Comparative Effectiveness of Therapies for Women with Noncyclic Chronic Pelvic Pain Appendixes

Appendix A: Search Strategy
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Appendix A. Search Strategies

APPENDIX A. Search Strategies

Last updated 17 January 2011

Table 1: PubMed search results

Search terms		Preliminary search results
#1	"chronic pelvic pain"	1883
#2	chronic OR recurrent OR recurring OR chronic disease[mh] OR noncyclic OR non-cyclic OR mixed	1119533
#3	"pelvic pain" OR pelvic pain[mh]	8122
#4	(musculoskeletal diseases[mh] OR myofascial[tiab]) AND (pelvic[tiab] OR pelvis[tiab] OR pelvis[mh] OR pelvic pain[tiab])	7210
#5	#1 OR (#2 AND (#3 OR #4)) AND eng[la] AND humans[mh] AND 1990:2011[dp]	2281
#6	#1 AND case reports[pt]	387
#7	#1 AND letter[pt]	51
#8	#1 AND comment[pt]	60
#9	#1 AND editorial[pt]	29
#10	#1 AND review[pt]	595
#11	#1 AND meta-analysis[pt]	11
#12	#1 AND practice guideline[pt]	13
#13	#5 NOT (#6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12)	1248

Key: [mh] Medical Subject Heading; [la] language; [pt] publication type; [dp] publication date; [tiab] title/abstract word

Table 2: CINAHL search results

Search terms		Preliminary search results
#1	((MH "Chronic Pain") OR (MH "Chronic Disease") OR chronic OR recurrent OR recurring OR noncyclic OR non-cyclic OR mixed) AND (pelvic pain OR (MH "Pelvic Pain")), limited to English language, human, research articles, and citations published since 1990; MEDLINE records excluded	22
#2	((MH "Musculoskeletal Diseases+") OR myofascial) AND (pelvic OR pelvis), limited to English language, human, research studies, and citations published since 1990; MEDLINE records excluded	54
#3	#1 OR #2	73
#4	#3 AND PT doctoral dissertation	8
#5	#3 AND PT systematic review	4
#6	#3 NOT (#4 OR #5)	61

Key: MH: medical subject word; PT publication type

Table 3: PsycINFO results (CSA interface)

Search terms		Preliminary search results
#1	KW=(chronic or recurrent or recurring) or DE=("chronic illness" or "chronic pain")	90744
#2	KW=(pelvic pain)	303
#3	KW=(pelvic or pelvis) and (DE=("musculoskeletal disorders" or "myofascial pain") or KW=(myofascial))	7
#4	#1 AND (#2 OR #3), limited to English language, human, peer-reviewed journals, and items published between 1990 and 2011	149
#5	#4 and PT=(letter)	2
#6	#4 and PT=(comment/reply)	7
#7	#4 and PT=(editorial)	1
#8	#4 and PT=(book)	1
#9	#4 and PT=(abstract collection)	1
#10	#4 not (#5 OR #6 OR #7 OR #8 OR #9)	136

Key: PT publication type; DE descriptor/subject term
Note: There were items duplicated in the other database retrieval sets, leaving unique items for review.

Table 4: EMBASE Drugs and Pharmacology results

Search terms		Preliminary search results
#1	(chronic or recurrent or recurring or noncyclic or non-cyclic or mixed or chronic disease/ or chronic illness/ or chronic pain/)	502503
#2	pelvic pain.mp. or pelvic pain syndrome/	3149
#3	(musculoskeletal disease/ or musculoskeletal pain/ or myofascial pain/) and (pelvis/ or pelvic.mp.)	100
#4	#1 AND (#2 OR #3), limited to English language and human and items published between 1990 and 2011	1085
#5	#1 and conference paper.pt.	61
#6	#1 and review.pt	367
#7	#1 and short survey.pt	14
#8	#1 and book.pt	2
#9	#1 and editorial.pt	20
#10	#1 and letter.pt	29
#11	#1 and note.pt	21
#12	#1 and case report/	147
#13	#1 and practice guideline/	39
#14	#1 and “systematic review”/	20
#15	#1 and meta analysis/	12
#16	#1 not (#2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12)	423

Key: .pt publication type
Note: There were 271 items duplicated in the other database retrieval sets, leaving 152 unique citations for review.

Appendix B. List of Excluded Studies

APPENDIX B. Excluded Studies

Reasons for exclusion:

X-1 Not original research
X-2 Not appropriate study population (age, type of CPP)
X-3 Not appropriate study design or size
X-4 Does not address key questions
X-5 Does not include outcome measures of interest
X-6 Not an English language publication

1. Zhu, L., et al., Epidemiology of mixed urinary incontinence in China. Int J Gynaecol Obstet, 2010. 109(1): p. 55-8. X-2, X-3, X-4, X-5

2. Zhu, L., et al., Epidemiological study of urge urinary incontinence and risk factors in China. Int Urogynecol J Pelvic Floor Dysfunct, 2010. 21(5): p. 589-93. X-2, X-3, X-4

3. Zhao, F.-L., et al., Health-related quality of life in Chinese patients with chronic prostatitis/chronic pelvic pain syndrome. Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation, 2010. 19(9): p. 1273-1283. X-2, X-3, X-4

4. Yuan, P., et al., Induction of a local pseudo-pregnancy for the treatment of endometriosis. Med Hypotheses, 2010. 74(1): p. 56-8. X-1, X-2, X-3

5. Yilmaz, U., et al., Sensory perception thresholds in men with chronic pelvic pain syndrome. Urology, 2010. 75(1): p. 34-7. X-2, X-3, X-4

6. Xue-Song, L., et al., Surgical excision of extensive sacrococcygeal chordomas assisted by occlusion of the abdominal aorta. J Neurosurg Spine, 2010. 12(5): p. 490-6. X-2, X-3, X-4

7. Xiaolin, Z., et al., Transcatheter Intraarterial Methotrexate Infusion Combined with Selective Uterine Artery Embolization as a Treatment Option for Cervical Pregnancy. Journal of Vascular and Interventional Radiology, 2010. 21(6): p. 836-841. X-2, X-3, X-4

8. Wu, M.H., et al., Prostaglandin E2: the master of endometriosis? Exp Biol Med (Maywood), 2010. 235(6): p. 668-77. X-1, X-2, X-3, X-4

9. Watanabe, S., et al., Influence of trunk muscle co-contraction on spinal curvature during sitting cross-legged. Electromyogr Clin Neurophysiol, 2010. 50(3-4): p. 187-92. X-2, X-3, X-4

10. Villavicencio, J.L., Pelvic venous disorders: The desperate plea of women with the nutcracker syndrome. Phlebolymphology, 2010. 17(1): p. 39-40. X-1

11. Velasco, I., et al., Interleukin-6 and other soluble factors in peritoneal fluid and endometriomas and their relation to pain and aromatase expression. J Reprod Immunol, 2010. 84(2): p. 199-205. X-4

12. Umbreit, E.C., et al., Multifactorial, site-specific recurrence model after radical cystectomy for urothelial carcinoma. Cancer, 2010. 116(14): p. 3399-407. X-2, X-3, X-4

13. Tugcu, V., et al., Effectiveness of acupuncture in patients with category IIIB chronic pelvic pain syndrome: a report of 97 patients. Pain Med, 2010. 11(4): p. 518-23. X-2, X-3, X-4

14. Tu, C.H., et al., Brain morphological changes associated with cyclic menstrual pain. Pain, 2010. 150(3): p. 462-8. X-2, X-3, X-4

15. Thumbikat, P., et al., Prostate secretions from men with chronic pelvic pain syndrome inhibit proinflammatory mediators. J Urol, 2010. 184(4): p. 1536-42. X-2, X-3, X-4

16. ter Kuile, M.M., Weijenborg, P.T.M., and Spinhoven, P., Sexual functioning in women with chronic pelvic pain: The role of anxiety and depression. Journal of Sexual Medicine, 2010. 7(5): p. 1901-1910. X-4, X-5

17. Taylor, E. and Williams, C., Surgical treatment of endometriosis: location and patterns of disease at reoperation. Fertil Steril, 2010. 93(1): p. 57-61. X-3

18. Tarjanne, S., Sjoberg, J., and Heikinheimo, O., Radical excision of rectovaginal endometriosis results in high rate of pain relief - results of a long-term follow-up study. Acta Obstet Gynecol Scand, 2010. 89(1): p. 71-7. X-2, X-3, X-4

19. Takahashi, S., et al., Tension-free vaginal mesh procedure for pelvic organ prolapse: a single-center experience of 310 cases with 1-year follow up. Int J Urol, 2010. 17(4): p. 353-8. X-3, X-4

20. Suzuki, N., et al., GnRH receptor and peritoneal plasmin activity. Gynecological Endocrinology, 2010. 26(9): p. 669-672. X-2, X-3, X-4

21. Stahl, C., et al., MRI features of gastrocnemius musculotendinopathy in herding dogs. Vet Radiol Ultrasound, 2010. 51(4): p. 380-5. X-2, X-3, X-4

22. Sorenson, S.C., et al., Knee extensor dynamics in the volleyball approach jump: the influence of patellar tendinopathy. Journal of Orthopaedic & Sports Physical Therapy, 2010. 40(9): p. 568-576. X-2, X-3, X-4

23. Soper, D.E., Pelvic inflammatory disease. Obstet Gynecol, 2010. 116(2 Pt 1): p. 419-28. X-1, X-2, X-3, X-4

24. Shoskes, D.A., Nickel, J.C., and Kattan, M.W., Phenotypically directed multimodal therapy for chronic prostatitis/chronic pelvic pain syndrome: a prospective study using UPOINT. Urology, 2010. 75(6): p. 1249-53. X-2, X-3, X-4

25. Sharma, J.B., et al., Increased complication rates associated with laparoscopic surgery among patients with genital tuberculosis. Int J Gynaecol Obstet, 2010. 109(3): p. 242-4. X-4

26. Shah, D.K., et al., Public perceptions of endometriosis: perspectives from both genders. Acta Obstet Gynecol Scand, 2010. 89(5): p. 646-50. X-2, X-4

27. Seracchioli, R., et al., Conservative laparoscopic management of urinary tract endometriosis (UTE): surgical outcome and long-term follow-up. Fertil Steril, 2010. 94(3): p. 856-61. X-2, X-3, X-4, X-5

28. Seracchioli, R., et al., Long-term oral contraceptive pills and postoperative pain management after laparoscopic excision of ovarian endometrioma: a randomized controlled trial. Fertil Steril, 2010. 94(2): p. 464-71. X-2, X-3

29. Seng, J.S., Posttraumatic oxytocin dysregulation: Is it a link among posttraumatic self disorders, posttraumatic stress disorder, and pelvic visceral dysregulation conditions in women? Journal of Trauma & Dissociation, 2010. 11(4): p. 387-406. X-1, X-2, X-3, X-4

30. Santosh, A., et al., Chronic pelvic pain: a dilemma. J Pak Med Assoc, 2010. 60(4): p. 257-60. X-3

31. Sanchez Freire, V., et al., MicroRNAs may mediate the down-regulation of neurokinin-1 receptor in chronic bladder pain syndrome. Am J Pathol, 2010. 176(1): p. 288-303. X-2, X-3, X-4, X-5

32. Sadeghi-Nejad, H., et al., Sexually transmitted diseases and sexual function. Journal of Sexual Medicine, 2010. 7(1 PART 2): p. 389-413. X-1, X-2, X-3, X-4

33. Ruka, W., et al., The megavoltage radiation therapy in treatment of patients with advanced or difficult giant cell tumors of bone. Int J Radiat Oncol Biol Phys, 2010. 78(2): p. 494-8. X-2, X-3, X-4

34. Roman, J.D., Surgical treatment of endometriosis in private practice: cohort study with mean follow-up of 3 years. J Minim Invasive Gynecol, 2010. 17(1): p. 42-6. X-2, X-3

35. Roman, H., et al., Delayed functional outcomes associated with surgical management of deep rectovaginal endometriosis with rectal involvement: giving patients an informed choice. Hum Reprod, 2010. 25(4): p. 890-9. X-3

36. Robinson, G.M., et al., Misuse of over-the-counter codeine-containing analgesics: Dependence and other adverse effects. New Zealand Medical Journal, 2010. 123(1317). X-2, X-3, X-4

37. Rigaud, J., et al., Functional results after tape removal for chronic pelvic pain following tension-free vaginal tape or transobturator tape. J Urol, 2010. 184(2): p. 610-5. X-3

38. Renner, S.P., et al., Preoperative pain and recurrence risk in patients with peritoneal endometriosis. Gynecol Endocrinol, 2010. 26(3): p. 230-5. X-2, X-3, X-4, X-5

39. Rawicki, B., et al., Botulinum toxin assessment, intervention and aftercare for paediatric and adult niche indications including pain: International consensus statement. European Journal of Neurology, 2010. 17(Suppl 2): p. 122-134. X-2, X-3, X-4

40. Raphael, J., et al., Cancer Pain: Part 2: Physical, Interventional and Complimentary Therapies; Management in the Community; Acute, Treatment-Related and Complex Cancer Pain: A Perspective from the British Pain Society Endorsed by the UK Association of Palliative Medicine and the Royal College of General Practitioners. Pain Medicine, 2010. 11(6): p. 872-896. X-1, X-2, X-3, X-4

41. Radosa, M.P., et al., Coagulation versus excision of primary superficial endometriosis: a 2-year follow-up. Eur J Obstet Gynecol Reprod Biol, 2010. 150(2): p. 195-8. X-2, X-3, X-4, X-5

42. Protopapas, A., et al., Immunohistochemical expression of matrix metalloproteinases, their tissue inhibitors, and cathepsin-D in ovarian endometriosis: correlation with severity of disease. Fertil Steril, 2010. 94(6): p. 2470-2. X-4

