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Designing clinical recommendations requires standardized methods based on reliable synthesis of evidence. We evaluated the methodological quality of endometriosis guidelines, mapped their recommendations and examined the relationship between recommendations and scientific data. We searched for EMBASE, MEDLINE and PubMed from its inception until February 2016. We have included guidelines related to the diagnosis and treatment of endometriosis. The search strategy identified 879 titles and abstracts. We include two international and five national guidelines. Four independent authors assessed the methodological quality of the included guidelines using the Research and Evaluation Guidelines Assessment Tool (AGREE-II) and systematically extracted guidance and supporting scientific evidence. One hundred and fifty-two different recommendations were made. Ten recommendations (7%) comparable to the guidelines. The European Society of Human Reproduction and Embryology was objectively assessed as a guide of the highest quality (methodological quality score: 88/100). There are significant differences between the supporting evidence presented by the individual guidelines for comparable recommendations. Forty-two recommendations (28%) were not supported by research data. No guidelines followed standardized guidelines (AGREE-II). There are significant differences in recommendations and methodological quality of endometriosis guidelines. Future guidelines should be developed in reference to high-quality methods in consultation with key stakeholders, including women with endometriosis, ensuring that their scope can truly inform clinical practice and eliminate unreasonable and unjustified changes in clinical practice.

#Endometriosis vary in recommendations and quality. @EndometriosisUK endometriosis is a benign gynecological disease characterized by pain and subfertility associated with a significant decline in quality of life.1 The disease has three common manifestations, including abdominal endometriosis, ovarian endometriosis and deep endometriosis. The disease was first described in 1860, but etiology and pathogenesis remain poorly understood.2 Treatment strategies vary greatly between the severity of the disease and the symptoms of pain subfertilities.3 These problems have led to multi-directional studies, with difficulties in developing accurate diagnostic tests or effective therapeutic interventions.3 These problems have led to multi-directional studies, with difficulties in developing accurate diagnostic tests or effective therapeutic intervention interventions Variations and lack of coordination along the research pipeline.4 This change limits the comparability of research to inform patients through evidence synthesis in the context of forming guidelines and patient information.5 Guidelines systematically develop statements based on the synthesis of the best scientific evidence.6 Their goal is to improve patient care by informing clinical practices, reducing unreasonable variations and accelerating effective interventions.7 8 The development of sound guidelines requires standardized guidelines, including stakeholder engagement, evaluation of scientific data quality, and consensus methods. Methodological quality of guidelines, Reportedly is incompatible.9-11 Appropriate methodology and rigorous strategies in the guidelines development process are essential for the successful implementation of the guidelines.12, 13 Previous comparisons of national endometriosis guidelines have been limited to coverage, settings and not displaying recommendations and supporting evidence within individual guidelines.14 We have evaluated the methodological quality of endometriosis guidelines, mapped their recommendations and examined the relationship between the recommendations and the researchers. A protocol with well-defined objectives, criteria for selecting guidelines and approaches to evaluating results has been developed and registered in the International Prospective Register of Systematic Reviews (CRD42016036145). This review is reported in accordance with preferred reporting articles for systematic reviews and meta-analyses (PRISMA) statement.15 Search terms were created in consultation with medical professionals, researchers and women with endometriosis. We searched for EMBASE, MEDLINE and PubMed, from its inception until February 2016 (app S1). We used the following search terms: consensus; Endometrio; Endometriosis; Leadership and guidelines. We organized the extracted guidelines and removed duplicates. Two reviewers (MB and MH) independently check the full content of the guidelines to assess eligibility using an experimental data extraction tool. Any discrepancies between the reviewers were resolved through discussion. We have included reporting guidelines recommending practices related to the diagnosis or treatment of endometriosis. We have excluded the guidelines for the following reasons: local or regional guidelines; Publication in non-English; and later guidelines available