D.6 Use of diagnostic tests including imaging, biomarkers and surgical diagnosis

Item	Details
Key area in the scope	Use of diagnostic tests including imaging, biomarkers and surgical diagnosis.

Home	Poteilo
Item	Details
Review question in the scope	What is the accuracy of the following tests in diagnosing endometriosis: • imaging
	• biomarkers
	• surgical diagnosis?
Objective	To evaluate the accuracy of diagnostic tests for the diagnosis of endometriosis in women with suspected endometriosis.
Population	Symptomatic and asymptomatic women with suspected endometriosis
	Symptomatic
	Dyspareunia (pain on intercourse), deep dyspareunia (pain on entry), dyschezia (pain on bowel actions), rectal bleeding, cyclical bleeding, dysmenorrhea, painful periods
	Cyclical/non-cyclical symptoms
	Asymptomatic:
	 women who have an appendicitis removed (or any other abdominal surgery) with the finding of an endometrioma or endometriosis
	 Women who have a scan for other reasons with the finding of an endometrioma or endometriosis
	women who have a ureteric obstruction
	Women presenting with symptoms similar to IBS
	Infertility investigations can discover endometriosis
Subgroups and	The following groups will be assessed separately:
sensitivity analyses	subgroups of women with different presenting symptoms of endometriosis (subfertility, pelvic pain, ovarian mass, asymptomatic women) does and matrices as a symptomatic size.
	 deep endometriosis vs superficial endometriosis Methodological changes in practice; scanning techniques and advances in equipment
Index test: Severity	(1) Imaging (see subgroup above):
assessment	Ultrasound (visual):
tools/clinical markers	• transabdominal
markers	transvaginal
	rectal scanning
	MRI:
	• pelvic MRI
	(2) Biomarkers:
	• biomarker cancer antigen 125 (CA-125, cut-off ≥35U/ml)
	biomarker Human epididymis protein 4 (HE- 4)
	(3) Biomarkers in endometrial tissues (the nerve fibre marker Protein Gene Product 9.5 (PGP 9.5)
	(4) Surgical diagnosis with or without histological confirmation:
	 combination of tests need to be considered, a clean scan is not always conclusive – an abnormal scan however can stand on its own.
Reference	Surgical visualisation with histological confirmation
standard or target	

Item	Details
condition/patient outcomes	
Outcomes	 sensitivity specificity For continuous outcomes: area under the Curve
Importance of outcomes	Critical outcomes: • sensitivity • specificity If there were any test-and-treat trials: • quality of life
Study design	Systematic reviews Randomised controlled trials (test and treat trials) Cross sectional studies Cohort studies Case control studies will be excluded
Population size and directness	Studies with indirect populations will not be considered
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, QUADAS2 for diagnostic studies) and the quality of the evidence for an outcome (i.e. across studies) will be assessed using GRADE. Synthesis of data: Meta-analysis of diagnostic test accuracy tests will be conducted where appropriate
Equalities	Adolescents are noted as a specific subgroup requiring consideration in the equalities impact assessment