

Appendix 2: Characteristics of 73 studies on the diagnostic accuracy of tests 4 index tests to determine lymph node metastasis in patients with primary cervical cancer

Index test, author	Country, year	Population characteristics	Setting	Index test, failure rate, unilateral or bilateral sentinel node detection	Reference standard histological method
Sentinel node biopsy					
Echt et al ¹	United States, 1999	13 women recruited (1993-95); all had index test and reference standard Stage not stated Open surgery Pelvic and para-aortic lymph node dissection	All hospitals affiliated with Alton Ochsner Medical Foundation and University of South Florida College of Medicine	Sentinel node biopsy using 2mL blue dye Sentinel node not identified in 10 women; histology of nodes unknown Unilateral or bilateral identification not stated	Histological method not stated
Dargent et al ²	France, 2000	35 women recruited (1998-2000); all had index test and reference standard Stages IA2 (4 women), IBI (22 women) and • IB2 (9 women) Laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using blue dye, volume varying throughout the study Sentinel node not identified in 10 women; histology of nodes not stated Unilateral or bilateral identification not stated	Hematoxylin and eosin staining
Kamprath et al ³	Germany, 2000	18 women recruited (1998-99); all had index test and reference standard Stages I (6 women) and II (12 women) Laparoscopic surgery Pelvic and para-aortic lymph node dissection	Setting not specified	Sentinel node biopsy using 50MBq technetium 99m colloidal albumin Sentinel node not identified in 2 women; histology of nodes not stated Unilateral or bilateral identification not stated	Histological method not stated
O'Boyle et al ⁴	United States, 2000	20 women recruited (study period not specified); all had index test and reference standard Stages IBI (14 women), IB2 (5 women) and IIA (1 woman) Open surgery Pelvic lymphadenectomy	Setting not specified	sentinel node biopsy using 4ml blue dye Sentinel node not identified in 8 women; 1 woman had positive nodes Bilateral nodes identified in 5 women	Histological method not stated
Lantzsch et al ⁵	Germany and Austria, 2001	14 women recruited (1999-2000); all had index test and reference standard Stage IBI Laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using > 100MBq technetium 99m colloidal albumin Sentinel node not identified in 1 woman; negative histology Bilateral nodes identified in 5 women	Hematoxylin and eosin staining and immunohistochemistry
Malur et al ⁶	Germany, 2001	50 women recruited (1998-2000); all had index test and reference standard Stages I (32 women), II (16 women) and IV (2 women) Open surgery (5 women) and laparoscopic (45 women) Pelvic and para-aortic lymphadenectomy	Setting not specified	Sentinel node biopsy using 50MBq technetium 99m colloidal albumin (21 women), 4 mL blue dye (9 women) or a combination of both (20 women) Sentinel node not identified in 11 women; histology of nodes not stated Unilateral or bilateral identification not stated	Hematoxylin and eosin staining

Altgassen et al ⁷	Germany, 2002	144 women recruited (1998-2001); all had index test and reference standard Stages I (108 women), II (33 women), III (1 woman) and IV (2 women) Open and laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using 50MBq technetium 99m colloidal albumin (51 women), 4 mL blue dye (33 women) or a combination of both (60 women) Sentinel node not identified in 12 women; histology of nodes not stated Unilateral or bilateral identification not stated	Histological method not stated
Levenback et al ⁸	United States, 2002	39 women recruited (study period not stated); all had index test and reference standard Stages IA1 (1 woman), IA2 (4 women), IBI (28 women), IB2 (3 women) and IIA (3 women) Open surgery Pelvic lymphadenectomy	University of Texas M. D. Anderson Cancer Centre and University of Texas Southwestern medical school	Sentinel node biopsy using 1mL blue dye and unspecified amount of technetium 99m colloidal albumin At least 1 sentinel node per woman was identified Bilateral nodes identified in 28 women	Hematoxylin and eosin staining and immunohistochemistry
Rhim et al ⁹	Korea, 2002	26 women recruited (2001-2002); all had index test and reference standard Stage not stated Open surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using unspecified volume of blue dye and 20-30MBq technetium 99m colloidal albumin Unilateral or bilateral identification not stated	Hematoxylin and eosin staining
Barranger et al ¹⁰	France, 2003	15 women recruited (2001-03); all had index test and reference standard Stages IA2 (1 woman) and IBI (14 women) Laparoscopic surgery Pelvic lymphadenectomy	Tenon, Assistance Publique des Hopitaux de Paris	Sentinel node biopsy using 1mL blue dye and 20-30 MBq technetium 99m colloidal albumin Sentinel nodes identified in all women Bilateral nodes identified in 8 women	Hematoxylin and eosin staining and immunohistochemistry
Barranger et al ¹⁰	France, 2003	11 women (all pre op neoadjuvant chemoradiotherapy) recruited (2001-03); all had index test and reference standard Stages IB2 (3 women), IIA (6 women) and IIB (2 women) Laparoscopic surgery Pelvic lymphadenectomy	Tenon, Assistance Publique des Hopitaux de Paris	Sentinel node biopsy using 1mL blue dye and 20-30 MBq technetium 99m colloidal albumin Sentinel node not detected in 1 woman; histology of nodes not stated Bilateral nodes identified in 4 women	Hematoxylin and eosin staining and immunohistochemistry
Buist et al ¹¹	Netherlands, 2003	25 women recruited (2000-02); all had index test and reference standard Stages IBI (22 women), IBII (2 women) and IIA (1 woman) Laparoscopic surgery Pelvic lymphadenectomy	VU Medical Centre	Sentinel node biopsy using 1mL blue dye and 20-30 MBq technetium 99m colloidal albumin (1 woman refused blue dye) At least 1 sentinel node was identified in all women Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry

Chung et al ¹²	Korea, 2003	26 women recruited (2001-02); all had index test and reference standard Stages I-IIA Open surgery Pelvic lymphadenectomy	Catholic University of Korea Medical College	Sentinel node biopsy using < 1 mL blue dye and > 100 MBq technetium 99m colloidal albumin Bilateral nodes identified in 5 women	Histological method not stated
Dargent et al ¹³	France, 2003	70 women recruited (1998-2001); all had index test and reference standard Stages IA1 (2 women), IAII (9 women), IBI (47 women), IBII (4 women), IIA (5 women) and IIB (3 women) Laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using blue dye (volume varying throughout study) and unspecified amount of technetium 99m colloidal albumin Sentinel node not identified in 10 women; histology unknown Bilateral identification	Histological method not stated
Hubalewska et al ¹³	Poland, 2003	37 women recruited (2001-02); all had index test and reference standard Stages I and II Open surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Sentinel node biopsy using 3mL blue dye and 100 MBq technetium 99m colloidal albumin Sentinel node not identified in 1 woman; positive node Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry
Lambaudie et al ¹⁵	France, 2003	12 women recruited (2001-02); all had index test and reference standard Stages IBI (11 women) and IAII (1 woman) laparoscopic surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Sentinel node biopsy using 2mL blue dye and 400YCL technetium 99m colloidal albumin Sentinel node not identified in 1 woman; positive lymph node Bilateral sentinel node detected in 10 women	Hematoxylin and eosin staining and immunohistochemistry
Van Dam et al ¹⁶	Belgium, 2003	25 women recruited (study period not specified); all had index test; 22 had reference standard and 3 were excluded (no explanation provided) Stages IBI (15 women), IBII (5 women), IIA (2 women), IIB (2 women) and IV (1 woman) Open and laparoscopic surgery Pelvic and para-aortic lymphadenectomy	Saint Augustinus Hospital, Antwerp, Belgium	Sentinel node biopsy using 60-70 MBq technetium 99m colloidal albumin Sentinel node not identified in 4 women; histology of nodes not stated Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry
Barranger et al ¹⁷	France, 2004	36 women, (14 pre-op chemoradiotherapy) recruited (2001-03); all had index test and reference standard Stages IAII (2 women), IBI (17 women), IBII (3 women), IIA (8 women) and IIB (6 women) Laparoscopic surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Sentinel node biopsy using 2mL blue dye and 70-80MBq technetium 99m colloidal albumin Sentinel node not identified in 2 women; histology of nodes not stated Bilateral nodes identified in 15 women	Hematoxylin and eosin staining and immunohistochemistry

Li et al ¹⁸	China, 2004	28 Women recruited (2001-03); all had index test and reference standard Stages IA1 (1 woman), IAII (1 woman), IBI (12 women), IBII (9 women) and IIA (5 women) Open Surgery Pelvic lymphadenectomy	Cancer Hospital Peking Union Medical Collage	Sentinel node biopsy using 37MBq technetium 99m colloidal albumin Sentinel node not identified in 1 woman; histology of nodes not stated Unilateral or bilateral identification not stated	Histological method not stated
Marchole et al ¹⁹	France, 2004	29 women recruited (2001); all had index test and reference standard Stages IA1 (2 women), IAII (5 women) and IBI (22 women) Laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using 2mL blue dye At least 1 sentinel node was identified in all women Bilateral nodes identified in 26 women	Hematoxylin and eosin staining and immunohistochemistry
Martines-Palones et al ²⁰	Spain, 2004	25 women recruited (2000-02); all had index test and reference standard Stages IA1 (1 woman), IBI (22 women), IBII (1 woman) and IIA (1 woman) Open and laparoscopic surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Sentinel node biopsy using 4mL blue dye and 10-20MBq technetium 99m colloidal albumin Sentinel node not identified in 2 women; histology of nodes not stated Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry
Niikura et al ²¹	Japan, 2004	20 Women recruited (2001-03); all had index test and reference standard Stages IBI (16 women), IBII (1 woman) and IIA (3 women) Open surgery Pelvic lymphadenectomy	Tohoku University Hospital	Sentinel node biopsy using 4mL blue dye and 70-80MBq technetium 99m colloidal albumin Sentinel node not identified in 3 women; histology of nodes not stated Bilateral nodes identified in 15 women	Hematoxylin and eosin staining and immunohistochemistry
Pijpers et al ²²	Netherlands, 2004	34 women recruited (2002-03); all had index test and reference standard Stages IB-IIA Laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using 228MBq technetium 99m colloidal albumin and 0.5-1mL blue dye Appears that bilateral nodes were identified in all women, but not entirely clear	Hematoxylin and eosin staining and immunohistochemistry
Wang et al ²³	China, 2004	20 women recruited (2002-03); all had index test and reference standard Stages IB (3 women), IIA (12 women) and IIB (5 women) Open surgery Pelvic lymphadenectomy	Cancer Hospital Fundan University	Sentinel node biopsy using 4mL blue dye Sentinel node not identified in 6 women; 1 woman had positive histology Unilateral or bilateral identification not stated	Histological method not stated
Angioli et al ²⁴	Italy, 2005	37 women recruited (2001-03); all had index test and reference standard; 1 excluded due to anesthetics problems and equipment failure Stage IBI Laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using 40-80MBq technetium 99m colloidal albumin Sentinel node not identified in 9 women; histology of nodes not stated Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry

Gil-Moreno et al ²⁵	Spain, 2005	12 women recruited (2001-03); all had index test and reference standard Stages IAII or IBI laparoscopic surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using 4mL blue dye and 10-20MBq technetium 99m colloidal albumin At least 1 sentinel node was identified in all women Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry
Lin et al ²⁶	Taiwan, 2005	30 women recruited (2002-03); all had index test and reference standard Stages IA I (1 woman), IBI (25 women) and IIA (4 women) Open surgery Pelvic lymphadenectomy	Chi Med Centre	Sentinel node biopsy using 6mCi technetium 99m colloidal albumin At least 1 sentinel node was identified in all women Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry
Rob et al ²⁷	Czech Republic, 2005	100 women (number pre-op chemoradiotherapy not stated) recruited (2000-02); all had index test and reference standard Stages IA2/IBI (21 women), IBI < 20 mm (24 women), IBI > 20 mm (30 women) and IB2 (25 women) Laparoscopic and open surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using 4 mL blue dye Sentinel node not detected in 20 women; 1 had positive nodes Results considered each side wall separately	Hematoxylin and eosin staining and immunohistochemistry
Rob et al ²⁷	Czech Republic, 2005	83 women, (number pre-op chemoradiotherapy not stated) recruited (2002-04); all had index test and reference standard Stages IAII/IBI (18 women), IBI < 20 mm (27 women), IB > 20 mm (12 women) and IBII (26 women) Laparoscopic and open surgery Pelvic lymphadenectomy	Setting not specified	Sentinel node biopsy using 3 mL blue dye and 20-30MBq technetium 99m colloidal albumin Sentinel node not detected in 3 women; histology of nodes not stated Unilateral or bilateral identification not stated	Hematoxylin and eosin staining and immunohistochemistry
Di Stefano et al ²⁸	Italy, 2005	50 women recruited (2003-05); all had index test and reference standard Stages IAII (2 women), IBI > 2cm (11 women), IBI < 2cm (34 women) and IBII (3 women) Open surgery Pelvic lymphadenectomy	University Medical Centre Ljubljana	Sentinel node biopsy using 4 mL blue dye Sentinel node not identified in 5 women; all patients without a sentinel node identified had negative histology Unilateral node identified in 18 women	Hematoxylin and eosin staining and immunohistochemistry
Silva et al ²⁹	Brazil, 2005	56 women recruited (2001-03); all had index test and reference standard Stages IAII (2 women), IBI (38 women), IBII (13 women) and IIA (3 women) Open Surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Sentinel node biopsy using 60-70MBq technetium 99m colloidal albumin Sentinel node not identified in 4 women; histology of nodes not stated Bilateral node identified in 21 women	Hematoxylin and eosin staining
Computed tomography					

Grumbine et al ³⁰	United States, 1981	24 women recruited (1978-1980); all had index test and reference standard Stages IA1 (1 woman), IB (18 women) and IIA (5 women) Open Surgery Pelvic lymphadenectomy	Johns Hopkins Hospital	Computed tomography (abdominal pelvic by Pfizer A. S and E. Scanner, model 500) Lymph nodes > 15mm abnormal	Histological method not stated
Walsh et al ³¹	United States, 1981	77 Women recruited (study period not specified); 58 women excluded after index test (2 owing to poor scans and 56 who were not eligible for surgery owing to disease stage); 19 women had index test and reference standard Stage not stated Open surgery (2 women had fine needle aspiration confirmation of positive lymph nodes) Pelvic and para-aortic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic by Delta 50 FS Scanner) Lymph nodes > 2 mm abnormal	Histological method not stated
Brenner et al ³²	United States, 1982	20 women recruited (study period not specified); all had index test and reference standard Stages IB (3 women), IIA (1 woman), IIB (6 women), IIIB (5 women) and IVA (5 women) Open surgery Para-aortic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic by fourth generation Pfizer 0450 scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Brenner et al ³²	United States, 1982	20 women recruited (study period not specified); 10 women excluded after index test owing to advanced-stage disease; 10 women had index test and reference standard Stages IB (3 women), IIA (1 woman) and IIB (6 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic by fourth generation Pfizer 0450 scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Jing et al ³³	United States, 1982	36 women recruited (study period not specified); all had index test and reference standard Stages IB (7 women), IIB (11 women), IIIA (5 women), IIIB (7 women) IVA (5 women) and IVB (1 woman) Type of surgery not stated Pelvic and para-aortic lymphadenectomy	Setting not specified	Computed tomography (EMI 5005 or GE 8800 scanner) Lymph node abnormality criteria not stated	Histological method not stated

