U .	Number of studies	Sample Size	Study authors	Random effects model	Mean	95% CI
Total						5577 C
		13	Edwards 1995	Hel	157.08	118.72 – 195.44
Normal	3	17	Bell 2000		861.90	761.82 – 961.98
Normai	3	37	Adurthi 2008	•	28.00	23.87 – 32.13
			Pooled		341.13	81.30 - 600.95
		16	Edwards 1995	- +++	349.86	296.97 - 402.75
Low grade	3	14	Bontkes 1997	•	77.88	59.42 – 96.34
		15	Jaafar 2009	Hel	69.70	33.38 - 106.02
			Pooled	:	163.63	29.48 – 297.77
		20	Edwards 1995		474.30	411.23 - 537.37
		7	Bontkes 1997	10-1	147.17	123.12 – 171.22
		10	Bontkes 1997	Hel	101.08	65.81 – 136.35
High grade	6	30	Adurthi 2008	•	441.00	423.73 – 458.27
		15	Jaafar 2009	•	68.00	50.79 - 85.21
		20	Jaafar 2009	•	62.90	57.93 – 67.87
			Pooled	⊢→ −1	214.49	77.45 – 351.53
		16	Edwards 1995		783.36	691.77 – 874.95
		14	Bontkes 1997	H+H	163.13	115.19 – 211.07
		22	Hachisuga 2001	· · · · · · · · · · · · · · · · · · ·	1354.05	1092.50 - 1615.60
Cancer	8	13	Hachisuga 2001	→	1281.63	925.73 – 1637.53
		30	Adurthi 2008	•	699.00	685.30 - 712.70
		7	Jaafar 2009	. ⊢ ∎⊣	142.80	78.43 – 207.17
		15	Jaafar 2009	⊢ ●i	125.80	68.45 – 183.15
		67	Wang 2014	⊢ •−•	1344.16	1188.83 – 1499.48
			Pooled		744.46	446.66 – 976.85

Epithelial						
		29	Poppe 1995		565.00	437.27 - 692.73
		9	Poppe 1995	→	438.67	188.72 – 688.61
		5	Rosini 1996	H O T	106.60	68.30 - 144.90
		150	Szarweski 2001	•	233.67	219.56 – 247.77
		11	Kobayashi 2004	· · · · · · · · · · · · · · · · · · ·	470.00	137.30 - 802.30
		16	Pudney 2005		315.00	295.87 - 334.13
Normal	12	4	Monnier-Benoit 2006	lel	94.67	61.56 - 127.77
		9	Nedergaard 2007	Het	115.00	90.32 - 139.68
		115	Nedergaard 2007		30.71	28.78 - 32.65
	9	Jaafar 2009	•	22.10	17.16 – 27.04	
		15	Jaafar 2009	•	35.70	24.23 - 47.17
		7	Carrero 2015	•	35.70	13.03 - 58.37
			Pooled	Hell	145.70	104.13 - 187.33
		19	Rosini 1996	•	84.20	65.45 - 102.95
Low grade 5	9	Monnier-Benoit 2006	•	62.00	47.47 – 76.53	
	5	Monnier-Benoit 2006	•	89.67	76.28 – 103.05	
	26	Bedoya 2013	•	25.75	20.30 - 31.20	
	45	, Carrero 2015	•	66.30	52.89 - 79.71	
			Pooled	Here in the second s	65.15	35.99 - 94.32
		16	Coleman 1994		371.00	315.88 - 426.12
		19	Rosini 1996	101	149.50	112.76 – 186.24
		14	Kobayashi 2004	⊢ →	601.00	412.89 - 789.11
		13	, Monnier-Benoit 2006	•	63.33	55.91 – 70.76
		59	Woo 2008	•	54.52	45.22 - 63.82
High grade	10	10	Loddenkemper 2009	- 	195.50	145.23 – 245.77
0 0 0		21	Bedoya 2013	•	17.15	8.77 – 25.53
		25	Bedoya 2013	÷	23.50	14.67 – 32.33
		10	Carrero 2015	iei	127.50	99.05 - 155.95
		10	Carrero 2015	- - I 0 1	204.00	172.39 – 235.61
		-	Pooled	H#1	136.66	103.19 - 170.14
		7	Rosini 1996		133.10	89.24 - 176.96
		49	Bethwaite 1996	H#H	386.00	354.00 - 418.00
		11	Monnier-Benoit 2006	H#H	161.00	90.80 - 231.20
		102	Needergaard 2007	⊢● −1	684.33	565.88 - 802.79
		20	Needergaard 2007	·	1334.33	973.99 - 1694.68
		115	Jordanova 2008	•	83.24	70.82 – 95.67
<u> </u>	10	12	Loddenkemper 2009		263.50	122.74 - 404.26
Cancer	10	10	Shah 2011	++-	235.93	158.72 – 313.13
		30	Shah 2011		281.11	219.76 – 342.47
	24	Bedoya 2013	•	20.94	16.00 - 25.88	
		57	Qinfeng 2013		42.71	20.69 - 64.72
			Pooled		247.41	178.06 - 316.76
				 	_ · · · •	

Stromal						
		5	Rosini 1996		448.70	270.06 - 627.34
		10	Kobayashi 2004	⊢ •−•	545.00	354.63 - 735.37
		4	Monnier-Benoit 2006	HeH	612.33	522.34 – 702.33
Normal	6	9	Piersma 2007	101	385.00	322.28 - 447.72
		9	Needergaard 2007	⊢● −1	303.00	186.37 – 419.63
		7	Carrero 2015	•	15.30	7.74 – 22.86
			Pooled	⊢ →→1	381.13	130.13 - 632.13
		19	Rosini 1996	Hel	257.80	207.75 - 307.85
		9	Monnier-Benoit 2006	H#H	529.00	433.74 – 624.26
	F	5	Monnier-Benoit 2006	H 4 -1	707.33	586.27 – 828.39
Low grade	5	26	Bedoya 2013	•	83.17	61.46 - 104.88
		45	Carrero 2015	•	51.00	43.55 – 58.45
			Pooled	H H H	303.29	193.31 – 413.2
		16	Coleman 1994	⊢ •−−1	1839.00	1532.14 – 2145.86
		19	Rosini 1996	H a l	399.40	320.67 – 478.13
		14	Kobayashi 2004	⊢	1933.00	1462.24 – 2403.76
		13	Monnier-Benoit 2006	→	680.33	511.05 – 849.62
Lligh grada	9	10	Loddenkemper 2009	⊢→ −i	663.00	453.46 - 872.54
High grade	9	21	Bedoya 2013	•	51.97	27.72 – 76.22
		25	Bedoya 2013	•	80.55	54.74 – 106.36
		10	Carrero 2015	•	137.70	128.22 – 147.18
		10	Carrero 2015	Heri	408.00	344.78 – 471.22
			Pooled	H++	457.70	358.45 – 556.95
		7	Rosini 1996	⊢→ -1	487.30	338.18 - 636.42
		48	Bethwaite 1996		2750.00	2604.55 – 2859.45
		11	Monnier-Benoit 2006	⊢ •−-1	859.33	624.99 – 1093.67
		59	Piersma 2007		966.00	803.97 - 1128.03
		102	Needergaard 2007	⊢ ••-1	1378.67	1199.26 – 1558.07
		20	Needergaard 2007	·i	1681.00	1109.64 – 2252.36
Concor	11	12	Loddenkemper 2009	⊢ •−−1	768.40	531.07 - 1005.73
Cancer	11	10	Shah 2011	101	217.92	158.89 – 276.96
	30	Shah 2011	Her .	219.10	167.30 – 270.89	
		24	Bedoya 2013		101.29	58.54 - 144.04
		57	Qinfeng 2013		87.77	63.05 - 112.49
			Pooled		838.31	559.65 - 1116.96
				0 1000 2000 3000		

				CD4		
Subgroup	Number of studies	Sample Size	Study authors	Random effects model	Mean	95% CI
Total						
		13	Edwards 1995	++-	99.96	64.20 - 135.72
Normal	2	17	Bell 2000	⊢ •−1	550.80	453.83 - 647.77
Normai	3	37	Adurthi 2008	•	12.00	9.42 - 14.58
			Pooled	÷	209.39	43.80 - 374.98
		16	Edwards 1995		196.86	156.13 – 237.59
Low grade	3	7	Bontkes 1997	(• +	21.86	-5.12 – 48.83
		15	Jaafar 2009		202.30	144.95 – 259.65
			Pooled		139.00	6.52 – 271.47
		20	Edwards 1995	. ⊢ → -1	267.24	213.82 - 320.66
		7	Bontkes 1997	10-1	29.43	-8.56 – 6.43
		10	Bontkes 1997	H i ter (25.14	-21.39 - 71.67
High grade	6	30	Adurthi 2008		206.00	192.76 – 219.24
		15	Jaafar 2009	HH I	163.20	130.70 – 195.70
		20	Jaafar 2009	Hel	164.90	135.10 – 194.70
			Pooled		142.80	79.25 – 206.36
		16	Edwards 1995		245.31	192.33 – 298.29
		14	Bontkes 1997	⊢ ∶• −1	31.86	-37.42 – 101.14
		22	Hachisuga 2001	⊢ → − −1	575.28	451.04 - 699.52
Cancer	8	12	Hachisuga 2001	·	696.66	440.71 – 952.61
		30	Adurthi 2008	•	312.00	300.55 - 323.45
		7	Jaafar 2009		333.20	274.43 - 391.97
		15	Jaafar 2009		229.50	183.62 – 275.38
		67	Wang 2014	lei	112.40	96.08 - 128.73
			Pooled		286.85	191.14 – 382.55
				0 500 1000		

