

Supplementary Figure legends

Supplementary Figure S1: Funnel plot of risk of publication bias in randomized clinical trials published between 1991 and 2019 assessing PFS in locally-advanced cervical cancers. The distribution of plots shows no publication bias ($P = 0.79$).

Supplementary Figure S2: Forest plot for OS. The analysis of all pooled studies shows no significant benefit of using neoadjuvant chemotherapy, $RR = 0.97$ (95% CI, 0.9 to 1.05). There is a significant heterogeneity between studies, $I^2 = 0.45$, $P = 0.01$.

Supplementary Figure S3: Forest plot for OS as function of cisplatin ≥ 72.5 mg/m²/3-weeks. Neoadjuvant chemotherapy using dose-dense cisplatin ≥ 72.5 mg/m²/3-weeks improves significantly overall survival: RR for fixed effect = 0.87 (95% CI, 0.76 to 0.98). There is no heterogeneity between studies in each sub-group, $I^2 = 36\%$, $P = 0.11$.

Supplementary Figure S4: Forest plot for OS as function of cisplatin ≥ 75 mg/m²/3-weeks with local treatment subgroup as surgery. A dose-dense ≥ 75 mg/m²/3-weeks was significantly associated with a better survival and a RR of 0.78 [0.63-0.97], with no heterogeneity between studies in each sub-group, $I^2 = 19\%$, $P = 0.28$.

Supplementary Figure S5: Forest plot for OS as function of cisplatin ≥ 105 mg/m²/3-weeks with local treatment subgroup as radiotherapy. A dose-dense ≥ 105 mg/m²/3-weeks was significantly associated with a better survival and a RR of 0.75 [0.59-0.96], with no heterogeneity between studies in each sub-group, $P > 0.05$.

Supplementary Figure S6: Forest plot for OS as function of triplet chemotherapy. The sub-group analysis does not evidence any significant benefit of using a triplet regimen during neoadjuvant chemotherapy for the treatment of locally advanced cervical cancer, $RR = 0.97$ (95% CI, 0.83 to 1.13), with a significant heterogeneity between studies in each sub-group, $I^2 = 57\%$, $P < 0.01$.

Supplementary Figure S7: Forest plot for OS as function of chemotherapy duration. The sub-group analysis shows an insignificant trend for a benefit of neoadjuvant chemotherapy duration less than

6 weeks, RR = 0.91 (95% CI, 0.80 to 1.04), but with a significant heterogeneity between studies in this sub-group, $I^2 = 49\%$, $P < 0.05$.

Supplementary Figure S8: Forest plot for PFS as function of cisplatin ≥ 72.5 mg/m²/3-weeks. Neoadjuvant chemotherapy using dose-dense cisplatin ≥ 72.5 mg/m²/3-weeks improves significantly progression-free survival: RR for fixed effect = 0.86 (95% CI, 0.78 to 0.95). There is no heterogeneity between studies in each sub-group, $P = 0.43$.

Supplementary Figure S9: Forest plot for PFS as function of surgery as local treatment. The sub-group analysis shows an insignificant trend for a PFS benefit of neoadjuvant chemotherapy followed by surgery: RR for fixed effect = 0.86 (95% CI, 0.78 to 0.95). There is no heterogeneity between studies in each sub-group, $P = 0.43$.

Supplementary Figure S10: Funnel plot of risk of publication bias in randomized clinical trials published between 1991 and 2019 assessing OS in locally advanced cervical cancer. The distribution of plots shows no publication bias ($P = 0.73$).