43. Porpora, M.G., et al., Pain and ovarian endometrioma recurrence after laparoscopic treatment of endometriosis: a long-term prospective study. Fertil Steril, 2010. 93(3): p. 716-21. X-2, X-3

44. Pontari, M.A., et al., Pregabalin for the treatment of men with chronic prostatitis/chronic pelvic pain syndrome: a randomized controlled trial. Arch Intern Med, 2010. 170(17): p. 1586-93. X-2, X-3, X-4

45. Poleshuck, E.L., et al., Interpersonal psychotherapy for women with comorbid depression and chronic pain. J Nerv Ment Dis, 2010. 198(8): p. 597-600. X-3

46. Parker, J., et al., Advancements in the management of urologic chronic pelvic pain: what is new and what do we know? Curr Urol Rep, 2010. 11(4): p. 286-91. X-1, X-2, X-3, X-4

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48. Ouzounova-Raykova, V., Ouzounova, I., and Mitov, I.G., May Chlamydia trachomatis be an aetiological agent of chronic prostatic infection? Andrologia, 2010. 42(3): p. 176-81. X-2, X-3, X-4

49. Novoseltsev, S.V. and Vcherashny, D.B., Biomechanical disorders in the patients with lumbar discal hernias and their osteopathic correction. AAO Journal, 2010. 20(1): p. 11-15. X-1, X-2, X-3, X-4

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51. Nguyen, A.D., et al., Relationships between lower extremity alignment and the quadriceps angle... Patellofemoral pain syndrome: proximal, distal, and local factors, an international research retreat, April 30-May 2, 2009, Fells Point, Baltimore, MD. Journal of Orthopaedic & Sports Physical Therapy, 2010. 40(3): p. A33-A33. X-2, X-3, X-4

52. Ngo, C., et al., Protein kinase inhibitors can control the progression of endometriosis in vitro and in vivo. J Pathol, 2010. 222(2): p. 148-57. X-2, X-3, X-4

53. Morgia, G., et al., Treatment of chronic prostatitis/chronic pelvic pain syndrome category IIIA with Serenoa repens plus selenium and lycopene (Profluss) versus S. repens alone: an Italian randomized multicenter-controlled study. Urol Int, 2010. 84(4): p. 400-6. X-2, X-3, X-4

54. Montenegro, M.L., et al., Importance of pelvic muscle tenderness evaluation in women with chronic pelvic pain. Pain Med, 2010. 11(2): p. 224-8. X-2, X-3

55. Merritt, A.L., et al., Gluteal-sparing approach for posterior iliac crest bone graft: Description of a new technique and assessment of morbidity in ninety-two patients after spinal fusion. Spine, 2010. 35(14): p. 1396-1400. X-2, X-3, X-4

56. McIntyre, M. and Fisch, H., Ejaculatory duct dysfunction and lower urinary tract symptoms: chronic prostatitis. Curr Urol Rep, 2010. 11(4): p. 271-5. X-1, X-2, X-3, X-4

57. McGowan, L., et al., Is chronic pelvic pain a comfortable diagnosis for primary care practitioners: a qualitative study. BMC Fam Pract, 2010. 11: p. 7. X-1, X-2, X-3, X-4, X-5

58. McDonald-Mosley, R. and Burke, A.E., Contraceptive implants. Semin Reprod Med, 2010. 28(2): p. 110-7. X-1, X-2, X-3, X-4, X-5

59. Mao, A.J. and Anastasi, J.K., Diagnosis and management of endometriosis: the role of the advanced practice nurse in primary care. J Am Acad Nurse Pract, 2010. 22(2): p. 109-16. X-1, X-2, X-3, X-4

60. Manero, M.G. and Alcazar, J.L., Interleukin-8 serum levels do not correlate with pelvic pain in patients with ovarian endometriomas. Fertil Steril, 2010. 94(2): p. 450-2. X-4

61. Magri, V., et al., Use of the UPOINT chronic prostatitis/chronic pelvic pain syndrome classification in European patient cohorts: sexual function domain improves correlations. J Urol, 2010. 184(6): p. 2339-45. X-2, X-3, X-4, X-5

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64. Leone, P., et al., One-day famciclovir vs. placebo in patient-initiated episodic treatment of recurrent genital herpes in immunocompetent Black patients. Current Medical Research and Opinion, 2010. 26(3): p. 653-661. X-2, X-3, X-4, X-5

65. Leithner-Dziubas, K., et al., Mentalisierungsfähigkeit und bindung bei patientinnen mit chronischen unterbauchschmerzen: Eine pilotstudie. / Mentalization and bonding in chronic pelvic pain patients: A pilot study. Zeitschrift für Psychosomatische Medizin und Psychotherapie, 2010. 56(2): p. 179-190. X-3, X-4

66. Langenberg, P.W., et al., Pelvic pain and surgeries in women before interstitial cystitis/painful bladder syndrome. Am J Obstet Gynecol, 2010. 202(3): p. 286 e1-6. X-2, X-3, X-4, X-5

67. Kumar, A., Gupta, V., and Maurya, A., Mental health and quality of life of chronic pelvic pain and endometriosis patients. Journal of Projective Psychology & Mental Health, 2010. 17(2): p. 153-157. X-2, X-3, X-4, X-5

68. Kukura, V., et al., Alcohol sclerosing ovarian cystic lesions, 20 years experience. Coll Antropol, 2010. 34(1): p. 37-40. X-2, X-3, X-4, X-5

69. Kovoor, E., et al., Endometriosis of bladder: outcomes after laparoscopic surgery. J Minim Invasive Gynecol, 2010. 17(5): p. 600-4. X-2, X-3, X-4

70. Karatas, O.F., et al., Helicobacter pylori seroprevalence in patients with chronic prostatitis: a pilot study. Scand J Urol Nephrol, 2010. 44(2): p. 91-4. X-2, X-3, X-4

71. Kang, J.L., et al., Efficacy of gonadotropin-releasing hormone agonist and an extended-interval dosing regimen in the treatment of patients with adenomyosis and endometriosis. Gynecol Obstet Invest, 2010. 69(2): p. 73-7. X-2, X-3, X-4, X-5

72. Kahn, B.S., et al., Prevalence of interstitial cystitis in vulvodynia patients detected by bladder potassium sensitivity. Journal of Sexual Medicine, 2010. 7(2, Pt 2): p. 996-1002. X-2, X-3, X-4, X-5

73. Indraccolo, U. and Barbieri, F., Effect of palmitoylethanolamide-polydatin combination on chronic pelvic pain associated with endometriosis: preliminary observations. Eur J Obstet Gynecol Reprod Biol, 2010. 150(1): p. 76-9. X-3

74. Hudelist, G., et al., Administration of betaHCG leads to dose-dependent changes of gene expression signature of endometriotic stromal cells. Reproductive BioMedicine Online, 2010. 20(5): p. 699-706. X-2, X-3, X-4

75. Hiers, R.H., et al., Hiding in plain sight: A case of Tarlov perineural cysts. The Journal of Pain, 2010. 11(9): p. 833-837. X-2, X-3, X-4

76. Guo, W., et al., Surgical treatment of pelvic chondrosarcoma involving periacetabulum. J Surg Oncol, 2010. 101(2): p. 160-5. X-2, X-3, X-4

77. Graziottin, A., Menopause and sexuality: Key issues in premature menopause and beyond. 2010. p. 254-261.

78. Giovannoni, M.P., et al., PDE5 inhibitors and their applications. Current Medicinal Chemistry, 2010. 17(24): p. 2564-2587. X-1, X-2, X-3, X-4

79. Gerbershagen, H.J., et al., Chronic pain and disability after pelvic and acetabular fractures--assessment with the Mainz Pain Staging System. J Trauma, 2010. 69(1): p. 128-36. X-3, X-4, X-5

80. Foley, C., Patki, P., and Boustead, G., Unrecognized bladder perforation with mid-urethral slings. BJU Int, 2010. 106(10): p. 1514-8. X-2, X-3, X-4

81. Ferris, J.A., et al., National prevalence of urogenital pain and prostatitis-like symptoms in Australian men using the National Institutes of Health Chronic Prostatitis Symptoms Index. BJU Int, 2010. 105(3): p. 373-9. X-2, X-3, X-4

82. Ferrero, S., et al., Norethisterone acetate in the treatment of colorectal endometriosis: a pilot study. Hum Reprod, 2010. 25(1): p. 94-100. X-3

83. Farid, Y.R., Decancellation sacral osteotomy in iliosacral tumor resection: a technique for precise sacral margins. Clin Orthop Relat Res, 2010. 468(5): p. 1362-72. X-2, X-3, X-4

84. Fall, M., et al., EAU guidelines on chronic pelvic pain. Eur Urol, 2010. 57(1): p. 35-48. X-1, X-2, X-3

85. Dousset, B., et al., Complete surgery for low rectal endometriosis: long-term results of a 100-case prospective study. Ann Surg, 2010. 251(5): p. 887-95. X-3

86. Donnez, J., et al., Laparoscopic management of endometriomas using a combined technique of excisional (cystectomy) and ablative surgery. Fertil Steril, 2010. 94(1): p. 28-32. X-2, X-3, X-4, X-5

87. Demircay, E., et al., Radiofrequency thermocoagulation of ganglion impar in the management of coccydynia: preliminary results. Turk Neurosurg, 2010. 20(3): p. 328-33. X-2, X-3, X-4

88. de Bernardes, N.O., et al., Use of intravaginal electrical stimulation for the treatment of chronic pelvic pain: a randomized, double-blind, crossover clinical trial. J Reprod Med, 2010. 55(1-2): p. 19-24. X-3

89. Daniels, J.P. and Khan, K.S., Chronic pelvic pain in women. BMJ, 2010. 341: p. c4834. X-1, X-2, X-3, X-4, X-5

90. Chung, M.K., Butrick, C.W., and Chung, C.W., The overlap of interstitial cystitis/painful bladder syndrome and overactive bladder. JSLS, 2010. 14(1): p. 83-90. X-2, X-3, X-4, X-5

91. Chelli, D., et al., Pelvic hydatid (echinococcal) disease. Int J Gynaecol Obstet, 2010. 109(1): p. 45-8. X-2, X-3, X-4

92. Chapron, C., et al., Surgery for bladder endometriosis: long-term results and concomitant management of associated posterior deep lesions. Hum Reprod, 2010. 25(4): p. 884-9. X-2, X-3

93. Castori, M., et al., Natural history and manifestations of the hypermobility type Ehlers-Danlos syndrome: a pilot study on 21 patients. Am J Med Genet A, 2010. 152A(3): p. 556-64. X-2, X-3, X-4

94. Canavese, F., et al., Varus derotation osteotomy for the treatment of hip subluxation and dislocation in GMFCS level III to V patients with unilateral hip involvement. Follow-up at skeletal maturity. J Pediatr Orthop, 2010. 30(4): p. 357-64. X-2, X-3, X-4

95. Camanni, M., et al., Hysteroscopic management of large symptomatic submucous uterine myomas. J Minim Invasive Gynecol, 2010. 17(1): p. 59-65. X-2, X-3, X-4, X-5

96. Calabrò, R.S., et al., Misdiagnosed chronic pelvic pain: Pudendal neuralgia responding to a novel use of palmitoylethanolamide. Pain Medicine, 2010. 11(5): p. 781-784. X-2, X-3, X-4

97. Bulletti, C., et al., Vaginal parturition decreases recurrence of endometriosis. Fertil Steril, 2010. 94(3): p. 850-5. X-2, X-3, X-4, X-5

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101. Bayram, G.O. and Beji, N.K., Psychosexual adaptation and quality of life after hysterectomy. Sexuality and Disability, 2010. 28(1): p. 3-13. X-1, X-2, X-3, X-4, X-5

102. Barbosa, C.P., et al., OC-125 immunostaining in endometriotic lesion samples. Archives of Gynecology and Obstetrics, 2010. 281(1): p. 43-47. X-3, X-4, X-5