Epithelial						
		29	Poppe 1995	· · · · · · · · · · · · · · · · · · ·	281.33	189.94 – 372.73
		9	Poppe 1995		117.67	81.37 – 153.96
		150	Szarewski 2001	III	107.33	97.97 – 116.70
		11	Kobayashi 2004		62.00	31.86 - 92.14
		16	Pudney 2005		135.00	120.30 - 149.70
Normal	10	4	Monnier-Benoit 2006		44.67	24.34 - 64.99
		9	Nedergaard 2007	Her	20.00	12.74 – 27.26
		115	Jordanova 2008	•	23.40	21.52 – 25.28
		9	Jaafar 2009	÷	146.20	84.50 - 207.90
		15	Jaafar 2009	÷ +•+	110.50	93.29 – 127.71
			Pooled	÷ +	93.90	63.13 - 124.67
		9	Monnier-Benoit 2006	H H 1	37.67	25.08 - 50.25
Low grade	4	5	Monnier-Benoit 2006	Hel	25.00	16.56 – 33.44
		115	Woo 2014	•	15.91	14.80 - 17.02
		26	Bedoya 2013	•	6.04	4.72 – 7.36
			Pooled	Het	18.76	10.78 – 26.75
		14	Kobayashi 2004	·•	167.00	82.66 – 251.34
		13	Monnier-Benoit 2006	•	16.00	11.17 – 20.83
		59	Woo 2014	•	16.93	16.89 – 16.97
High grade	6	10	Loddenkemper 2009	⊢● →	102.00	57.51 – 146.49
		21	Bedoya 2013	•	1.20	0.91 – 1.49
		25	Bedoya 2013	•	5.80	4.45 – 7.15
			Pooled		16.37	5.86 - 26.88
		11	Monnier-Benoit 2006		14.67	9.85 – 19.48
		102	Nedergaard 2007	:	110.33	82.01 - 138.65
		20	Nedergaard 2007	÷	207.33	99.23 - 315.44
Cancer	9	115	Jordanova 2008	Hel	65.90	53.51 – 78.29
		12	Loddenkemper 2009	:	147.90	43.17 – 252.63
		10	Shah 2011	: . _	83.33	47.90 - 118.77
		30	Shah 2011		101.49	70.48 - 132.50
		24	Bedoya 2013	: •	5.52	4.51 – 6.53
		57	Qinfeng 2013	•	21.88	18.15 – 25.61
			Pooled		52.43	37.77 – 67.09
				0 200 400		

Stromal						
		25	Al-Saleh 1998		24.00	18.90 – 29.10
		10	Kobayashi 2004		215.00	117.69 – 312.31
Normal	4	4	Monnier-Benoit 2006	⊢→ -i	322.33	247.56 - 397.10
		9	Nedergaard 2007	101	72.67	39.76 - 105.57
			Pooled	⊢→ -1	149.43	52.44 - 246.42
		14	Al-Saleh 1998	•	27.00	18.62 – 35.38
Low grade	5	9	Monnier-Benoit 2006	⊢ ∎-1	360.00	271.92 – 448.08
		5	Monnier-Benoit 2006	⊢⊷	360.67	296.39 – 424.94
		115	Woo 2014	.⊨ e +i	85.94	30.73 - 141.14
		26	Bedoya 2013	•	30.52	23.21 – 37.83
			Pooled	H+1	142.00	94.33 – 189.67
		12	Al-Saleh 1998	•	29.00	20.51 – 37.49
		14	Kobayashi 2004	→	1083.00	722.09 – 1443.91
		13	Monnier-Benoit 2006	⊢ •−1	317.67	182.77 – 452.56
High grade	7	59	Woo 2014	•	60.08	60.04 - 60.12
rigi giaue	/	10	Loddenkemper 2009	· ● 1	379.10	180.08 – 578.12
		21	Bedoya 2013	•	9.45	6.69 – 12.21
		25	Bedoya 2013		20.62	13.92 – 27.32
			Pooled	101	59.81	27.30 – 92.32
		11	Monnier-Benoit 2006	→→ -1	306.33	213.97 – 398.70
		102	Nedergaard 2007	HeH	265.00	213.68 - 316.32
		20	Nedergaard 2007	⊢ → ● →	722.67	490.23 – 955.11
Cancer	8	12	Loddenkemper 2009	⊢ → • →	391.00	220.00 – 562.00
		10	Shah 2011	H e 1	114.95	77.43 – 152.47
		30	Shah 2011	H#4	103.63	62.75 – 144.51
		24	Bedoya 2013	•	29.71	19.89 – 39.53
		57	Qinfeng 2013	Her	48.96	28.32 – 69.60
			Pooled	. ⊢ ⊷⊣	185.06	121.50 – 248.61

				CD8		
Subgroup	Number of studies	Sample Size	Study authors	Random effects model	Mean	95% CI
Total				•		
		13	Edwards 1995	•	57.12	43.26 - 70.98
Normal	2	16	Bell 2000	101	311.10	286.37 - 335.83
Normal	3	37	Adurthi 2008	•	16.00	12.78 – 19.22
			Pooled	· · · ·	127.33	12.78 – 247.91
		16	Edwards 1995	- Heri	153.00	119.26 - 186.74
Low grade 3	7	Bontkes 1997	101	56.03	36.36 - 75.70	
	15	Jaafar 2009	H o H	215.90	177.66 - 254.14	
			Pooled	·	140.61	42.93 - 238.29
		20	Edwards 1995	H R H	207.06	173.53 – 240.59
		7	Bontkes 1997	Hel	117.74	88.32 - 147.15
		10	Bontkes 1997	Hel	75.94	45.59 - 106.29
High grade	6	30	Adurthi 2008	•	235.00	223.91 – 246.09
		15	Jaafar 2009	H O I	205.70	173.20 – 238.20
		20	Jaafar 2009	i e i	192.10	163.95 – 220.25
			Pooled	· •••	172.66	120.31 – 225.01
		16	Edwards 1995	⊢ •−1	538.05	463.33 – 612.77
		14	Bontkes 1997	H H H	131.26	81.25 – 181.28
		22	Hachisuga 2001	↓ ↓ ↓	778.77	548.61 - 1008.93
Cancer	8	12	Hachisuga 2001	⊢	584.97	337.68 – 832.26
		30	Adurthi 2008	•	387.00	379.49 – 394.51
		7	Jaafar 2009	· · · · · · · · · · · · · · · · · · ·	450.50	159.45 – 741.55
		15	Jaafar 2009	⊢ •−1	399.50	248.47 – 550.53
		67	Wang 2014	⊢ •−-1	1231.75	1077.28 – 1386.22
			Pooled	÷ • • • • • • • • • • • • • • • • • • •	551.80	393.94 - 709.66
				i i i i i i i i i i i i i i i i i i i		

Epithelial						
		29	Poppe 1995		283.67	194.43 - 372.90
		9	Poppe 1995	•	321.00	73.71 – 568.29
		150	Szarewski 2001	•	126.33	115.78 – 136.88
		11	Kobayashi 2004	• • •	408.00	77.07 – 738.93
		15	Pudney 2005	101	180.00	167.75 – 192.25
N	4.4	4	Monnier-Benoit 2006	H#H	50.00	23.87 – 76.13
Normal	11	9	Piersma 2007	H H H	75.00	42.33 – 107.67
		9	Nedergaard 2007	+++	94.00	64.00 - 124.00
		115	Jordanova 2008		7.31	6.15 - 8.47
		9	Jaafar 2009	⊢ •−1	187.00	145.04 – 228.96
		15	Jaafar 2009	⊨ e ⊣	125.80	89.48 - 162.12
			Pooled	⊢→ →	137.48	75.87 – 199.09
		9	Monnier-Benoit 2006		24.33	17.07 – 31.59
Low grade	4	5	Monnier-Benoit 2006	•	64.67	54.28 - 75.06
0		115	Woo 2008	•	41.72	32.91 – 50.53
		26	Bedoya 2013	•	19.71	14.42 - 25.00
		-	Pooled	He4	37.21	19.33 - 55.10
		13	Kobayashi 2004	• • • • • • • • • • • • • • • • • • •	434.00	259.51 - 608.49
		13	Monnier-Benoit 2006	•	47.33	41.70 - 52.97
		59	Woo 2008	101	37.59	25.83 - 49.34
High grade	6	10	Loddenkemper 2009	Heri	93.50	70.09 – 116.91
0 0		21	Bedoya 2013		15.95	7.58 – 24.32
		25	, Bedoya 2013		17.70	8.98 - 26.42
			Pooled	+++	45.55	25.07 - 66.04
		11	Monnier-Benoit 2006		146.33	76.29 - 216.37
		59	Piersma 2007	→ →→	135.00	95.45 – 174.55
		102	Nedergaard 2007	·•1	496.00	401.99 - 590.01
Cancer	12	20	Nedergaard 2007	⊢ i	620.33	403.48 - 837.19
		115	Jordanova 2008	•	17.34	11.98 – 22.70
		12	Loddenkemper 2009	·•	115.60	21.55 – 209.65
		10	Shah 2011		152.59	84.00 - 221.18
		30	Shah 2011	⊢ •−•	179.62	126.68 – 232.56
		24	Bedoya 2013		15.42	10.58 - 20.26
		57	Qinfeng 2013	;⊕i	20.83	4.92 – 36.74
		31	Heeren 2018	⊢ −−−	249.50	153.40 - 345.60
		137	Liang 2018	HeH	108.77	90.79 – 126.76
			Pooled	H - H	125.96	97.32 - 154.60
				i <u> </u>		
				0 500 100		

Stromal						
		10	Kobayashi 2004		330.00	166.37 – 493.63
Normal	3	4	Monnier-Benoit 2006	H	290.00	239.91 – 340.09
Normai	5	9	Nedergaard 2007	. ⊢ ∎⊣	151.67	85.85 – 217.48
			Pooled	→→	246.80	135.62 – 357.99
		9	Monnier-Benoit 2006	Het	169.00	132.70 – 205.30
Low grade	4	5	Monnier-Benoit 2006		346.67	244.08 – 449.25
		115	Woo 2008		64.06	-96.55 – 224.66
		26	Bedoya 2013	H4	52.65	32.21 - 73.09
			Pooled		157.48	50.48 - 264.48
		13	Kobayashi 2004	• • • • • • • • • • • • • • • • • • •	850.00	536.34 - 1163.66
		13	Monnier-Benoit 2006	⊢ •−1	362.67	260.39 - 464.94
		59	Woo 2008	•	80.63	64.24 – 97.02
High grade	6	10	Loddenkemper 2009	⊢← -	283.90	218.34 - 349.46
		21	Bedoya 2013		42.52	18.42 - 66.62
		25	Bedoya 2013	- 191	59.93	35.00 - 84.86
			Pooled	H	173.93	107.50 - 240.43
		11	Monnier-Benoit 2006	→	553.00	337.63 – 768.37
		102	Nedergaard 2007		796.33	683.34 – 909.32
		20	Nedergaard 2007	••	1279.33	899.18 – 1659.48
Cancer	10	12	Loddenkemper 2009		377.40	212.82 – 541.98
		10	Shah 2011	. I⊕ I	102.97	57.39 – 148.55
		30	Shah 2011	Hei	115.46	83.65 – 147.27
		24	Bedoya 2013	1 40 1	71.58	29.97 – 113.19
		57	Qinfeng 2013)e+ :	38.81	6.94 – 70.68
		31	Heeren 2018	⊢ →	863.60	686.75 – 1040.25
		137	Liang 2018	⊢∎⊣	375.85	310.73 – 440.97
			Pooled		395.33	273.75 – 516.90
				0 500 1000 1500 2000		