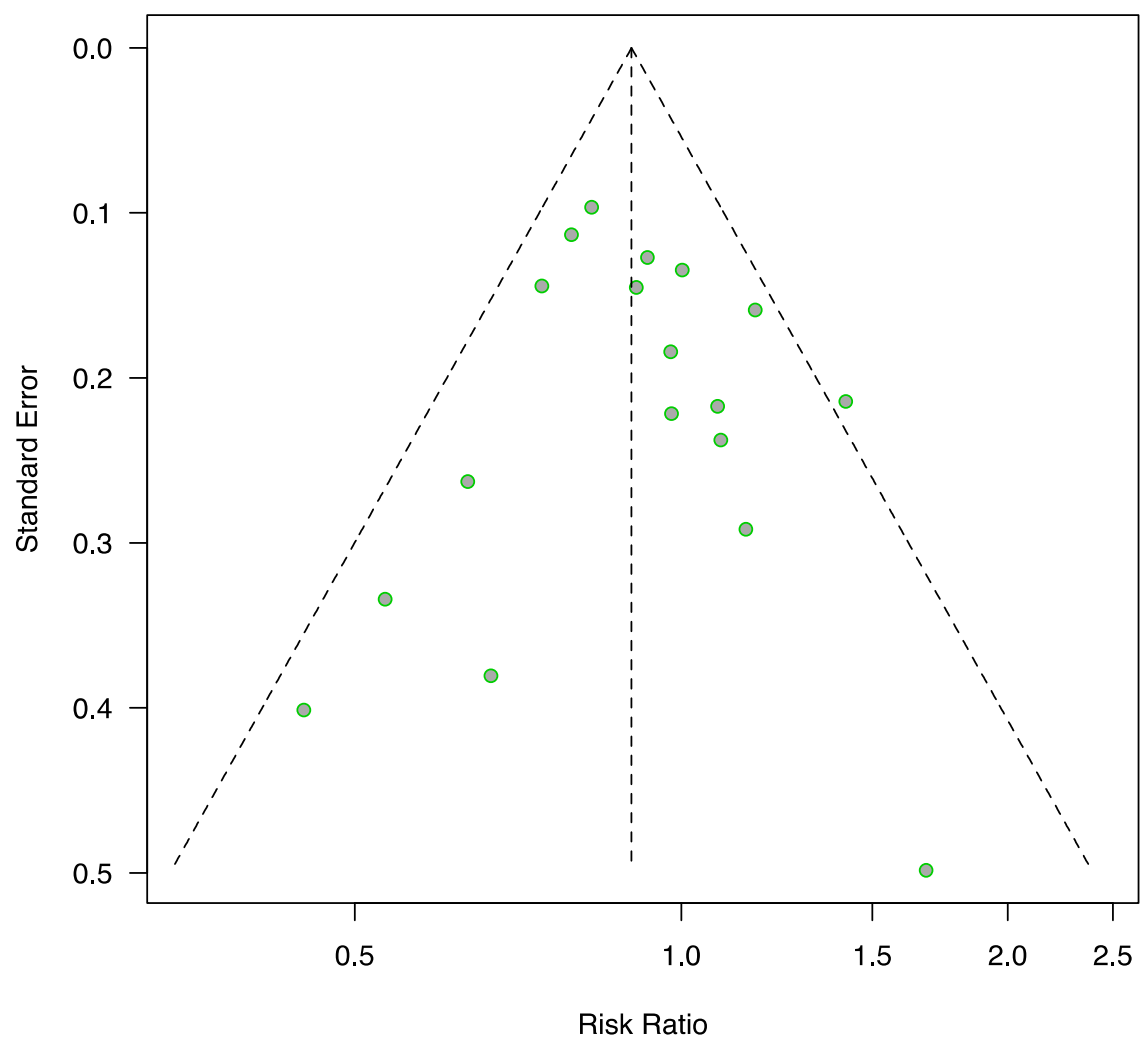
Supplementary Figure S11: Risk of bias assessments for the 22 studies included in a Cochrane review.

Supplementary Figure S12: Overall assessment of risk of bias : graph for the 22 studies included in this meta-analysis.

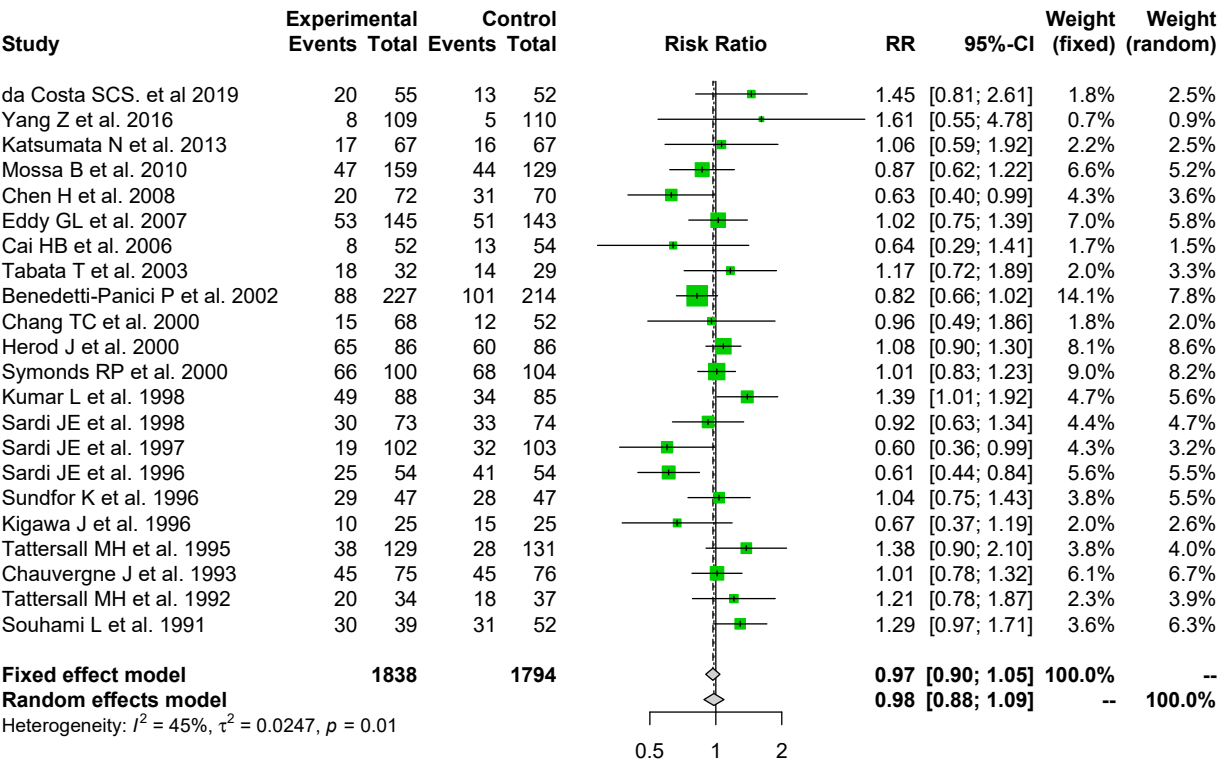
Supplementary Figure S13: Forest plot for OS as function of cisplatin ≥ 105 mg/m²/3-weeks after exclusion two studies (Benedetti-Panici P 2002 and Chang TC 2000). Neoadjuvant chemotherapy using dose-dense cisplatin ≥ 105 mg/m²/3-weeks improves significantly overall survival: RR for fixed effect = 0.76 (95% CI, 0.60 to 0.97). There is no heterogeneity between studies in each sub-group, $I^2 = 50\%$, $P = 0.09$.

