

Supplementary Table 1: Results of Delphi Round Two (Questionnaire 1)
Level of consensus on steps (mandatory optional, prohibited) to complete a SLND.

Domain	Meaning	Level of Consensus/Response
Choice of Tracing Agent	ICG should be used as the tracer	Mandatory 87.9% Optional 12.1% Prohibited 0%
	Blue dye (Iso-sulfan, methylene, patent blue) should be used as the tracer	Mandatory 0% Optional 75.8% Prohibited 24.2%
	Radio-technetium should be used as the tracer	Mandatory 0% Optional 63.6% Prohibited 36.4%
Site of Tracer Injection	Inject dye into the ectocervix in four positions	Mandatory 9.1% Optional 69.7% Prohibited 21.2%
	Inject dye into the ectocervix in two positions	Mandatory 69.7% Optional 21.2% Prohibited 9.1%
	Inject dye into the uterus (abdomino-pelvic approach)	Mandatory 0% Optional 21.2% Prohibited 78.8%
	Inject dye into the uterus	Mandatory 0%

	– fundal (hysteroscopic approach)	Optional 27.3% Prohibited 72.7%
Tracer Concentration	ICG – 1.25mg/ml (dilute 25mg of ICG with 20ml sterile water)	Mandatory 59.4% Optional 37.5% Prohibited 3.1%
	ICG – 0.5mg/ml	Mandatory 6.3% Optional 40.6% Prohibited 53.1%
	Blue dye - neat	Mandatory 6.3% Optional 56.3% Prohibited 37.5%
Total Volume Injected	4ml	Mandatory 50.0% Optional 40.6% Prohibited 9.4%
	2ml	Mandatory 28.1% Optional 46.9% Prohibited 25.0%
	1ml	Mandatory 3.1% Optional 25.0% Prohibited 71.9%
Injection Depth	Deep Only	Mandatory 6.3% Optional 21.9% Prohibited 71.9%

	Superficial (submucosal) Only	Mandatory 18.8% Optional 40.6% Prohibited 40.6%
	Deep AND Superficial	Mandatory 56.3% Optional 37.5% Prohibited 6.3%
Syringe Size	1ml	Mandatory 28.1% Optional 40.6% Prohibited 31.3%
	2ml	Mandatory 12.5% Optional 56.3% Prohibited 31.3%
	5ml	Mandatory 21.9% Optional 40.6% Prohibited 37.5%
	10ml	Mandatory 3.1% Optional 28.1% Prohibited 68.8%
Needle and syringe	Change needle and syringe after each injection	Mandatory 12.5% Optional 50.0% Prohibited 37.5%
Injection Pace	Inject slowly	Mandatory 65.6% Optional 21.9%

		Prohibited 12.5%
	Pace of injection does not matter	Mandatory 18.8% Optional 21.9% Prohibited 59.4%
	Aim for feeling of 'resistance'	Mandatory 62.5% Optional 28.1% Prohibited 9.4%
	Aim to achieve submucosal 'bleb'	Mandatory 40.6% Optional 50.0% Prohibited 9.4%
What is Your Preferred Needle Diameter/Gauge?	Free text	5G 3.1% (1) 18G 6.2% (2) 20G 12.5% (4) 21G 9.4% (3) 22G 18.8% (6) 23G 6.2% (2) 24G 9.4% (3) 25G 25% (8) 27G 9.4% (3)
What is Your Preferred Needle Length?		As long as possible 50.0% As short as possible 12.5% It does not matter 37.5%
Uterine Manipulation	Use a uterine manipulator	Mandatory 15.6%

		Optional 71.9% Prohibited 12.5%
	DO NOT use a uterine manipulator	Mandatory 15.6% Optional 59.4% Prohibited 25.0%
	Insert uterine manipulator BEFORE tracer injection	Mandatory 0% Optional 9.4% Prohibited 90.6%
	Insert uterine manipulator AFTER tracer injection	Mandatory 65.6% Optional 21.9% Prohibited 12.5%
Timing of Laparoscopic/Robotic Entry	Inject tracer BEFORE abdominal entry/pneumoperitoneum obtained	Mandatory 37.5% Optional 50.0% Prohibited 12.5%
	Inject tracer AFTER abdominal entry/pneumoperitoneum obtained	Mandatory 13.3% Optional 60.0% Prohibited 26.7%
Ensure Access to Pelvic Side Walls/Nodal Stations	Mobilise adhesions BEFORE tracer injection	Mandatory 21.9% Optional 46.9% Prohibited 31.3%
	Mobilise adhesions AFTER	Mandatory 37.5%