				CD4:CD8 Ratio		
Subgroup	Number of studies	Sample Size	Study authors	Random effects model	Mean	95% CI
Total	<u> </u>					
		13	Edwards 1995		1.75	0.99 – 2.51
		11	Bell 2000	: •	1.11	0.89 - 1.33
Normal	4	37	Adurthi 2008		0.75	0.53 – 0.97
		6	Kuppers 1998		0.62	0.47 – 0.77
			Pooled	: + 4 1	0.93	0.61 - 1.24
		16	Edwards 1995		1.29	0.90 - 1.68
Low grade	4	7	Bontkes 1997		0.39	-0.11 - 0.89
		15	Jaafar 2009	: 141	0.94	0.62 - 1.25
	5	Kuppers 1998	: 8	0.42	0.31 – 0.53	
			Pooled		0.75	0.33 - 1.18
		20	Edwards 1995		1.29	0.96 - 1.62
		7	Bontkes 1997	i d i	0.25	-0.08 - 0.58
		10	Bontkes 1997		0.33	-0.30 – 0.96
		30	Adurthi 2008	•	0.88	0.81 - 0.95
High grade	8	15	Jaafar 2009		0.79	0.59 - 1.00
		20	Jaafar 2009		0.86	0.66 - 1.06
		4	Kuppers 1998		0.51	0.37 – 0.65
		13	Kuppers 1998		0.50	0.37 – 0.63
			Pooled		0.70	0.51 – 0.88
		16	Edwards 1995	•	0.46	0.34 – 0.57
		14	Bontkes 1997	⊢⊷ -1	0.24	-0.29 – 0.78
		22	Hachisuga 2001		0.74	0.47 - 1.01
Cancer	9	12	Hachisuga 2001		1.19	0.52 – 1.86
		30	Adurthi 2008		0.81	0.77 – 0.84
		7	Jaafar 2009	: ⊢⊕ч	0.74	0.24 - 1.23
		15	Jaafar 2009	Her.	0.57	0.33 – 0.82
		67	Wang 2014	÷	10.96	8.86 - 13.06
		9	Kuppers 1998	•	0.11	0.02 - 0.20
			Pooled		0.80	0.47 – 1.13
				0 5 10 15		

Epithelial						
		29	Poppe 1995		0.99	0.54 - 1.44
		9	Poppe 1995	→→ →	0.37	0.06 - 0.67
		150	Szarewski 2001		0.85	0.75 – 0.95
		11	Kobayashi 2004	H 0 -1	0.15	0.01 - 0.30
		16	Pudney 2005	- -	0.75	0.65 – 0.85
Normal	10	4	Monnier-Benoit 2006	Hel	0.41	0.28 – 0.54
		9	Nedergaard 2007	iei	0.21	0.11 – 0.32
		115	Jordanova 2008	⊢ •−1	3.20	2.76 - 3.64
		9	Jaafar 2009		0.78	0.41 -1.16
	15	Jaafar 2009		0.88	0.59 – 1.17	
		Pooled		0.81	0.53 - 1.10	
		9	Monnier-Benoit 2006	Hen :	0.60	0.43 – 0.77
Low grade	4	5	Monnier-Benoit 2006	- 	0.78	0.68 – 0.87
2		115	Woo 2008	►	4.30	3.53 – 5.07
		26	Bedoya 2013		0.35	0.28 - 0.42
			Pooled		1.17	0.71 – 1.63
		13	Kobayashi 2004	⊢● →	0.38	0.13 - 0.64
		13	Monnier-Benoit 2006	HeH	0.76	0.61 - 0.91
		59	Woo 2008	• • • • • • • • • • • • • • • • • • •	3.62	1.95 – 5.29
High grade	6	10	Loddenkemper 2009		1.09	0.54 – 1.64
		21	Bedoya 2013		0.19	0.14 - 0.24
		25	Bedoya 2013	H e -I	0.83	0.73 – 0.93
			Pooled	► • • •	0.75	0.37 - 1.12
		11	Monnier-Benoit 2006	⊢ ∎⊣	0.27	-0.01 – 0.56
		102	Nedergaard 2007		0.22	0.15 – 0.29
		20	Nedergaard 2007	⊢ ₩-1	0.33	0.12 – 0.54
Cancer	9	115	Jordanova 2008	⊢	3.80	2.87 – 4.73
		12	Loddenkemper 2009	⊢i	1.28	-0.10 - 2.66
		10	Shah 2011	⊢⊷i	0.70	0.43 – 0.97
		30	Shah 2011		0.94	0.55 – 1.33
		24	Bedoya 2013	Her -	0.42	0.33 - 0.51
		57	Qinfeng 2013		1.05	-0.03 – 2.13
			Pooled		0.66	0.42 – 0.91
				0 2 4 6		

Stromal						
		10	Kobayashi 2004		0.65	0.21 – 1.09
Normal	3	4	Monnier-Benoit 2006	He-1	0.75	0.66 – 0.85
Normai		9	Nedergaard 2007	⊢● →	0.48	0.18 – 0.78
			Pooled	⊷	0.68	0.51 – 0.85
		9	Monnier-Benoit 2006	Hen	1.27	1.14 - 1.41
Low grade	3	5	Monnier-Benoit 2006	H	0.96	0.87 – 1.05
		26	Bedoya 2013	H o I	0.53	0.41 - 0.65
			Pooled		0.92	0.54 – 1.30
		13	Kobayashi 2004	→	1.27	0.63 – 1.92
High grade		13	Monnier-Benoit 2006		0.91	0.85 – 0.97
	E	10	Loddenkemper 2009	·	1.34	0.57 – 2.10
	5	21	Bedoya 2013	H e -1	0.62	0.50 – 0.74
		25	Bedoya 2013	: · · · · ·	3.59	3.12 – 4.06
			Pooled	• • • • • • • • • • • • • • • • • • •	1.50	0.98 – 2.03
		11	Monnier-Benoit 2006	+++	0.37	0.23 – 0.52
		102	Nedergaard 2007	iei -	0.33	0.25 – 0.41
		20	Nedergaard 2007	⊢● −1	0.56	0.32 – 0.81
Cancer	8	12	Loddenkemper 2009	, i ,	1.04	0.40 - 1.68
		10	Shah 2011	• • ••••	1.68	0.88 – 2.48
		30	Shah 2011	, ,	1.25	0.82 – 1.68
		24	Bedoya 2013	⊢● −1	1.50	1.15 – 1.85
		57	Qinfeng 2013	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	1.26	0.53 – 1.99
			Pooled	⊢ •	0.90	0.60 - 1.20
			Pooleu			0.00 - 1.

Subgroup				Foxp3		
2	Number	Sample Size	Study authors	Random effects model	Mean	95% CI
	of					
-	studies					
Total		18	Hou 2012	H#4	215.73	173.98 - 257.48
Normal	ſ		Adurthi 2008			
Normal	2	8	Pooled		0.12 106.88	-0.12 - 0.37 -104.40 - 318.15
		21	Prata 2015		1.00	0.79 - 1.21
Low grade	3	1	Jaafar 2009		52.70	0.79 – 1.21 35.49 – 69.91
LOW graue	5	11	Adurthi 2008	•	3.40	2.69 - 4.11
		11	Pooled		3.40 3.75	0.62 – 6.88
		28	Hou 2012		713.03	660.80 - 765.26
		28	Prata 2015	•	5.00	4.12 - 5.88
		20 16	Prata 2015 Prata 2015	•	25.00	4.12 - 3.88 20.10 - 29.90
		15	Jaafar 2009	: : IOI	68.00	45.06 – 90.94
High grade	7	20	Jaafar 2009	- - HeH	127.50	43.00 - 90.94 99.35 - 155.65
		30	Adurthi 2008	•	6.00	4.57 – 7.43
		10	Adurthi 2008	•	4.30	2.81 – 5.79
		10	Pooled		52.32	41.17 – 63.48
		67	Wang 2014		541.77	432.90 - 650.64
		46	Hou 2012		1305.70	1204.81- 1406.60
		22	Prata 2015	•	70.00	61.64 - 78.36
Cancer	6	7	Jaafar 2009		285.60	196.05 – 375.15
	· ·	15	Jaafar 2009	H o l	226.10	195.51 – 256.69
		30	Adurthi 2008		48.00	36.19 - 59.81
			Pooled	÷	391.32	282.19 - 500.45
				-i 1 1 1		
				0 500 1000 1500		
Epithelial						
		9	Jaafar 2009	Her	32.30	24.90 – 39.70
Normal	3	15	Jaafar 2009		22.10	18.28 - 25.92
Horman	5	115	Jordanova 2008	•	4.59	3.84 – 5.34
			Pooled		19.36	3.22 – 35.50
Low grade	1	26	Bedoya 2013	•	0.38	0.33 - 0.43
			Pooled		0.38	0.33 - 0.43
High grade	5	31	Nakamura 2007	•	0.0	-0.13 - 0.13
		59	Woo 2008	•	13.46	13.36 - 13.57
		21	Bedoya 2013	•	2.02	1.65 – 2.39
		25	Bedoya 2013		2.06	1.84 – 2.28
		10	Loddenkemper 2009		23.80	14.43 – 33.17
		4.0	Pooled	H#H +	7.44	0.08 - 14.79
		10	Nakamura 2007		1.68	-0.80 - 4.16
		18	Nakamura 2007		5.15	3.01 - 7.29
		10	Shah 2011	• • • • • • • • • • • • • • • • • • • •	172.53	74.73 – 270.33
		30 50	Shah 2011 Diorema 2007		236.84	185.62 - 288.07
		59 24	Piersma 2007 Rodova 2012	-	1.00 1.71	0.87 - 1.13
<u>C</u> .	4.0	24 12	Bedoya 2013 Loddenkemper 2009		1.71	1.42 – 2.00 10.59 – 23.41
Cancer	10	115	Jordanova 2008		30.09	10.59 - 23.41 23.94 - 36.24
		57	Qinfeng 2013		5.38	23.94 – 30.24 3.57 – 7.18
		137	Liang 2018		26.16	22.44 – 29.88
		107	Pooled		8.12	6.25 – 9.99
				0 100 200 300		

Stromal						
Normal	0	-	-		-	-
Low grade	1	26	Bedoya 2013	•	6.76	5.61 – 7.91
			Pooled	•	6.76	5.61 – 7.91
High grade	5	31	Nakamura 2007	•	11.68	9.49 - 13.86
		59	Nakamura 2007	↓ +	48.65	-1.63 – 98.93
		21	Bedoya 2013		3.06	1.92 – 4.20
		25	Bedoya 2013	•	10.04	8.87 – 11.21
		10	Loddenkemper 2009	•	166.60	33.14 - 300.06
			Pooled	-	8.96	3.42 - 14.51
Cancer	9	10	Nakamura 2007	Het I	53.75	45.53 – 61.98
		18	Nakamura 2007	•	43.55	38.69 - 48.42
		10	Shah 2011	• • • • • • • • • • • • • • • • • • •	117.56	60.09 - 175.02
		30	Shah 2011	Her	179.32	168.09 – 190.54
		59	Piersma 2007	•	12.00	10.72 – 13.28
		24	Bedoya 2013		5.48	4.58 – 6.38
		12	Loddenkemper 2009	•i	117.30	38.21 – 196.39
		57	Qinfeng 2013		4.23	3.07 – 5.39
		137	Liang 2018	:	111.12	88.79 – 133.44
			Pooled		56.03	44.97 – 67.09
				0 100 200 300 400		

Figure S1. Full Forest Plots. Forest plots of each population subset included in the quantitative meta-analysis of infiltrating CD3, CD4, CD8, the CD4:CD8 ratio, and FoxP3 in normal cervix, low grade cervical intraepithelial neoplasia (CIN), high grade CIN, and cervical cancer tissue. Abbreviations: CI, confidence interval.