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Appendix C. Evidence Tables

APPENDIX C. Evidence Tables

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Vercellini et al., 2010 **Country:** Italy **Enrollment period:** 2004 to 2007 **Intervention setting:** Endometriosis outpatient clinic **Funding:** University of Milan **Author industry relationship disclosures:** None **Design:** Prospective cohort (subject allowed to choose interven-tion group) **Blinding of:** Subjects: No Clinicians: No Investigators: No Outcome assessors: No	**Intervention:** Ethinyl estradiol via vaginal ring (15 mcg ethinyl estradiol + 120 mcg etonogestrel/day) or patch (0.60 mg ethinyl estradiol + 6.0 mg 17-deacetyl-norgestimate) for 21 days, followed by 7 days off; however, women were allowed to use either continuously **Assessments:** At baseline: pain questionnaire to assess severity and presence of dysmenorrhea, dyspareunia, and nonmenstrual pain on a 0-3 point Biberoglu and Behrman verbal rating scale; 100 mm VAS for the severity of each; lab work for serum chemistries and lipids Every 3 months: pelvic exam, US, lab work, pain questionnaire At 12 months: likert scale for overall treat-ment satisfaction **Groups:** **G1:** vaginal ring **G2:** patch **Ga:** rectovaginal endometriosis **Gb:** no rectovaginal endometriosis **N with noncyclic CPP at enrollment:** **G1a:** 23 **G1b:** 49 **G2a:** 7 **G2b:** 16 **N with noncyclic CPP at follow-up:** **G1a:** 11 **G1b:** 21 **G2a:** 6 **G2b:** 13 **Duration of treatment:** 12 months	**Operational definition of CPP:** Pelvic pain > 6 months duration (and not occurring during a bleeding episode) **Inclusion criteria:** • 18-40 years old • Regular menses • Not wanting pregnancy • BMI 18-27 kg/m^2 • Previous laparoscopy or laparotomy for stage I-IV symptomatic endometri-osis in prior 12 months • Persistent pain > 6 months • Unwilling to undergo another surgery • At least one moderate to severe pain symptom • Normal baseline lab **Exclusion criteria:** • Obstructive uropathy or bowel stenosis • Complex adnexal cysts/endometrioma greater than 3 cm • Treatments for endo-metriosis other than NSAIDS for prior 3 months (6 months for GnRH agonist) • Contraindications to estrogen/progestogen • Use of drugs that interfere with study drug metabolism • Allergy to study meds or NSAIDS • Abnormal breast findings • Active skin disease • Abnormal pap smear • STD/vaginal infection • Genital prolapsed • STD & vaginal infections • PID • Genital malformation • Pelvic varices • Genital malformations at previous surgery • GI/urologic/orthopedic diseases • Psychiatric illness • History of drug or alcohol abuse • Unwillingness to tolerate menstrual changes	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** Absent: **G1a:** 5 **G1b:** 12 **G2a:** 4 **G2b:** 6 Mild: **G1a:** 14 **G1b:** 23 **G2a:** 5 **G2b:** 7 Moderate: **G1a:** 7 **G1b:** 12 **G2a:** 2 **G2b:** 6 Severe: **G1a:** 2 **G1b:** 4 **G2a:** 0 **G2b:** 3 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment:** NA **Pain status:** 12 months: Absent: **G1a:** 17 **G1b:** 30 **G2a:** 5 **G2b:** 9 Mild: **G1a:** 11 **G1b:** 18 **G2a:** 6 **G2b:** 11 Moderate: **G1a:** 0 **G1b:** 3 **G2a:** 0 **G2b:** 2 Severe: 0 in all groups **Functional status:** NR **Satisfaction with care:** Overall very satisfied or satisfied, %:* **G1:** 71 **G2:** 48 **G1/G2:** *P* < 0.001 RR = 1.50 (95% CI: 1.17-1.93) **Quality of life:** NR **Non-surgical harms, n (%):**** Weight gain: **G1:** 8 (6) **G2:** 4 (5) **G1/G2:** *P* = 0.82 Headache: **G1:** 7 (6) **G2:** 15 (18) **G1/G2:** *P* = 0.01 Vomiting: **G1:** 0 (0) **G2:** 2 (2) **G1/G2:** *P* = 0.31

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Vercellini et al., continued	**Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** Yes **Concomitant therapies, %:** Naproxen 550 mg bid: **G1:** 100 **G2:** 100 **Concomitant therapies held stable during treatment:** NR	**Age:** NR **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		Nausea: **G1:** 3 (2) **G2:** 7 (8) **G1/G2:** *P* = 0.10 Depression: **G1:** 7 (6) **G2:** 4 (5) **G1/G2:** *P* = 0.76 Decreased libido: **G1:** 5 (4) **G2:** 4 (5) **G1/G2:** *P* = 0.80 Breast tenderness: **G1:** 6 (5) **G2:** 7 (8) **G1/G2:** *P* = 0.47 Skin reaction: **G1:** 0 (0) **G2:** 4 (5) **G1/G2:** *P* = 0.05 Bloating/swelling: **G1:** 12 (10) **G2:** 3 (3) **G1/G2:** *P* = 0.15 Vaginal discomfort: **G1:** 8 (7) **G2:** 0 (0) **G1/G2:** *P* = 0.04 Vaginal dryness: **G1:** 0 (0) **G2:** 2 (2) **G1/G2:** *P* = 0.31 Other: **G1:** 4 (3) **G2:** 5 (6) **G1/G2:** *P* = 0.55 **Confounders:** Age, previous pregnancies, BMI, ASRM stage, endometriomas, RV lesions, pain severity, type of delivery system (intervention), NSAID use considered **Effect modifiers:** NR

Comments: * ITT analysis of all subjects, not only those with noncyclic pain ** harms reported for all participants, not only those with noncyclic pain

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Author: Montenegro et al., 2009 **Country:** Brazil **Enrollment period:** NR **Intervention setting:** Academic medical center **Funding:** NR **Author industry relationship disclosures:** None **Design:** Cross sectional	**Operational definition of CPP:** Lower abdominal pain lasting at least 6 months, occurring continuously or intermittently and not associated exclusively with menstruation or intercourse **Inclusion criteria:** • Consecutive women with CPP of > 6 months duration **Exclusion criteria:** • See inclusion criteria **Assessments:** Nature of pain, personal history, BDI, VAS, MPI, physical exam and postural assessment by 2 physical therapists, blind to all clinical data **Groups:** **G1:** CPP **N with noncyclic CPP at enrollment:** **G1:** 108 **N with noncyclic CPP at follow-up:** **G1:** 108 **Age, yrs, mean ± SD:** **G1:** 35.3 ± 8.6 **BMI, mean ± SD:** **G1:** 26.0 ± 4.8 **Parity, median (range):** **G1:** 2 (0-6) **Duration of pelvic pain, months, mean ± SD:** **G1:** 60.9 ± 6.4 **Intake diagnoses within CPP/ Indications for treatment:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section, n (%): **G1:** 38 (35.2) Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR	**Pain status, mean ± SD:** VAS: 66.8 ± 2.1 MPI: 28.7 ± 2 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea, n (%): **G1:** 67 (62) Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction, n (%): Dyspareunia (mild, moderate, and intense symptoms): 82 (76) Dyspareunia (moderate and intense symptoms only): 53 (49) Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Montenegro et al., continued	Pregnancy termination, n (%): **G1:** 22/106 (20.7)		

Comments:

Postural changes in women with CPP are the main study focus. Musculoskeletal changes were associated with CPP in 34% of women.

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Daniels et al., 2009 **Country:** UK **Enrollment period:** February 1998 to December 2005 **Intervention setting:** Multicenter UK hospitals **Funding:** Wellbeing for Women, Birmingham Women's Foundation, UK Department of Health **Author industry relationship disclosures:** None **Design:** RCT **Blinding of:** Subjects: Yes, except for 13 women Clinicians: No Investigators: NR Outcome assessors: NR	**Intervention:** LUNA (laparoscopic uterosacral nerve ablation) **Assessments:** Pain (10 cm VAS); EuroQoL EQ-5D; EQ-VAS **Groups:** **G1:** LUNA **G2:** no LUNA **N with noncyclic CPP at enrollment:** **G1:** 219 **G2:** 228 **N with noncyclic CPP at follow-up:** 6 months: **G1:** 181 **G2:** 189 12 months: **G1:** 185 **G2:** 185 60 months: **G1:** 96 **G2:** 104 **Duration of treatment:** 1 day **Length of follow-up post-treatment day 1:** 12 months – 5 years **Treatment adherence reported:** Yes **Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** Noncyclic pain, dysmenorrhea, or dyspareunia, > 6 months, within or below anterior iliac crests **Inclusion criteria:** • CPP • Planned to undergo diagnostic laparoscopy **Exclusion criteria:** • Previous LUNA or hysterectomy • Previous therapeutic procedures for endometriosis or PID • Previous diagnosis of endometriosis or PID **Age:** NR **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Noncyclic pain: **G1:** 159/243 (65) **G2:** 153/244 (63) Dysmenorrhea, dyspareunia, and noncyclic pain: **G1:** 89/243 (37) **G2:** 79/244 (32) **Pain status, VAS score, cm:** Overall worst pain level:* **G1:** NR** **G2:** NR** Noncyclic pain: NR Dysmenorrhea: NR Dyspareunia: NR **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment:** NR for participants with noncyclic pain only **Pain status, 12 months, VAS score, cm, treatment effect (95% CI):** Overall worst pain level:* **G1/G2:** -0.02 (-0.61, 0.65) Noncyclic pain: **G1/G2:** 0.17 (-0.4, 0.74) **Pain status, 12 months, VAS score, cm, treatment effect (95% CI), last observation carried forward analysis:** Overall worst pain level:* **G1/G2:** NR Noncyclic pain: **G1/G2:** 0.35 (-0.19, 0.88) **Functional status:** NR **Satisfaction with care:** NR **Quality of life, 12 months, treatment effect (95% CI):** EuroQoL EQ-5D: **G1/G2:** 0.03 (-0.03, 0.09) *P* = 0.30 EQ-VAS: **G1/G2:** -0.78 (-3.9, 5.4) *P* = 0.30 **Non-surgical harms:** NR **Confounders:** NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Daniels et al., continued				**Effect modifiers, treatment effect (95% CI):** Noncyclic pain: Parity: Nulliparous: **G1/G2:** -0.02 (-0.41, 0.37) Parous: **G1/G2:** -0.12 (-0.47, 0.20) *P* = 0.60 Pathology: None **G1/G2:** -0.08 (-0.34, 0.18) Any minimal **G1/G2:** 0.64 (-0.68, 1.39) *P* = 0.20 Site of pain: Central: **G1/G2:** -0.15 (-0.46, 0.16) Not central: **G1/G2:** 0.01 (-0.50, 0.51) *P* = 0.30 Worst pain level:* Parity: Nulliparous: **G1/G2:** 0.34 (-0.06, 0.74) Parous: **G1/G2:** -0.08 (-0.41, 0.24) *P* = 0.50 Pathology: None: **G1/G2:** 0.10 (-0.16, 0.36) Any minimal: **G1/G2:** 0.19 (-0.81, 1.18) *P* = 0.20 Site of pain: Central: **G1/G2:** -0.03 (0.31[‡], 0.30) Not central: **G1/G2:** 0.10 (-0.49, 0.49) *P* = 0.20

Comments:
* indicates worst pain level experienced from any of the 3 types of pain analyzed—noncyclic pain, dysmenorrhea, dyspareunia
** data only illustrated graphically in Figure 2
[‡] appears to be missing a negative sign as reported in the study

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Stratton et al., 2008, 2010 **Country:** US **Enrollment period:** January 1999 to December 2004 **Intervention setting:** Clinic **Funding:** NIH **Author industry relationship disclosures:** None **Design:** Randomized, placebo controlled clinical trial **Blinding of:** Subjects: Yes Clinicians: Yes Investigators: Yes Outcome assessors: Yes	**Intervention:** Raloxifene, 180 mg daily for 6 months versus placebo **Assessments:** QOL questionnaires and pelvic pain (VAS 0, no pain, to 10, worst) questionnaires every 3 months. Pain assessed (with VAS) for dysmenorrhea, dyspareunia and non-menstrual pelvic pain Subjective verbal ratings for: *Nonmenstrual pain* (Mild = occasional, Moderate = most of time, Severe = daily); *Dysmenorrhea* (Minimal = patients able to work with reduced efficiency, Moderate = patients in bed or could not work part of 1 day, Severe = patients in bed > 1 day or incapacitated); *Dyspareunia* (Mild = discomfort tolerated during intercourse, Moderate = intercourse interrupted by pain, Severe = intercourse avoided because of pain). Headache severity by Visual Analog scale (0-10); headache classified using International Headache Society criteria Standardized questionnaires on pelvic pain, headache, depression and quality of life Complete blood count, serum lipids, liver function test, blood urea nitrogen, creatinine, electrolytes, glucose, thyroid panel, antinuclear antibody, rheumatoid factor,	**Operational definition of CPP:** 3 months of pelvic pain **Inclusion criteria:** • Age 18-45 • 3-month history of pelvic pain • Biopsy-proven endometriosis at laparoscopy • Postoperative significant pelvic pain reduction **Exclusion criteria:** • CPP resulting from: infectious, gastrointestinal, musculoskeletal, neurologic, or psychiatric causes • Significant abnormalities in physical or laboratory examination • Hormonal contraception, selective estrogen receptor modulators, progestins, estrogens, steroids or ovulation induction in prior 3 months to enrollment • Medical or surgical treatment for endometriosis in prior 6 months • History of venous thrombosis events, stroke, transient ischemic attack, manic depressive illness, or untreated major depression • Hysterectomy, BSO, pregnant or lactating **Age, yrs, mean (SE):** **G1:** 31.1 (1.1) **G2:** 32.0 (1.1) **G3a:** 31.2 ± 0.8 SEM **G3b:** 31.5 ± 1.4 SEM **BMI, mean (SE):** **G1:** 25.3 (0.7) **G2:** 25.3 (0.9) **G3a:** 25.1 ± 0.6 SEM **G3b:** 28.4 ± 1.2 SEM (G3a/G3b p=.01) **Parity, mean (SE):** **G1:** 1.0 (0.3) **G2:** 1.0 (0.2) **G3a:** 0.9 ± 0.2 SEM **G3b:** 1.3 ± 0.4 SEM (G3a/G3b p=ns) **Duration of pelvic pain, mean years (SE) (range):**	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** **G1, G2:** NR* Non-menstrual pain severity, mean ± SEM: **G3a+b:** 5.2 ± 0.2 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** Pain, mean ± SEM: **G1:** NR **G2:** NR **G3a**: 61.5 ± 4.1 **G3b**: 63.0 ± 6.3 (p=ns) Disability, mean ± SEM: **G1:** NR **G2:** NR **G3a**: 18.0 ± 2.9 **G3b**: 22.2 ± 6.2 (p=ns) General health, mean ± SEM: **G1:** NR **G2:** NR **G3a**: 71.2 ± 1.8 **G3b**: 62.9 ± 3.4 (p=.02) Depression, mean ± SEM: **G1:** NR **G2:** NR **G3a**: 27.1 ± 2.1 **G3b**: 34.2 ± 4.0 (p=ns)	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** Return of pelvic pain, n (%):** **G1:** 14 (30) **G2:** 11 (24.4) **G1/G2:** *P* = 0.64 Time to return of pelvic pain, mean: **G1:** NR* **G2:** NR* **G1/G2:** *P* = 0.03 Biopsy proven endometriosis at secondary laparoscopy, n: **G1:** 16/23 **G2:** 13/17 **G1/G2:** *P* = 0.52 Time to second surgery, days, mean (SE): **G1:** 530 (48) **G2:** 682 (46) **G1/G2:** *P* = 0.016 Recurrence of pain, controlling for second surgery, odds ratio (95% CI): **G1/G2:** OR = 1.71 (1.10, 2.71) *P* = 0.02 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** Mental health status, mean change: **G1:** -5.3 **G2:** 5.8 **G1/G2:** *P* < 0.05 **Non-surgical harms, n (%):** Ovarian cyst: **G1:** 8 (17) **G2:** 5 (11.1) **G1/G2:** *P* = NS