Villasanta et al ³⁴	United States, 1983	42 women recruited (study period not specified); all had index test and reference standard Stages IB (10 women), IIA (1 woman), IIB (6 women), IIIB (18 women) and IVA (5 women); 2 recurrences Open surgery Para-aortic lymphadenectomy	University of Maryland	Computed tomography (abdominal pelvic by fourth generation Pfizer 0450 scanner) lymph nodes > 10 mm abnormal	Histological method not stated
Marincek et al ³⁵	Switzerland, 1984	68 women recruited (study period not specified); 52 women excluded after index test (7 owing to pre-op radiation, presumed that others were excluded owing to advanced-stage disease); 16 women had index test and reference standard Stages IB and IIA Open Surgery Pelvic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic by Siemens-Somatom scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Van Engleshoven et al ³⁶	Netherlands, 1984	56 women recruited (study period not specified); 36 women excluded after index test without explanation; 20 women had index test and reference standard Stage not stated Open surgery Pelvic lymphadenectomy	Setting not specified	Computed tomography (44 women abdominal pelvic and 12 women pelvic only by third generation Philips Tomoscan 300 scanner) Lymph nodes > 15 mm abnormal	Histological method not stated
Vas et al ³⁷	United States, 1985	56 women recruited (study period not specified); 23 women excluded after index test without explanation; 33 women had index test and reference standard Stage not stated Open surgery (28 women), computed tomography guided biopsy (5 women) Para-aortic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic by Siemens Somatom 2 scanner) Lymph nodes > 15 mm abnormal	Histological method not stated
Vas et al ³⁷	United States, 1985	56 women recruited(study period not specified); 23 women excluded after index test without explanation; 33 women had index test and reference standard Stage not stated Open surgery Pelvic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic by Siemens Somatom 2 scanner) Lymph nodes > 15 mm abnormal	Histological method not stated

King et al ³⁸	United States, 1986	Unknown number of women recruited (1982-85); maximum of 10 women excluded due to poor quality computed tomography scan; 25 women had index test and reference standard Stages IB (14 women), IIA (1 woman), IIB (7 women), IIIB (2 women) and IVB (1 woman) Open surgery Para-aortic lymphadenectomy	Medical College of Georgia	Computed tomography (abdominal pelvic by GE 9800 in the majority of women, also GE 8800 or EMI 5005 used) Lymph nodes > 10 mm abnormal	Histological method not stated
Raber et al ³⁹	Germany, 1986	129 women recruited (1980-85); 44 women excluded after index test owing to inoperable disease Stages T1 and T2 Open surgery Pelvic lymphadenectomy	Setting Not specified	Computed tomography (abdominal pelvic on a Somatom SF and Somatom DR scanner) Lymph node abnormality criteria not stated	Histological method not stated
Feigen et al ⁴⁰	Australia, 1987	52 women recruited (study period not specified); 9 women excluded after index test without explanation; 43 women had index test and reference standard Stages IB (41 women) and IA (11 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic on a Ohio Nuclear Delta 2020 HR scanner) Lymph node abnormality criteria not stated	Histological method not stated
Camilien et al ⁴¹	United States, 1988	51 women recruited (1983-86); all had index test and reference standard Stages IA-IIA Open surgery Pelvic lymphadenectomy	King's County or State University	Computed tomography (abdominal pelvic by either CGR CE 10000 or GE 8800 scanner) Lymph nodes > 15 mm abnormal	Histological method not stated
Camilien et al ⁴¹	United States, 1988	51 women recruited (1983-86); all had index test and reference standard Stages IA-IIA Open surgery Para-aortic lymphadenectomy	King's County or State University	Computed tomography (abdominal pelvic by either CGR CE 10000 or GE 8800 scanner) Lymph nodes > 15 mm abnormal	Histological method not stated
Camilien et al ⁴¹	United States, 1988	10 women recruited (1983-86); all had index test and reference standard Stages IIB-IV Open surgery Para-aortic lymphadenectomy	King's County or State University	Computed tomography (abdominal pelvic by either CGR CE 10000 or GE 8800 scanner) Lymph nodes > 15 mm abnormal	Histological method not stated

