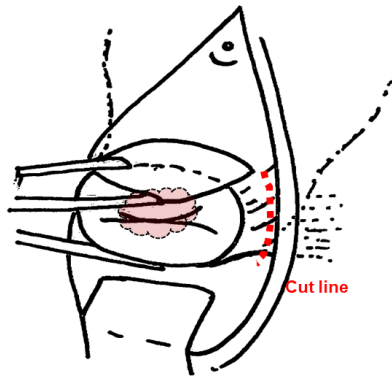
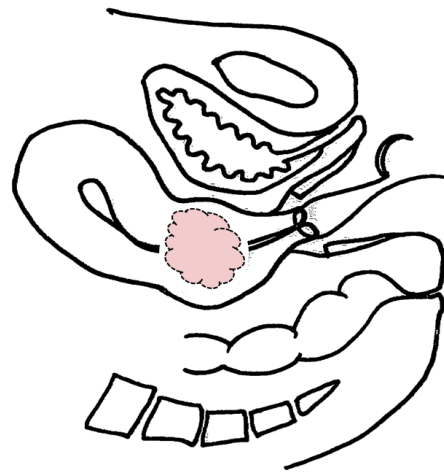


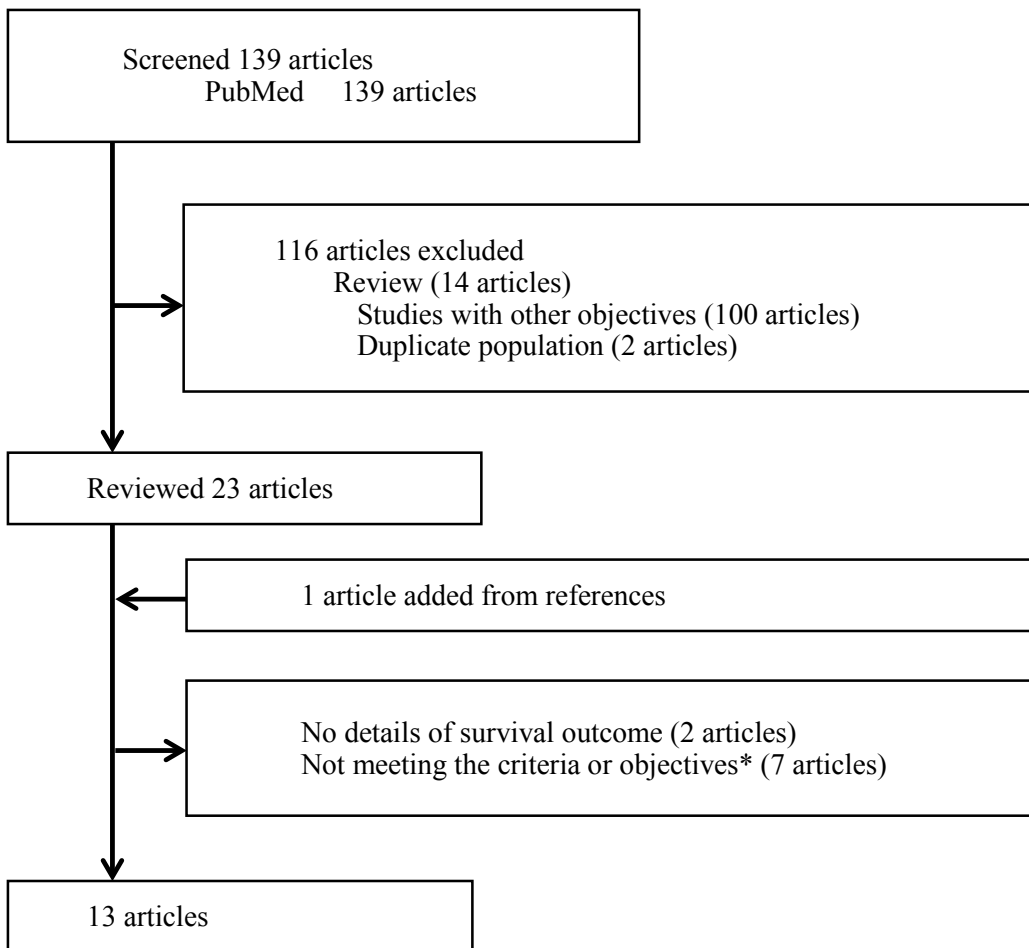
A. Vaginal colpotomy



B. Vginal cuff closure



Supplemental Figure S1. A. Vaginal colpotomy was proposed by Dr. Rue in Korea to prevent intraperitoneal tumor spillage via vaginal colpotomy following laparoscopic parametrectomy and dissection of the para-colps. B. Vaginal cuff closure with the no-look no-touch technique was proposed by Dr. Ando and Kanao in Japan to create a vaginal cuff tightly for covering the tumor at the uterine cervix. A vaginal cuff is a closure made at the top of the vagina, near where the cervix is usually located. A surgeon creates a vaginal cuff by stitching together the top part of the vagina, usually as part of a total or radical hysterectomy.



