

### D.3 Signs and symptoms of endometriosis (monitoring and referral)

Item	Details
Area of the scope	Symptoms and signs of endometriosis
Review question in the scope	Clinical manifestations of endometriosis <ul style="list-style-type: none"> <li>• What are the symptoms and signs of endometriosis?</li> </ul>
Review question	Review question 1: What are the symptoms and signs of endometriosis?  Review question 2: How and when should women with endometriosis be monitored and referred for the following symptoms or condition progression and complications: <ul style="list-style-type: none"> <li>• pelvic pain disrupting daily activities</li> <li>• cyclical bowel pain</li> <li>• cyclical voiding pain</li> </ul>
Objective	Objective 1: To identify the signs and symptoms of endometriosis Objective 2: To identify how and when should women with endometriosis be monitored and referred for the following symptoms or condition progression and complications such as pelvic pain disrupting daily activities, cyclical bowel pain and cyclical voiding pain
Population and directness	Women and young women suspected of having endometriosis
Symptoms or signs to be considered	Signs and symptoms  Signs: <ul style="list-style-type: none"> <li>• vaginal (visible Endometriosis, severe vaginismus)</li> <li>• pelvic (palpable nodules in rectovaginal septum and uterosacral ligaments, fixed or tethered uterus and pelvic mass, tender adnexa, tenderness)</li> <li>• rectal (palpable extrinsic pelvic mass)</li> <li>• renal (loin tenderness, palpable mass)</li> <li>• family history of Endometriosis</li> </ul> Symptoms: <ul style="list-style-type: none"> <li>• pelvic symptoms- pelvic pain, cyclical/non-cyclical</li> <li>• uterus pain (dysmenorrhoea) and abnormal bleeding (prolonged and heavy and inter-menstrual bleeding)</li> <li>• bowel (rectal bleeding, dyschezia, bloating, constipation and diarrhoea)</li> <li>• bladder (bladder pain or irritability, blood in the urine)</li> <li>• vaginal pain: painful sex (dyspareunia), pain when using tampons</li> <li>• referred pain – back, leg, thigh, hip</li> <li>• infertility</li> </ul>

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	<ul style="list-style-type: none"> <li>• fatigue</li> <li>• psychological effects (isolation, depression/anxiety, low self-esteem, low mood, poor body image, loss of libido)</li> </ul>
Comparator	<ul style="list-style-type: none"> <li>• There may be groups that are compared who do or do not have a particular sign who are then followed up</li> </ul>
Stratified, subgroup and adjusted analyses	<p>Groups that will be reviewed and analysed separately:</p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p>In case of heterogeneity of study results we would investigate the following pre-specified sub-groups:</p> <ul style="list-style-type: none"> <li>• Site of endometriosis</li> <li>• Age</li> </ul> <p>If there is sufficient evidence from studies using adjusted multivariable analysis (uncontaminated by baseline differences) then evidence from studies using univariate analysis only will be excluded.</p> <p>Critical confounders:</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Hormonal contraception</li> </ul>
Reference standard	Future diagnosis of endometriosis
Outcomes	<p>Predictive value of sign or symptom</p> <p>Accuracy of sign or symptom if used in the diagnosis of endometriosis</p>
Importance of outcomes	<p>Preliminary classification of the outcomes for decision making:</p> <p>Critical (up to 3 outcomes):</p> <ul style="list-style-type: none"> <li>• confirmed diagnosis of endometriosis at follow-up</li> <li>• severity of endometriosis</li> <li>• referral to diagnostic services</li> </ul>
Language	English
Study design	<p>Systematic reviews of RCTs</p> <p>RCTs</p> <p>Prospective and retrospective comparative cohort studies</p> <p>Prospective or retrospective comparative observational studies</p> <p>Cross sectional studies will not be considered</p> <p>Case series will only be included if no comparative studies are identified</p> <p>Consensus surveys will not be considered</p>
Setting	No particular setting specified.
Search strategy	<p>Sources to be searched: Medline, Medline In-Process, CENTRAL, CDSR, DARE, HTA, Embase</p> <p>Limits (e.g. date, study design): Limit to English language and human-only studies where appropriate</p> <p>Supplementary search techniques: No supplementary search techniques will be used.</p> <p>See appendix for full strategies</p>
Review strategy	<p>Appraisal of methodological quality:</p> <p>The methodological quality of each study will be assessed using quality checklists (eg AMSTAR for systematic reviews, Cochrane RoB tool for RCTs, QUIPS for prognostic studies).</p> <p>Synthesis of data:</p> <p>Meta-analysis will be conducted where appropriate.</p>

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	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.
Equalities	Adolescents are noted as a specific subgroup requiring consideration in the equalities impact assessment