Janus et al ⁴²	United States, 1989	22 women recruited (study period not specified); all had index test and reference standard Stages IA (7 women), IB (6 women), IVA (2 women), IIB (4 women), IIA (1 woman) and BIII (2 women) Surgery type unclear Pelvic and para-aortic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic by a GE 8800 scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Matsukuma et al ⁴³	Japan, 1989	70 women recruited (1982-84); all had index test and reference standard Stages IB (26 women), IB (7 women), (4 women), IIA (7 women), IIB (13 women), IIIB (19 women) and IVA (1 woman) Open surgery Para-aortic lymphadenectomy	Kyushu University Hospital	Computed tomography (abdominal pelvic by a Toshiba TCT60A29) Lymph nodes > 10 mm abnormal	Hematoxylin and eosin staining
Matsukuma et al ⁴³	Japan, 1989	44 of 70 above women recruited again (1982-84); all had index test and reference standard Stage not stated Open surgery Pelvic lymphadenectomy	Kyushu University Hospital	Computed tomography (abdominal pelvic by a Toshiba TCT60A29) Lymph nodes > 10 mm abnormal	Hematoxylin and eosin staining
Heller et al ⁴⁴	United States, 1990	320 women recruited (1982-88); 67 women excluded after index test owing to incorrect primary, incorrect disease stage, index test performed before entry into protocol, 2nd primary, incorrect surgical staging, inadequate surgical staging, or inadequate or not performed index test); 253 women had index test and reference standard Stage not stated Open surgery Para-aortic lymphadenectomy	All hospitals taking part in GOG protocol 63 (see complete reference)	Computed tomography (no details stated) Lymph nodes > 15 mm abnormal	Hematoxylin and eosin staining
Kim et al ⁴⁵	Korea, 1990	40 women recruited (1989); 10 women excluded after index test owing to disease severity; 30 women had index test and reference standard Stages 0 (2 women), IAIA (2 women), IB (17 women), IIA (2 women), IIB (6 women) and IVA (1 woman) Open surgery Pelvic lymphadenectomy	Seoul National University Hospital	Computed tomography (pelvic on a 9800 GE scanner) Lymph nodes > 10 mm abnormal	Histological method not stated

Ho et al ⁴⁶	Taiwan, 1992	25 women recruited (1991); 5 women excluded after index test owing to disease severity; 20 women had index test and reference standard Stages IB (14 women), IIB (1 woman), IIA (4 women) and CIS (1 woman) Open surgery Lymphadenectomy type not stated	Setting not specified	Computed tomography (abdominal pelvic on aGE 9000 scanner) lymph nodes > 10 mm abnormal	Histological method not stated
Kim et al ⁴⁷	Korea, 1993	116 women recruited (1989-1990); 17 women excluded after index test owing to disease severity; 99 women had index test and reference standard Stages 0 (6 women), IA (18 women), IB (39 women), IIA (18 women), IIB (17 women) and IVA (1 woman) Open surgery Pelvic lymphadenectomy	Seoul National University Hospital	Computed tomography (pelvic on a 9800 GE scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Subak et al ⁴⁸	United States, 1995	48 women recruited (1989-1993); 11 women excluded after index test owing to disease severity; 37 women test verification Stages IB (30 women), IIA (3 women) and IIB (4 women) Open surgery Lymphadenectomy type unclear	University of California	Computed tomography (abdominal pelvic on 9800 scanner in 21 women and a variety of 3rd generation scanners in the remaining women) Lymph nodes > 10 mm abnormal	Histological method not stated
Oellinger et al ⁴⁹	Germany, 2000	32 women recruited (study period not specified); 17 women excluded after index test without explanation; 15 women had index test and reference standard Stages IA (1 woman), IB (8 women), IIB (5 women) and IIB (1 woman) Open surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Computed tomography (abdominal pelvic on a Somatom Plus S) Lymph nodes > 10 mm abnormal	Histological method not stated
Yang et al ⁵⁰	Hong Kong, 2000	43 women recruited (study period not specified); 32 women had test verification; 11 women excluded because first side positive Stages IA (2 women), IB (29 women), IIA (10 women) and IIB (2 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Helical computed tomography (pelvic scan on a high speed Advantage scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Vorgias et al ⁵¹	Greece, 2001	189 women recruited (1990-99); all had index test and reference standard Stage not stated Surgery type not stated Type of lymphadenectomy unclear	Metaxa Memorial Hospital	Computed tomography (abdominal pelvic on a third generation LX Philips scanner until 1998, on a Tomoscan AV Philips spiral tomographer after 1998) Lymph nodes > 15 mm abnormal	Histological method not stated

