

- Fertility saving study
  - Inclusion criteria
    - Cervical cancer (any histology, any stage from T1a1) [No,Yes]
    - Fertility sparing treatment (FST) with the aim to preserve uterus (any procedure, at least attempt) [No,Yes]
    - Information of the outcome available (follow-up available) [No,Yes]
  - Patient's data
    - Date of birth (month/year)
    - Parity before diagnosis
    - Previous gynecological surgery before cervical cancer diagnosis [No,Yes]
      - Date of surgery (YYYY)
      - Type of surgery
  - Diagnosis and diagnostic work-up
    - Date of first diagnosis of cervical cancer (month/year)
    - Diagnostic procedure
    - Histology
      - Histological type
      - Grade
      - LVS1
    - Pre-treatment work-up
      - CT scan [No,Yes]
      - Colposcopy [No,Yes]
      - Cystoscopy [No,Yes]
      - DW-MRI [No,Yes]
      - MRI [No,Yes]
      - PET-CT [No,Yes]
      - PET-MRI [No,Yes]
      - Rectoscopy or colonoscopy [No,Yes]
      - Ultrasound [No,Yes]
    - Pre-treatment clinical and radiological stage (TNM classification)
  - Primary treatment
    - Neoadjuvant chemotherapy (before the FST procedure) [No,Yes]
      - No of cycles
    - Surgical treatment
      - Cervical procedure
        - Date of procedure (month/year)
        - Type of procedure

- Repeated cervical procedure (after FST) [No, Yes]
  - Date of procedure (month/year)
  - Reason
  - Description of other reason
  - Type of procedure
- Lymph node procedure
  - Sentinel lymph node biopsy [No, Yes]
    - Date of procedure (month/year)
    - Total number of sentinel nodes
    - Detection
    - Methods of mapping
      - Blue dye [No, Yes]
      - Indocyanin green [No, Yes]
      - Technecium [No, Yes]
  - Pelvic lymphadenectomy [No, Yes]
    - Date of procedure (month/year)
    - Total number of pelvic nodes (including sentinel nodes if done)
  - Paraaortic lymphadenectomy [No, Yes]
    - Date of procedure (month/year)
    - Total number of paraaortic nodes
- Cerclage placement
  - Date of cerclage (month/year)
  - Timing of placement
  - Type of cerclage
- Adjuvant chemotherapy (after treatment procedure) [No, Yes]
  - No of cycles
- Definitive histology (after surgical treatment procedure)
  - Size of the tumor
    - horizontal spread / horizontal (AP)
    - stomal invasion / vertical (CC)
    - latero-lateral (LL)
  - Size of the cone or trachelectomy specimen
    - N/A [No, Yes]
    - Length (the distance from the external margin to the proximal/internal margin)
    - Thickness (the distance from the stromal margin to the surface of specimen)
  - Lymph nodes - histology

- Only sentinel node(s)
  - Other pelvic (and paraaortic) nodes (if sentinel node biopsy was performed)
  - Only pelvic (and paraaortic) nodes (if sentinel node biopsy was not performed)
- Follow-up & recurrence
  - Oncological treatment (hysterectomy, radiotherapy, chemotherapy) during the follow-up period was given
  - Oncological treatment (hysterectomy, radiotherapy, chemotherapy) during the follow-up period
    - Date of treatment (month/year)
    - Reason
      - Abnormal Pap smear [No, Yes]
      - Cervical cancer recurrence [No, Yes]
      - Cervical stenosis/hematometra [No, Yes]
      - Doctor's decision (no disease suspected) [No, Yes]
      - HPV positivity [No, Yes]
      - Other [No, Yes]
      - Patient's decision (no disease suspected) [No, Yes]
      - Pre-cancer-recurrence (any proven LSIL, HSIL or AIS) [No, Yes]
      - Second cancer (endometrial, ovarian etc.) [No, Yes]
    - Type of treatment
      - Chemotherapy [No, Yes]
      - Hysterectomy [No, Yes]
      - Radiotherapy [No, Yes]
  - Follow-up procedure
    - Biopsy [No, Yes]
      - 1. year [No, Yes]
        - If clinically indicated [No, Yes]
        - Routinely [No, Yes]
          - Frequency every
      - 2. year [No, Yes]
        - If clinically indicated [No, Yes]
        - Routinely [No, Yes]
          - Frequency every
      - 3. year [No, Yes]
        - If clinically indicated [No, Yes]
        - Routinely [No, Yes]