Supplementary Figure

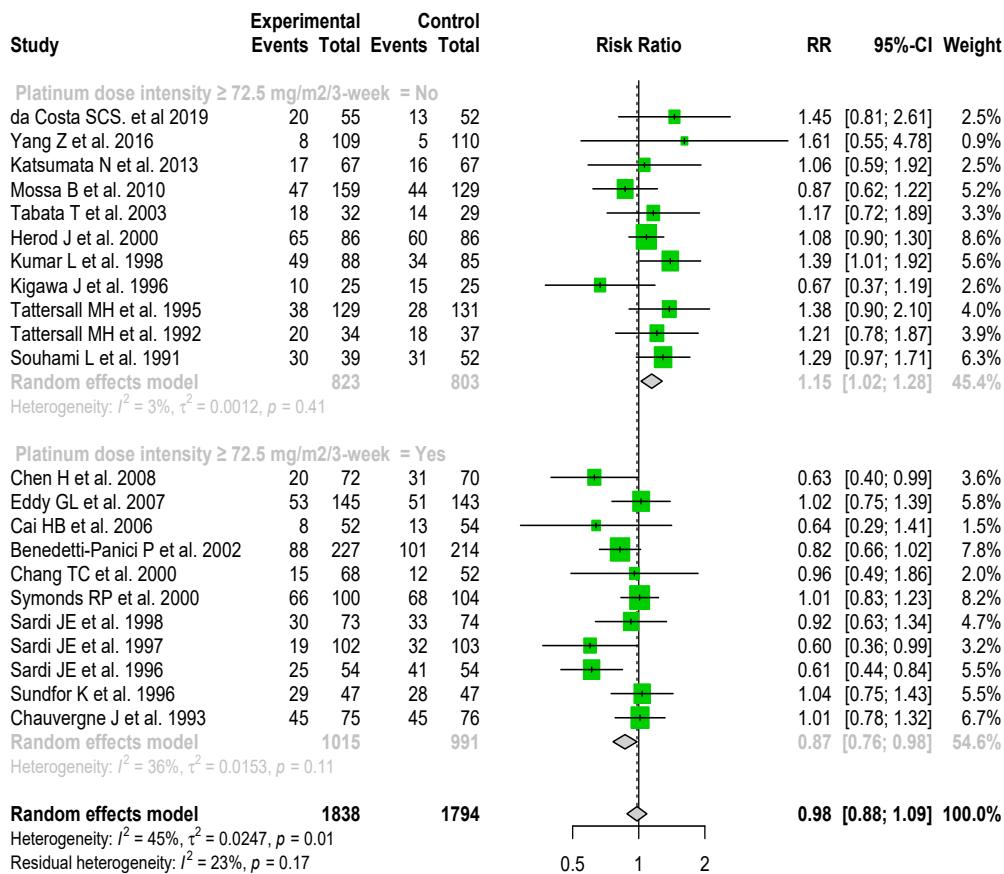
Supplementary Figure S1



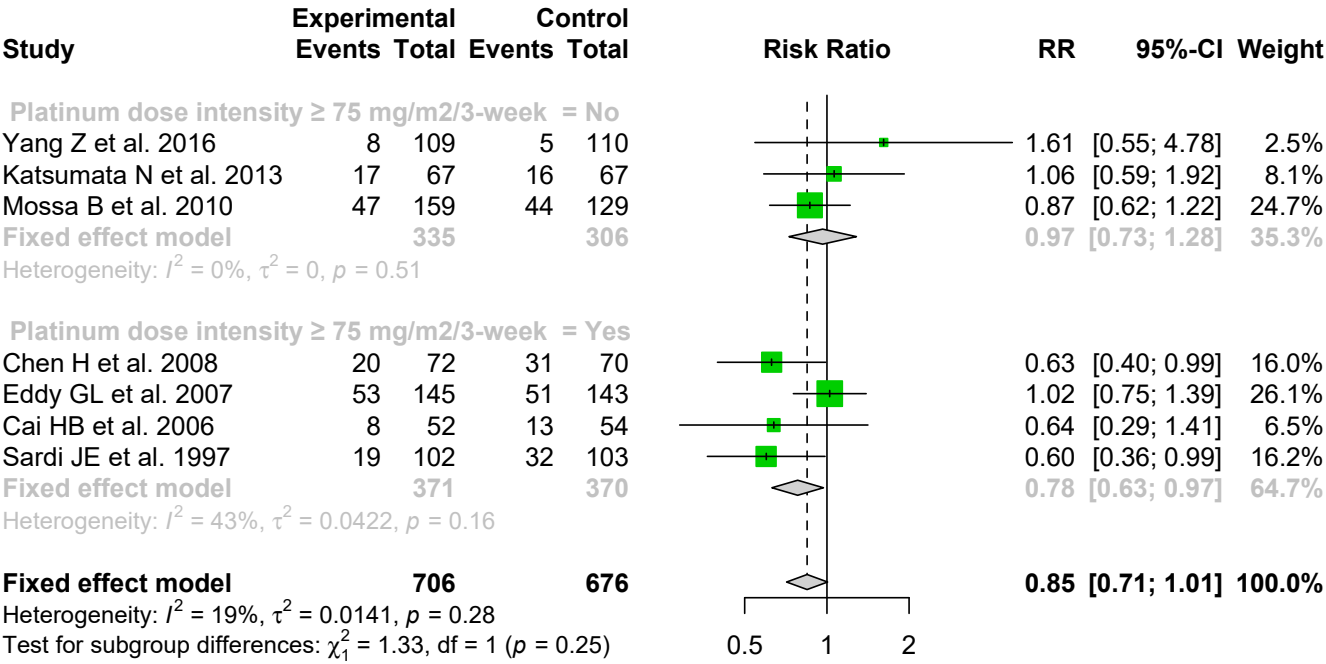
