Supplemental File 2. POP Core Minimum Dataset – Consensus Level for Each Delphi Round*

*If Round 1 consensus is not reported, this is because the variable was introduced in Round 2

	PATIENT FACTORS: Pre-Operative	Round 1 Consensus	Round 2 Consensus
Medical History (15)	Number of births (parity)	80%	80%
	Number of vaginal births	90%	93%
	History of Cesarean section (Y/N)	70%	53%
	Co-morbidity index (Y/N)	70%	67%
	Diabetes mellitus (Y/N)	80%	87%
	Smoking status (never, past, current)	80%	93%
	Menopausal status (Y/N)	85%	93%
	Sexual activity (Y/N)	90%	100%
	If yes, does the patient have pain with sexual activity?	75%	87%
	Stress urinary incontinence (Y/N)	100%	100%
	Urgency urinary incontinence (Y/N)	100%	93%
	Mixed urinary incontinence (Y/N)	50%	53%
	Chronic constipation (Y/N)	80%	67%
	Receipt of hormone therapy and type (systemic estrogen, vaginal estrogen, other)	90%	87%
	Vaginal bulge symptoms (Y/N)		100%
Surgical History (12)	Prior hysterectomy (Y/N)	100%	100%
	If yes, type of prior hysterectomy (e.g., total, supracervical)	65%	80%
	If yes, approach of prior hysterectomy (vaginal, abdominal, laparoscopic/robotic)	75%	73%
	If yes, indication for prior hysterectomy	55%	67%
	Prior urogynecological mesh (Y/N)	100%	93%
	If yes, location of mesh use (sling, prolapse repair)	90%	87%
	Prior anti-incontinence surgery (Y/N)	100%	93%
	If yes, type of prior anti-incontinence surgery	90%	73%
	Prior prolapse surgery (Y/N)	100%	100%
	If yes, type of prior prolapse surgery (e.g., sacrocolpopexy, etc.)	95%	87%
	Previous abdominal surgery (Y/N)	65%	60%
	If yes, type of previous abdominal surgery	60%	53%
Examination (3)	BMI (respondents can choose to enter both height and weight if they do not have BMI available)		93%
	Pelvic Organ Prolapse Quantification System (POP-Q) stage (0-IV)	95%	93%
	Compartment with greatest anatomic prolapse (anterior, posterior, apical, multiple)	50%	73%

	PATIENT FACTORS: Peri-Operative	Round 1 Consensus	Round 2 Consensus
Procedure (23)	Surgery date	85%	100%
	Total operating room time in minutes	75%	67%
	ASA physical status classification status (1-5)	65%	73%
	Concomitant hysterectomy (Y/N)	95%	100%
	If yes, type of hysterectomy (total, supracervical)	85%	73%
	If yes, indication for hysterectomy (prolapse, other)	65%	73%
	Concomitant anti-incontinence procedure (Y/N)	95%	93%
	If yes, what type of anti-incontinence procedure	95%	87%
	If yes, was mesh used for midurethral sling	80%	73%
	Was mesh used for prolapse repair (Y/N)	100%	93%
	If yes, type of mesh used (permanent, absorbable, biologic)	95%	80%
	If yes, approach of mesh (abdominal/vaginal/robotic/laparoscopic (select all that apply))	95%	87%
	If yes, compartment that mesh was placed in (posterior, anterior, apical, multiple)		87%
	Type of vaginal apical vault suspension	100%	93%
	Type of abdominal apical vault suspension	100%	87%
	Was hysteropexy (apical support procedure leaving uterus in place) performed (Y/N)	95%	87%
	Anterior repair performed (Y/N)	95%	100%
	Enterocele repair performed (Y/N)	85%	80%
	Posterior repair performed (Y/N)	95%	100%
	Obliterative prolapse procedure (LeFort, vaginectomy, colpectomy) (Y/N)	90%	87%
	Complication (Y/N)	85%	87%
	If yes, select all complications that occurred (see drop down list options below)		60%
	Bleeding requiring Blood Transfusion		93%
	Ureteral injury		93%
	Urethrotomy/Repair		87%
	Vascular Injury		80%
	Visceral Organ Injury (Bladder/Small bowel/Large bowel/Rectum)	90%	93%
	Mesh kit trocar injury	70%	73%
	Other operative complication/injury	85%	73%
	Aborted Procedure		80%
	Conversion to Laparotomy		87%
	Mesh Kit / Device Malfunction		80%
	Death		67%
	If yes, Clavien-Dindo Scale (respondent will select Clavien-Dindo only for the most severe complication that occurred)	85%	67%
Discharge (3)	Re-operation during index hospitalization (Y/N)	70%	100%
	Discharge date (date)	75%	73%
	Discharge disposition (home, VNA, SNF, LTC, deceased, other)	80%	53%