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Stratton et al., continued	erythrocyte antisedimentation rate, and creatinine kinase. Bone densitometry at baseline, 6 and 12 months. Histological exam of excised tissue following laparoscopic exam to establish or exclude endometriosis **Groups:** **G1:** raloxifene **G2:** placebo **G3a‡:** CPP + Endometriosis **G3b:** CPP + No Endometriosis **N with noncyclic CPP at enrollment:** **G1:** 47 **G2:** 46 **G3a:**81 **G3b:**27 **N with noncyclic CPP at follow-up:** **G1:** 38 **G2:** 35 **G3a:**81 **G3b:**27 **Duration of treatment:** 6 months **Length of follow-up post-treatment day 1:** 18 months **Treatment adherence reported:** NR **Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR	**G1:** 10.6 (0.9) (0.75-32) **G2:** 10.8 (1.3) (1-28) **G3a+b:** 10.3 ± 0.7 SEM **History of menstrual problems:** NR **History of pelvic surgery, n (%):** Prior laparoscopies for endometriosis: 1: **G1:** 22 (46.8) **G2:** 22 (47.8) ≥ 2: **G1:** 15 (31.9) **G2:** 14 (30.4) History of laparotomy **G1:** 7 (14.9) **G2:** 4 (8.7) **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		Headaches: **G1:** 10 (21.3) **G2:** 9 (20) **G1/G2:** *P* = NS Migraines: **G1:** 6 (12.8) **G2:** 8 (17.8) **G1/G2:** *P* = NS Depression: **G1:** 8 (17) **G2:** 4 (8.9) **G1/G2:** *P* = NS Pregnant: **G1:** 1 (2.1) **G2:** 3 (6.7) **G1/G2:** *P* = NS Number reduced or stopped study drug: **G1:** 15 (31.9) **G2:** 22 (48.9) **G1/G2:** *P* = 0.09 Reasons drug stopped: Pelvic pain: **G1:** 8 (17) **G2:** 7 (15.6) **G1/G2:** *P* = 0.23 Ovarian cyst: **G1:** 4 (8.5) **G2:** 4 (8.9) **G1/G2:** *P* = 0.53 Headaches:*** **G1:** 4 (8.5) **G2:** 6 (13.3) **G1/G2:** *P* = 0.58 Migraines: **G1:** 3 (6.4) **G2:** 5 (11.1) **G1/G2:** *P* = 0.6 Depression: **G1:** 3 (6.4) **G2:** 2 (4.4) **G1/G2:** *P* = 0.43 **Confounder(s):** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n (%):** Anxiety: NR Clinical depression: **G1:** 17 (36.2)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Stratton et al., continued				**G2:** 21 (45.7) **G3a+b:** With migraine: 33% **G3a+b:** Non-migraine headaches: 23% Without headaches: 17%) (p=ns) Clinical "depression on hormones": **G1:** 9 (19.2) **G2:** 6 (13.0) Dysmenorrhea: NR Fibromyalgia: NR Headaches, n (%): **G1:** 32 (68.1) **G2:** 39 (84.8) Headaches on hormones, n (%): **G1:** 3 (6.4) **G2:** 9 (19.6) **G3a:** NR **G3b:** NR Migraines, n (%): **G1:** 25 (53.2) **G2:** 34 (73.9) **G3a**: 54 (66.7) **G3b**: 18 (66.7) Non-migraine, n (%): **G1:** NR **G2:** NR **G3a**: 11 (13.6) **G3b**: 2 (7.4) No headache, n (%) **G1:** NR **G2:** NR **G3a**: 16 (19.8) **G3b**: 7 (25.9) IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction: NR Vulvodynia: NR

Comments:

* Data only illustrated graphically in Figures 2 and 3; ** Primary end point defined as return of pelvic pain, defined as 2 consecutive months of pelvic pain equal to or more severe than that at study entry; ‡ Data for G3a and G3b from Karp 2010

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Author: Pitts et al., 2008 **Country:** Australia **Enrollment period:** 2004 to 2005 **Intervention setting:** Population based **Funding:** National Health & Medical Research Council **Author industry relationship disclosures:** NR **Design:** Cross-sectional	**Operational definition of CPP:** Any type of pain in the lower part of belly not occurring with periods or intercourse either on and off or constantly **Inclusion criteria:** • Ages 16-49 years • Reported menstruating in the last 12 months • Sexually active **Exclusion criteria:** • Women aged ≥ 50 years • Currently pregnant or who had been pregnant in the previous 12 months **Groups:** **G1:** women with CPP not due to periods/during sex **N at enrollment (%):** **G1:** 427/1,983 (21.5) **Assessment:** Self-report **Age, yrs, %:*** 16-19 : **G1:** 8.0** 20-29: **G1:** 23.1** 30-39: **G1:** 33.6** 40-49: **G1:** 35.3** **BMI:** NR **Parity, %:*** 0: **G1:** 37.8** 1: **G1:** 10.9** 2: **G1:** 30.6** ≥ 3: **G1:** 20.2** **Duration of pelvic pain:** NR **Intake diagnoses within CPP/Indications for treatment:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR	**Pain status:** Severe Pain, % (95% CI): **G1:** 20 (16.1, 24.6) Slight/mild pain, %: **G1:** 38.3 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea, n (%): **G1:** 357/427 (83.6) Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction, % OR (95% CI): Were anxious about sex: **G1:** 16.0*** OR = 1.46 (1.05, 2.01) Unable to orgasm: **G1:** 20.3*** OR = 1.31 (0.98, 1.75) Were quick to orgasm: **G1:** 7.0*** OR = 1.44 (0.91, 2.28) Had physical pain during sex: **G1:** 15.0*** OR = 1.86(1.30, 2.66) Had vaginal dryness: **G1:** 12.9*** OR = 1.46 (1.02, 2.07) Dyspareunia, n (%): **G1:** 124/427 (29) Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Pitts et al., continued	**History of sexual/physical abuse:** NR **Other risk factors, %:*** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy terminations: 0: **G1:** 85.2** 1: **G1:** 10.9** 2: **G1:** 3.5** ≥ 3: **G1:** 0.6**		

Comments:

* n = total weighted N, weighted for sex & household size

** Computed from data in Tables 2 and 4 on incidence of other CPP in demographic categories.

*** Computed from data in Tables 3 on incidence of other CPP and sexual difficulty correlates.

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Author: Fenton et al., 2008 **Country:** USA **Enrollment period:** September 2005 to January 2007 **Intervention setting:** Clinic **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Cross-sectional	**Operational definition of CPP:** NR **Inclusion criteria:** • Consecutive patients seen at a chronic pelvic pain center during the enrollment period **Exclusion criteria:** • See inclusion criteria **Groups:** **G1:** CPP **Assessment:** VAS assessing total pain, pelvic pain, back pain, and migraine pain and duration of symptoms; 11-item pain disability score modified from the Roland-Morris back pain disability scale; interstitial cystitis symptom index (ICSI); five minor irritable bowel syndrome (IBS) criteria (Rome II); assessment of history of abuse; personality ratings for neuroticism, fear, and self-examination based on the international personality item pool; number of pain-generating regions of the body (maximum of 27) **N with noncyclic CPP at enrollment:** **G1:** 175 **N with noncyclic CPP at follow-up:** **G1:** 175 **Age, yrs, mean:** **G1:** 36 **BMI:** NR **Parity, mean:** **G1:** 2 **Duration of pelvic pain, months, mean ± SD:** **G1:** 54.8 ± 60.7 **Intake diagnoses within CPP/Indications for treatment:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse, %:** **G1:** 55 **Other risk factors:**	**Pain status:** Pelvic pain, VAS score, mean ± SD: **G1:** 7.4 ± 2.3 **Functional status:** Disability scale score, mean ± SD: **G1:** 5.7 ± 3.6 **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS, %: **G1:** 24 IC/PBS, %: **G1:** 35 Low back pain: NR Sexual dysfunction: NR Vulvodynia, %: **G1:** 5