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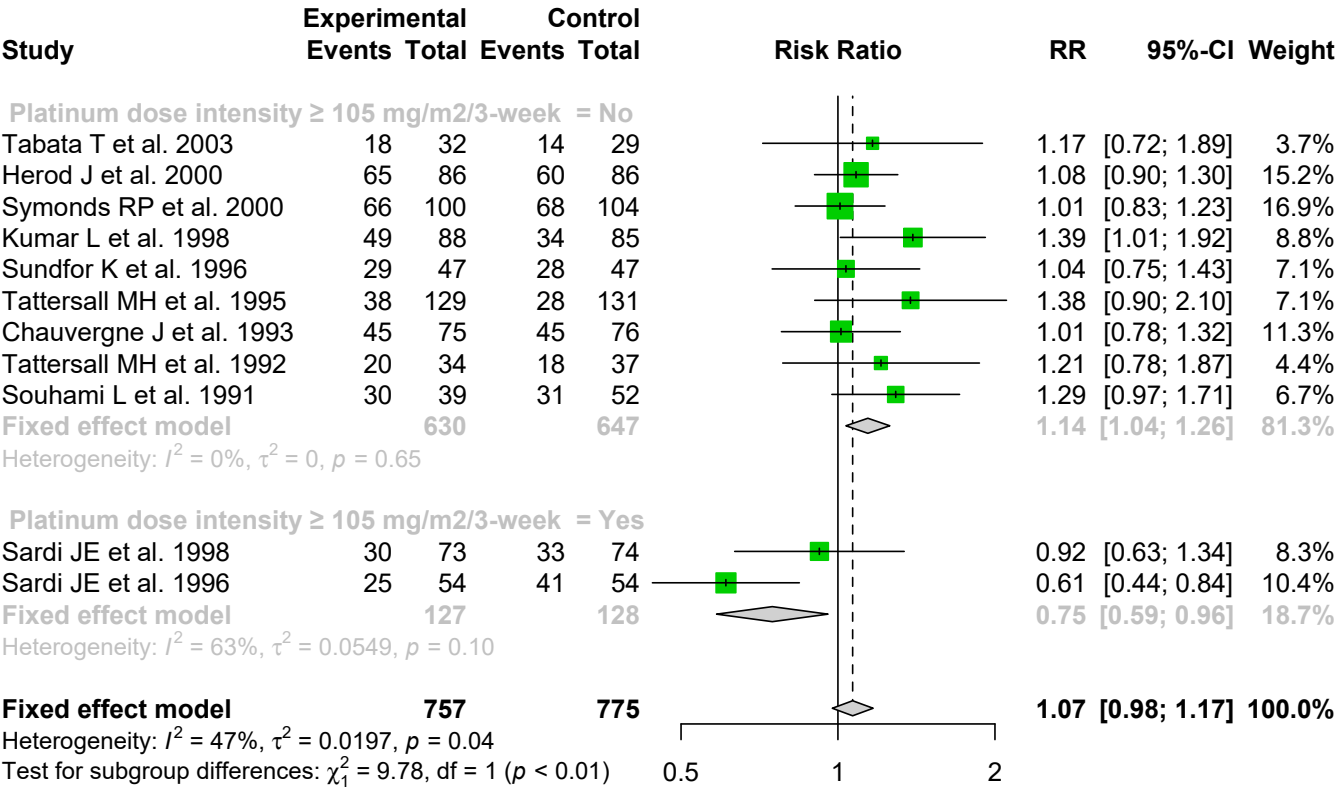
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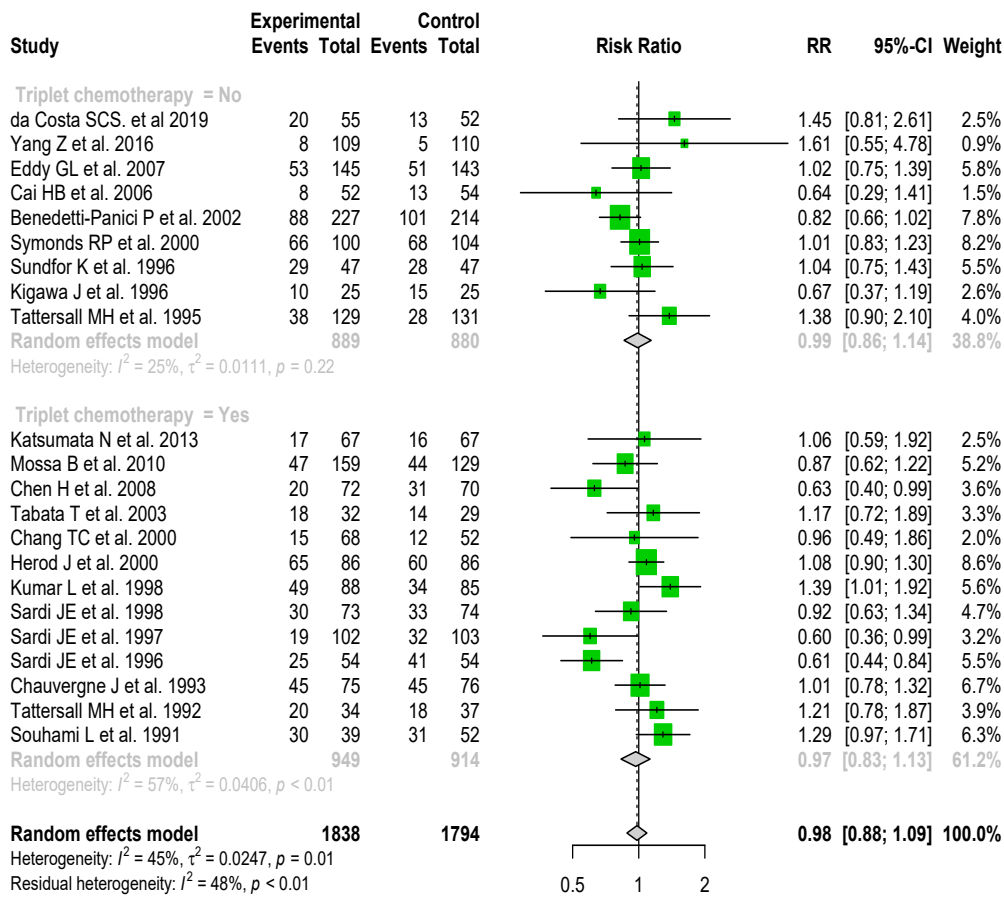