Figure S2. Tests of Variance

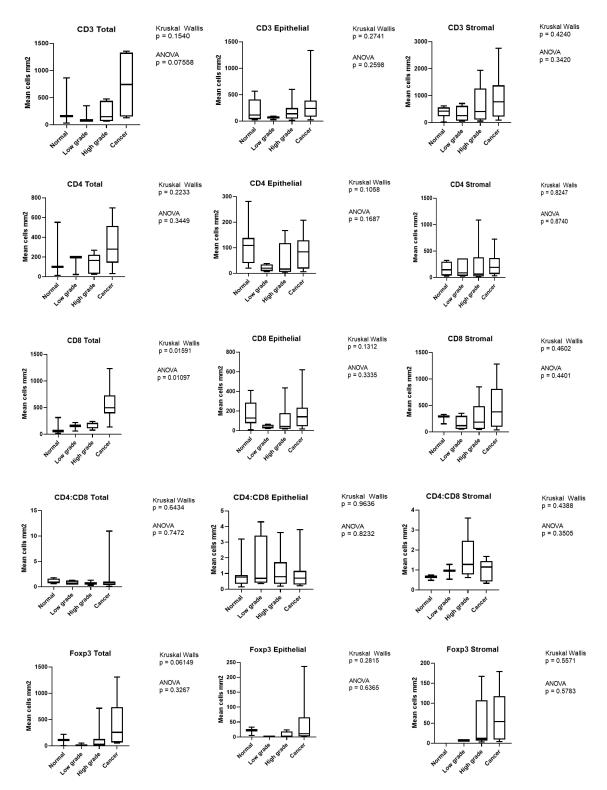


Figure S2. Tests of Variance. Pairwise nonparametric (Kruskal Wallis) and parametric (ANOVA) tests of variance showed comparable results for each T-cell subset and ratio. Only CD8 total was nominally significant (p<0.05) for both tests. Pairwise nonparametric Mann-Whitney tests reveal that this result was driven by significant differences between cancer and each other disease stage.

Table S1. Studies Included in Quantitative Me	ta Analycic
Table ST. Studies included in Quantilative we	Ld-Alidiysis

Tuble 51. Studie	es Included in Qua	indiadive i		Disease leve	I		· · ·	Tissue type				M	arkers of inte	rest			1	Age	Method
First Author	Year PMID	Normal	LGCIN	HGCIN	Cancer	Other		Stromal	Total	CD4	CD8	CD3	CD4:CD8	CD56	Foxp3	CD25	Years	Reporting metric	IHC/IF
Abdulhaqq	2016 26555708	13					х			х							21	Minimum	IF
Adurthi	2008 18593438	37		30	30	37			х	х	х	1	1		х	х	26-76	Range	IHC
Ahmed	2001 11439171	10					х	х		1	х	1	х				28-33	Range	IF
al-Saleh	1998 9614381	34	14	12				х		х							NR	NR	IHC
Ancuta	2009 19942961				61		UNK	UNK	UNK			х					36.4	Mean	IHC
Bedoya	2013 22290207		26	46	24		х	х		х	х	1	х		х	х	33.7/33.6/47/47.2	Mean (CIN1/CIN2/CIN3/cancer)	IHC
Bell	2000 10684703	17				6			х	х	х	1	х				39.3/27.3/26.1	Mean (Normal/CIN HIV-/CIN HIV+)	IHC
Bethwaite	1996 9007950				64		х	х				х					43.7	Mean	IHC
Bontkes	1997 9374383		7	17	14				х	1	х	х	1				NR	NR	IHC
Brustmann	2015 25675190	54	25	44	64		х	х			х						NR	NR	IHC
Carrero	2015 25661067	7	45	10			х	х				х					NR	NR	IF
Chen	2006 16681759				55		х	х			х						NR	NR	IHC
Coleman	1994 8314316			16			х	х				х					NR	NR	IHC
Dietl	1991 1671375				10		х	х		х	х	х					48	Median	IHC
Edwards	1995 8620416	13	16	20	16				х	х	х	1	1				NR	NR; 15 years older in cancer than CIN	IHC
Enwere	2017 28059093				111				х		х						44	Median	IHC
Ferguson	1985 2415145	13			10		х			х	х	х					31-77	Range	IHC
Ferrandina	2006 16609015				27			х		х	х	х				х	51/58	Median (treated/untreated)	IHC
Gey	2003 12628838				12				х			х					NR	NR	IHC
Hachisuga	2001 11549855				34				х	х	х	1	1				53	Mean	IHC
Heeren	2018 30050535				35		х	х			х						4.9	NR	IHC and IF
Hilders	1993 8264228				30		х	х		х	х	х		х			NR	NR	IHC
Hirbod	2013 24006463	20					х			х							42/38/42	Median (HIV+ FSW/HIV-/HIV- FSW)	IHC
Hou	2012 22820395	18		28	46				х						х		45/39/46	Median (cancer/CIN3/normal)	IHC
Hu	2015 25885042			13					х			х					38.2/36.9	Median (HPV+/HPV-)	IHC
Jaafar	2009 19808652	9	15	35	22	6	х		х	х	х	х	1		х		NR	NR	IF
Jordanova	2008 18381941	115			115		х			х	I	1	х				48.5/46	Mean (patients)/median (controls)	IF (CD8); IHC (FoxP3)
Kobayashi	2004 15374995	21		14			х	х		х	х	1	1	х			51/33/32	Mean (HIV- normal/HIV CIN/HIV+ CIN)	IHC
Kuppers	1998 25951354	6	5	17	9				х	х	х		х				NR	NR	IHC
Li	2014 25423704	24	28	50	24				х	х							NR	NR	IHC
Liang	2018 30474571				137		х	х			х				х		NR	NR	IHC
	2009 19514119			10	12		х	х		х	х	I	I		х		NR	NR	IHC
Lucena	2016 26545568		6	31			UNK	UNK	UNK	х	х	х		х			32.8/35.3	Mean	IHC
Maldonado	2014 24477000	12					х	х			х				х		29	Mean	IHC
Maluf	2008 18343936			35				х			х	х					34.9	Mean	IHC
	2006 16427684	4	14	13	11		х	x		x	х	1	х				44/35/44	Median (normal/CIN/cancer)	IHC
Munk	2012 23017821					162		x		х							25-40	Range	IHC
Nakamura	2007 17433037	24		31	28	13	x	x							х	х	NR	NR	IHC/IF
Nedergaard	2007 17940503 2007 18184401				102 20		x	х		x	x x	x					NR	NR	IHC
Nedergaard		9			20		х	x	х	х	х	х	I				31.5	Median	IHC
Olaitan	1996 8805867	5		24			~	v	x	v	v		х				37	Mean	IHC
Origoni Ovestad	2013 24455729			34 55			x	x x		х	x x					v	NR	NR (and the second seco	IHC
	2011 21421698		24		0		*	X		v	X					x x	35.2/48.6	Mean (CIN-cancer/normal)	-
Peghini	2012 22749886 2007 17210718	9	21	34	8		~	х		x	x	v			~	x	44/46	Median (cancer/normal)	IF/IHC
Piersma	2007 17210718 1995 7890250	38			59		x x	X		×	x	x			х		36/43	Mean (nonsmokers/smokers)	IHC
Poppe		38 5	21	26	22		*		~	x	X				x		49/3/41/45/45	Mean (normal/CIN1/CIN2/CIN3/cancer)	IHC
Prata Pudney	2015 26059395 2005 16093359		21	36	22		×		х	x	x				^		43	Mean	IF
		16			67		x	v		x	X	I V			x		40	Median	IF
Punt	2015 25795131				67		x	x x		v	v	x			X		51	Median	
Qinfeng Roncalli	2013 23510275 1988 2448545				57	18	x	x		x x	x x						44	Mean	IHC
Rosini	1988 2448545 1996 8760019	5	19	19	7	19	x	x		^	~	x	1				31.2/32.3/33.4	Mean (HIV-/HIV+ high CD4/HIV+ low CD4) Mean	IHC
Shah		ر	13	13	40		x	x		x	x	· ·	х		x		47	Mean Median	IHC
Silva	2011 21200385 2010 20613932	20		19	40 19		x	x		^	x	ı x	^		^		42 0/25 5/50		IHC
Srivani	2010 20813932 2003 12801265	3	6	19	32	2	Ŷ	^	х	v	x	x					43.9/35.5/50 42.3-55.4	Mean (normal/CIN3/cancer) Range of mean ages listed for 8 disease stages	IHC
		3 150	o	12	52	2	x		^	Ŷ	x	· ·							IHC
Szarewski Varynen	2001 11281472 1985 2989155	166	62	32	3		^		х	Ŷ	x	x	x				35 25-29	Mean Median	IHC
Varynen Viac	1985 2989155 1990 2168858	5	02		3		×	х	^	x	x	^	^						ITC.
		J		18	67		^	^	~	x	x				x		20-60 43	Range (hgCIN)	15
Wang White	2014 25446402 1997 9138451	20			0/		1		x x	^	~	x	1		~			Mean	ir ir
		29	50	115			v	v	^	v	v	× .	v	v	~		NR	NR	IF
Noo	2008 19035938		59	115			Х	Х		Х	Х	1	Х	Х	Х		20-30	Range	INC