	tracer injection	Optional 34.4% Prohibited 28.1%
Confirm No Macroscopic Disease Outside Uterus	Undertake abdomino-pelvic inspection with white light BEFORE tracer injection	Mandatory 46.9% Optional 43.8% Prohibited 9.4%
	Undertake abdomino-pelvic inspection with white light AFTER tracer injection	Mandatory 46.9% Optional 43.8% Prohibited 9.4%
	Undertake abdomino-pelvic inspection with white light IRRESPECTIVE of timing of tracer injection	Mandatory 59.4% Optional 28.1% Prohibited 12.5%
Transperitoneal Inspection Using Your Preferred Technique to Identify Lymphatic Channels	Pelvic side walls	Mandatory 93.8% Optional 3.1% Prohibited 3.1%
	Common iliac/pre-sacral areas	Mandatory 68.8% Optional 25.0% Prohibited 6.3%
	Para-aortic area	Mandatory 53.1% Optional 40.6%

		Prohibited 6.3%
Commence Dissection by Opening Pelvic Side Walls	Divide round ligament	Mandatory 28.1% Optional 56.3% Prohibited 15.6%
	Preserve round ligament	Mandatory 15.6% Optional 75.0% Prohibited 9.4%
	Secure and divide infundibulo-pelvic ligament	Mandatory 6.3% Optional 65.6% Prohibited 28.1%
	Preserve infundibulo- pelvic ligament	Mandatory 34.4% Optional 59.4% Prohibited 6.3%
	Open para-vesical space	Mandatory 71.9% Optional 25.0% Prohibited 3.1%
	Open para-rectal space	Mandatory 68.8% Optional 28.1% Prohibited 3.1%
	Identifying Anatomy, Lymphatic Channels and Sentinel Nodes: These structures should be mandatory/optional identified	Ureter
Obliterated umbilical		Mandatory 87.5%

or should not be identified (prohibited/unwarranted) during sentinel lymph node dissection	artery/ligament	Optional 12.5% Prohibited 0%
	Superior vesical artery	Mandatory 28.1% Optional 62.5% Prohibited 9.4%
	Uterine artery (medial aspect)	Mandatory 34.4% Optional 65.6% Prohibited 0%
	Uterine artery (lateral aspect)	Mandatory 37.5% Optional 56.3% Prohibited 6.3%
	External iliac artery and vein	Mandatory 100% Optional 0% Prohibited 0%
	Internal iliac artery and vein	Mandatory 75.0% Optional 21.9% Prohibited 3.1%
	Obturator nerve	Mandatory 65.6% Optional 31.3% Prohibited 3.1%
Identifying Anatomy, Lymphatic Channels and Sentinel Nodes: The sentinel node is mapped...	Start at the level of the uterine artery and continue medially	Mandatory 9.4% Optional 62.5% Prohibited 28.1%

	TOWARDS the uterus	
	Start at the level of the uterine artery and continue laterally/distally AWAY from the uterus	Mandatory 65.6% Optional 21.9% Prohibited 12.5%
	Start at the level of the uterine artery and continue towards the presacral areas	Mandatory 21.9% Optional 56.3% Prohibited 21.9%
	Start at the most highlighted node and dissect proximally (TOWARDS cervix)	Mandatory 15.6% Optional 59.4% Prohibited 25.0%
	Start at the most highlighted node and dissect proximally (AWAY from the cervix)	Mandatory 28.1% Optional 40.6% Prohibited 31.3%
	It is important to avoid disruption of lymphatic channels during dissection	Mandatory 81.3% Optional 15.6% Prohibited 3.1%
	Retroperitoneal dissection should be blunt only	Mandatory 9.4% Optional 59.4% Prohibited 31.3%

