

1 Title: Mini-commentary SR-18888R1 - How good are the current guidelines on
2 endometriosis?
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5 Endometriosis is an enigmatic disorder that is fraught with management
6 controversies and very often, there exists deep divides in management strategies
7 amongst the generalist, the specialist who favours surgery, the specialist who favour
8 medical treatment, and those who are equipoised. The lack of clarity on the
9 aetiology of the disease most likely fuels the existing debates and enhance
10 subjective management options.

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12 In this issue, Hirsch et al evaluated the methodological quality of endometriosis
13 guidelines, mapped their recommendations and explored the relationships between
14 the recommendations and research evidence. Included in this paper were 2
15 international and five national endometriosis guidelines which contributed to 152
16 recommendations but only ten comparable recommendations. The supporting
17 evidence used by the guidelines differ significantly, with nearly a third of
18 recommendations unreferenced or supported by evidence; there was a lack of
19 utilisation of standardised guideline development methods. Objective, methodical
20 and consensual approach is an acceptable, standard way of collating evidence for
21 guideline development. The paper, however, highlights that many guidelines
22 developers do not engage with the necessary stakeholders, consumers or describe
23 adequately the benefits, harms, applicability and cost of treatment. Very often,
24 effective guideline development becomes problematic because of the variable
25 quality of trials and their outcomes collected. The authors suggest that the
26 development and use of a collection of well-defined, discriminatory, and feasible
27 outcomes, termed a core outcome set, would help, in part, address these issues. It is
28 however, reassuring that the popular guideline produced by the European Society of
29 Human Reproduction and Embryology was objectively evaluated as the highest
30 quality guideline.

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32 Many clinicians and trainees look to guidelines as a definitive guide for their daily
33 clinical practice. But the more experienced, reasonable and knowledgeable will
34 know and have learnt that guidelines are no 'bible' for practice, and that guidelines
35 are as they specify, a guidance for practice. Many experienced clinicians therefore,

36 also have their own threshold for what they perceived as sufficient evidence to
37 change practice. Some controversies about guidelines are always expected, because
38 the objectives of guidelines are often to address complex clinical issues, where
39 multiple options, exceptions and uncertainties exist. Hirsch et al highlights the
40 imperfections that exist with the current endometriosis guidelines, and the
41 challenges of guideline development in the context of endometriosis and have also
42 suggested useful solutions. However, one needs to appreciate that guidelines are
43 based on evidence drawn from a specific population, and in reality, the clinician
44 makes decision based on an individual, often in complex circumstances that may
45 not be reproducible in any one trial setting. Thus, as doctors, whilst it is in our
46 nature to be in constant pursuit of better science, the practice of medicine will
47 always remain an *art*.
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