Table 51. Studies Included in Quantitative Meta-Analysis. Studies included in the quantitative meta-analyses are listed, including record identification information. The numbers of patient samples at each disease stage and which markers and tissues types were included are also indicated. One sample per patient was included from studies that took multiple samples. Directly reported measurements are indicated with an "X," imputed measurements are indicated with an "I," and studies with unknown tissue type are indicated with "UNK." In the meta-analysis unknown tissue type was assumed to be total (see methods). Abbreviations: PMID, PubMed identification number; LG, low grade; CIN, cervical intraepithelial neoplasia; HG, high grade; UNK, unknown; I, imputed; NR, not reported; IHC, immunohistochemistry; IF, immunofluorescence

Table S2. Quality Review

le S2. Quality Review								1				
	Study design				Quality review			Follow	w-up	Inclu	ded in datasets	
First author Year PMID	Study design			Risk of	Quality review	Risk of		101101	ν-up	inclus	ieu in uatasets	
		Risk of		selection		information			Reporting	, I	Longitudinal	
		confounding	Confounding notes	bias	Selection bias notes	bias	Information bias notes	Years	metric	Meta-analysis	analysis CD2	25 analys
			No risk of confounding by HIV status (since all									
			women were determined to be HIV free); low		Selection into the study described well, special		Standard procedure for all samples, unlikely to					
Abdulhaqq 2016 26555708	3 Cross-sectional	l L	risk of residual confounding	L	population	L	result in bias by investigators			Yes		
							Manual cell counting, but unlikely related to					
					Selection into the study described well, no		exposure/outcome overall (any misclassification					
Adurthi 2008 18593438	3 Cross-sectional	I U	HIV status not reported	L	concern of bias	L	considered random)			Yes		Y
			"all stages of [HIV] disease" - women with advanced HIV may have a different immune									
			profile than women recently infected. 2 women		Selection into the study described well, special		Standard procedure for all samples, unlikely to					
Ahmed 2001 11439171	Cross-sectional	U U		L	population	L	result in bias by investigators			Yes		
Annea 2001 11435171		Ű	Study had info on specific HPVs but did not	-	population	-	Method well-described, used control			103		
al-Saleh 1998 9614381	Cross-sectional	U U	stratify for CD3 analysis; no info on HIV	U	Selection not discussed	L	samples, likely low bias			Yes		
			No HIV information, but prevalence of HIV				,					
			presumed to be low in population and unlikely		Risk of selection bias low as all had cancer and		Very little information on IHC methods, and no					
Ancuta 2009 19942961	Cross-sectional	I L	to cause bias	L	selection not expected to be related to outcome	U	discussion of blinding or automated analysis			Yes		
			No discussion of potential confounders such as		Did not state how 18 cases were selected out of		No information given, possible bias by IHC					
Ancuta 2014 25329108	3 Cohort	t U	age, HIV status	U	original cohort of 61	U	reviewers since analysis was retrospective	No data			Yes	
			No HIV information, but prevalence of HIV				Two separate pathologists independently					
			presumed to be low in population and unlikely		Selection not discussed, but the high number of		evaluated samples, staining procedure was					
Bedoya 2013 22290207	7 Cross-sectional	L	to cause bias	L	samples can negate the risk of selection bias	L	standard			Yes		,
					Low sample count, sampling not discussed in							
					detail. It is very possible that selection into this							
					study was not random and that the low number							
D			HIV accounted for in this study, but stage of HIV		of samples contributed to a lot of variation in							
Bell 2000 10684703	3 Cross-sectional	I U	disease not discussed	н	outcome	L	Automated method used			Yes		
			Study reported mean CD3 in multiple subgroups		It is unlikely that there was a selection bias when compiling the samples, as they were							
			(tumor /grade/age at DX/LCSI/lymph		complied for a separate study with no							
			nodes/local or nonlocal disease). Risk of HIV low		knowledge that eventual immune infiltrate		Automated CD3 counts, same method across all					
Bethwaite 1996 9007950	Cohort baseline			L	information would be retrieved.	L	samples	5.2	Mean	Yes	Yes	
bethwatte 1556 5667556	conore baseline	-	No HIV information, but prevalence of HIV	-	mornation would be realieved.	-	Sumples	5.2	wican	103	103	
			presumed to be low in population and unlikely		Selction procedure specifically notes random		Three independent researchers evaluated					
Bontkes 1997 9374383	Cross-sectional	I L		L	selection	L	results			Yes		
			No HIV information, but prevalence of HIV		Selection procedure not well-defined, but high							
			presumed to be low in population and unlikely		number of samples may lower risk of selection							
Brustmann 2015 25675190	Cross-sectional	I L	to cause bias	L	bias	L	Investigator blinded to all clinical data			Yes		
					The selection of patients is well-described, but							
					whether they were randomly selected is							
			HIV accounted for in this study, all were tested		unknown. For this study, I would not be							
			and negative; additional factors like		concerned about the outcome per category, but							
			immunosuppresants and pregnancy were also		statistical comparisons with the low number of							
Carrero 2015 25661067	7 Cross-sectional	I L	accounted for	L	controls	U				Yes		
01 0000 10001750			Study reviewed expression in many subgroups;		All had adenocarcinomas and likelihod of		Independent observers without knowledge of					
Chen 2006 16681759	O Cross-sectional	L	risk of bias is low	L	selection bias is low	L	clinical information reviewed the samples			Yes		
			Patients had no infection (other than HPV) or									
			inlammation; HIV not assessed but low prevalence in the population lowers risk that it									
Coleman 1994 8314316	5 Cross-sectional	I L	affected any results	U	Selection not well-described	н	"arbitrary grading scale"			Yes		
Coleman 1554 8514510	cross-sectional	-	anceted any results		Low sample count, but all had adenocarcinoma.		arbitrary grading scale			Tes		
					Since disease stage all the same, sampling bias		Semiquantitative and subjective system to rate					
Dietl 1991 1671375	5 Cross-sectional	ι L	HIV not assessed but likely did not affect results	L	unlikely	U	infiltration			Yes		
			······································		Insufficient details provided on criteria for tissue							
			Posisble confounding by age, HIV status, HPV		selection; patients without known recurrence							
Edwards 1995 8620416	5 Cohort	t H	status (for normal category)	н	were not followed up	L	Cell counter blinded to diagnosis	2	NR	Yes	Yes	
			No data on potential confounders including HIV				Does not state whether pathologist counting					
Enwere 2017 28059093	3 Cohort	t U		U	No details provided on selection criteria	U	CD8 cells was blinded to outcome	5	Maximum	Yes	Yes	
			Possible confounding due to indication for				Does not state whether cell scorer blinded to					
Ferguson 1985 2415145	5 Cross-sectional	I U		U	Insufficient details provided to evaluate	U	ourocme			Yes		
Ferrandina 2006 16609015	5 Clinical trial baseline	e L	Excluded based on likely confounders	L		L	Pathologist analyses blinded appropriately			Yes		`
		1					Fields likely not chosen truly randomly, not					
							stated whether cell counting blinded					
		I U	Possible confounding by HIV status	U	Insufficient details provided to evaluate	U	appropriately Subjective field selection and counting criteria			Yes		
Gey 2003 12628838	3 Cross-sectional											
Gey 2003 12628838	3 Cross-sectional		Characteristical law UDV statutes and shaded from the UV V		No. Illich and a final set of the little set of the							
			Stratified by HIV status, excluded for other likely		No likely sources of selection bias, patients		raise questions, no indication whether reviewers					
Gey 2003 12628838 Goncalves 2009 19689792		I L	Stratified by HIV status, excluded for other likely confounders	L	recruited sequentially	U	raise questions, no indication whether reviewers were blinded					Y
	2 Cross-sectional	l L		L			raise questions, no indication whether reviewers were blinded Not stated whether pathologists blinded to	2.2	Median		Yes	