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Fenton et al., continued	C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Author: Paulson et al., 2007 **Country:** US **Enrollment period:** August 2002 to December 2005 **Intervention setting:** Clinic **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Cross-sectional **Blinding of:** Subjects: NR Clinicians: NR Investigators: NR Outcome assessors: NR	Operational definition of CPP: NR **Inclusion criteria:** • Consecutive nonpostmenopausal women with CPP **Exclusion criteria:** • Musculoskeletal, gastrointestinal conditions • Other nongynecological & urological conditions **Assessments:** Pain Urgency and Frequency questionnaire, visual analog pain indices (0-10 scale), physical exam. Pain levels assessed before, immediately after treatment & after 3,6,12 months **Groups:** **G1:** CPP **N with noncyclic CPP at enrollment:** **G1:** 162 **N with noncyclic CPP at follow-up:** **G1:** 162 **Age < 18 yrs, n:** **G1:** 8 **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **Intake diagnoses within CPP/ Indications for treatment, n:** Endometriosis: **G1:** 16 Other intake diagnoses: NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR	**Pain status, mean:** Pain Urgency and Frequency score: 21.2 VAS: Initial pain: 5.4 Dyspareunia: 7.3 Dysmenorrhea: 8.1 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: All IC: **G1:** 133 (82) IC only/no endometriosis: **G1:** 26 (16) IC and endometriosis: **G1:** 107 (66) Low back pain: NR Sexual dysfunction: NR Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Paulson et al., continued	Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Author: Verit et al., 2006 **Country:** Turkey **Enrollment period:** NR **Intervention setting:** Academic outpatient clinic **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Cross-sectional	**Operational definition of CPP:** Chronic pelvic pain > 6 months duration, not exclusively associated with menstrual periods or sexual intercourse **Inclusion criteria:** • Premenopausal women • Age 18-52 years • Married **Exclusion criteria:** • Pregnancy • Having surgery, labor, or delivery in < 3 months period • History of traumatic deliveries • Chronic inflammatory bowel disease • Mental diseases • Pain due to malignancy • Treated elsewhere for pain condition • Taking any medication that had potential both to impair and enhance sexual function (e.g., analgesics, psychotropic drugs) **Assessments:** Female Sexual Function Index (FSFI); unstructured interview for psychological history; general assessment questions for female sexual dysfunction (FSD; complaints categorized based on international classification of FSD proposed by International Consensus Development Conference; also divided by DSM-IV and ICD-10) **Groups:** **G1:** CPP **G1a:** CPP with sexual dysfunction **G1b:** CPP without sexual dysfunction **N at enrollment:** **G1:** 112 **G1a:** 78 **G1b:** 34 **N at follow-up:** NA **Age, yrs, mean ± SD (range):** **G1:** 34.73 ± 8.07 (18-50) **Age, yrs, range, n (%):** < 30: **G1:** 38 (33.9) **G1a:** 21 (26.9) **G1b:** 17 (50.0) 30-39: **G1:** 37 (33.0) **G1a:** 25 (32.1)	**Pain status:** VAS score, mean ± SD: **G1:** 5.72 ± 2.18 **G1a:** 6.62 ± 2.03 **G1b:** 4.64 ± 1.63 **G1a/G1b:** *P* < 0.001 **Functional status:** FSFI score, mean ± SD: Desire scale: **G1:** 3.31 ± 1.38 Arousal scale: **G1:** 3.58 ± 1.29 Lubrication scale: **G1:** 4.20 ± 1.52 Orgasm scale: **G1:** 3.70 ± 1.62 Satisfaction scale: **G1:** 3.80 ± 1.46 Pain scale: **G1:** 2.75 ± 1.39 Full scale: **G1:** 21.35 ± 7.74 **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction: **G1:** 78 (69.6) Hypoactive sexual disorder: **G1a:** 42 (53.8) Sexual arousal disorder: **G1a:** 26 (33.3) Orgasmic disorder: **G1a:** 17 (21.7) Sexual pain disorder: **G1a:** 58 (74.3) Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Verit et al., continued	**G1b:** 12 (35.3) 40-49: **G1:** 36 (32.1) **G1a:** 31 (39.7) **G1b:** 5 (14.7) > 50: **G1:** 1 (0.9) **G1a:** 1 (1.3) **G1b:** 0 (0) **G1a/G1b:** *P* = NS **BMI:** NR **Parity, n (%):** 0: **G1:** 9 (8) **G1a:** 5 (6.4) **G1b:** 4 (11.8) 1-2: **G1:** 32 (28.6) **G1a:** 22 (28.2) **G1b:** 10 (29.4) ≥ 3: **G1:** 71 (63.4) **G1a:** 51 (65.4) **G1b:** 20 (58.8) **G1a/G1b:** *P* = NS **Pelvic pain, cumulative duration in last 12 in months, hrs, mean ± SD (range):** **G1:** 381.31 ± NR (4-1460) **G1a:** 571.73 ± 485.01 (NR) **G1b:** 71.85 ± 105.40 (NR) **G1a/G1b:** *P* < 0.0001 **Pelvic pain, first onset, n (%)** 6 months - 1 year: **G1:** 33 (29.5) **G1a:** 16 (20.5) **G1b:** 17 (50.0) > 1-5 years: **G1:** 49 (43.8) **G1a:** 38 (48.7) **G1b:** 11 (32.4) > 5 years: **G1:** 26 (23.2) **G1a:** 20 (25.6) **G1b:** 6 (17.6) Unable to recall: **G1:** 4 (3.6) **G1a:** 4 (5.1) **G1b:** 0 (0) **G1a/G1b:** *P* < 0.05 **Intake diagnoses within CPP/ Indications for treatment:** NR **History of menstrual problems:** NR		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Verit et al., continued	**History of pelvic surgery:** NR **History of sexual/physical abuse, n (%):** **G1:** 0 **Other risk factors, n (%):** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination, number of abortions: 0: **G1:** 66 (58.9) **G1a:** 43 (55.1) **G1b:** 23 (67.6) 1-2: **G1:** 31 (27.7) **G1a:** 23 (29.5) **G1b:** 8 (23.5) ≥ 3: **G1:** 15 (13.4) **G1a:** 12 (15.4) **G1b:** 3 (8.8) **G1a/G1b:** *P* = NS		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Author: Tu et al., 2006 **Country:** US **Enrollment period:** 1993 to 2000 **Intervention setting:** University-based chronic pelvic pain clinic **Funding:** NR **Author industry relationship disclosures:** None **Design:** Cross-sectional See related studies, Williams et al., 2004 and Lamvu et al., 2006	**Operational definition of CPP:** NR **Inclusion criteria:** • New female patients seen at the gynecologic chronic pelvic pain clinic between 1993-2000 **Exclusion criteria:** • See inclusion criteria **Assessments:** Patient-completed medical history questionnaire (pain characteristics, including Rome I criteria to screen for IBS; Beck Depression Inventory; McGill Pain Index). Clinician-assessed pain via physical examination (0-10 point scale) **Groups:** **G1:** all women **G1a:** women with levator ani tenderness **G1b:** women without levator ani tenderness **G1c:** women with pyriformis tenderness **G1d:** women without pyriformis tenderness **N with noncyclic CPP at enrollment:** **G1:** 987 **G1a:** 212 **G1b:** 743 **G1c:** 127 **G1d:** 815 **N with noncyclic CPP at follow-up:** NA **Age, yrs, mean ± SD:** **G1:** 33.2 ± 10.1 **G1a:** 32.3 ± 10.0 **G1c:** 33.7 ± 9.3 **BMI:** NR **Parity:** NR **Duration of pelvic pain, yrs, mean ± SD:** **G1:** 4.5 ± 5.4 **G1a:** 4.9 ± 5.9 **G1b:** 4.3 ± 5.2 **G1c:** 4.8 ± 6.2 **G1d:** 4.4 ± 5.3	**Pain status:** Number of pain sites reported, mean ± SD: **G1:** 3.9 ± 1.8 **G1a:** 4.6 ± 1.8 **G1b:** 3.7 ± 1.8 **G1c:** 4.6 ± 1.9 **G1d:** 3.8 ± 1.8 Pain increased with bowel movements, n (%): **G1:** 372 (39) **G1a:** 106 (51) **G1b:** 261 (36) **G1c:** 62 (50) **G1d:** 299 (37) McGill Pain Index, mean ± SD: **G1:** 31.5 ± 15.5 **G1a:** 35.5 ± 14.8 **G1b:** 30.4 ± 15.4 **G1c:** 34.2 ± 13.8 **G1d:** 31.0 ± 15.6 **G1a/G1b:** $P < 0.001$ **G1c/G1d:** $P < 0.05$ **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression**: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS (Rome criteria), related to pain: **G1:** 331/955 (35) **G1a:** 71/331 (21) **G1c:** 47/326 (14) IBS (Rome criteria), unrelated to pain: **G1:** 624/955 (65) **G1a:** 141/624 (23) **G1c:** 81/617 (13) IC/PBS: NR Low back pain: NR Sexual dysfunction: dyspareunia, %: **G1:** NR **G1a:** 64 **G1b:** 67 **G1c:** NR **G1d:** NR Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Tu et al., continued	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Endometriosis, related to pain: **G1:** 129/926 (14) **G1a:** 26/129 (20) **G1c:** 20/129 (16) Endometriosis, unrelated to pain: **G1:** 86 (797/926) **G1a:** 176/797 (22) **G1c:** 102/786 (13) IBS (Rome criteria), related to pain: **G1:** 331/955 (35) **G1a:** 71/331 (21) **G1c:** 47/326 (14) IBS (Rome criteria), unrelated to pain: **G1:** 624/955 (65) **G1a:** 141/624 (23) **G1c:** 81/617 (13) Intraabdominal adhesions, related to pain: **G1:** 210/926 (23) **G1a:** 51/210 (24) **G1c:** 29/205 (14) Intraabdominal adhesions, unrelated to pain: **G1:** 716/926 (77) **G1a:** 151/716 (21) **G1c:** 93/710 (13) **History of menstrual problems:** NR **History of pelvic surgery, n (%):** Previous surgeries for pain:* None: **G1:** 274 (28) **G1a:** 48 (23) **G1b:** 218 (30) **G1c:** 27 (21) **G1d:** 238 (30) 1-3: **G1:** 585 (60) **G1a:** 128 (61) **G1b:** 440 (60) **G1c:** 80 (63) **G1d:** 478 (59) > 3: **G1:** 112 (12) **G1a:** 35 (17) **G1b:** 74 (10) **G1c:** 19 (15) **G1d:** 88 (11)		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Tu et al., continued	**History of sexual/physical abuse, %:** **G1:** NR **G1a:** 49 **G1b:** 42 **G1c:** NR **G1d:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		

Comments:

* Types of surgeries not reported

** Reports mean Beck Depression Inventory scores but not N with depression

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Palomba et al., 2006 **Country:** Italy **Enrollment period:** October 2001 to January 2003 **Intervention setting:** Hospital **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT, block randomization **Blinding of:*** Subjects: No Clinicians: No Investigators: No Outcome assessors: Yes	**Intervention:** Minimally invasive pelvic denervation, one time **Assessments:** Pain evaluated post-operatively every 2 hours for the first 12 hours, 24 hours, and at discharge using a 10 point VAS Symptom severity of CPP and deep dyspareunia evaluated with 100mm VAS ("least possible pain" to "worst possible pain") at baseline, and at 6 and 12 months post-intervention **Groups:** **G1:** laparoscopic uterine nerve ablation (LUNA) **G2:** vaginal uterosacral ligament resection **N with noncyclic CPP at enrollment:** **G1:** 40 **G2:** 40 **N with noncyclic CPP at follow-up:** **G1:** 36 **G2:** 38 **Duration of treatment:** <1 day **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** NR **Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** Severe midline pelvic pain (VAS ≥ 80) persisting for more than 6 months and unresponsive to common medical treatment **Inclusion criteria:** • Postmenopausal (FSH > 40 U/L, E_2 < 20 pg/ml) women • Severe pelvic pain (VAS ≥ 80) persisting more than 6 months **Exclusion criteria:** • Major medical diseases • Psychological/psychiatric disorders • Neurological alterations of lumbar-sacral tract • Previous pelvic surgery • History of severe abdominal or pelvic infections • History of infertility • Presence of other gynecological pathologies • Previous or current use of HRT • Unable to complete the daily diary • History of alcohol or drug abuse • History of physical/sexual abuse **Age, yrs, mean ± SD:** **G1:** 55.2 ± 3.2 **G2:** 54.2 ± 3.7 **BMI, mean ± SD:** **G1:** 27.9 ± 2.1 **G2:** 28.5 ± 2.3 **Parity, median (range):** **G1:** 2 (0-4) **G2:** 2 (0-5) **Duration of pelvic pain, months, mean ± SD:** **G1:** 9.2 ± 4.6 **G2:** 10.7 ± 3.4 **History of menstrual problems:** NR **History of pelvic surgery, n (%):** **G1:** 0 **G2:** 0	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Deep dyspareunia: **G1:** 38 (95) **G2:** 36 (90) **Pain status, mean ± SD:** Pain severity (100 mm VAS): **G1:** 86.1 ± 4.4 **G2:** 84.5 ± 3.1 **G2/G1:** *P* = 0.055	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** Pain severity (100 mm VAS), mean ± SD: **G1:** 50.5 ± 3.5 **G2:** 48.5 ± 3.2 **G2/G1:** *P* = 0.063 Complete pain relief at 12 months, %: **G1:** 19 **G2:** 22 CPP not requiring medical treatment at 12 months, %: **G1:** 19 **G2:** 23 Cure rate (complete relief + CPP not requiring treatment), n (%): **G1:** 27 (75) **G2:** 28 (74) **G2/G1:** RR = 0.90** (CI: 0.78-1.33) **Confounders:** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n (%):** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Palomba et al., continued		**History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		Sexual dysfunction, dyspareunia: **G1:** 38 (95) **G2:** 36 (90) Vulvodynia: NR

Comments:

* Random allocation sequence was concealed until intervention was assigned.

** Though the comparison between the two groups for pain outcomes is not significant, the reported RR for 6 and 12 month follow-up cure rate is not clear. For the 12 month follow-up, the RR is reported as 0.90; however, it seems that the RR should be 1.02.

As cost was the primary outcome, it is unclear if the study is sufficiently powered to detect a difference in pain outcomes.

