapy:** This approach was administered at a dose of 50 mg/m2 and B-HCG levels at the 4th and 7th day of the patient were monitored. Patients with a 15% reduction in both values were monitored weekly until the β-hCG level was negative.

**5) Local MTX Therapy:** An oocyte retrieval needle (Single-Lumen Ovum Aspiration Needle 17 Gauge Cook Medical Inc. Bloomington, IN, USA) integrated into the USG system (SIUI CTS 4000, Shantou Institute of Ultrasonic Instruments Company, Guangdong, China) were used in CSP patients who received local MTX therapy. The gestational sac was first seen in the lithotomy position under general anesthesia and aspirated. After confirming that the needle was still in the gestational sac, 25 mg of local MTX was administered (Monteagudo et al. 2005). After 2 hours, the local injection area was visualized by ultrasonography. Status and borders of the gestational sac, fetal node, and fetal heart rate were recorded again. Patients were evaluated in the outpatient clinic with the pelvic examination, β-hCG, and transvaginal ultrasonography every two weeks after the local MTX therapy.

**6) Combined Approach (Combined Methotrexate Therapy):** In this treatment modality, both local MTX treatment and systemic MTX treatment were applied at the same time. 50 mg/m2 intramuscular MTX and 25 mg intracavitary MTX were administered. Details of these two procedures are described above. The patient was reevaluated with TVUSG at 2 hours after the procedure. Status and borders of the gestational sac, fetal node, and fetal heart rate were recorded again. β-hCG levels at the 4th and 7th day of the patient were monitored. Patients with a 15% reduction in both values were monitored weekly until the β-hCG level was negative.

Posttreatment USG evaluations, β-hCG levels and clinical follow-up of the patients were scanned. Three basic definitions were used during the evaluation process of the treatment efficacy and during the follow-up. The first one was “Regression period” which was defined as the period between the CSP diagnose and the first negative β-hCG level of the treatment process. At the end of this period, the patient was thought to be cured. With no clear definition or a consensus in the literature at present, we define “Recurrent CSP” as a CSP diagnose again, after a successful treatment of the first CSP. The period between the first negative β-hCG day of the first CSP treatment process and the diagnose day of the second CSP were described as the third definition; “Interval time”. If a normal pregnancy had been diagnosed then the interval time referred as the period between the first negative β-hCG day of the first CSP treatment process and the last menstrual date of the normal pregnancy.