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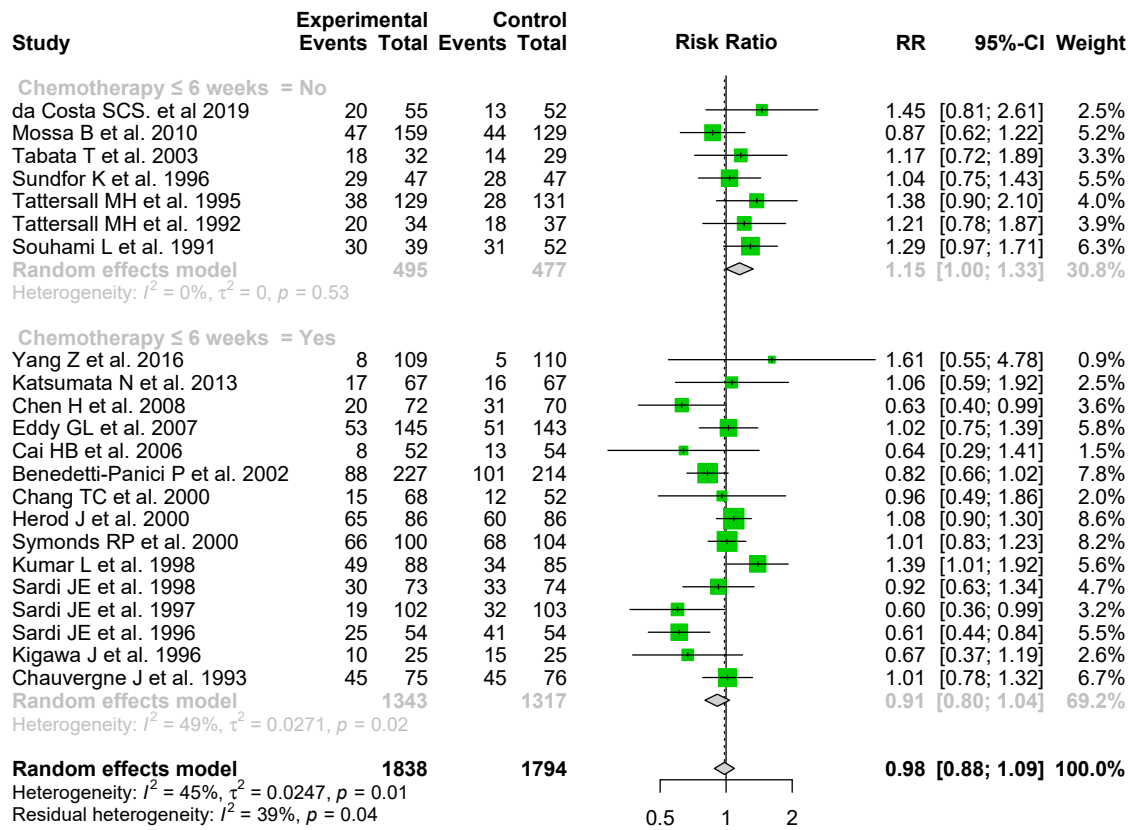
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