## D.2 Timing: association between duration of symptoms before laparoscopy and treatment outcomes

| Item | Details |
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| Area of the scope | Timing of interventions |
| Review question in the scope | Does early laparoscopy and treatment improve outcomes? |
| Review question | Is there an association between duration of symptoms before laparoscopy and /or treatment and treatment outcomes? |
| Objective | The aim of this review is to determine whether there is an association between duration of symptoms before laparoscopy and /or treatment and treatment outcomes? |
| Language | English |
| Study design | Systematic reviews<br>RCTs<br>Comparative cohort studies<br>Case-control studies using multivariable adjustment<br><br>In the absence of full text published RCTs, conference abstracts will be considered.<br>Cross over RCTs will be considered where it is appropriate |
| Population and directness | • Women with endometriosis of any stage or severity<br>• Studies with indirect populations (such as women with dysmenorrhea, women with non-confirmed pelvic pain, or post-menopausal women) will not be considered<br>• 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)<br>Exclusions:<br>• Women with chronic pelvic pain which was known to be due to causes other than endometriosis |

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| | • 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. |
| Stratified, subgroup and adjusted analyses | Groups that will be reviewed and analysed separately:<br>• Women who want to preserve fertility<br><br>Stratification:<br>• Type of treatment (surgical or medical)<br>• Age (adolescent vs adult)<br>• Severity<br><br>Important confounders:<br>• Severity and type of pain<br>• Type of treatment<br>• Age (adolescent vs adult)<br>• Severity<br>• BMI |
| Intervention | Duration of symptoms followed by early laparoscopy and treatment |
| Comparison | Duration of symptoms followed by later laparoscopy (at least 1 year later) |
| Outcomes | • Pain relief (measured either by visual analogue scale (VAS), other validated scales, or as a dichotomous outcome, for example improved or not improved)<br>• Quality of life (measured using a validated scale, for example the SF36)<br>• Effect on daily activities (measured as proportion of women who reported activity restriction)<br>• 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:<br>Critical (up to 3 outcomes):<br>• pain<br>• quality of life<br>• effect on daily activities<br>Important but not critical (up to 3 outcomes):<br>• participant satisfaction with treatment |
| Setting | No particular setting specified. |
| Search strategy | Sources to be searched: Medline, Medline In-Process, CENTRAL, CDSR, DARE, HTA, Embase<br>Limits (e.g. date, study design): Limit to English language and human-only studies where appropriate<br>Supplementary search techniques: No supplementary search techniques will be used.<br>See appendix for full strategies |
| Review strategy | Appraisal of methodological quality:<br>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 and case control studies) and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE.<br>Synthesis of data:<br>Meta-analysis will be conducted where appropriate.<br>Default MIDs will be used: 0.8 and 1.25 for dichotomous outcomes; 0.5 times SD for continuous outcomes.to assess imprecision. |

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| | 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.<br>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 |

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