D.7 Staging Systems

Item	Details
Area of the scope	Timing of interventions: Use of staging systems to guide treatment decisions.
Review question in the scope	What is the effectiveness of staging systems in guiding the treatment of endometriosis?
Review question	• What is the effectiveness of using endometriosis-staging systems to guide treatment of endometriosis?
Objective	To determine the effectiveness of using endometriosis-staging systems to guide treatment of endometriosis
Population and directness	• Women with endometriosis of any stage or severity.

ISBN 978-1-4731-2661-9.

Item	Details
	These may also include 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) Exclusions: • Studies with indirect populations (such as women with dysmenorrhea, women with non-confirmed pelvic pain, or post-menopausal women) • 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. • mixed populations of women with pelvic pain where less than 66% of women have a diagnosis of endometriosis
Intervention	Staging systems: • Revised American Society for Reproductive Medicine (rASRM) staging system • Revised American Fertility Society classification system (rAFS) • Enzian (for staging of deep infiltrating endometriosis only) • Enzian plus rASRM • Endometriosis Fertility Index EFI • Surgical staging Exclude: • Non-validated scales
Comparison	Usual care (i.e. no staging system)
Outcomes	Statistical outcomes • Accuracy measures (sensitivity / specificity) related to a particular cut-off and outcomes • Prognostic measures (staging as predictors of severity of endometriosis in relation to treatment and patient reported outcomes) Patient related outcomes – if reported: • Pain relief (measured either by visual analogue scale (VAS), other validated scales, or as a dichotomous outcome, for example improved or not improved) • Pregnancy rate / fertility • 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 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 • effect on daily activities Important but not critical (up to 3 outcomes)

ISBN 978-1-4731-2661-9.

Item	Details
Stratified, subgroup and adjusted analyses	Groups that will be reviewed and analysed separately: Pre-specified sub-group analyses: • Age • Time since diagnosis • Types of pain cyclical vs non-cyclical period-like, sharp, dyschezia, painful intercourse, chronic pelvic pain • Site of endometriosis (not specified, ovarian, superficial and deep infiltrating {bladder, peritoneal, recto vaginal})
Setting	All settings in which NHS care in provided
Study design	Systematic reviews RCTs Comparative cohort studies Non-comparative cohort studies In the absence of full text published RCTs, conference abstracts will be considered.
Language	English
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 and case control 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

ISBN 978-1-4731-2661-9.