Hachisuga 2001 11549855	Cohort baseline	U		U Insufficient details provided to evaluate	U Insufficient details on cell counting method		Yes		
Heeren 2018 30050535	Cohort baseline	U		L All qualifying patients in range selected	U Possible bias in selection of imaging area	s	Yes		
			Adjusted for clinical stage, other markers; HIV	Insufficient details provided about selection to			1		
Hellberg 2009 18976801	Cohort	L	less of a concern in this time range	U determine likelihood of bias	L Pathologist blinded to clinical detail		1	Yes	
				All patients with available tissue were selected;	Possible non-random areas assesed; also no				
Hilders 1993 8264228	Cross-sectional	U		L controls appropriate	U stated whether cell counters were blinde		Yes		
Hirbod 2013 24006463	Constant in the	L	Controlled for or excluded based on potential confounders	The second second second second	Blinded assessment of tissue, full section		Yes		
Hirbod 2013 24006463	Cross-sectional	L	contounders	L Two appropriate control groups	L evaluate		res		
			Appropriate evolutions for potential	Consecutive patients enrolled; normal control	"Randomly selected" high power fields possibl		1		
Hou 2012 22820395	Cross-sectional		Appropriate exclusions for potential confounders	L specimens from comparable population	not truly random, not stated whether reviewe U was blinded to outcom		Yes		
HOU 2012 22820395	Cross-sectional		comounders	 specimens nom comparable population 	"Randomly selected" areas may not be trul		res		
Hu 2015 25885042	Cross-sectional		Excluded based on likely confounders		U random	y 1	Yes		
110 2013 25005042	C1033 30000101	-	Excluded based on mery comounders	-	"Representative areas" selected for study an	4	103		
				Insufficient details on patient selectino provided	"randomly selected fields" possibly not trul		1		
Jaafar 2009 19808652	Cross-sectional	U	No details provided to evaluate	U to determine	U random introduce possibility of bia		Yes		
		_			Cells counted in "ramdomly selected" field		1		
			No data on HIV status; did not control for cancer		likely not truly chosen at random; automate		1		
Jordanova 2008 18381941	Cohort	U		L All eligible cases in time range included	U cell countin	g 5 Maximum	Yes	Yes	
		_	Not controlled for prior chemotherapy, HIV	Possible selection bias into randomized trial			1		
Karageorgopoulou 2017 28659181	Clinical trial	н		U from which cases were drawn	L Path reviewers blinded to clinical characteristic	s 0.02-6.75 Range	1	Yes	
			Comparing HIV+ and HIV- patients from three			, i i i i i i i i i i i i i i i i i i i	1		
			different studies makes unmeasured	Hospital controls used as normal tissue source,	Not indicated whether cell counting was blin	t i i i i i i i i i i i i i i i i i i i	1		
Kobayashi 2004 15374995	Cross-sectional	н	confounding likely	U may not be representative	U and fields not selected at randor	n	Yes		
			No details provided; likely confounding by HIV		Blinded investigators, areas to evaluate selecte	4	1		
Kuppers 1998 25951354	Cross-sectional	н	status or other unconsidered factors	U Insufficient details provided to evaluate	L randoml	ý	Yes		
				Insufficient details provided to evaluate; use of	No stated whether cell counters were blinded	;	1		
Li 2014 25423704	Cross-sectional	U	Insufficient details to evaluate	U hospital controls for normal tissue	U sections not selected random	Y	Yes		
				Consecutive patients recruited; patients likely			1		
				representative of cancer patient population	T cells counted in fields with highest density, no	t	1		
Liang 2018 30474571	RCT baseline	L		L overall	H randoml	ý	Yes		
					Random selection of fields to count, counter	s	1		
Loddenkemper 2009 19514119	Cross-sectional	L		L Random selection of archived tissues	L blinded to outcome	s	Yes		
			Stratified by HIV status, controlled for other		Scoring system subjective but examiner blinde		1		
Lucena 2016 26545568	Cross-sectional	L	potential confounders	U Insufficient details to evaluate	L so any bias not likely differentia		Yes		
Maldonado 2014 24477000	Clinical trial baseline	L	Excluded based on likely confounders	L	U Regions of interest defined subjective	Y	Yes		
							1		
				Concerned an advantage of the first second states of the latest			•		
			Peecikle UIV confounding but unlikely given time	Several exclusion reasons likely associated with	Not stated whether call counting was performed	a			
Maluf 2009 19242026	Cohort		Possible HIV confounding but unlikely given time	T cell counts (surgical margains requiring	Not stated whether cell counting was performe		Yes	Vec	
Maluf 2008 18343936	Cohort	L			Not stated whether cell counting was performe U in a blind manne	d r 4 Minimum	Yes	Yes	
Maluf 2008 18343936	Cohort			T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC)			Yes	Yes	
		L	period	T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers	U in a blind manne	r 4 Minimum		Yes	
Maluf 2008 18343936 Monnier-Benoit 2006 16427684	Cohort Cohort baseline		period	T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC)	U in a blind manne	r 4 Minimum	Yes Yes	Yes	
Monnier-Benoit 2006 16427684	Cohort baseline	L	period All patients immunocompetent	T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers L separate which is not ideal but unavoidable	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult t	r 4 Minimum	Yes	Yes	
		L	period All patients immunocompetent	T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult t U ascertai	r 4 Minimum d D		Yes	
Monnier-Benoit 2006 16427684 Munk 2012 23017821	Cohort baseline Cohort baseline	L	period All patients immunocompetent Excluded based on likely confounders	T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers L separate which is not ideal but unavoidable L All eligibile patients in range asked to participate	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U ascertai No indication that high power fields selecte	r 4 Minimum 1 1	Yes	Yes	Yes
Monnier-Benoit 2006 16427684	Cohort baseline	L	period All patients immunocompetent Excluded based on likely confounders	T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers L separate which is not ideal but unavoidable L All eligibile patients in range asked to participate	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U ascertai No indication that high power fields selecte	r 4 Minimum 1 1	Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821	Cohort baseline Cohort baseline	L	period All patients immunocompetent Excluded based on likely confounders	T cell counts (surgical margains requiring H hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers L separate which is not ideal but unavoidable L All eligibile patients in range asked to participate	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult t U ascertai No indication that high power fields selecte U randomly or that cell counters were blinde	r 4 Minimum d d d d f	Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821	Cohort baseline Cohort baseline	L	period All patients immunocompetent Excluded based on likely confounders	T cell counts (surgical margains requiring hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers separate which is not ideal but unavoidable L All eligibile patients in range asked to participate U Insufficient details to evaluate	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult t U ascertai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell	r 4 Minimum d d d d d d f	Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037	Cohort baseline Cohort baseline Cross-sectional	L	period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders	T cell counts (surgical margains requiring hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers separate which is not ideal but unavoidable L All eligibile patients in range asked to participate U Insufficient details to evaluate Probably selected all cancers that met inclusion	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U U ascertai No indication that high power fields selecte Fields of view selected randomly; can't tell counting procedure introduced possibl	r 4 Minimum d d d d d d f	Yes Yes Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037	Cohort baseline Cohort baseline Cross-sectional	L	period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders	T cell counts (surgical margains requiring hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers separate which is not ideal but unavoidable L All eligibile patients in range asked to participate U Insufficient details to evaluate Probably selected all cancers that met inclusion	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U U ascertai No indication that high power fields selecte Fields of view selected randomly; can't tell counting procedure introduced possibl	r 4 Minimum d d d d d d f	Yes Yes Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037	Cohort baseline Cohort baseline Cross-sectional	L	period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders	T cell counts (surgical margains requiring hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers separate which is not ideal but unavoidable L All eligibile patients in range asked to participate U Insufficient details to evaluate Probably selected all cancers that met inclusion U criteria but didn't explicitly state this in methods Consecutive patients recruited; possible bias in that patients with less advanced cancer may be	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U U ascertai No indication that high power fields selecte Fields of view selected randomly; can't tell counting procedure introduced possibl	r 4 Minimum d d d d d d f	Yes Yes Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037	Cohort baseline Cohort baseline Cross-sectional	L	period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders	T cell counts (surgical margains requiring hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers separate which is not ideal but unavoidable L All eligibile patients in range asked to participate U Insufficient details to evaluate Probably selected all cancers that met inclusion U criteria but didn't explicitly state this in methods Consecutive patients with less advanced cancer may be more likely not to have tumor tissue in archival	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U ascertai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell counting procedure introduced possibl U information bla	r 4 Minimum 3 3 3 4 3 5 5	Yes Yes Yes	Yes	Yes
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Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037	Cohort baseline Cohort baseline Cross-sectional Cross-sectional	L	period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders	T cell counts (surgical margains requiring hysterectomy, lesions too small for IHC) Controls from same cohort as CIN cases; cancers separate which is not ideal but unavoidable L All eligibile patients in range asked to participate U Insufficient details to evaluate Probably selected all cancers that met inclusion U criteria but didn't explicitly state this in methods Consecutive patients with less advanced cancer may be more likely not to have tumor tissue in archival	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U U ascertai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell counting procedure introduced possibl U information bia	r 4 Minimum 3 3 3 4 3 5 5	Yes Yes Yes	Yes	Yes
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Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401	Cohort baseline Cohort baseline Cross-sectional Cross-sectional		period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding	Image: Consecutive patients recruited; possible bias in that patients with less advanced cancer may be more likely not to have tumor tissue in archival blocks but our analysis did not distinguish between stages so likely not relevant here Image: Consecutive eligible patients in cancel eligible patients in transformer to that patients with less advanced cancer may be more likely not to have tumor tissue in archival blocks but our analysis did not distinguish between stages so likely not relevant here Image: Consecutive eligible patients included	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U Secretai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell counting procedure introduced possibl U information bia Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde	r 4 Minimum 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes		Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335	Cohort baseline Cohort baseline Cross-sectional Cross-sectional Cross-sectional Cohort		Period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounding Possible HIV confounding Possible HIV confounding Careful screening of participants for likely	Image: Consecutive patients with less advanced cancer may be the set of the set	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U ascertai No indication that high power fields selecte Fields of view selected randomly; can't tell counting procedure introduced possibl U information bia Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen for	r 4 Minimum 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes		Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401	Cohort baseline Cohort baseline Cross-sectional Cross-sectional		Period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounding Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders	Image: Consecutive patients recruited; possible bias in that patients with less advanced cancer may be more likely not to have tumor tissue in archival blocks but our analysis did not distinguish between stages so likely not relevant here Image: Consecutive eligible patients in cancel eligible patients in transformer to that patients with less advanced cancer may be more likely not to have tumor tissue in archival blocks but our analysis did not distinguish between stages so likely not relevant here Image: Consecutive eligible patients included	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U Secretai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell counting procedure introduced possibl U information bia Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde	r 4 Minimum 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes		Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867	Cohort baseline Cohort baseline Cross-sectional Cross-sectional Cross-sectional Cohort		period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding	Image: Construct of the second sec	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U u ascertai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell counting procedure introduced possibl U information bia Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen fo U counting or whether reviewers were blinde	r 4 Minimum 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes Yes	Yes	Yes
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Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867 Origoni 2013 24455729	Cohort baseline Cohort baseline Cross-sectional Cross-sectional Cohort Cross-sectional Cohort		Period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding factors No discussion of potential confounders, difficult	Image: Consecutive engines and	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult U ascertai No indication that high power fields selecte U randomly or that cell counters were blinde Fields view selected randomly; can't tell counting procedure introduced possibl U information bia Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen fo U counting or whether reviewers were blinde	r 4 Minimum 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes Yes	Yes	
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Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867 Origoni 2013 24455729	Cohort baseline Cohort baseline Cross-sectional Cross-sectional Cohort Cross-sectional Cohort		period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding factors No discussion of potential confounders, difficult to evaluate	Image: Consecutive patients in curved and specific or consecutive patients in curved and patients and patients in cur	U in a blind manner U Unclear whether cell counters were blinde Cell counting possibly not at random, direct tai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell counting procedure introduced possibl U information bla Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen fo U counting or whether reviewers were blinde Highly unrepresentative areas selected fo H counting	r 4 Minimum 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes Yes	Yes	
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867 Origoni 2013 24455729 Ovestad* 2010 20512116	Cohort baseline Cross-sectional Cross-sectional Cross-sectional Cohort Cross-sectional Cohort Cross-sectional		Period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding factors No discussion of potential confounders, difficult	Image: Consecutive engines and	U In a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, diffcult U ascertai No indication that high power fields selecte U randomly or that cell counters were blinde Fields view selected randomly; can't tell counting procedure introduced possibl U information bia Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde U counting or whether reviewers were blinde Highly unrepresentative areas selected for H counting Unclear whether reviewers were blinded; onl	r 4 Minimum 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes Yes	Yes	
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867 Origoni 2013 24455729	Cohort baseline Cohort baseline Cross-sectional Cross-sectional Cohort Cross-sectional Cohort		Period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding factors No discussion of potential confounding factors,	Image:	U in a blind manner U Unclear whether cell counters were blinde Cell counting possibly not at random, direct tai No indication that high power fields selecte U randomly or that cell counters were blinde Fields of view selected randomly; can't tell counting procedure introduced possibl U information bla Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen fo U counting or whether reviewers were blinde Highly unrepresentative areas selected fo H counting	r 4 Minimum 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes Yes Yes Yes Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867 Origoni 2013 24455729 Ovestad* 2010 20512116	Cohort baseline Cross-sectional Cross-sectional Cross-sectional Cohort Cross-sectional Cohort Cross-sectional		Period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding factors No discussion of potential confounding factors,	Image:	U in a blind manne U Unclear whether cell counters were blinde Cell counting possibly not at random, difficult t U ascertai No indication that high power fields selecte Fields of view selected randomly; can't tell counting procedure introduced possibl U information bia Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen for U counting or whether reviewers were blinde H counting H unclear whether reviewers were blinde	r 4 Minimum	Yes Yes Yes Yes Yes Yes	Yes	Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867 Origoni 2013 24455729 Ovestad* 2010 20512116 Ovestad 2011 21421698	Cohort baseline Cross-sectional Cross-sectional Cross-sectional Cohort Cross-sectional Cohort Cross-sectional Cohort		period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding factors No discussion of potential confounders, difficult to evaluate	Image: Consecutive patients in a sequer in the sequer is the sequer in the sequer is the sequere is the sequer is the sequer is the sequer	U in a blind manner U Unclear whether cell counters were blinde Cell counting possibly not at random, diffcult U ascertai No indication that high power fields selecte Fields of view selected randomly; can't tell counting procedure introduced possibl U information bla Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen fo U counting or whether reviewers were blinde Highly unrepresentative areas selected fo H counting Unclear whether reviewers were blindet Unclear whether reviewers were blindet Unclear whether reviewers were blindet Unclear whether reviewers were blindet Unclear whether reviewers were blindet	r 4 Minimum	Yes Yes Yes Yes Yes Yes	Yes	Yes Yes
Monnier-Benoit 2006 16427684 Munk 2012 23017821 Nakamura 2007 17433037 Nedergaard 2007 17940503 Nedergaard 2007 18184401 Nedergaard 2008 17945335 Olaitan 1996 8805867 Origoni 2013 24455729 Ovestad* 2010 20512116	Cohort baseline Cohort baseline Cross-sectional Cross-sectional Cohort Cross-sectional Cohort Cross-sectional Cohort Cross-sectional		period All patients immunocompetent Excluded based on likely confounders No details provided on probably confounders Possible HIV confounding Possible HIV confounding Possible HIV confounding Careful screening of participants for likely confounders Exclusions based on all likely confounding factors No discussion of potential confounders, difficult to evaluate	H T cell counts (surgical margains requiring hysterectomy, lesions too small for IHC) L Controls from same cohort as CIN cases; cancers separate which is not ideal but unavoidable L All eligibile patients in range asked to participate U Insufficient details to evaluate Probably selected all cancers that met inclusion U criteria but didn't explicitly state this in methods Consecutive patients recruited; possible bias in that patients with less advanced cancer may be more likely not to have tumor tissue in archival blocks bu tour analysis did not distinguish between stages so likely not relevant here L Consecutive eligible patients included No details on HIV- controls (the group included in this analysis) L L Consecutive patients provided to evaluate U Insufficient details provided to evaluate U Insufficient details to determine likelihood of un televant here U Insufficient details to Consecutive patients enrolled U Insufficient details provided to evaluate U Unclear whether normal controls from same Unclear whether normal controls from same tunces the population as CIN/cancer patients	U in a blind manner U Unclear whether cell counters were blinde Cell counting possibly not at random, diffcult U ascertai No indication that high power fields selecte Fields of view selected randomly; can't tell counting procedure introduced possibl U information bla Random selection of tissue blocks and area L within tissues, systematic cell counting protocol Fields of view selected systematically, unclea U whether reviewers were blinde Unclear how randomly sections were chosen fo U counting or whether reviewers were blinde Highly unrepresentative areas selected fo H counting Unclear whether reviewers were blindet Unclear whether reviewers were blindet Unclear whether reviewers were blindet Unclear whether reviewers were blindet Unclear whether reviewers were blindet	r 4 Minimum	Yes Yes Yes Yes Yes Yes	Yes	Yes