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Lamvu et al., 2006 **Country:** US **Enrollment period:** June 1993 to December 2000 **Intervention setting:** Pelvic pain clinic **Funding:** NR **Author industry relationship disclosures:** 1 of 7 Glaxo SmithKline (1) **Design:** Prospective cohort **Blinding of:** Subjects: NA Clinicians: NA Investigators: NA Outcome assessors: NA See related studies, Williams et al., 2004 and Tu et al., 2006	**Intervention:** Medical treatments: analgesics (opioid and nonopioid), antidepressants, anti-anxiety/ sedative-hypnotic/ anticonvulsant, estrogens, progestins, combination estrogens and progestins, injectable progestins, gonadotropin releasing hormone agonists, nonsteroidal anti-inflammatory drugs, trigger point injections, physical therapy, psychotherapy, or combinations thereof Surgical treatments: minimally diagnostic laparoscopy, lysis of adhesions, excision or ablation of endometriosis, unilateral or bilateral oopherectomy, ovarian cystectomy, pain mapping, uterine suspension, uterosacral ablation and hysterictomy. Laparotomy, vaginal or vulvar surgery (54 hysterectomies, 136 other procedures without hysterectomy). **Assessments:** Beck Depression Inventory; McGill Pain Questionnaire **Groups:** **G1:** Women treated primarily with medical interventions **G2:** Women treated primarily with surgical interventions **N with noncyclic CPP at enrollment:** **G1:** 181 **G2:** 189 **N with noncyclic CPP at follow-up:** **G1:** 181 **G2:** 189 **Duration of treatment:** ≤ 1 year	**Operational definition of CPP:** Self-reported pelvic pain lasting ≥ 6 months, usually localized to 1 or more of the following anatomic areas: abdomen (below the umbilicus), pelvic organs, lower back, vulva, or vagina **Inclusion criteria:** • Women with pelvic pain lasting ≥ 6 months **Exclusion criteria:** • See inclusion criteria **Age, yrs, mean ± SD (range) (95% CI):** **G1:** 34.8 ± 11.6 (15-70) (33.1, 36.5) **G2:** 31.9 ± 8.0 (14-59) (30.8, 33.0) **Total:** 33.3 ± 10.0 (14-70) (32.3, 34.3) **BMI:** NR **Parity:** NR **Duration of pelvic pain, yrs, mean ± SD (range) (95% CI):** **G1:** 4.9 ± 6.3 (0.1-34) (4.0, 5.8) **G2:** 4.4 ± 4.4 (0.1-20) (3.8, 5.0) **Total:** 4.6 ± 5.4 (0.1-34) (4.0, 5.2) **History of menstrual problems:** NR **Previous surgical treatment, n (%) (95% CI):** **G1:** 163 (90) (85, 94) **G2:** 182 (96) (93, 99) **Total:** 345 (93) (90, 96) **History of sexual abuse, n (%) (95% CI):** **G1:** 68 (38) (31, 45) **G2:** 65 (34) (28, 42) **Total:** 133 (36) (31, 41) **History of physical abuse, n (%, 95% CI):** **G1:** 44 (29) (18, 31) **G2:** 48 (32) (19, 32) **Total:** 92 (30) (21, 30) **Other risk factors, n (%):** C-section: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%) (95% CI):** IBS: **G1:** 68 (38) (31, 45) **G2:** 67 (36) (29, 43) **Total:** 135 (37) (32, 42) Adhesions: **G1:** 25 (14) (9, 20) **G2:** 60 (32) (25, 39) **Total:** 85 (23) (19, 28) Pelvic floor tension: **G1:** 51 (28) (22, 35) **G2:** 33 (18) (12, 24) **Total:** 84 (23) (19, 27) Myofascial pain-vaginal: **G1:** 33 (18) (13, 25) **G2:** 25 (13) (9, 19) **Total:** 58 (16) (12, 20) Endometriosis: **G1:** 20 (11) (7, 17) **G2:** 37 (20) (14, 26) **Total:** 57 (16) (12, 20) Pyriformis pain: **G1:** 29 (16) (11, 22) **G2:** 21 (11) (7, 17) **Total:** 50 (14) (10, 17) Vestibulitis: **G1:** 16 (9) (5, 14) **G2:** 10 (5) (3, 10) **Total:** 26 (7) (5, 10) Vaginismus: **G1:** 10 (6) (3, 10) **G2:** 7 (4) (2, 8) **Total:** 17 (5) (3, 7) Pelvic congestion: **G1:** 7 (4) (2, 8) **G2:** 5 (3) (1, 6) **Total:** 12 (3) (2, 6) Adenomyosis: **G1:** 5 (3) (1, 6) **G2:** 2 (1) (0, 4) **Total:** 7 (2) (1, 4) Fibroids: **G1:** 4 (2) (1, 6) **G2:** 2 (1) (0, 4) **Total:** 6 (2) (1, 4)	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** Pain levels, 12 months, n (%) (95% CI) No/minimal pain: **G1:** 77 (43) (35, 50) **G2:** 98 (52) (45, 59) **Total:** 175 (47) (42, 53) Mild: **G1:** 38 (21) (15, 28) **G2:** 33 (18) (12, 24) **Total:** 71 (19) (15, 24) Moderate: **G1:** 13 (7) (4, 12) **G2:** 13 (7) (4, 12) **Total:** 26 (7) (5, 10) Severe/very severe: **G1:** 53 (29) (23, 37) **G2:** 45 (24) (18, 31) **Total:** 98 (27) (22, 31) Missing: **G1:** 0 (0) (0, 2) **G2:** 0 (0) (0, 2) **Total:** 0 (0) (0, 1) Pain, 12 months, change, n (%) (95% CI): Worsened: **G1:** 34 (19) (13, 25) **G2:** 31 (16) (11, 23) **Total:** 65 (18) (14, 22) **G1/G2:** OR = 0.9 (95% CI: 0.5, 1.5) No change: **G1:** 65 (36) (29, 43) **G2:** 71 (38) (31, 45)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Lamvu et al., continued	**Length of follow-up post-treatment day 1:** 1 year **Treatment adherence reported:** No **Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR	Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	Pelvic relaxation: **G1:** 3 (2) (0, 5) **G2:** 3 (2) (0, 5) **Total:** 6 (2) (1, 4) Urethral syndrome: **G1:** 2 (1) (0, 4) **G2:** 4 (2) (1, 5) **Total:** 6 (2) (1, 4) Low back pain: **G1:** 4 (2) (1, 6) **G2:** 1 (1) (0, 3) **Total:** 5 (1) (0, 3) Nerve entrapment: **G1:** 1 (1) (0, 3) **G2:** 0 (0) (0, 2) **Total:** 1 (0) (0, 2) **Pain status:** Number of pain sites, mean ± SD (range) (95% CI) **G1:** 3.6 ± 1.8 (1-8) (3.4, 3.9) **G2:** 3.9 ± 1.9 (1-8) (3.6, 4.2) **Total:** 3.8 ± 1.9 (1-8) (3.6, 4.0) Pain levels, n (%) (95% CI): No/minimal pain: **G1:** 39 (22) (16, 28) **G2:** 47 (25) (19, 32) **Total:** 86 (23) (19, 28) Mild: **G1:** 54 (30) (23, 37) **G2:** 50 (27) (20, 33) **Total:** 104 (28) (24, 33) Moderate: **G1:** 18 (10) (6, 15) **G2:** 19 (10) (6, 15) **Total:** 37 (10) (7, 14) Severe/very severe: **G1:** 70 (39) (32, 47) **G2:** 73 (39) (32, 46) **Total:** 143 (39) (34, 44) Missing: **G1:** 0 (0) (0, 2) **G2:** 0 (0) (0, 2) **Total:** 0 (0) (0, 14) **Functional status:** NR **Satisfaction with care:** NR	**Total:** 136 (37) (32, 42) **G1/G2:** OR = 1.1 (95% CI: 0.7, 1.7) Improved: **G1:** 24 (13) (9, 19) **G2:** 21 (11) (7, 17) **Total:** 45 (12) (9, 16) **G1/G2:** OR = 0.8 (95% CI: 0.4, 1.6) Resolved: **G1:** 58 (32) (25, 39) **G2:** 66 (35) (28, 42) **Total:** 124 (34) (29, 39) **G1/G2:** OR = 0.9 (95% CI: 0.5, 1.5) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n (%):** Anxiety: NR Depression, 12 months, n (%) (95% CI): Mild: **G1:** 50 (28) (21, 35) **G2:** 48 (26) (19, 32) **Total:** 98 (27) (22, 31) Moderate: **G1:** 32 (18) (12, 24) **G2:** 29 (16) (11, 21)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Lamvu et al., continued			**Quality of life:** NR	**Total:** 61 (17) (13, 21) Severe/very severe: **G1:** 10 (6) (3, 10) **G2:** 12 (6) (3, 11) **Total:** 22 (6) (4, 9) Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS: **G1:** 68 (38) (31, 45) **G2:** 67 (36) (29, 43) **Total:** 135 (37) (32, 42) IC/PBS: NR Low back pain: **G1:** 4 (2) (1, 6) **G2:** 1 (1) (0, 3) **Total:** 5 (1) (0, 3) Sexual dysfunction: **G1:**129 (71) (64, 78) **G2:** 154 (82) (75, 87) **Total:** 283 (77) (72, 81) Sexual dysfunction, vaginismus: **G1:** 10 (6) (3, 10) **G2**: 7 (4) (2, 8) **Total:** 17 (5) (3, 7) Vulvodynia, vestibulitis: **G1:** 16 (9) (5, 14) **G2:** 10 (5) (3, 10)

Comments:

McGill pain scores significantly lower after 1 year of treatment in both groups (both $P < 0.000$); improvement similar in both groups ($P = 0.165$)

Odds of improvement in MPQ score, surgical vs. medical (OR = 1.2; 95% CI: 0.8,1.6)
Multivariable analysis of association between surgical treatment and pain improvement showed that women who received medical treatment were as likely to improve as those receiving surgery (OR = 0.9, 95% CI: 0.6, 1.3)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Heyman et al., 2006 **Country:** Sweden **Enrollment period:** NR **Intervention setting:** Primary health care center **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Open-label RCT **Blinding of:** Subjects: No Clinicians: No Investigators: No Outcome assessors: No	**Intervention:** Distension of the pelvic floor muscles and joint between the coccyx and rectum, with a rectal finger, for 60 seconds, repeated after 2-3 weeks **Assessments:** Questionnaire which included: background variables, VAS (100 point) to assess pain and QOL, 5 point scale for frequency of pain episodes, duration of symptoms **Groups:** **G1:** pelvic muscle distention **G2:** counseling only **N with noncyclic CPP at enrollment:** **G1:** 25 **G2:** 25 **N with noncyclic CPP at follow-up:** **G1:** 22 **G2:** 22 **Duration of treatment:** < 1 day **Length of follow-up post-treatment day 1:** 2-3 weeks **Treatment adherence reported:** Yes **Concomitant therapies, n (%):** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** 6 months of continuous or intermittent pelvic pain 2 days/week **Inclusion criteria:** • Pelvic pain > 6 months • Age > 19 • Continuous or intermittent pain at least 2 days/week • Pain reproduced with pressure by examiner on pelvic floor structures **Exclusion criteria:** • Known diseases of abdomen or pelvis • Pregnancy • STD • Mental illness • Substance abuse • Previous treatment with distention for pelvic floor pain • Infertility **Age, yrs, median (range):** **G1:** 31 (19-54) **G2:** 36 (20-51) **BMI:** NR **Parity:** NR **Duration of pelvic pain, months, median (range):** **G1:** 36 (6-264) **G2:** 21 (6-156) **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse, n (%):** **G1:** 0 **G2:** 2 (8) **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status, mean ± SD:** 100 point VAS: **G1:** 64 ± 22 **G2:** 71 ± 17 **Functional status:** NR **Satisfaction with care:** NR **Quality of life, mean ± SD:** Sleep quality, 100 point VAS: **G1:** 43 ± 35 **G2:** 48 ± 31	**Post-operative diagnoses within CPP/Indications for treatment:** NA **Pain status, mean ± SD:** 100 point VAS: **G1:** 29 ± 28 **G2:** 71 ± 18 **G2/G1**: OR = 18.37 (CI: 3.39-99.64) **Functional status:** NR **Satisfaction with care:** NR **Quality of life mean ± SD:** Sleep quality, 100 point VAS: **G1:** 32 ± 33 **G2:** 52 ± 29 **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** NR

Comments: Depression and low back pain were assessed at baseline and follow-up, but only as an outcome and not as a percentage of the treatment/control population.

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Abbott et al., 2006 **Country:** Australia **Enrollment period:** January 2004 to November 2004 **Intervention setting:** Hospital **Funding:** Allergan Australia **Author industry relationship disclosures:** 2 of 5 Allergan Australia (2) **Design:** RCT **Blinding of:** Subjects: Yes Clinicians: Yes Investigators: Yes Outcome assessors: NR	**Intervention**: 80 units of botulinum toxin type A (4 injections total at 20 units/ml each administered at two sites bilaterally within the puborectalis and pubococcygeus muscles) or saline injection (placebo) **Assessments:** Follow-up via telephone 2-3 days post-injection. VAS for pain, bowel, and bladder questionnaires and physical findings at 2, 4, 8, 12, 16, 20, and 26 weeks post-injection. Quality of life and sexual activity questionnaires at 4, 12, and 26 weeks post-injection: EuroQOL-5D (EQ-5D), Short Form 12 Health Survey (SF-12), Sexual Activity Questionnaires (*pleasure:* higher score = more sexual pleasure; *habit:* higher score = greater frequency of intercourse; *discomfort:* higher score = more pain) **Groups:** **G1:** botulinum toxin type A injections **G2:** saline injections **N with noncyclic CPP at enrollment:** **G1:** 30 **G2:** 30 **N with noncyclic CPP at follow-up:** **G1:** 29 **G2:** 28 **Duration of treatment:** ≤ 1 day **Length of follow-up post-treatment day 1:** 6 months **Treatment adherence reported:** NA **Concomitant therapies:** NR	**Operational definition of CPP:** NR **Inclusion criteria:** • Women aged 18-55 years • > 2 years CPP that disrupted daily activities • Objective evidence of pelvic floor myalgia (contracted painful muscles on palpation and delevated resting pressures (> 40 mm H_20) by vaginal manometry) **Exclusion criteria:** • Women living outside the Sydney metropolitan area • Pain other than female pelvic pain • Known untreated endometriosis • Breastfeeding, pregnant, or desiring pregnancy • Unwilling to use contraception during the study period • Previous use of botulinum toxin type A injections in the pelvic floor • Palpable pelvic pathology • Current use of aminoglycoside antibiotics • History of neurologic or bleeding disorders • Known sensitivity to the formulation of botulinum toxin type A **Age, yrs, mean ± SD:** **G1:** 30.6 ± 8.1 **G2:** 30.5 ± 7.5 **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **History of menstrual problems:** NR **History of pelvic surgery, n (%):** Previous laparoscopy: **G1:** 26 (87) **G2:** 27 (90)	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** Nonmenstrual pelvic pain, VAS score, median: **G1:** 51 **G2:** NR* **Functional status:** Dyspareunia, VAS score, median: **G1:** 66 **G2:** 64 **Satisfaction with care:** NR **Quality of life:** EQ-5D index score, median (IQR): **G1:** 0.62 (0.16-0.73) **G2:** 0.65 (0.23-0.70) EQ-5D VAS score, median (IQR): **G1:** 52 (49-70) **G2:** 51 (45-66) SF-12 compoment score, median (IQR): Physical: **G1:** 38.44 (31.65-46.64) **G2:** 37.19 (30.21-40.59) Mental: **G1:** 41.03 (34.02-53.02) **G2:** 42.08 (33.44-51.77) Sexual Activity Questionnaire score, median (IQR): Pleasure: **G1:** 9 (5.5-13) **G2:** 8 (7-11) Habit: **G1:** 1 (0–1) **G2:** 1 (0–1) Discomfort: **G1:** 3 (2.5–4.5) **G2:** 5 (3–6)	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** Nonmenstrual pelvic pain, post-injection, VAS score, median: **G1:** 22 **G2:** NR* **G1/BL:** *P* = 0.009 **G2/BL:** *P* = NS **G1/G2:** *P* = NS **Functional status:** Dyspareunia, post-injection, VAS score, median: **G1:** 12 **G2:** 27 **G1/BL:** *P* < 0.001 **G2/BL:** *P* = 0.043 **G1/G2:** *P* = NS **Satisfaction with care:** NR **Quality of life:** EQ-5D index score, 26 weeks post-injection, median (IQR): **G1**: 0.78 (0.69-1.00) **G2**: 0.69 (0.25-0.81) **G1/BL:** *P* = 0.02 **G2/BL:** *P* = 0.01 **G1/G2:** *P* = 0.03 EQ-5D VAS score, 26 weeks post-injection, median (IQR): **G1**: 70 (51-80) **G2**: 70 (40-80) **G1/BL:** *P* = 0.01 **G2/BL:** *P* = 0.14 **G1/G2:** *P* = 0.67

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Abbott et al., continued	**Concomitant therapies held stable during treatment:** Women suppressing menstruation with oral contraceptives or progesterone were asked to continue those medications; changes in medication assessed at each visit (data NR)	Previous abdominal surgery: **G1:** 28 (93) **G2:** 27 (90) **History of sexual/physical abuse, n (%):** **G1:** 9 (30) **G2:** 6 (20) **Other risk factors, n (%):** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Previous delivery: **G1:** 8 (27) **G2:** 6 (20) Genital tract trauma: NR Pregnancy termination: NR		SF-12 component score, 26 weeks post-injection, median (IQR): Physical: **G1**: 46.20 (37.55-54.09) **G2**: 44.83 (37.08-54.16) **G1/BL:** *P* = 0.49 **G2/BL:** *P* = 0.03 **G1/G2:** *P* = 0.62 Mental: **G1**: 49.75 (36.77-56.45) **G2**: 44.88 (30.46-56.67) **G1/BL:** *P* = 0.93 **G2/BL:** *P* = 0.21 **G1/G2:** *P* = 0.37 Sexual Activity Questionnaire score, 26 weeks post-injection, median (IQR): Pleasure: **G1**: 11.5 (7.2-13.7) **G2**: 10 (8.5-13) **G1/BL:** *P* = 0.54 **G2/BL:** *P* = 0.68 **G1/G2:** *P* = 0.52 Habit: **G1**: 1 (1-1.75) **G2**: 1 (0-1) **G1/BL:** *P* = 0.28 **G2/BL:** *P* = 0.95 **G1/G2:** *P* = 0.025 Discomfort: **G1**: 2 (1-4) **G2**: 2 (1-4) **G1/BL:** *P* = 0.32 **G2/BL:** *P* = 0.08 **G1/G2:** *P* = 0.78 **Harm(s), n:** Cold/flu-like illness: **G1:** 33 **G2:** 42 Gastroentero-logical: **G1:** 11 **G2:** 8 Headache/neuro-logical: **G1:** 20 **G2:** 20