Hertel et al ⁵²	Germany, 2002	109 women recruited (1995-2001); 18 women did not have index test owing to financial constraints; 91 women had index test and reference standard Stages IBII (29 women), IIA (14 women), IIB (41 women), IIIA (6 women), IIIB (10 women), IVA (6 women) and IVB (3 women) Laparoscopic surgery Pelvic lymphadenectomy	Friedrich-Schiller University Hospital	Computed tomography (type and model not stated) Lymph node abnormality criteria not stated	Hematoxylin and eosin staining
Hertel et al ⁵²	Germany, 2002	109 women recruited (1995-2001); 18 women did not have index test owing to financial constraints; 91 women had index test and reference standard Stages IBII (29 women), IIA (14 women), IIB (41 women), IIIA (6 women), IIIB (10 women), IVA (6 women) and IVB (3 women) Laparoscopic surgery Para-aortic lymphadenectomy	Friedrich-Schiller University Hospital	Computed tomography (type and model not stated) Lymph node abnormality criteria not stated	Hematoxylin and eosin staining
Kokka et al ⁵³	Greece, 2002	309 women recruited (1986-2000); 4 women excluded after index test without explanation; 305 women had index test and reference standard Stages IB (204 women), IIA (105 women) Open surgery Pelvic lymphadenectomy	St. Sava's Cancer Hospital and Metaxas Memorial hospital	Computed tomography (abdominal pelvic on a Toshiba Model TS x-002A scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Ozsarlak et al ⁵⁴	Belgium, 2003	36 women recruited (study period not specified); 4 women excluded prior to index test without explanation; 32 women had index test and reference standard Stages 0 (1 woman), IA (1 woman), IB (8 women), IIA (2 women), IIB (12 women), IIA (4 women), IVA (6 women) and IVB (2 women) Open Surgery Lymphadenectomy type not stated	Setting not specified	Computed tomography (abdominal pelvic, machine not stated) Lymph nodes > 10 mm abnormal	Histological method not stated
Magnetic resonance imaging					
Hricak, H ⁵⁵	United States, 1988	85 women recruited (1983-87); 28 excluded prior to index test owing to advanced-stage disease; 57 women had index test and reference standard Stages IB (36 women), IIA (2 women), IIB (8 women), IIIA (1 woman), IIIB (5 women) and IVA (5 women) Open surgery Pelvic lymphadenectomy	University of California Hospital	Magnetic resonance imaging (abdominal pelvic, 50 women on a 0.35T Diasonics scanner and 7 women on a 5T General Electric scanner) Lymph nodes > 10 mm abnormal	Histological method not stated

Waggenspack et al ⁵⁶	United States, 1988	20 women recruited (study period not specified); 1 woman excluded after index test without explanation; 19 women had index test and reference standard Stages IB (18 women) and IIA (1 woman) Open surgery (1 case percutaneous biopsy) Pelvic and para-aortic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal pelvic on a 0.6T Technicare scanner) Lymph nodes > 15 mm abnormal	Histological method not stated
Greco et al ⁵⁷	United Kingdom, 1989	46 women recruited (1985-88); all had index test and reference standard Stages IB (39 women), IIA (3 women), IIB (3 women) and IIIB (1 woman) Open and laparoscopic surgery Pelvic and paraaortic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal pelvic on a 0.5T Picker International scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Janus et al ⁴²	United States, 1989	22 women recruited (study period not specified); all had index test and reference standard Stages IA (7 women), IB (6 women), IVA (2 women), IIB (4 women), IIA (1 woman) and BIII (2 women) Surgery type unclear Pelvic and para-aortic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal pelvic by a 0.5T Elscint scanner) Lymph node abnormality criteria not stated	Histological method not stated
Togashi et al ⁵⁸	Japan, 1989	67 women recruited (study period not specified); 23 women excluded after index test without explanation; 44 women had index test and reference standard Stages 0 (22 women), IA (5 women), IB (19 women), IIA (3 women), IIB (15 women), IIIA (1 woman) and IVA (2 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Magnetic resonance imaging (pelvic on a 1.5T Sigma scanner) Lymph node abnormality criteria not stated	Histological method not stated
Kim et al ⁴⁵	Korea, 1990	40 women recruited (1989); 10 women excluded after index test owing to disease severity; 30 women had index test and reference standard Stages 0 (2 women), IAIA (2 women), IB (17 women), IIA (2 women), IIB (6 women) and IVA (1 woman) Open surgery Pelvic lymphadenectomy	Seoul National University Hospital	Magnetic resonance imaging (pelvic on a 2.0 T Spectro 20000 Goldstar) Lymph nodes > 10 mm abnormal	Histological method not stated

