D.5 Risk of cancer of reproductive organs

Item	Details
Area of the scope	How and when to monitor and refer for complications and disease progression.
Review question in the scope	How and when should women with endometriosis be monitored and referred for disease progression and complications, including: • pain • bowel involvement • bladder and ureter involvement • cancer
Review question	Do women with endometriosis have an increased risk of reproductive cancer and do they need to be monitored or referred accordingly?
Objective	This review considers the clinical and cost-effectiveness of monitoring women with endometriosis for the progression of the reproductive cancer
Language	English
Study design	Systematic reviews of RCTs RCTs Comparative cohort studies In the absence of full text published RCTs, conference abstracts will be considered. RCTs with <10 participants and observational studies with <30 participants will not be considered
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.
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 • Type of diagnosis of endometriosis • 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})
Intervention	Monitoring regimen: • Different monitoring regimens (different test or tools) • Different intervals of monitoring Referral criteria:

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	• referral criteria (history {combination and severity of symptoms}, examination {visible vaginal Endometriosis, pelvic mass, pelvic nodule, inability to examine}, and investigation) for suspected or confirmed endometriosis from primary to secondary care
Comparison	Different frequency of monitoring regimen: Referrals compared to usual care without referral to specialist services
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) • 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 • effect on daily activities Important but not critical (up to 3 outcomes)
Setting	No particular setting specified.
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. 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

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