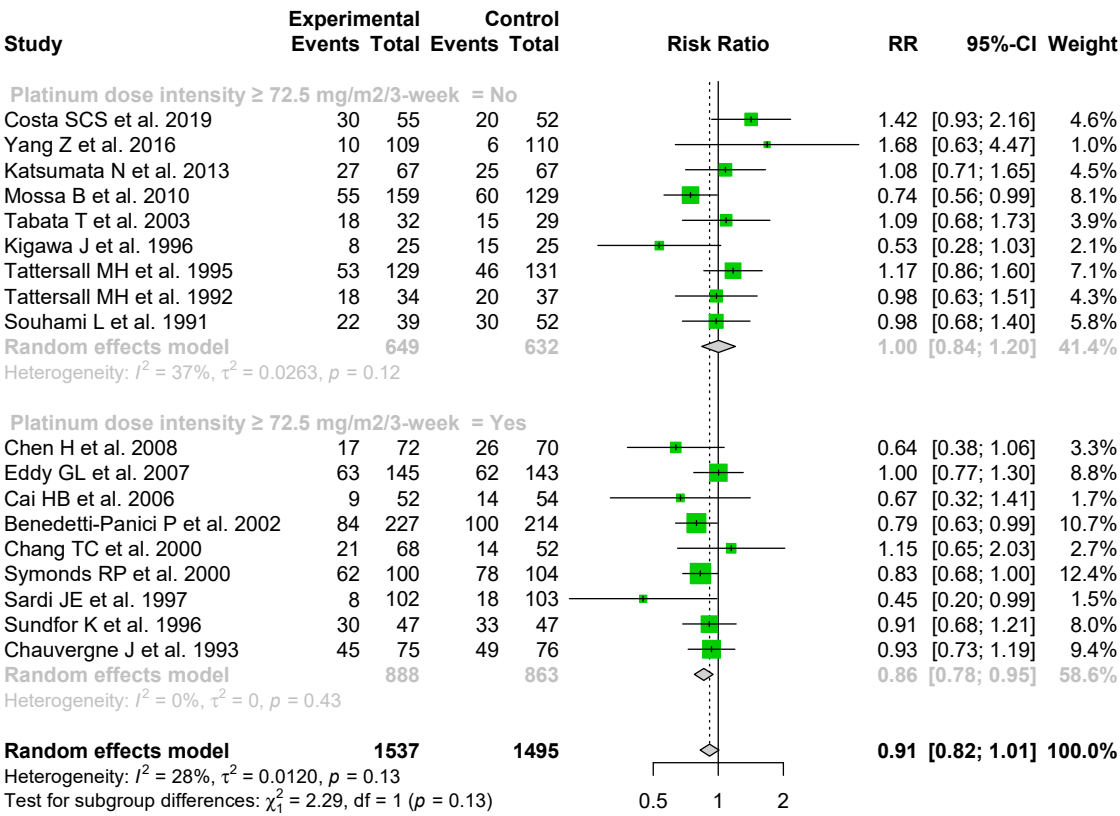
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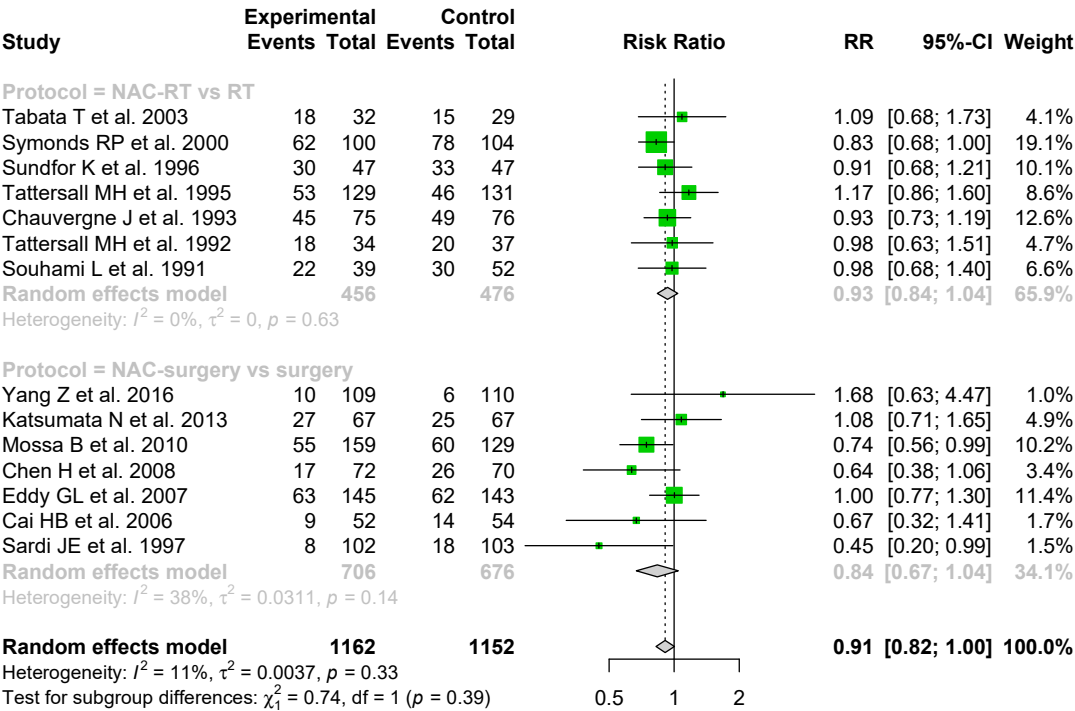
Supplementary Figure S7



