Supplementary Table S1. Quality assessment of studies addressing the association between body mass index and cervical cancer risk

		Quality assessment									
Studies	Design[a]	Limitation[b]	Consistency[c]	Directness[d]	Precision[e]	Reporting bias[f]	Strength[g]	Gradient[h]	Confounding[i]	Quality[j]	Sample size
Freeman 2001	Cohort	0	0	0	0	0	+1	+1	0	Moderate	375
Whiteman 2003	Case-control	0	0	0	0	0	0	+1	0	Moderate	1060
Gallicchio 2006	Case-control	0	0	0	0	0	0	+1	0	Moderate	611
Miller 2006	Case-control	0	0	0	0	0	0	+1	+1	Moderate	609
Schilling 2007	Case-control	0	0	0	0	0	+1	+1	0	Moderate	628
Tan 2014	Cross-sectional	-1	0	0	0	0	0	+1	+1	Low	305
Gallicchio 2015	Cohort	0	0	0	-1	0	0	0	0	Low	731

[a] Refers to the basic study design, which we have broadly categorized as randomized trials (high), observational (cohort/case-control) studies (low), and other evidence (very low)
[b] Refers to the detailed study methods and execution [serious (-1) or very serious (-2) limitation]
[c] Refers to the similarity of estimates of effect across studies [important inconsistency (-1)]
[d] Refers to the extent to which the 'people', 'interventions', and 'outcome' measures are similar to those of interest [some (-1) or major (-2) uncertainty about directness]
[e] Refers to if sample size <2000 & confidence interval includes 1.0 =-1, otherwise =0]
[f] Refers to the high risk of reporting bias (-1)
[g] Refers to the strong (RR >2 or <0.5) (+1) or very strong (RR >5 or <0.2) (+2) evidence of association with no plausible confounders
[h] Refers to the evidence of a dose response gradient (+1)
[i] Refers to all plausible confounders would have reduced the effect (+1)
[j] Quality: high: if having no negative score with all positive scores; moderate: if having no negative score with at least one positive score; low: if otherwise