

Table 4. Selection criteria for less radical surgery. *PI : Parametrial involvement, LVSI : Lymphovascular space invasion, Neg : Negative, LN : Lymph node, ns : non significant*

Author	Year	Number of patients	Overall PI rate	Number at low-risk	Low-risk PI Rate	Tumor size	Type of measurement	Lymph node status	LVSI	Depth of invasion
Covens (28)	2002	842	4.0%	536	0.6%	< 20 mm	Clinical	Negative Pelvic LN	Neg	< 10 mm
Stegeman (15)	2007	-	-	103	1.9%	< 20 mm	Clinical and conisation	Negative Pelvic LN	Neg	< 10 mm
Wright (16)	2007	594	10.8%	270	0.4%	< 20 mm	Surgical specimen	Negative Pelvic LN	Neg	-
Strnad (34)	2008	158	4.4%	-	-	< 20 mm	Surgical specimen	Negative SLN	-	-
Frumovitz (17)	2009	350	7.7%	125	0%	< 20 mm	Surgical specimen	Negative Pelvic LN	Neg	ns
Kamimori (23)	2011	125	5.6%	58	0%	< 20 mm	MRI	Negative Pelvic LN	Neg	< 50%
Kodama (29)	2011	200	10.0%	91	1.1%	< 20 mm	Surgical specimen	Negative Pelvic LN	Neg	< 10 mm
Chang (26)	2012	317	5.4%	185	1.1%	< 30 mm	Surgical specimen	Negative Pelvic LN	Neg	14.9 vs 10.8 mm
Klat (35)	2012	-	-	63	0%	< 20 mm	Surgical specimen	Negative SLN	-	-
Meirovitz (30)	2013	96	13.0%	-	-	< 20 mm	Surgical specimen	-	Neg	< 8 mm
Gemer (19)	2013	530	10.9%	107	0%	< 20 mm	Surgical specimen	Negative Pelvic LN	Neg	17 vs 9 mm
Lee (25)	2014	190	10.0%	127	0%	< 25 mm	MRI	-	-	-
Vranes (49)	2015	223	3.6%	211	0.4%	< 20 mm	Surgical specimen	Negative pelvic LN	-	< 10 mm
Yamazaki (50)	2015	118	15.7%	53	0%	< 25 mm	MRI	-	-	-
Jiamset (18)	2016	565	4.2%	-	-	< 20 mm	Surgical specimen	ns	ns	< 10 mm
Vanichtantikul (31)	2016	243	5.3%	95	0%	< 20 mm	Surgical specimen	Negative Pelvic LN	Neg	-

Kong (27)	2016	197	20.8%	-	-	< 30 mm	MRI	-	-	-
Canaz (51)	2017	127	29.1%	-	-	< 30 mm	Surgical specimen	-	ns	-
Smith (20)	2017	267	15.7%	118	7.6%	ns	Conisation	Negative Pelvic LN	Neg	ns
Dabi (14)	2018	263	10.6%	-	-	< 30 mm	MRI	ns	Neg	-
Hsu (13)	2018	339	12.4%	-	-	< 20 mm	Surgical specimen	Negative Pelvic LN	Neg	9.8 vs 7.6 mm

Supplementary references

49. Vranes B, Milenkovic S, Radojevic M, Soldatovic I, Kesic V. Risk of Parametrial Spread in Small Stage I Cervical Carcinoma: Pathology Review of 223 Cases With a Tumor Diameter of 20 mm or Less. *Int J Gynecol Cancer*. 2016 Feb 1;26(2).

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51. Canaz E, Ozyurek ES, Erdem B, Talmac MA, Ozaydin IY, Akbayir O, et al. Preoperatively Assessable Clinical and Pathological Risk Factors for Parametrial Involvement in Surgically Treated FIGO Stage IB–IIA Cervical Cancer. *Int J Gynecol Cancer*. 2017 Oct 1 27: 1722-8.