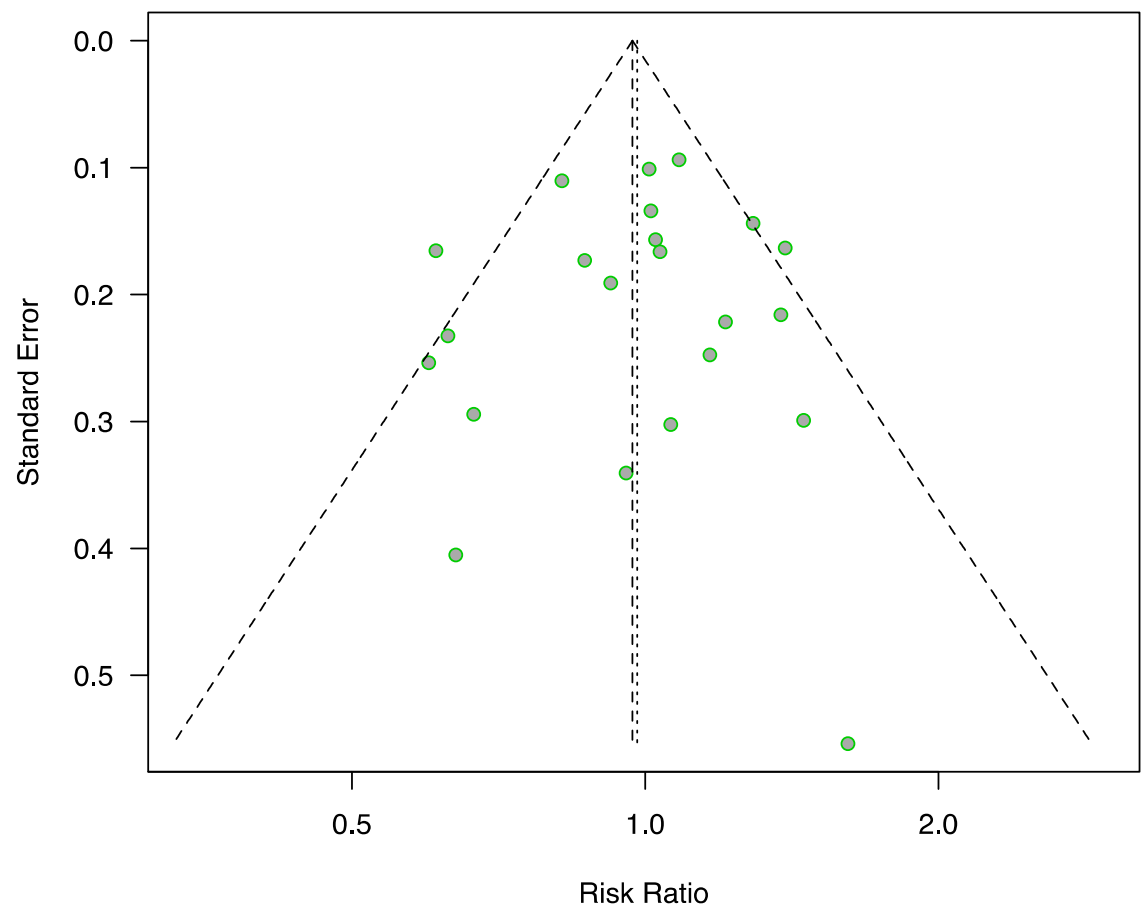
Supplementary Figure S8



Supplementary Figure S9



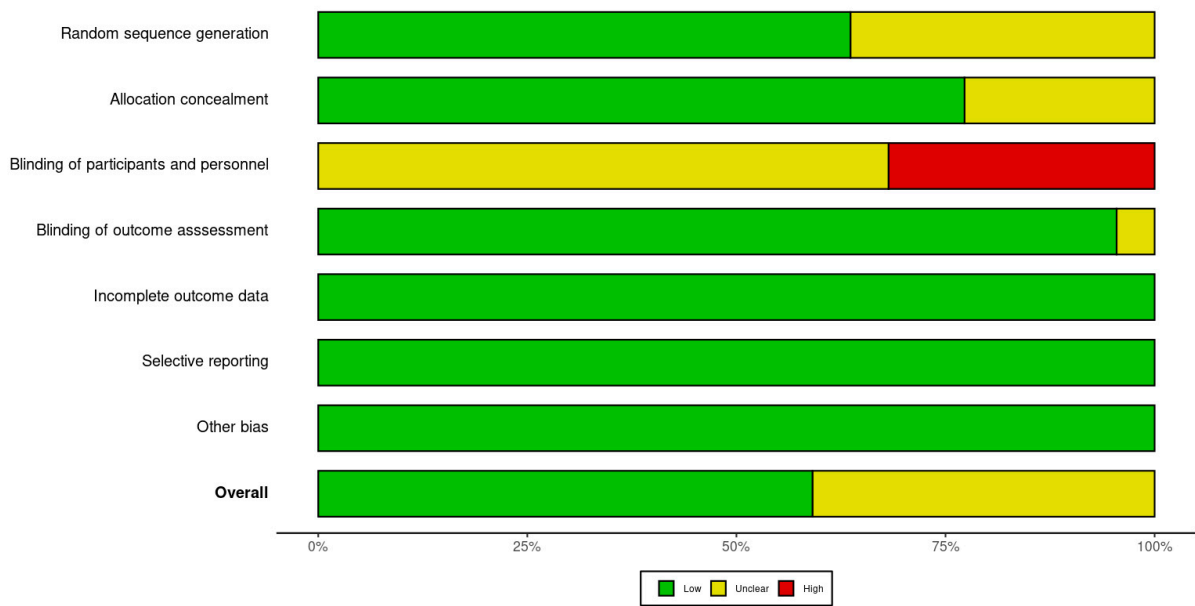
Supplementary Figure S10



Supplementary Figure S11

	Risk of bias							Overall
	D1	D2	D3	D4	D5	D6	D7	
Study	da Costa SCS. et al 2019	+	+	✗	+	+	+	+
	Yang Z et al. 2016	+	+	✗	+	+	+	+
	Katsumata N et al. 2013	+	+	✗	+	+	+	+
	Mossa B et al. 2010	+	+	✗	+	+	+	+
	Chen H et al. 2008	-	-	✗	+	+	+	-
	Eddy GL et al.2007	+	+	✗	+	+	+	+
	Cai HB et al. 2006	+	+	✗	+	+	+	+
	Tabata T et al. 2003	-	+	-	+	+	+	-
	Benedetti-Panici P et al. 2002	-	+	-	+	+	+	-
	Chang TC et al. 2000	+	+	-	+	+	+	+
	Herod J et al. 2000	+	+	-	+	+	+	+
	Symonds RP et al. 2000	+	+	-	+	+	+	+
	Kumar L et al. 1998	+	+	-	-	+	+	-
	Sardi JE et al. 1998	-	-	-	+	+	+	-
	Sardi JE et al. 1997	+	-	-	+	+	+	+
	Sardi JE et al. 1996	+	-	-	+	+	+	+
	Sundfor K et al. 1996	-	-	-	+	+	+	-
	Kigawa J et al. 1996	-	+	-	+	+	+	-
	Tattersall MH et al. 1995	-	+	-	+	+	+	-
	Chauvergne J et al. 1993	-	+	-	+	+	+	-
	Tattersall MH et al. 1992	+	+	-	+	+	+	+
	Souhami L et al. 1991	+	+	-	+	+	+	+
D1: Random sequence generation D2: Allocation concealment D3: Blinding of participants and personnel D4: Blinding of outcome assessment D5: Incomplete outcome data D6: Selective reporting D7: Other bias								Judgement ✗ High - Unclear + Low

Supplementary Figure S12



Supplementary Figure S13