Ho et al ⁴⁶	Taiwan, 1992	25 women recruited (1991); 5 women excluded after index test owing to advanced-stage disease; 20 women had index test and reference standard Stages IB (14 women), IIB (1 woman), IIA (4 women) and CIS (1 woman) Open surgery Lymphadenectomy type not stated	Setting not specified	Magnetic resonance imaging (abdominal pelvic on a 0.5 T Toshiba) lymph nodes > 10 mm abnormal	Histological method not stated
Kim et al ⁴⁷	Korea, 1993	116 women recruited (1989-1990); 17 excluded prior to index test owing to advanced-stage disease; 99 women had index test and reference standard Stages 0 (6 women), IA (18 women), IB (39 women), IIA (18 women), IIB (17 women) and IVA (1 woman) Open surgery Pelvic lymphadenectomy	Seoul National University Hospital	Magnetic resonance imaging (pelvic on a 2.0 T Spectro 20000 Goldstar) Lymph nodes > 10 mm abnormal	Histological method not stated
Hawnaur et al ⁵⁹	United Kingdom, 1994	55 women recruited (study period not specified); 4 women excluded as operation abandoned; 1 woman had cone biopsy only; 1 woman excluded without explanation; 49 women had index test and reference standard Stages IB (29 women), < IB (5 women), IB/IIB (3 women), IB/IIA (6 women), IIA (5 women); 1 not recorded Open surgery Pelvic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal pelvic on a 0.26T Picker or 0.5T Vectra scanner) Lymph nodes > 15 mm abnormal	Histological method not stated
Subak et al ⁴⁸	United States, 1995	117 women recruited (1989-1993); 46 women excluded after index test owing to advanced-stage disease; 71 women had index test and reference standard Stages IB (61 women), IIA (3 women) and IIB (7 women) Open surgery Lymphadenectomy type unclear	University of California Hospital	Magnetic resonance imaging (abdominal pelvic on a 1.5 T General Electric Medical Systems scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Heuck et al ⁶⁰	Germany, 1997	42 women recruited (study period not stated); all had index test and reference standard Stages CIS (1 woman), T1a (1 woman), T1b (16 women), T2a (7 women), T2b (11 women), T3a (1 woman), T3b (3 women) and T4 (2 women) Open surgery Pelvic lymphadenectomy	Union International Cancer Centre	Magnetic resonance imaging (abdominal pelvic on a 1.5T Magnetic Vision Siemens scanner) Lymph nodes > 8 mm abnormal	Histological method not stated

Hawighorst et al ⁶¹	Germany, 1998	33 women recruited (1996-97); all had index test and reference standard Stages IB (5 women), IIB (16 women) and IVA (12 women) Open surgery Pelvic lymphadenectomy	Setting not stated	Magnetic resonance imaging (pelvic on a 1.5T Magnetom Vision Siemens scanner) Lymph nodes > 10 mm	Histological method not stated
Yu et al ⁶²	United States, 1998	62 women recruited (1989-1993); all had index test and reference standard Stages IA (53 women), IIA (3 women) and IIB (6 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Magnetic resonance imaging (area scanned not stated; 1.5T Sigma scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Yu et al ⁶²	United States, 1998	32 Women recruited (1993-end date not stated); all had index test and reference standard Stages IA (28 women), IIA (2 women) and IIB (2 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Magnetic resonance imaging (area scanned not stated; 1.5T Pelvic Array scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Beyersdorff et al ⁶³	Germany, 1999	155 Women recruited (study period not specified); 143 women excluded prior to index test without explanation; 12 women had index test and reference standard Stages IA (1 woman), IB (10 women) and IIB (1 woman) Open surgery Lymphadenectomy type not Stated	University of Hamburg Hospital	Magnetic resonance imaging (type and scanner not stated) Lymph node abnormality criteria not stated	Histological method not stated
Oellinger et al ⁴⁹	Hong Kong, 2000	32 women recruited (period not specified); all had index test and reference standard Stages IA (2 women), IB (12 women), IIA (4 women), IIB (12 women), IIIA (1 woman) and IVA (1 woman) Open surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal pelvic on 1.5T Magnetom SP 63 Siemens scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Sheu et al ⁶⁴	Taiwan, 2000	51 women recruited (1995-99); all had index test and reference standard Stages IA (3 women), IB (22 women), IIA (11 women), IIB (12 women), IIIA (2 women) and IIIB (1 woman) Open surgery Pelvic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal and pelvic on a 1.5T Sigma scanner) Lymph nodes > 10 mm abnormal	Histological method not stated

Yang et al ⁵⁰	Hong Kong, 2000	43 women recruited (study period not specified); 11 women excluded because first side positive; 32 women had index and reference standard Stages IA (2 women), IB (29 women), IIA (10 women) and IIB (2 women) Open surgery Pelvic lymphadenectomy	Setting not stated	Magnetic resonance imaging (pelvic on 1.5T Gyroscan ACS-NT scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Reinhardt et al ⁶⁵	Germany, 2001	32 women recruited (1995-98); all had index test and reference standard Stages IBI (21 women), IIA (14 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal pelvic on a 1.5T Magnetom Vision Siemens scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Vorgias et al ⁵¹	Greece, 2001	189 women recruited (1990-99); 144 women excluded prior to index test without explanation; 45 women had index test and reference standard Stage not stated Surgery type not stated Type of lymphadenectomy unclear	Metaxa Memorial Hospital	Magnetic resonance imaging (abdominal pelvic on a 1.0 T Magnitom-impact Siemens scanner) Lymph nodes > 15 mm abnormal	Histological method not stated
Wang et al ⁶⁶	Taiwan, 2001	22 Women recruited (1996-97); 4 women excluded after index test owing to advanced-stage disease; 18 women had index test and reference standard Stages IA (4 women), IBI (11 women), IBII (2 women) and IIB (1 woman) Open surgery Pelvic and para-aortic lymphadenectomy	Setting not specified	Magnetic resonance imaging (abdominal pelvic on a 1.5T Signa 5X scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Hertel et al ⁵²	Germany, 2002	109 women recruited (1995-2001); 42 women excluded prior to index test owing to financial constraints; 67 women had index test and reference standard Stages IBII (29 women), IIA (14 women), IIB (41 women), IIIA (6 women), IIIB (10 women), IVA (6 women) and IVB (3 women) Laparoscopic surgery Pelvic lymphadenectomy	Friedrich-Schiller University Hospital	Magnetic resonance imaging (type and model not stated) Lymph node abnormality criteria not stated	Hematoxylin and eosin staining
Hertel et al ⁵²	Germany, 2002	109 women recruited (1995-2001); 42 women excluded prior to index test owing to financial constraints; 67 women had index test and reference standard Stages IBII (29 women), IIA (14 women), IIB (41 women), IIIA (6 women), IIIB (10 women), IVA (6 women) and IVB (3 women) Laparoscopic surgery Para-aortic lymphadenectomy	Friedrich-Schiller University Hospital	Magnetic resonance imaging (type and model not stated) Lymph node abnormality not stated	Hematoxylin and eosin staining

