D.1 Specialist services

Item	Details
Area of the scope	Use of specialist services to deliver care
Review question in the scope	Using specialist services to deliver care What is the clinical and cost effectiveness of specialist endometriosis services?
Review question	What is the clinical and cost effectiveness of specialist endometriosis services?
Objective	The aim of this review is to determine the clinical and cost effectiveness of specialist endometriosis services?
Language	English
Study design	Systematic reviews of RCTs RCTs Comparative cohort studies Controlled before and after studies In the absence of full text published RCTs, conference abstracts will be considered. Cross over RCTs will be considered where it is appropriate Non-comparative studies will be excluded.
Population and directness	Women with endometriosis of any stage or severity. Women with a suspected diagnosis of endometriosis (definition: suspected diagnosis based on the history of the patient, pelvic examination and other tests such as ultrasound, MRI and the CA-125 blood test) Studies with indirect populations (such as women with dysmenorrhea, women with non-confirmed pelvic pain, or post-menopausal women) will not be considered Exclusions: • women with chronic pelvic pain which was known to be due to causes other than endometriosis • Those suspected based solely on a CA-125 test with no other contributing factor, CA-125 should be used in combination with other evaluative measures. • Studies with mixed populations of women with pelvic pain of which less than 66% have a confirmed diagnosis of endometriosis
Stratified, subgroup and adjusted analyses	Groups that will be reviewed and analysed separately: • women who want to preserve fertility Pre-specified sub-group analyses: • Type of hormonal treatments • Types of pain cyclical vs non-cyclical period-like, sharp, dyschezia, painful intercourse, chronic pelvic pain, pain • Site of endometriosis (not specified, ovarian, superficial and deep infiltrating {bladder, peritoneal, recto vaginal})

ISBN 978-1-4731-2661-9.

Item	Details
	• Type of specialist service Important confounders (when comparative observational studies are included for interventional reviews: • Age • Severity • Prior interventions
Intervention	Specialist services Gynaecology services (Mild to moderate endometriosis) Specialist endometriosis centre (Severe endometriosis) • Multi-disciplinary approach should have access to the following whenever the need arises: • Colo-rectal surgeon • Urologist • Pain management specialist • Sub-fertility specialist • Specialist endometriosis nurse • Gynaecologist specialising in laparoscopic surgery • Specialist nurses (specialty in gynaecology or fertility but not necessarily in endometriosis)
Comparison	Specialist service A (one configuration) vs Specialist service B (another configuration) – i.e. any study comparing different types of specialist services Specialist services vs. GP only Specialist services vs. General gynaecology
Outcomes	• Pain relief (measured either by visual analogue scale (VAS), other validated scales, or as a dichotomous outcome, for example improved or not improved) • Quality of life (measured using a validated scale, for example the SF36) • Effect on daily activities (measured as proportion of women who reported activity restriction) • Absence from work or school (measured as proportion of women reporting absences from work or school, and also as hours or days of absence as a more selective measure) • Unintended effects from treatment (incidence and duration of total side-effects, and type of side-effects) • Number of women requiring more invasive treatment (for example laparoscopic surgery), and length of follow up • Requirements for additional medication (measured as proportion of women requiring analgesics (not NSAIDs) additional to their assigned treatment) • Participant satisfaction with treatment (measured as proportion of women who reported improvements and satisfaction with their treatment)
Importance of outcomes	Preliminary classification of the outcomes for decision making: • critical (up to 3 outcomes) – pain, quality of life and effect on daily activities • important but not critical (up to 3 outcomes) • of limited importance (1 outcome)
Setting	Secondary and tertiary centres
Search strategy	Sources to be searched: Medline, Medline In-Process, CENTRAL, CDSR, DARE, HTA, Embase Limits (e.g. date, study design): Limit to English language and human-only studies where appropriate Supplementary search techniques: No supplementary search techniques will be used.

ISBN 978-1-4731-2661-9.

Item	Details
	See appendix for full strategies
Review strategy	Appraisal of methodological quality: The methodological quality of each study should be assessed using quality checklists (eg AMSTAR for systematic reviews, Cochrane RoB tool for RCTs, CASP for cohort studies) and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE. Synthesis of data: Meta-analysis will be conducted where appropriate. Default MIDs will be used: 0.8 and 1.25 for dichotomous outcomes; 0.5 times SD for continuous outcomes.to assess imprecision. When meta analysing continuous data final and change scores will be pooled and if any study reports both, the method used in the majority of studies will be analysed. If studies only report p-values, this information (including the sample size) will be provided in GRADE tables with a note that imprecision could not be assessed
Equalities	Adolescents are noted as a specific subgroup requiring consideration in the equalities impact assessment
Notes/additional information	https://www.england.nhs.uk/wp-content/uploads/2014/04/e10-comp-gynae-endom-0414.pdf

ISBN 978-1-4731-2661-9.