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Abbott et al., continued				Pelvic/back pain: **G1:** 26 **G2:** 30 Non-study-related or non-significant: **G1:** 25 **G2:** 29 Pregnancy during study period: **G1:** 2 **G2:** 0 Urinary stress incontinence: **G1:** 1 **G2:** 0 Urge/stress urinary incontinence, flatus, and fecal incontinence: **G1:** 1 **G2:** 0 Request for laparoscopy due to severe ongoing pain during study: **G1:** 0 **G2:** 2 **Confounders:** NR **Effect modifiers:** NR

Comments:
Timing for dyspareunia and nonmenstrual pelvic pain VAS scores not reported
* Data only illustrated graphically in Figure 2

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Author: Williams et al., 2004 Williams et al., 2005 **Country:** US **Enrollment period:** June 1993 to December 2000 **Intervention setting:** Clinic **Funding:** GlaxoSmithKline; Sunshine Lady Foundation **Author industry relationship disclosures:** NR **Design:** Cross-sectional See related studies Lamvu et al., 2006 and Tu et al., 2006	**Operational definition of CPP:** Extended duration of pain in the pelvis **Inclusion criteria:** • New patients of a pelvic pain clinic during the enrollment period • Self-reported pelvic pain for ≥6 months **Exclusion criteria:** • See inclusion criteria **Assessments:** Beck Depression Inventory; Symptom Checklist-90 (SCL-90); McGill Pain Questionnaire; clinic-specific general information form; life experiences survey **Groups:** **G1:** women with IBS **G2:** women without IBS **N with noncyclic CPP at enrollment:** **G1:** 341 **G2:** 646 **N with noncyclic CPP at follow-up:** **G1:** 341 **G2:** 646 **Age, yrs, n (%):** < 20 years: **G1:** 12 (3.5) **G2:** 27 (4.2) 20-29 years: **G1:** 97 (28.4) **G2:** 253 (39.5) 30-39 years: **G1:** 134 (39.3) **G2:** 237 (37.0) 40-49 years: **G1:** 75 (22.0) **G2:** 90 (14.1) ≥ 50 years: **G1:** 23 (6.7) **G2:** 33 (5.2) **BMI:** NR **Parity:** NR **Duration of pelvic pain, n (%):** Duration of pain ≥ 5 years: **G1:** 114 (34.8) **G2:** 151 (25.0) **Intake diagnoses within CPP/ Indications for treatment, n (%):** Muscular back pain: **G1:** 19 (5.7) **G2:** 11 (1.8)	**Pain status, n (%):** 6-8 pain sites: **G1:** 85 (25.0) **G2:** 98 (15.5) Chronic pain syndrome: **G1:** 227 (67.4) **G2:** 353 (56.7) McGill total score ≥ 43: **G1:** 102 (29.9) **G2:** 136 (21.4) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: Beck Depression Inventory ≥ 10: **G1:** 250 (74.6) **G2:** 362 (58.8) SCL-90 Global Index Score ≥ 50: **G1:** 69 (30.1) **G2:** 80 (18.5) Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS: **Total:** 341 (34.5) IC/PBS: NR Low back pain: NR Sexual dysfunction, vaginismus: 43 (4.8) Deep dyspareunia: Organic: **G1:** 113 (37.5) **G2:** 209 (37.1) Functional: **G1:** 36 (11.8) **G2:** 64 (11.4) Mixed: **G1:** 39 (12.7) **G2:** 55 (8.7) Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Williams et al., continued	Endometriosis: **G1:** 61 (18.1) **G2:** 71 (11.4) Pelvic floor tension myalgia, tender on exam: **G1:** 88 (26.2) **G2:** 128 (20.7) Pyriformis syndrome: Tender pyriformis: **G1:** 58 (17.3) **G2:** 80 (13.0) Positive thigh rotation test: **G1:** 40 (11.9) **G2:** 67 (10.9) Ventral hernia: **G1:** 3 (0.9) **G2:** 1 (0.2) Rectus tendon: **G1:** 4 (1.2) **G2:** 2 (0.3) Nerve entrapment: **G1:** 4 (1.2) **G2:** 2 (0.3) Fibroids: **G1:** 8 (2.4) **G2:** 10 (1.6) Vaginismus: **G1:** 16 (5.1) **G2:** 27 (4.7) Myofascial syndrome: **G1:** 64 (19.0) **G2:** 106 (17.1) Adhesions: **G1:** 82 (24.3) **G2:** 138 (22.3) Deep dyspareunia: Organic: **G1:** 113 (37.5) **G2:** 209 (37.1) Functional: **G1:** 36 (11.8) **G2:** 64 (11.4) Mixed: **G1:** 39 (12.7) **G2:** 55 (8.7) Pelvic congestion syndrome: Late day aching: **G1:** 7 (2.1) **G2:** 17 (2.8) Luteal increase: **G1:** 5 (1.5) **G2:** 11 (1.8) Broad ligament tenderness: **G1:** 5 (1.5) **G2:** 10 (1.6)		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Williams et al., continued	Adenomyosis: **G1:** 3 (0.9) **G2:** 16 (2.6) **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse, n (%):** Adult sexual abuse: **G1:** 48 (22.0) **G2:** 54 (13.2) Adult physical abuse: **G1:** 93 (41.7) **G2:** 124 (30.2) Rape at any age: **G1:** 71 (32.1) **G2:** 97 (23.4) Child sexual abuse: **G1:** 84 (38.4) **G2:** 144 (34.8) Physical discipline in childhood: **G1:** 153 (68.0) **G2:** 286 (68.1) **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		

Comments:

Study reporting on this group of 987 participants and published in 2005 reports 336 women with IBS and 634 without IBS and 193 with IBS and depression, 359 without IBS and depression. Data extracted here from 2004 study.

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Sator-Katzenschlager et al., 2005 **Country:** Austria **Enrollment period:** October 2000 to October 2002 **Intervention setting:** Medical university hospital's out-patient pain clinic **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Open-label randomized trial with 3 arms **Blinding of:** Subjects: No Clinicians: No Investigators: NR Outcome assessors: NR	**Intervention:** Gabapentin (titrated up from 300 mg/day to max of 3600 mg/day in 300 mg increments each week), amytrip-tyline (titrated up from 25 mg/day to max of 150 mg/day in 25mg increments each week) or a combination of both. Doses were adjusted for side effects and pain control. **Assessments:** Intensity and quality of pain (10 point VAS), side effects at weekly/ monthly visits **Groups:** **G1:** gabapentin **G2:** amytriptyline **G3:** gabapentin and amytriptyline **N with noncyclic CPP at enrollment:** **G1:** 20 **G2:** 20 **G3:** 16 **N with noncyclic CPP at follow-up:** **G1:** 17 **G2:** 17 **G3:** 15 **Duration of treatment:** 24 months **Length of follow-up post-treatment day 1:** 24 months **Treatment adherence reported:** Yes **Concomitant therapies, n (%):** All patients: active and passive physiotherapy and psychotherapy TENS: **G1:** 16 (80) **G2:** 16 (80) **G3:** 13 (81.3) Acupuncture: **G1:** 6 (30) **G2:** 6 (30) **G3:** 3 (18.75)	**Operational definition of CPP:** NR **Inclusion criteria:** • Pelvic pain not relieved with 2 weeks of daily opioid therapy (metamizol 1000 mg four times daily, plus tramadol 100 mg twice daily, plus rescue tramadol 50 mg up to six times daily) • Pain had neuropathic qualities or combination of nociceptive and neuropathic qualities • Pain intensity at least VAS 5 at the end of the second opioid week **Exclusion criteria:** • Renal, hepatic, cardiovascular, or psychiatric diagnoses • Concomitant administration of strong opioids, NSAIDS, benzodiazapines, capsaicin, or muscle relaxants **Age, yrs, mean ± SD:** **G1:** 40.4 ± 12.9 **G2:** 36.7 ±11.0 **G3:** 49.6 ±15.3 **BMI:** NR **Parity, n (%):** 1: **G1:** 5 (25) **G2:** 6 (30) **G3:** 6 (38) 2: **G1:** 4 (20) **G2:** 1 (5) **G3:** 3 (19) 3: **G1:** 1 (5) **G2:** 2 (10) **G3:** 1 (6) **Duration of pelvic pain, yrs, mean ± SD:** **Total:** 5.9 ± 2.4 **History of menstrual problems:** NR	**Pain status:** VAS score, ≥ 5, N participants: **G1 + G2:** 56	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** VAS score, 24 months, mean ± SD: **G1:** 3.4 ± 0.9 **G2:** 1.9 ± 0.9 **G3:** 2.3 ± 0.9 **G1/G2:** $P \leq 0.05$ **G1/G3:** P = NS **G2/G3:** $P \leq 0.05$ **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** Dropped out due to severe side effects: **G1:** 2 **G2:** 2 **G3:** 1 Dropped out for insufficient pain reduction: **G1:** 0 **G2:** 1 **G3:** 0 **Confounders:** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n (%):** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Sator-Katzenschlager et al., continued	Psychotherapy, prior to treatment: **G1:** 5 (25) **G2:** 1 (5) **G3:** 1 (6.25) Psychotherapy, after 12 months: **G1:** 16 (100) **G2:** 17 (100) **G3:** 15 (100) Psychotherapy, after 24 months: **G1:** 10 (62.5) **G2:** 10 (58.82) **G3:** 9 (60) **Concomitant therapies held stable during treatment:** NR	**History of pelvic surgery, n (%):** Prior surgery (not defined): **G1:**16 (80) **G2:**16 (80) **G3:** 10 (63) Number of prior surgeries: 1: **G1:** 6 (30) **G2:** 8 (40) **G3:** 2 (12.5) 2: **G1:** 5 (25*) **G2:** 2 (10) **G3:** 1 (6.25) ≥ 3: **G1:** 5 (25) **G2:** 6 (30) **G3:** 7 (43.75) **History of sexual/physical abuse, n (%):** Cause of pain given as sexual abuse: **G1:** 3 (15) **G2:** 1 (5) **G3:** 2 (12.5) **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		IBS: **G1:** 3 (15) **G2:** 6 (30) **G3:** 5 (31.3) IC/PBS: NR Low back pain (with MRI-verified pathology): **G1:** 5 (25) **G2:** 7 (36) **G3:** 5 (31.3) Sexual dysfunction: NR Vulvodynia: NR

