Appendix 1. Supplementary Methods

The report on one high-quality study³⁴ provided only estimates of associations between cervical cancer incidence and IUD use for less than 5 years (versus never) and IUD use for 5 or more years (versus never). Unadjusted estimates of each of these parameters calculated from tabular data were essentially identical to adjusted estimates. Specifically, for less than 5 years of use, the adjusted estimate reported by the authors was 0.6 (95% CI 0.3–1.1), and the unadjusted value (calculated to an additional significant digit) was 0.59 (95% CI 0.3–1.06). For 5 or more years of use, the corresponding values were 0.3 (95% CI 0.2–0.8) and 0.34 (95% CI 0.15–0.81). In light of the negligible influence of covariates in these data, we calculated the unadjusted estimate for any versus no use needed for the meta-analysis from tabular data provided in the original report.

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First Author	Location	Design	Reason for Exclusion
Peters ^{12*}	United States	Population-based case-control	Data could not be harmonized for inclusion in meta-analysis
Stern ⁴⁵	United States	Clinic- or hospital-based case-control	Wrong outcome
Adli ⁴⁶	Iran	Cohort	No comparison group, wrong outcome
Sandmire ⁴⁷	United States	Clinic- or hospital-based case-control	No covariates included in analysis
Wright ⁴⁸	England, Scotland	Cohort	Wrong outcome
Vessey ⁴⁹	England, Scotland	Cohort	No IUD-exposed group
Hellberg ⁵⁰	Sweden	Clinic- or hospital-based case-control	Wrong outcome
Higgins ⁵¹	United States	Cohort	Wrong outcome
Cuzick ⁵²	Singapore	Clinic- or hospital-based case-control	Women seeking contraception excluded from control group
Kjaer ⁵³	Greenland, Denmark	Cross-sectional	Wrong outcome
Slattery ⁵⁴	United States	Population-based case-control	Wrong outcome
Zondervan ⁵⁵	England, Scotland	Nested case case-control study	Wrong comparison group
ICPMSN ⁵⁶	Multisite	Cohort	No outcome events among exposed, wrong comparison
Ganacharya57	Hungary	Cohort	No comparison group
Gavric-Lovric ⁵⁸	Slovenia	Cross-sectional	Wrong outcome
Castellsagué ¹⁰	Algeria	Clinic-/hospital-based case-control	Redundant data†
Jensen ⁵⁹	Denmark	Cohort	Wrong outcome

Appendix 2. Seventeen Studies That Satisfied Screening Criteria but Were Excluded From Meta-Analysis Based on Critical Review, With Reason for Exclusion

ICPMSN, International Collaborative Post-Marketing Surveillance of Norplant.

*Estimate of OR association between < 2 years of IUD use and incident cervical cancer from this study is provided in text of Results section of this report.

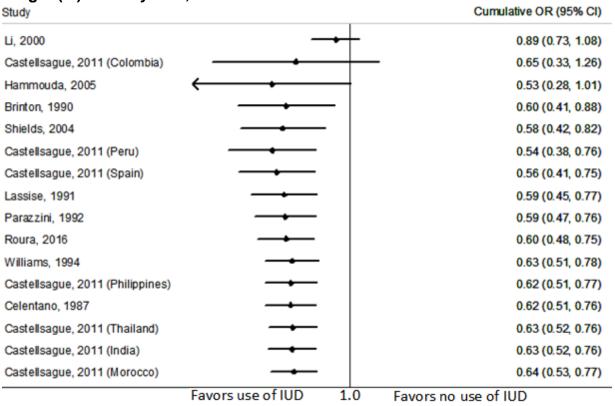
†This report provided information on a subset of participants described by Hammouda.¹⁶

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Appendix 3. Results of cumulative random-effects meta-analyses (point and cumulative summary odds ratio (OR) for study on same line and all above are *filled circle* and *horizontal bar*, respectively, ordered by largest to smallest relative weight (%) of study. IUD, intrauterine device.



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Appendix 4. Results of cumulative random-effects meta-analyses (point and cumulative summary odds ratio (OR) for study on same line and all above are *filled circle* and *horizontal bar*, respectively, ordered by year that report describing study was published. IUD, intrauterine device.

Study		Cumulative OR (95% CI)
Celentano, 1987		0.50 (0.17, 1.47)
Brinton, 1990		0.67 (0.51, 0.90)
Lassise, 1991	— —	0.71 (0.56, 0.90)
Parazzini, 1992	→	0.70 (0.56, 0.87)
Williams, 1994	→ –	0.74 (0.60, 0.91)
Li, 2000		0.81 (0.71, 0.94)
Shields, 2004	- - -	0.76 (0.64, 0.90)
Hammouda, 2005	→	0.70 (0.57, 0.87)
Castellsague, 2011 (Thailand)	— —	0.71 (0.58, 0.87)
Castellsague, 2011 (Spain)	→	0.71 (0.59, 0.85)
Castellsague, 2011 (India)	→	0.71 (0.59, 0.85)
Castellsague, 2011 (Morocco)	→	0.72 (0.61, 0.85)
Castellsague, 2011 (Colombia)	→	0.67 (0.55, 0.81)
Castellsague, 2011 (Philippines)	→	0.66 (0.55, 0.80)
Castellsague, 2011 (Peru)	→	0.64 (0.52, 0.77)
Roura, 2016	—	0.64 (0.53, 0.77)
	Favors use of IUD 1.0	Favors no use of IUD

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