Ozsarlak et al ⁵⁴	Belgium, 2003	36 women recruited (study period not specified); 4 women excluded prior to index test without explanation; 32 women had index test and reference standard Stages 0 (1 woman), IA (1 woman), IB (8 women), IIA (2 women), IIB (12 women), IIA (4 women), IVA (6 women) and IVB (2 women) Open Surgery Lymphadenectomy type not stated	Setting not specified	Magnetic resonance imaging (abdominal pelvic on a 1.5T Magnetom Siemens scanner) Lymph nodes > 10 mm abnormal	Histological method not stated
Positron emission tomography					
Rose et al ⁶⁷	United States, 1999	32 women recruited (1994-98); all had index test and reference standard Stages IIB (6 women), IIIB (24 women), IVA (2 women) Open surgery Para-aortic lymphadenectomy	Setting not specified	Positron emission tomography (Ecat Exact scanner) Lymph nodes with focal increased fluorodeoxyglucose abnormal	Histological method not stated
Rose et al ⁶⁷	United States, 1999	32 women recruited (1994-98); 5 women excluded after index test because surgery not clinically appropriate; 17 women had index test and reference standard Stages IIB (6 women), IIIB (24 women), IVA (2 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Positron emission tomography (Ecat Exact scanner) Lymph nodes with focal increased fluorodeoxyglucose abnormal	Histological method not stated
Kuhnel et al ⁶⁸	Germany, 2001	15 women recruited (1999-2000); all had index test and reference standard Stages IB (7 women), IB2 (1 woman), IIA (1 woman) and IIB (6 women) Open surgery Pelvic lymphadenectomy and para-aortic lymphadenectomy	Setting not specified	Positron emission tomography (Ecat Exact scanner) Lymph nodes with focal increased fluorodeoxyglucose abnormal	Histological method not stated
Reinhardt et al ⁶⁵	Germany, 2001	32 women recruited (1995-98); 32 women had index test and reference standard Stages IBI (21 women), IIA (14 women) Open surgery Pelvic lymphadenectomy	Setting not specified	Positron emission tomography (Ecat Exact scanner) Lymph nodes with focal increased fluorodeoxyglucose abnormal	Histological method not stated
Belhocine et al ⁶⁹	Belgium, 2002	22 women recruited (1997-2001); 2 women excluded after index test owing to severity of disease; 18 women had index test and reference standard Stages IB-IIA Open surgery Pelvic lymphadenectomy	Setting not specified	Positron emission tomography (Penn Positron emission tomography 240H scanner) lymph nodes with focal increased tracer uptake abnormal	Histological method not stated

Yeh et al ⁷⁰	Taiwan, 2002	42 women recruited (study period not specified); all had index test and reference standard Stages IIB-IVA, IB or IIA with > 5 cm diameter tumour Open Surgery Para-aortic lymphadenectomy	Setting not specified	Positron emission tomography (Ecat Exact 47 or HR+ scanner) Lymph nodes with focal increased tracer uptake abnormal	Histological method not stated
Lin et al ⁷¹	Taiwan, 2003	50 women recruited (study period not specified); all had index test and reference standard Stages IIB-IVA, IB or IIA with > 5 cm diameter tumour Open Surgery Para-aortic lymphadenectomy	Setting not specified	Positron emission tomography (GE advanced Nix scanner) Lymph nodes with focal increased tracer uptake abnormal	Histological method not stated
Roh et al ⁷²	Korea, 2005	58 women recruited (2002-03); 4 women excluded after index test, 1 owing to positive supraclavicular node, 1 owing to medical problems preventing surgery and 2 owing to surgery being abandoned due to adhesions; 54 women had index test and reference standard Stages IBI (19 women), IBII (5 women), IIA (5 women), IIB (23 women) and IIIB (2 women) Open surgery (24 women), laparoscopic surgery (30 women) Pelvic and para-aortic lymphadenectomy	Setting not specified	Positron emission tomography (advanced GE Medical Systems scanner) Lymph nodes with a standard uptake value of > 2.5 abnormal	Hematoxylin and eosin staining

Note: full citations in Appendix 1.