|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Study and publication year** | **Local staging (Yes/No)** | **LN staging**  **(Yes/No)** | **Imaging modality** | **Tot n°**  **studies** | **Outcomes**  **(pooled sensitivity [specificity]%)** | **Weakness of the study** |
| **Choi et al., 2010[1]** | No | Yes | Conventional MRI, CT, PET/PET-CT | 41 | Assessing lymph node metastasis (patient-based):  PET/PET-CT 82 [81]  MRI 56 [71]  CT 50 [92]  Assessing lymph node metastasis (region/node-based):  PET/PET-CT 54 [97]  CT 52 [92]  MRI 38 [97] | Articles selected from 1981  Does not categorize early vs LACC  Nodal regions subgroup analysis not performed |
| **Kang et al.,2010[2]** | No | Yes | PET/CT | 10 | Assessing lymph node metastasis:  34 [97] | Does not categorize early vs LACC  Large heterogeneity of studies  Paraaortic LN only |
| **Shen et al., 2015[3]** | No | Yes | DWI | 15 | Assessing lymph node metastasis:  86 [84] | Most of study designs not documented  Reference standard not always met (histopathology)  Pelvic LN only |
| **Liu et al., 2017[4]** | No | Yes | Conventional MRI, DWI, CT, PET/PET-CT | 67 | Assessing lymph node metastasis:  DWI 87 [83]  PET/PET-CT 66 [97]  CT 57 [91]  MRI 54 [93]  Paraaortic LN:  PET/PET-CT 81[98]  CT 68[90]  MRI 54[94]  DWI NA  Pelvic LN:  PET/PET-CT 55[97]  CT 48[91]  MRI 62[93]  DWI NA | Study selection from 1981  Technological features insufficiently detailed |
| **Gong et al.2017[5]** | No | Yes | Pelvic conventional MRI, DWI, CT, PET, PET-CT, US | 80 | Assessing lymph node metastasis:  DWI 84 [95]  US 71 [99]  PET-CT 68 [97]  PET 56 [97]  MRI 50 [95]  CT 47 [93] | Article selected from 1981  Different gynaecological cancers considered, not cervical exclusive  Majority of studies being retrospective  Majority of studies focusing only on pelvic LN  Nodal regions subgroup analysis not performed  Reference standard not always met (histopathology) |
| **Woo et al.,2018[6]** | Yes | No | Pelvic conventional MRI, DWI | 14 | Assessing parametrial involvement:  DWI 82 [94]  MRI 72[91] | Does not categorize early vs LACC  Different MRI technology  (1T;1,5T; 3T)  Majority of studies being retrospective |
| **Luo et al.,2018[7]** | No | Yes | Pelvic conventional MRI, DWI, CT, PET | 16 | Assessing lymph node metastasis  MRI 54[92]  PET 50 [96]  CT 44 [93]  DWI NA\* | Does not categorize early vs LACC  Nodal regions subgroup analysis not performed  Technological features insufficiently detailed  \*DWI results expressed only in LHR |
| **Ruan et al., 2018[8]** | No | Yes | PET/CT | 27 | Assessing lymph node metastasis:  72 [96]  Paraaortic LN:  76 [96]  Pelvic LN:  85 [76] | Inconsistencies in criteria of interpretation of PET/CT  Large heterogeneity of studies  Majority of studies being  retrospective |
| **Yu et al., 2019[9]** | No | Yes | PET/CT | 14 | Assessing lymph node metastasis:  71 [97] | Does not categorize early vs LACC  Majority of studies being  retrospective  Paraaortic LN only  Technological features insufficiently detailed |
| **Woo et al.,2020[10]** | Yes | Yes | Pelvic conventional MRI, CT, PET, US | 115 | Assessing local disease extent:  PET 73 [91]  MRI 71 [91]  US 67 [94]  CT 43 [71]  Assessing lymph node metastasis:  PET 57 [95]  MRI 57 [93]  CT 51 [87]  US 43 [96]  Paraaortic LN:  PET 59 [96]  MRI 40 [91]  CT 29 [91]  US NA  Pelvic LN:  PET 60 [93]  MRI 61 [88]  CT NA  US NA | Does not categorize early vs LACC  Majority of studies being  retrospective  Technological features insufficiently detailed |
| **Alcázar et al., 2020[11]** | Yes | No | Pelvic conventional MRI, US | 9 | Assessing parametrial involvement:  US 78 [96]  MRI 68 [91] | Articles selected from 1990  Different MRI technologies  (0,5 T; 1,5T; 3T; NA)  Large heterogeneity of studies |
| **Xiao et al., 2020 [12]** | Yes | Yes | Conventional MRI | 39 | Assessing the internal os involvement:  86 [97]  Assessing the stromal invasion:  87 [91]  Assessing lymph node metastasis:  51 [90] | Articles selected from 1995  Different MRI technologies  (0,5 T; 1,5T; 3T; NA)  Mostly based on early-stages  Nodal regions subgroup analysis not performed |
| **Tian et al., 2022 [13]** | Yes | Yes | US | 11 | Assessing parametrial involvement:  62 [91]  Assessing stromal invasion:  84 [80]  Assessing lymph node metastasis:  52 [95] | Does not categorize early vs LACC  Large heterogeneity of studies  Nodal regions subgroup analysis not performed |
| **He et al., 2022[14]** | No | Yes | Conventional MRI, PET-CT | 11 | Assessing lymph node metastasis:  PET-CT 65 [93]  MRI 58 [91] | Does not categorize early vs LACC  Majority of studies being retrospective  Nodal regions subgroup analysis not performed  Technological features insufficiently detailed |

**Supplementary table S3: Overview of meta-analyses on radiological local and nodal staging in cervical cancer**

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