Supplemental Figure S2. Flow diagram of study selection for systematic review

*Studies that did not compare MIS including laparoscopy or robot versus open surgery

Supplemental table S1, Questionaries'

No.	Questionaries	RR(%)
1	Estimated incidence of cervical cancer	100
2	Estimated mortality rate of cervical cancer	100
3	How many cancer centers, general hospitals or academic hospitals are there in your country which specialize in gynecologic cancer surgeries of care?	100
4	Estimated frequency (%) of stage I cervical cancer among all cervical cancer patients?	100
5	Estimated frequency (%) of stage IB1 cervical cancer among all cancer patients?	57
6	List preoperative imaging modalities for early cervical cancer	100
7	Health insurance system	100
8	Educational system and license of Gynecologic Oncologist (yes or no)	100
9	From when	100
10	How many accredited institutions for Educational system and license of Gynecologic Oncologists are there in your country?	86
11	Are most of gynecologic oncologists or gynecologist who care for gynecologic cancer patients familiar with the laparoscope?	100
12	How many Gynecologic Oncologists are there in your country?	86
13	Educational system and license of Laparoscopist (yes or no)	100
14	From when	100
15	How many accredited institutions for Educational system and license of Laparoscopists are there in your countries?	86
16	How many Laparoscopists are there in your countries?	86
17	Do you have the special accreditation system of Laparoscopists for gynecologic malignancies? (yes or no)	100
18	Which is the main approach to stage IB1 cervical cancer: abdominal surgery, MIS/laparoscopy, MIS/Robotics, or vaginal approach?	100
19	Estimated frequency (%) of MIS approach / laparoscopy + Robotics for stage I cervical cancer	100
20	Is MIS-RH covered by National Health Insurance System (NHIS)?	100
21	If yes to the above question, did the National Health Insurance System (NHIS) decide the special conditions of institutions where MIS-RH should be performed?	100
22	The awareness of LACC trial (yes or no)	100
23	Did your Society distribute position statement after LACC? (yes or no)	100
24	the Content of position statements	100
25	If no position statement after LACC, please describe the current situation of MIS-RH in your county.	86
26	Give reasons why minimally invasive surgery may worsen the survival outcomes of patients with cervical cancer? (several answers allowed)	100
27	After reviewing the results of the LACC trial, which cervical cancer patients do you think might be candidates for minimally invasive surgery? FIGO staging 2009 (several answers allowed)	100
28	In a patient that has undergone a conization showing a cervical carcinoma with CLEAR MARGINS and no apparent residual disease is determined in the cervical exam, would you offer MIS to the patient? (yes, no, or others)	100
29	In a patient that has undergone a conization showing a cervical carcinoma with POSITIVE MARGINS and no apparent residual disease is determined in the cervical exam, would you offer MIS to the patient? (yes, no, or others)	100
30	How would you try to improve the results with minimally invasive surgery in cervical cancer? (several answers allowed)	100
	Do you have any ideas of clinical trials regarding surgical procedures?	100
31	If you decide to use a laparoscopic/robotic approach, do you consider discussing the results of the LACC trial with your patient? (yes or no)	100
32	In the near future, do you think that we should promote a new prospective randomized trial to confirm these results? (yes or no)	100

33	In your country, can you perform a prospective trial on MIS-RH?	100
34	In your country, can you perform a prospective randomized trial on MIS-RH?	100
35	Do you think the surgical procedure of MIS-RH can be standardized? (yes or no)	100
36	If the surgical technique of MIS-RH is standardized, do you think that the surgical outcome and results are similar for all surgeons? (yes or no)	100
37	Regarding the approach for radical surgery for early cervical cancer, do you think that "Minimal invasive approach is favored" is no longer valid and should be removed and replaced by "Open approach is the gold standard"? (yes or no)	100
38	Is there a possibility of a lawsuit from patients who underwent MIS -RH with recurrence? (none, small, highly possible, do not know)	100
39	When the patients strongly ask you to perform MIS-RH for cosmetic reasons, which do you think is more important, survival or patients' preference?	100

*RR: the questionnaire response rate