					Hysterectomy patients for noncervical benign						
					pathology as normal tissue source; may not be		Entire epithelium evaluated by blinded				
Poppe 1995 7890250	Cross-sectional	L	Excluded based on likely confounders	U	representative	L	pathologist			Yes	
					Convenience samples possibly not		Random, blinded selection of tissue areas to				
Prata 2015 26059395	Cross-sectional	u u	No discussion of potential confounders	U	representative	L	count			Yes	
			Some "normal" patients had cervical		Hysterectomy patients for noncervical benign						
			nmation; can't tell whether these were		pathology as normal tissue source; may not be		Unclear whether cell counters were blinded or				
Pudney 2005 16093359	Cross-sectional	U	included in analytic population	U	representative	U	regions selected randomly			Yes	
					All cases in range included but 20 year span						
			sible HIV confounding, other unknown		raises issues of changing clinical practices,			_			
Punt 2015 25795131	Cohort	U	factors due to long time range	U	populations over time	L	Automated cell counting	5	Maximum	Yes	Yes
						F	ive fields selected "randomly" possibly not truly				
			sion of potential confounders, difficult		Seem to have selected all eligible patients but		random, also unclear if reviewers blinded to				
Qinfeng 2013 23510275	Clinical trial baseline	U	to evaluate	U	didn't state this explicitly	U	clinical characteristics			Yes	
					No details provided on patient selection other						
		NO likely	y confounders for this population (pre-		than hysterectomy for non-cervical reasons;		Sections counted possibly not representative,				
Roncalli 1988 2448545	Cross-sectional	L	widespread HIV)	L	seems a reasonable cross-section	U	cell counters not blinded			Yes	
		Matchod	on likely confounders; stratified by HIV		No details provided on subject selection so		Not stated whether pathologists were blinded				
Rosini 1996 8760019	Cross-sectional	watcheu	status	U	impossible to evaluate	U	to HIV status or how fields were selected			Yes	
ROSINI 1996 8760019	Cross-sectional	L	status	U	impossible to evaluate		Random regions of interest selected "under the			res	
							direction of a pathologist" likely not truly				
		No	details about patients makes possible				random, also tissue samples taken from most				
Saglam 2019 31274701	Cohort	U	confounding impossible to ascertain	U	No details on patient selection	н	invasive portion of tumor	9.4	Mean		Yes
Shah 2011 21200385	Cohort	U	Insufficient details to evaluate	U	Insufficient details to evaluate	L	Whole slides counted		Minimum	Yes	Yes
3030 2011 21200385	Conort	U	insufficient details to evaluate	U	insufficient details to evaluate	L	Nonrandom areas were counted; unclear	5	wiinimum	res	res
					Probably a random selection of eligible cases		whether reviewers were blinded; insufficient				
Silva 2010 20613932	Cross-sectional	1	Excluded based on likely confounders	U	but did not specify this	U	slides possibly not at random			Yes	
5/1/4 2010 20015552	C1033 300101101	-	Excluded based on likely comounders	0	but du not specify this	0	Nonrandom and probably non blinded cell			103	
Srivani 2003 12801265	Cross-sectional	U	Insufficient details to evaluate	U	Insufficient details to evaluate	U	counting			Yes	
		-		-		-	Cells counted not likely truly random, although				
Syrjanen 1985 3002294	Cohort	I Dates	s reduce possibility of HIV confoudning	L	Prospective study	U	cell counting was blinded	1.7	Mean		Yes
Syrjanen 1987 3032634	Cohort		s reduce possibility of HIV confoudning	L	Prospective study	U	Cell counted not likely truly random	2.1	Mean		Yes
.,,.			5		Unclear whether cohort representative of						
Szarewski 2001 11281472	Cohort baseline	L	Excluded based on likely confounders	U	normal population	L	Blinded, systematic cell counting			Yes	
					Prospective study; HPV16 only could have an		Unclear how regions of interest were selected,				
Trimble 2010 21037100	Cohort	L Exclusio	ins based on likely confounding factors	U	unknown effect vs other HPV types	U	whether selectors were blinded to outcomes	0.29	Exactly		Yes
		Potential	I HIV confounding but well done study,	(Consecutive women enrolled; unclear enrollmet						
Vayrynen 1985 2989155	Cohort	L	series in 1980 makes unlikely	U	criteria	L	Cell counter blinded to specimen identity	1.3	Mean	Yes	Yes
Viac 1990 2168858	Cross-sectional	U	Insufficient details to evaluate	U	Insufficient details to evaluate	U	No details on high power field selection			Yes	
					Seem to have selected all eligible patients;		No details on high power field selection or				
Wang 2014 25446402	Cross-sectional	U	Insufficient details to evaluate	L	appropriate normal controls	Ui	dication of whether cell counters were blinded			Yes	
		Insuffi	cient details to evaluate; not confident		Elective hysterectomy patients; insufficient						
			ural population is sufficient to rule out		details provided to evaluate potential selection		No indication whether cell counters blinded or				
White 1997 9138451		U	HIV confounding	U	bias	U	how areas selected for evaluation			Yes	
Woo 2008 19035938	Cohort	U	Potential HIV confounding	U	No details provided	L	Pathologist blinded to clinical information	1	Exactly	Yes	Yes
							Systematic, random field selection and blinded				
Wu 2011 21930068		U	Insufficient details to evaluate	U	Insufficient details to evaluate	L	reviewers				Ye

Table 52. Quality Review. A quality review was conducted for each of the studies included in the the quantitative meta-analysis, qualitative CD25 analysis, and/or longitudinal analysis to record the likelihood of confounding, selection bias, and information bias. Abbreviations: PMID, PubMed ID; NR, not reported; L, low; U; unknown; H, high.