	PATIENT FACTORS: Post-Operative	Round 1 Consensus	Round 2 Consensus
Short-Term Follow-Up (0-30 days) (6)	Follow-up date	80%	87%
	Early postoperative complications (includes events while in hospital and after discharge in first 30 days after surgery) (Y/N)	100%	100%
	If yes, select all complications that occurred (see drop down list options below)	90%	73%
	Cardiovascular --> if yes, branch to AMI, non-ST elevation MI, CVA, TIA, cardiac arrest		93%
	Pulmonary --> if yes, branch to prolonged intubation (intubation past the PACU), ICU admission, reintubation		87%
	Systemic infection --> If yes branch to: pneumonia (CXR or positive sputum cultures required), SIRS, Septic shock, sepsis, pyelonephritis, urosepsis		93%
	VTE --> If yes, DVT or PE		100%
	SSI --> If yes, branch to superficial SSI, deep SSI, organ space SSI	90%	100%
	UTI --> culture proven or initiation of antibiotics for empiric treatment within 30 days of surgery		93%
	C. Diff colitis		87%
	Bleeding --> blood transfusion within 3 days of index surgery, hematoma requiring imaging (CT scan) or further management (IR drainage, surgical evacuation)		100%
	GI --> postoperative ileus, SBO		80%
	Organ injury (recognized after index surgery and/or discharge) --> If yes, ureteral injury, bladder injury and/or perforation, bowel injury, other		100%
	Fistula (lots of options)		93%
	Peripheral nerve injury		67%
	Vaginal cuff dehiscence		87%
	Suture Exposure in Vagina		67%
	Suture Erosion into Viscera		67%
	Mesh Exposure in Vagina		100%
	Mesh Erosion into Viscera (bladder, urethra, ureter, small bowel, large bowel, rectum, other)		87%
	Foreign Body left during procedure		73%
	Other		53%
	Death		87%
	If yes, Clavien-Dindo Scale (respondent will select Clavien-Dindo only for most severe complication that occurred)	85%	73%
	Readmissions within 30 days (Y/N)	80%	100%
	Emergency room visits within 30 days (Y/N)	80%	80%

	PATIENT FACTORS: Post-Operative	Round 1 Consensus	Round 2 Consensus
Short-Term Follow-Up (31-90 days) (5)	Follow-up date	80%	100%
	Complications noted at short-term follow-up (31-90 days) (Y/N)	100%	93%
	If yes, select all complications that occurred (see drop down list options below)	90%	73%
	Vaginal Scarring		80%
	Vaginal Shortening		93%
	Suture Exposure in Vagina		80%
	Suture Erosion into Viscera		93%
	Mesh Exposure in Vagina		100%
	Mesh Erosion into Viscera (bladder, urethra, ureter, small bowel, large bowel, rectum, other)		93%
	Difficulty emptying bladder/urinary retention	95%	100%
	Pelvic pain		100%
	Dyspareunia (de novo/worsening)		100%
	SSI --> If yes, branch to superficial SSI, deep SSI, organ space SSI	90%	73%
	Fistula (lots of options)		100%
	Visceral organ surgical injury (options)		87%
	Ileus / Bowel Obstruction		67%
	Thrombotic Event		73%
	Cardiac Event		60%
	Pulmonary Event		53%
	Neurovascular Event		60%
	Peripheral Nerve Injury		73%
	If yes, Clavien-Dindo Scale (respondent will select Clavien-Dindo only for most severe complication that occurred)	85%	80%
	Readmissions within 90 days (Y/N)	55%	80%

	PATIENT FACTORS: Post-Operative	Round 1 Consensus	Round 2 Consensus
Long-Term Follow-Up (>90 days) (8)	Follow-up date	80%	100%
	Complications noted at long-term follow-up (>90 days) (Y/N)	100%	100%
	If yes, select all complications that occurred (see drop down list options below)	90%	60%
	Vaginal Scarring		80%
	Vaginal Shortening		93%
	Suture Exposure in Vagina		87%
	Suture Erosion into Viscera		87%
	Mesh Exposure in Vagina		100%
	Mesh Erosion into Viscera (bladder, urethra, ureter, small bowel, large bowel, rectum, other)		93%
	Urinary or bowel symptoms/problems		93%
	Difficulty emptying bladder/urinary retention	95%	100%
	Pelvic pain		100%
	Dyspareunia if sexually active (de novo/worsening)		100%
	Pelvic infection/abscess		87%
	Bone infection		60%
	Sinus tract		73%
	Organ Injury/Fistula		87%
	Fistula (lots of options)		80%
	Ureteral injury (lots of options)		80%
	If yes, Clavien-Dindo Scale (respondent will select Clavien-Dindo only for most severe complication that occurred)	85%	73%
	Symptomatic recurrence (i.e., does the patient see or feel a vaginal bulge) (Y/N)	100%	100%
	Anatomic Recurrence beyond hymen (Y/N)	100%	100%
	If yes, POP Q Stage (II, III, IV)	85%	100%
	If yes, compartment with greatest anatomic prolapse (anterior, posterior, apical, multiple)	70%	87%

DEVICE FACTORS (4)	**Round 1 Consensus**	**Round 2 Consensus**
Unique Device ID (Unique ID for Anterior/ Posterior/ ASC/ Sling)	95%	80%
Manufacturer, Device name	85%	80%
Type of sutures used (absorbable, permanent, both)	85%	67%
Suture capturing device used (e.g., Capio)	60%	60%
SURGERY FACTORS (4)	**Round 1 Consensus**	**Round 2 Consensus**
Trainee Involvement in surgery (Y/N)	90%	87%
Practice Type (Academic, Private, Military, Other)	55%	80%
Center/Hospital identifier	45%	87%
Hospital volume	40%	73%
SURGEON FACTORS (7) (these variables will auto-populate every time after the first entry)	**Round 1 Consensus**	**Round 2 Consensus**
National Provider Identifier (NPI)/ML#	40%	80%
Surgeon Age	70%	100%
Training (fellow, not fellow)	80%	73%
Specialty (OB/GYN, Urology, General Surgery)	80%	93%
Board certification (Y/N)	95%	93%
Sub-specialty Certification (FPRMS, Colorectal Surgery)	100%	100%
Surgeon volume	75%	93%