	Retroperitoneal dissection can compromise blunt and electrosurgical techniques	Mandatory 50.0% Optional 37.5% Prohibited 12.5%
Identifying Anatomy, Lymphatic Channels and Sentinel Nodes: In each hemi-pelvis, the sentinel node that you remove is...	A single mapped node	Mandatory 43.8% Optional 40.6% Prohibited 15.6%
	The first (most proximal to the uterus) node identifiable in the channel pathway	Mandatory 81.3% Optional 9.4% Prohibited 9.4%
	Any node that demonstrates uptake (i.e. 'maps') with tracing agent	Mandatory 9.4% Optional 40.6% Prohibited 50.0%
	All mapped nodes in the pelvis should be excised	Mandatory 15.6% Optional 25.0% Prohibited 59.4%
	The importance of mapping presacral nodes(s) is	Mandatory 28.1% Optional 56.3% Prohibited 15.6%
	The importance of mapping nodes(s) on the lateral pelvic wall is	Mandatory 53.1% Optional 37.5% Prohibited 9.4%

	The importance of mapping node(s) in the aortic/caval areas is	Mandatory 21.9% Optional 65.6% Prohibited 12.5%
Excision and Confirmation of Mapped Nodes: Mapped nodes should be excised using these techniques	Isolation from local anatomy	Mandatory 87.5% Optional 9.4% Prohibited 3.1%
	Firm but gentle traction	Mandatory 62.5% Optional 28.1% Prohibited 9.4%
	Blunt dissection	Mandatory 34.4% Optional 62.5% Prohibited 0%
	Electrosurgery	Mandatory 31.3% Optional 68.8% Prohibited 0%
	Application of haemostatic clips	Mandatory 0% Optional 84.4% Prohibited 15.6%
	Dissection/excision should be completed in one hemi-pelvis before proceeding to contralateral side	Mandatory 53.1% Optional 37.5% Prohibited 9.4%

Excision and Confirmation of Mapped Nodes: During surgery, excised tissue should be confirmed as nodal using these techniques	Ex-vivo green fluorescence (if using ICG)	Mandatory 77.4% Optional 22.6% Prohibited 0%
	Macroscopic inspection, palpation or incision	Mandatory 56.3% Optional 37.5% Prohibited 6.3%
	Fresh frozen section	Mandatory 6.3% Optional 46.9% Prohibited 46.9%
Specimen Retrieval: Contained removal of sentinel nodal tissue can be undertaken using these methods	Endocatch bag via port	Mandatory 37.5% Optional 59.4% Prohibited 3.1%
	Finger of sterile glove via port	Mandatory 6.3% Optional 78.1% Prohibited 15.6%
	Laparoscopic 'cup forceps'	Mandatory 6.3% Optional 43.8% Prohibited 50.0%
	Endocatch bag via colpotomy	Mandatory 3.1% Optional 68.8% Prohibited 28.1%
	Removal of nodes	Mandatory 0%

	through port without protection	Optional 21.9% Prohibited 78.1%
Sentinel Node Specimens: Labelling of specimen(s)	Obturator, external iliac, common iliac, aortic/caval	Mandatory 75.0% Optional 21.9% Prohibited 3.1%
	Lateral pelvis, presacral	Mandatory 50.0% Optional 28.1% Prohibited 21.9%
	Pelvic, aortic	Mandatory 50.0% Optional 18.8% Prohibited 31.2%
	Right, left	Mandatory 68.8% Optional 6.3% Prohibited 0%
Sentinel Node Specimens: Pathology processing of sentinel nodes	Pathological ultrastaging using immunohistochemistry	Mandatory 93.8% Optional 6.3% Prohibited 0%
	Standard H.E. staining	Mandatory 53.1% Optional 21.9% Prohibited 25.0%
Troubleshooting Action Plan for 'no nodes mapped'	Reinject tracing agent	Mandatory 18.8% Optional 62.5% Prohibited 18.8%

	Wait – undertake dissection on contralateral hemi-pelvis before returning to original side	Mandatory 31.3% Optional 65.6% Prohibited 3.1%
	Extend retro-peritoneal dissection to encompass common/presacral and para-aortic areas	Mandatory 34.4% Optional 59.4% Prohibited 6.3%
	Undertake a side-specific lymphadenectomy	Mandatory 62.5% Optional 37.5% Prohibited 0%