Table S3. Sensitivity Analysis Results

A. Exclusion of cancer-adjacent normal, exclusion of unknown cancer type, or inclusion of all cancers (mean (95% CI))*

	N	ormal	LGCIN†	HGCIN [†]		Cancer	
	All†	Excluding cancer- adjacent			Squamous and unreported/ unknown†	Squamous only	All including known adenocarcinomas
Total							
CD3	341 (81, 601)	341 (81, 601)	164 (29, 298)	214 (77, 352)	712 (447, 977)	620 (342, 898)	638 (368, 908)
CD4	209 (44, 375)	209 (44, 375)	139 (7, 271)	143 (79, 206)	287 (191, 383)	305 (223 <i>,</i> 387)	262 (172, 353)
CD8	127 (7, 248)	127 (7, 248)	141 (43, 238)	173 (120, 225)	552 (394, 710)	443 (312 <i>,</i> 574)	498 (365, 631)
CD4:CD8 Ratio	0.93 (0.61, 1.24)	0.93 (0.61, 1.24)	0.75 (0.33, 1.18)	0.70 (0.51, 0.88)	0.80 (0.47, 1.13)	0.65 (0.46, 0.85)	0.76 (0.46, 1.06)
FoxP3	107 (-104, 318)	107 (-104, 318)	4 (1, 7)	52 (41, 63)	391 (282, 500)	183 (33, 332)	323 (235, 412)
Epithelial							
CD3	146 (104, 187)	149 (105, 193)	65 (36 <i>,</i> 94)	137 (103, 170)	247 (178, 317)	383 (210, 557)	264 (196, 332)
CD4	94 (63, 125)	106 (65, 148)	19 (11, 27)	16 (6, 27)	52 (38 <i>,</i> 67)	93 (28 <i>,</i> 157)	52 (38, 67)
CD8	137 (76, 199)	143 (77, 209)	37 (19, 55)	46 (25, 66)	126 (97, 155)	223 (142, 305)	97 (75, 119)
CD4:CD8 Ratio	0.81 (0.53, 1.10)	0.89 (0.58, 1.19)	1.17 (0.71, 1.63)	0.75 (0.37, 1.12)	0.66 (0.42, 0.91)	0.46 (0.28, 0.64)	0.66 (0.42, 0.91)
FoxP3	19 (3, 36)	19 (3, 36)	0.4 (0.3, 0.4)‡	7 (0, 15)	8 (6, 10)	59 (32, 85)	11 (9, 13)
Stromal							
CD3	381 (130, 632)	397 (109, 685)	303 (193, 413)	458 (358, 557)	838 (560, 1117)	954 (492 <i>,</i> 1415)	1029 (738, 1320)
CD4	149 (52, 246)	273 (169, 378)	142 (94, 190)	60 (27, 92)	185 (122, 249)	187 (88, 286)	185 (122, 249)
CD8	247 (136, 358)	293 (246, 341)	157 (50, 264)	174 (108, 240)	395 (274 <i>,</i> 517)	448 (286, 610)	395 (274, 517)
CD4:CD8 Ratio	0.68 (0.51, 0.85)	0.75 (0.66, 0.84)	0.92 (0.54, 1.30)	1.50 (0.98, 2.03)	0.90 (0.60, 1.20)	1.00 (0.50, 1.51)	0.90 (0.60, 1.20)
FoxP3			7 (6, 8)	9 (3, 15)	56 (45, 67)	103 (-9, 216)	56 (45, 67)

B. Stratification by quantification metric, cells per unit area or cells per HPF (mean (95% CI))*

	Normal	LGCIN	HGCIN	Cancer
Cells per unit ar	ea			
Total				
CD3	28 (24 <i>,</i> 32) [‡]		441 (424 <i>,</i> 458) [‡]	699 (685 <i>,</i> 713) [‡]
CD4	12 (9 <i>,</i> 15) [‡]		206 (193 <i>,</i> 219) [‡]	312 (301 <i>,</i> 323) [‡]
CD8	16 (13 <i>,</i> 19) [‡]		235 (224 <i>,</i> 246) [‡]	387 (379 <i>,</i> 395) [‡]
CD4:CD8 Ratio	0.75 (0.53, 0.97) [‡]		0.88 (0.81, 0.95) [‡]	0.81 (0.77, 0.84) [‡]
FoxP3	0.1 (-0.1, 0.4) [‡]	2 (0, 5)	9 (5, 12)	59 (38, 81)
Epithelial				
CD3	232 (131, 334)	65 (29, 101)	132 (89, 175)	283 (189, 376)
CD4	86 (53, 119)	22 (3, 41)	8 (2, 13)	49 (28, 70)
CD8	132 (64, 201)	36 (13, 59)	35 (10, 61)	135 (100, 170)
CD4:CD8 Ratio	0.81 (0.49, 1.13)	0.57 (0.27, 0.87)	0.54 (0.15, 0.94)	0.55 (0.27, 0.83)
FoxP3		0.4 (0.3, 0.4) [‡]	2.1 (1.9, 2.2)	5.6 (3.6, 7.6)
Stromal				
CD3	455 (333 <i>,</i> 577)	388 (161, 615)	627 (448, 806)	1170 (366, 1973)
CD4	149 (52, 246)	155 (102, 209)	29 (9, 50)	302 (105, 499)
CD8	247 (136, 358)	178 (57, 300)	196 (93, 299)	630 (339, 920)
CD4:CD8 Ratio	0.68 (0.51, 0.85)	0.92 (0.54, 1.30)	1.54 (0.96, 2.12)	0.65 (0.33, 0.96)
FoxP3		6.8 (5.6 <i>,</i> 7.9) [‡]	6.6 (-0.3, 13.4)	20.8 (11.8, 29.7)
Cells per HPF				
Total				
CD3	508 (-183, 1199)	164 (29, 298)	161 (98, 223)	713 (431, 996)
CD4	323 (-119, 765)	139 (7, 271)	129 (52, 207)	282 (180, 385)
CD8	184 (-65, 433)	141 (43, 238)	160 (108, 211)	586 (299, 872)
CD4:CD8 Ratio	1.04 (0.56, 1.53)	0.75 (0.33, 1.18)	0.66 (0.46, 0.86)	0.85 (0.46, 1.24)
FoxP3	216 (174 <i>,</i> 257) [‡]	53 (35 <i>,</i> 70) [‡]	302 (15, 589)	589 (140, 1037)
Epithelial				
CD3	29 (18, 40)	66 (53 <i>,</i> 80) [‡]	144 (63, 225)	202 (50, 354)
CD4	116 (91, 140)	16 (15 <i>,</i> 17) [‡]	56 (-27, 140)	79 (24, 135)
CD8	155 (96, 215)	42 (33, 51) [‡]	65 (10, 119)	115 (17, 213)
CD4:CD8 Ratio	0.84 (0.61, 1.07)	4.30 (3.53 <i>,</i> 5.07) [‡]	2.23 (-0.24, 4.69)	0.80 (0.59, 1.01)
FoxP3	19 (3, 36)		12 (0, 23)	18 (9, 26)
Stromal				
CD3	15 (8, 23) [‡]	51 (44, 58) [‡]	384 (137, 631)	259 (134, 384)
CD4		86 (31, 141) [‡]	203 (-108, 514)	116 (55, 178)
CD8		64 (-97 <i>,</i> 225) [‡]	180 (-19, 379)	117 (51, 182)
•				

CD4:CD8 Ratio	 	1.34 (0.57, 2.10) [‡]	1.27 (0.97, 1.56)
FoxP3	 	45 (-10, 99)	82 (38, 126)

C. Restriction to explicitly reported values for CD3, CD4, CD8 and the CD4:CD8 ratio	(mean (95% CI))*

	Normal	LGCIN	HGCIN	Cancer
	NUITIIAI	LUCIN	HUCIN	Cancel
Total				
CD3		76 (60, 93)	93 (59 <i>,</i> 128)	147 (115, 178)
CD4	209 (44, 375)	199 (165, 232)	196 (161, 230)	324 (224, 425)
CD8	127 (7, 248)	141 (43, 238)	173 (120, 225)	552 (394, 710)
CD4:CD8 Ratio	0.86 (0.38, 1.34)	0.42 (0.31 <i>,</i> 0.53) [‡]	0.50 (0.41, 0.60)	0.11 (0.02, 0.20) [‡]
Epithelial				
CD3	59 (31, 87)	74 (57, 91)	210 (127, 293)	554 (322, 786)
CD4	94 (63, 125)	19 (11, 27)	16 (6, 27)	52 (38 <i>,</i> 67)
CD8	138 (103, 174)	37 (19, 55)	46 (25, 66)	166 (117, 215)
CD4:CD8 Ratio	1.80 (-0.94, 4.53)	1.17 (0.71, 1.63)	0.79 (0.31, 1.27)	0.98 (0.50, 1.46)
Stromal				
CD3	283 (29, 536)	153 (-50, 356)	619 (349, 890)	1450 (543, 2356)
CD4	84 (52, 117)	142 (94, 190)	60 (27, 92)	185 (122, 249)
CD8	247 (136, 358)	157 (50, 264)	174 (108, 240)	395 (274, 517)
CD4:CD8 Ratio	0.75 (0.66 <i>,</i> 0.85) [‡]	0.92 (0.54, 1.30)	1.61 (0.95, 2.27)	1.16 (0.44, 1.89)

* All results are in cells/mm²

+ Reported in main manuscript

‡ Categories with a single study. Narrow CI should not be interpreted as high

-- Categories with no studies

Table S3. Sensitivity Analysis Results. Meta-analysis results including means and 95% confidence intervals for the following sensitivity analyses: A. exclusion of cancer-adjacent normal, exclusion of unknown cancer type, and inclusion of all cancers B. stratification by quantification metric, cells/mm² or cells per high power field (HPF), and C. restriction to explicitly reported values for CD3, CD4, CD8, and the CD4:CD8 ratio. Abbreviations: Abbreviations: HPF, high power field; CI, confidence interval; LG, low-grade; CIN, cervical intraepithelial neoplasia; HG, high-grade

Table S4. Studies Included in CD25 Analysis

			Disease level					Tissue type		
First Author	Year	PMID	Normal	LGCIN	HGCIN	Cancer	Other	Epithelial	Stromal	Total
Adurthi	2008	18593438	37		30	30	37			Х
Bedoya	2013	22290207		26	46	24		х	Х	
Ferrandina	2006	16609015				27			Х	
Goncalves	2009	19689792	4	13	30			х	Х	
Nakamura	2007	17433037	24		31	28	13	х	Х	
Ovestad*	2010	20512116			55			х	Х	
Ovestad*	2011	21421698			55			х	Х	
Peghini	2012	22749886		21	34	8				
Wu	2011	21930068				10	8	Х		

* These are the same 55 cases reported twice in the literature

Table S4. Studies Included in CD25 Analysis. Studies included in the CD25 analysis are listed, including record identification information and an indication of sample size at each disease stage as well as which tissues types were measured. Not all studies included quantified results for CD25. Abbreviations: PMID, PubMed identification number; LG, low grade; CIN, cervical intraepithelial neoplasia; HG, high grade.