from the same body. Two independent reviewers (MB and MH) have extracted information, including: country of origin; Year Consensus method; Interested parties The area of the disease has been examined; Description of search by databases Search terms used Restricting language Dates of searches; Inclusion/exclusion criteria; And quality quality Two independent reviewers (MB and MH) have removed and mapped a recommendation for five pre-identified areas: diagnostics; Medical management for pain; Surgical management of pain; Medical infertility management; and surgical infertility management. References supporting clinical recommendations were received and classified in accordance with the hierarchy of medical evidence: Cochrane Review; A systematic review Randomized control trials; Unsalomized control trials; Expert opinion; And no references. Disagreements were resolved through discussion. Four reviewers (MB, JD, MH and EP) were trained in the use of the quality assessment tool, Assessment Guidelines for Research and Evaluation II (AGREE-II).15 Each reviewer independently assessed the quality of all included guidelines using the AGREE-II tool. This proven evaluation tool contains 23 elements grouped into six quality areas, with seven points of the Likert scale fixed between 1 (strongly disagree) and 7 (strongly agree), for each item.17 In addition, we evaluated each guide on six specifics of the systematic review methodology: named database search; Well-defined search terms Language restrictions Search dates Detailed search strategy Description of inclusion/exclusion criteria And 14 discrepancies were eliminated through discussion.16 The common benchmark was calculated by summarizing its domains and standardized using the prescribed equation.17 The guidelines were classified in to low quality (0-33%), moderate quality (34-66%), and high quality (67-100%). We have compiled a data map for clinical recommendations, their supporting research data and variations in clinical recommendations. We have subcategorized interventions in accordance with the symptom: pain or subfertility. : American College of Obstetricians and Gynecologists (ACOG); Australian Certificate of Reproductive Endocrinology and Infertility Consensus Expert Group on Trial Evidence (ACCEPT); College de Gynecologists and Obst'riciens Frans (CNGOF); European Society of Human Reproduction and Embryology (ESHRE) Management of women with endometriosis; endometriosis; German Guide (S2k) Diagnosis and Treatment of Endometriosis (NGG); Society of Obstetricians and Gynecologists of Canada (SOGC); and the World Society of Endometriosis (WES) Consensus on current endometriosis management. 24 Flow of included guidelines. The included guidelines were published between 2006 and 2014.18-24 Five guidelines were applicable to diagnosis and management of pain and subfertility, 20-23 Two guidelines reported narrower areas: THE MANAGEMENT of ACCEPT dealt with the management of endometriosis-related subfertility, and WES management made recommendations for endometriosis management.19, 24 Between 15 and 56 individuals were involved in the development of the guidelines. From one to four different stakeholder groups have assisted in the development of the included guidelines. The three guidelines were developed in collaboration with women with endometriosis.21, 22, 24 Two guidelines do not report the geographical location of their developers,18, 20 and one guide was developed by individuals living in one country.23 All guidelines developed recommendations relating only to high resources.25 Two guidelines clearly defined a method of consensus development, including the nominal group method and the modified Delphi.19, 21 No Guide described detailed search strategy to determine research evidence for use in the formulation of recommendations. Five guidelines, describing methods for assessing the quality of scientific data.18, 19, 21, 23, 24 Hundred and Fifty Two recommendations were identified and organized in six areas of clinical practice: Diagnostics (36 recommendations); Medical pain treatment (30 recommendations); Surgical pain treatment (39 recommendations); Assisted reproductive methods for infertility (12 recommendations); Surgngal treatment of infertility (22 recommendations); and alternative treatments for pain and infertility (13 recommendations). Ten recommendations (7%) comparable to the guidelines included (Tables 1 and 2 and S1-S4 tables). Recommendations often varied according to guidelines: for example, acOG and NGG guidelines made various recommendations for the use of adjuvant hormone therapy after the surgical treatment of endometriosis. AcOG management recommended the use of postoperative analogues of gonadotrophin hormones to treat pain, while ngG guidelines do not recommend their use. Table 1. Guidelines for The Diagnosis of Endometriosis Mild/Moderate Endometriosis Severe Endometriosis Endometriosis Symptoms Research Biochemical Surgical Symptoms Study Biochemical Surgical Recommendations ACOG (2010)18 th. ....

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