LEGENDS FOR SUPPLEMENTAL MATERIAL

Table S1. Patients' characteristics and predictive factors of sentinel lymph node failed mapping.
-: not available; **BMI**: body mass index; **FIGO**: International Federation of Gynecology and Obstetrics; **LVSI**: lymph-vascular space invasion; **LN**: lymph node

Table S2. Characteristics of included studies.

Table S3. Details about sentinel lymph node biopsy.
-: not available; **ICG**: Indocyanine Green; **H&E**: Hematoxylin and eosin stain; **IHC**: immunohistochemistry; **SLN**: Sentinel lymph node

Figure S1. Flow diagram of studies identified in the systematic review (Prisma template [Preferred Reporting Item for Systematic Reviews and Meta-analyses]).

Figure S2. Assessment of risk of bias. a) Summary of risk of bias for each study; Plus sign: low risk of bias; minus sign: high risk of bias; question mark: unclear risk of bias. b) Risk of bias graph about each risk of bias item presented as percentages across all included studies.

Figure S3. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and BMI>30 kg/m².

Figure S4. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and menopausal status.

Figure S5. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and adenomyosis.
Figure S6. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and prior pelvic surgery.

Figure S7. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and prior cervical surgery.

Figure S8. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and prior cesarian section.

Figure S9. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and lysis of adhesions during surgery before sentinel lymph node biopsy.

Figure S10. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and deep myometrial invasion.

Figure S11. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and FIGO grade 3.

Figure S12. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and non-endometrioid histotype.

Figure S13. Forest plot of individual studies and pooled odds ratios with 95% confidence intervals assessing the associations between sentinel lymph node failed mapping and lymph-vascular space invasion.