- Frequency every
  - 4. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 5. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
- CT [No,Yes]
  - 1. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 2. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 3. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 4. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 5. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
- Colposcopy [No,Yes]
  - 1. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 2. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every

- 3. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 4. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 5. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- HPV test [No,Yes]
  - 1. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 2. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 3. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 4. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 5. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
- MRI [No,Yes]
  - 1. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 2. year [No,Yes]

- If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 3. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 4. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 5. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- Others [No,Yes]
  - Procedures description
- PET-CT [No,Yes]
  - 1. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 2. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 3. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 4. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 5. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
- Pap smear [No,Yes]

- 1. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 2. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 3. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 4. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- 5. year [No,Yes]
  - If clinically indicated [No,Yes]
  - Routinely [No,Yes]
    - Frequency every
- Physical examination [No,Yes]
  - 1. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 2. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 3. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 4. year [No,Yes]
    - If clinically indicated [No,Yes]
    - Routinely [No,Yes]
      - Frequency every
  - 5. year [No,Yes]
    - If clinically indicated [No,Yes]

- Routinely [No, Yes]
      - Frequency every
  - US [No, Yes]
    - 1. year [No, Yes]
      - If clinically indicated [No, Yes]
      - Routinely [No, Yes]
        - Frequency every
    - 2. year [No, Yes]
      - If clinically indicated [No, Yes]
      - Routinely [No, Yes]
        - Frequency every
    - 3. year [No, Yes]
      - If clinically indicated [No, Yes]
      - Routinely [No, Yes]
        - Frequency every
    - 4. year [No, Yes]
      - If clinically indicated [No, Yes]
      - Routinely [No, Yes]
        - Frequency every
    - 5. year [No, Yes]
      - If clinically indicated [No, Yes]
      - Routinely [No, Yes]
        - Frequency every
  - Date of last follow-up (month/year)
  - Pregnancy after primary treatment
    - Attempt to concieve [No, Yes]
      - More than 6 months [No, Yes]
      - Way of conception
        - IVF program [No, Yes]
        - Natural [No, Yes]
    - Pregnancy after treatment
      - Number of pregnancies
      - Number of abortions
      - Number of deliveries
    - Prophylactic management during pregnancy [No, Yes]
      - Antibiotic treatment [No, Yes]
      - None [No, Yes]
      - Other [No, Yes]
        - Description of the prophylactic procedure



- Preventive hospitalisation [No,Yes]
  - Prophylactic cerclage during pregnancy [No,Yes]
  - Prophylactic tocolytic therapy [No,Yes]
  - Progesterone administration [No,Yes]
  - Regular US cervicometry [No,Yes]
- Delivery (complete repeatedly for each delivery) [No,Yes]
  - 1. delivery [No,Yes]
    - Method of delivery
    - Date of delivery (month/year)
  - 2. delivery [No,Yes]
    - Method of delivery
    - Date of delivery (month/year)
  - 3. delivery [No,Yes]
    - Method of delivery
    - Date of delivery (month/year)
  - 4. delivery [No,Yes]
    - Method of delivery
    - Date of delivery (month/year)
  - 5. delivery [No,Yes]
    - Method of delivery
    - Date of delivery (month/year)
- Recurrence
  - Pre-cancer recurrence during the follow-up [No,Yes]
    - Pre-cancer histotype
  - Cancer recurrence [No,Yes]
    - Disease free interval (DFI)
    - Location
      - Cervix [No,Yes]
      - Distant - others [No,Yes]
        - Description
      - Distant abdomen [No,Yes]
      - Distant thorax [No,Yes]
      - Paraaortic lymph nodes [No,Yes]
      - Parametrium [No,Yes]
      - Pelvic lymph nodes [No,Yes]
      - Pelvis - others [No,Yes]
        - Description
      - Vagina [No,Yes]
    - Symptoms of recurrence [No,Yes]

- Description
- Main (or first) method(s) of recurrence detection
  - Biopsy [No,Yes]
  - CT [No,Yes]
  - Clinical symptoms [No,Yes]
  - Colposcopy [No,Yes]
  - Cytology [No,Yes]
  - Gynecological examination [No,Yes]
  - HPV test [No,Yes]
  - MRI [No,Yes]
  - Others [No,Yes]
    - Description of procedures
    - PET-CT [No,Yes]
    - Physical examination [No,Yes]
    - US [No,Yes]
- Current status
- Date of death (month/year)
- Cause of death