Comments: * reported as 10%

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Zupi et al., 2004 **Country:** Italy **Enrollment period:** March 2000 to February 2003 **Intervention setting:** University hospital **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT **Blinding of:** Subjects: No Clinicians: No Investigators: Yes Outcome assessors: No	**Intervention:** GnRH-analogue (leuprolide acetate 11.25 mg IM q 3 months for 12 months) with or without add-back therapy (trans-dermal E2 25 mcg and daily oral norethindrone 5 mg) or estroprogestin alone (oral ethinyl E2 30 mcg plus gestodene 0.75 mg daily for 12 months) **Assessments:** At baseline: complete medical, gynecologic, and drug history; clinical exam with pap smear, ultrasound, hysteroscopy, endo-metrial biopsy, and blood chemistries; SF36 questionnaire; pain questionnaire (VAS) for pelvic pain, dysmenorrhea, and dyspareunia; BMD At follow-up visits (6, 12 and 18 months): SF 36, pain question-naire, BMD **Groups:** **G1:** GnRH-a with add-back therapy **G2:** GnRH-a alone **G3:** estroprogestin **N with noncyclic CPP at enrollment:** **G1:** 46 **G2:** 44 **G3:** 43 **N with noncyclic CPP at follow-up:** NR **Duration of treatment:** 12 months **Length of follow-up post-treatment day 1:** 18 months **Treatment adherence reported:** No **Concomitant therapies:** NR	**Operational definition of CPP:** NR **Inclusion criteria:** • Age 20-43 • Regular menses • History of symptomatic endometriosis diagnosed surgically • Recurrence of pelvic pain, dysmenorrhea, and dyspareunia **Exclusion criteria:** • See inclusion criteria **Age, yrs, mean ± SD:** **G1:** 35.8 ± 5.1 **G2:** 35.1 ± 4.8 **G3:** 36.1 ± 5.3 **BMI, mean ± SD:** **G1:** 26.9 ± 3.2 **G2:** 25.8 ± 3.3 **G3:** 26.4 ± 2.9 **Parity:** NR **Duration of pelvic pain:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Endometriosis: Stage III: **G1:** 26 (56.5) **G2:** 25 (56.8) **G3:** 22 (55.1) Stage IV: **G1:** 20 (43.5) **G2:** 19 (43.2) **G3:** 21 (44.9) **Pain status:** VAS score, mean ± SD: **G1:** 6.9 ± 1.4 **G2:** 6.7 ± 1.2 **G3:** 6.3 ± 1.6 **G1/G2/G3:** *P* = NS **Functional status:** Dyspareunia, VAS score, mean ± SD: **G1:** 5.8 ± 1.6 **G2:** 5.9 ± 1.5 **G3:** 5.6 ± 1.2 **G1/G2/G3:** *P* = NS **Satisfaction with care:** NR **Quality of life:** SF36 score, mean ± SD: General health: **G1:** 47.9 ± 12.7 **G2:** 49.4 ± 14.2 **G3:** 48.1 ± 12.1 Physical function: **G1:** 52.6 ± 14.4 **G2:** 51.6 ± 13.2 **G3:** 52.8 ± 10.9 Physical role: **G1:** 58.3 ± 13.0 **G2:** 59.2 ± 15.4 **G3:** 57.1 ± 13.9 Emotional role: **G1:** 60.8 ± 12.0 **G2:** 60.5 ± 11.9 **G3:** 60.1 ± 15.2 Mental health: **G1:** 58.1 ± 12.3 **G2:** 59.8 ± 12.9 **G3:** 60.2 ± 13.6 Social function: **G1:** 56.4 ± 11.0 **G2:** 55.6 ± 9.7 **G3:** 58.5 ± 11.5	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** VAS score, 6 month follow-up, mean ± SD **G1:** 3.7 ± 2.7 **G2:** 3.2 ± 2.6 **G3:** 5.9 ± 2.5 **G1/G3:** *P* < 0.01 **G2/G3:** *P* < 0.01 **Functional status:** Dyspareunia, VAS score, 6 month follow-up, mean ± SD **G1:** 2.7 ± 1.5 **G2:** 2.2 ± 1.1 **G3:** 3.9 ± 1.4 **G1/G3:** *P* < 0.01 **G2/G3:** *P* < 0.01 **Satisfaction with care:** NR **Quality of life:** SF36 score, end of follow-up, mean ± SD: General health: **G1:** 54.1 ± 12.1 **G2:** 51.6 ± 13.7 **G3:** 51.3 ± 13.0 Physical function: **G1:** 60.8 ± 10.9 **G2:** 55.4 ± 15.1 **G3:** 54.2 ± 14.8 Physical role: **G1:** 56.3 ± 13.8 **G2:** 55.2 ± 13.4 **G3:** 54.2 ± 14.4 Emotional role: **G1:** 62.2 ± 14.4 **G2:** 60.8 ± 11.9 **G3:** 60.5 ± 14.8 Mental health: **G1:** 59.2 ± 14.4 **G2:** 59.7 ± 12.9 **G3:** 59.3 ± 12.2 Social function: **G1:** 60.2 ± 12.4 **G2:** 53.6 ± 9.7 **G3:** 57.0 ± 12.8

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Zupi et al., continued	**Concomitant therapies held stable during treatment:** NR		Vitality: **G1:** 52.7 ± 11.0 **G2:** 53.4 ± 10.3 **G3:** 52.3 ± 11.3 Pain: **G1:** 47.1 ± 19.2 **G2:** 46.4 ± 18.5 **G3:** 50.1 ± 14.0 Bone mineral density, mean ± SD: **G1:** 1.040 ± 0.111 **G2:** 1.050 ± 0.120 **G3:** 1.035 ± 0.112	Vitality: **G1:** 64.2 ± 14.4 **G2:** 56.3 ± 10.3 **G3:** 55.6 ± 17.0 Pain: **G1:** 57.2 ± 11.4 **G2:** 58.4 ± 18.1 **G3:** 50.4 ± 18.5 **Non-surgical harms, n (%):** Hot flashes: **G1:** 12 (26.1) **G2:** 34 (77.3) **G3:** 0 (0) Emotional changes: **G1:** 5 (10.8) **G2:** 16 (36.4) **G3:** 3 (6.9) Abnormal uterine bleeding: **G1:** 3 (6.5) **G2:** 1 (2.3) **G3:** 7 (16.2) Bone mineral density, 6 month follow-up, mean ± SD: **G1:** 1.010 ± 0.09 **G2:** 0.995 ± 0.11 **G3:** 1.052 ± 0.13 **G1/G3:** *P* = NS **G2/G3:** *P* < 0.03 **Confounders:** NR **Effect modifiers:** NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Onwude et al., 2004 **Country:** UK **Enrollment period:** NR **Intervention setting:** Hospital **Funding:** Birthright **Author industry relationship disclosures:** NR **Design:** RCT **Blinding of:** Subjects: No Clinicians: No Investigators: No Outcome assessors: No	**Intervention:** Photographic reinforcement, once following surgery **Assessments:** Pain severity and beliefs prior to surgery and at 3 and 6 months postoperatively using the VAS, a short McGill questionnaire and a pain beliefs and perceptions inventory. VAS: 140 mm line, left end marked “no pain” and right end marked “worst possible pain” McGill questionnaire: *Sensory*: responses “none,” “mild,” “moderate,” and “severe” scored 0-3 to rate 11 different words (maximum score 33) *Pain affect*: responses “none,” “mild,” “moderate,” and “severe” scored 0-3 to rate four different words (maximum score 12) *Pain intensity*: select one of the following expressions “no pain”, “mild”, “discomforting”, “distressing”, “horrible”, “excruciating” to rate pain from 0-5 Pain perceptions and belief inventory: response of “strongly disagree”, “disagree”, “agree”, “strongly agree” for eight questions with four composite scales (constancy, self-blame, mysteriousness, and permanence) **Groups:** **G1:** photographic reinforcement **G2:** control **N with non-cyclic CPP at enrollment n:** **G1:** 109 **G2:** 124	**Operational definition of CPP:** NR **Inclusion criteria:** • Women undergoing diagnostic laparoscopy for sterilization, infertility or pelvic pain of > 3 months duration **Exclusion criteria:** • See inclusion criteria **Age, yrs, mean ± SD:** **G1:** 31.7 ± 7.7 (n=109) **G2:** 33.2 ± 7.9 (n=123) **BMI:** NR **Parity, ≥ 1 live births, n (%):** **G1:** 71 (65) **G2:** 88 (71) **Duration of pelvic pain, n:** < 1 year: **G1:** 42 **G2:** 41 > 1 year: **G1:** 53 **G2:** 53 **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors, n (%):** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: Spontaneous: **G1:** 19 (17) **G2:** 17 (14) Induced: **G1:** 17 (16) **G2:** 19 (15)	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** VAS score, mean ± SD: **G1:** 96 ± 38 (n=67) **G2:** 80 ± 32 (n=71) McGill sensory score, mean ± SD: **G1:** 9.4 ± 7.1 (n=100) **G2:** 7.4 ± 5.2 (n= 99) McGill present pain intensity score, mean ± SD: **G1:** 3.3 ± 1.3 (n=97) **G2:** 2.9 ± 1.6 (n=96) McGill affect score, mean ± SD: **G1:** 2.3 ± 3.0 (n=100) **G2:** 1.7 ± 2.6 (n=98) Pain perceptions and belief inventory scale score, mean ± SD: Constancy: **G1:** 5.0 ± 0.5 (n=89) **G2:** 4.9 ± 0.5 (n=89) Mysteriousness: **G1:** 5.8 ± 1.3 (n=88) **G2:** 5.6 ± 1.3 (n=86) Permanence: **G1:** 5.8 ± 0.9 (n=85) **G1:** 5.7 ± 0.8 (n=80) Self-blame: **G1:** 3.2 ± 1.2 (n=88) **G2:** 3.4 ± 1.1 (n=90) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** VAS score, 6 months, mean ± SD: **G1:** 52.6 ± 49 (n=45) **G2:** 45.1 ± 45 (n=57) Estimated mean difference (95% CI): Unadjusted: **G1/G2:** 7.5 (-10.9, 25.9) Adjusted: **G1/G2:** 10.9 (-10.1, 31.9) McGill sensory score, 6 months, mean ± SD: **G1:** 6.3 ± 7.6 (n=53) **G2:** 5.2 ± 7.0 (n=62) Estimated mean difference (95% CI): Unadjusted: **G1/G2:** 0.53 (-1.1, 2.1) Adjusted: **G1/G2:** 0.10 (-1.6, 1.8) McGill present pain intensity score, mean ± SD: **G1:** 1.9 ± 1.6 (n=46) **G2:** 1.8 ± 1.7 (n=61) Estimated mean difference (95% CI): Unadjusted: **G1/G2:** 0.08 (-0.55, 0.72) Adjusted: **G1/G2:** 0.40 (-0.37, 1.2)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Onwude et al., continued	**N with non-cyclic CPP at follow-up:** 3 months: **G1:** 69 **G2:** 71 6 months: **G1:** 53 **G2:** 62 **Duration of treatment:** < 1 day **Length of follow-up post-treatment day 1:** 6 months **Treatment adherence reported:** No **Concomitant therapies, n (%):*** Contraceptive use: **G1:** 58 (53) **G2:** 68 (55) **Concomitant therapies held stable during treatment:** NR			McGill affect score, 6 months, mean ± SD: **G1:** 2.1 ± 3.1 (n=50) **G2:** 1.3 ± 2.4 (n=62) Estimated mean difference (95% CI): Unadjusted: **G1/G2:** 0.80 (-0.23, 1.83) Adjusted: **G1/G2:** 0.82 (-0.46, 2.10) Pain perceptions and belief inventory scale score, 6 months, mean ± SD: Constancy: **G1:** 5.1 ± 0.47 (n=37) **G2:** 5.0 ± 0.49 (n=43) Estimated mean difference (95% CI): Unadjusted: **G1/G2:** 0.05 (-0.16, 0.27) Adjusted: **G1/G2:** 0.07 (-0.21, 0.35) Mysteriousness: **G1:** 5.8 ± 1.8 (n=38) **G2:** 5.8 ± 1.4 (n=44) Estimated mean difference (95% CI): Unadjusted: **G1/G2:** -0.002 (-0.71, 0.71) Adjusted: **G1/G2:** -0.30 (-1.1, 0.53) Permanence: **G1:** 5.9 ± 1.2 (n=34) **G2:** 5.5 ± 0.95 (n=41)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Onwude et al., continued				Estimated mean difference (95% CI): Unadjusted: **G1/G2:** 0.42 (-0.06, 0.91) Adjusted: **G1/G2:** 0.44 (-0.21, 1.10) Self-blame: **G1:** 3.3 ± 1.3 n=37 **G2:** 3.4 ± 1.1 (n=45) Estimated mean difference (95% CI): Unadjusted: **G1/G2:** -0.08 (-0.59, 0.44) Adjusted: **G1/G2:** 0.06 (-0.57, 0.69) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** Comparisons adjusted for length of pain, age, marital status, previous spontaneous or induced abortion, previous live birth, history of oral contraceptive use, and presence of pelvic pathology

Comments: * Specific concomitant therapies other than OCP use were not reported; article states that “As far as possible all other medical or surgical treatment was the same in both groups.”

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Johnson et al., 2004 **Country:** New Zealand **Enrollment period:** April 1997 to December 2001 **Intervention setting:** Hospital **Funding:** Princess of Wales Memorial Trust and Johnson & Johnson (NZ) **Author industry relationship disclosures:** NR **Design:** RCT, unblocked randomization **Blinding of:** Subjects: Yes Clinicians: No Investigators: No Outcome assessors: Yes	**Intervention:** Laparoscopic Uterine Nerve Ablation (LUNA) at time of diagnostic laparoscopy ± endometriosis ablation/excision in patients with or without endometriosis **Assessments:** Patient-completed 10 point VAS (0, no pain to 10, worst pain) for 4 pain domains (non-menstrual pelvic pain, dysmenorrhea, deep dyspareunia, dyschezia) at baseline, 1 day, 3 and 12 months postoperatively; satisfaction; requirement of further surgery within follow-up 12 months; institution of new medical treatment within 12 month followup; occurrence of prolapse or surgery-related complications **Groups:** **G1:** LUNA **G2:** no LUNA **Ga:** no endometriosis **Gb:** endometriosis **N with noncyclic CPP at enrollment:** **G1a:** 22 **G2a:** 34 **G1b:** 32 **G2b:** 35 **N with noncyclic CPP at follow-up:** **G1a:** 18 **G2a:** 32 **G1b:** 26 **G2b:** 30 **Duration of treatment:** < 1 day **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** Yes **Concomitant therapies:** NR	**Operational definition of CPP:** Dysmenorrhea, non-menstrual pelvic pain, dyschezia, or deep dyspareunia > 6 months **Inclusion criteria:** • Age 18-45 • CPP • No change in medications for 3 months prior to enrollment **Exclusion criteria:** • Previous hysterectomy, pelvic malignancy or LUNA • Known ovarian cysts • Plan for pregnancy in 12 months • Intention to change other medical treatment with study period • Laparoscopic findings prohibiting LUNA performance • Necessity of transection of one or both uretero-sacral ligaments for endometriosis resection • Pelvic adhesions not related to endometriosis **Age, yrs, mean ± SD:** **G1a:** 29 ± 5.83 **G2a:** 29 ± 6.49 **G1b:** 30 ± 6.71 **G2b:** 29 ± 5.31 **BMI:** NR **Parity, n (%):** Nulliparous: **G1a:** 8 (36) **G2a:** 15 (44) **G1b:** 22 (69) **G2b:** 26 (74) Parous: **G1a:** 14 (64) **G2a:** 19 (56) **G1b:** 10 (31) **G2b:** 9 (26) **Duration of pelvic pain, median, months (IQR):** **G1a:** 33 (17, 87) **G2a:** 42 (20, 78) **G1b:** 60 (24, 108) **G2b:** 37 (13, 108) **History of menstrual problems:** NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Non-menstrual pelvic pain: **G1a:** 21 (95) **G2a:** 32 (94) **G1b:** 28 (88) **G2b:** 35 (100) Dysmenorrhea: **G1a:** 19 (86) **G2a:** 28 (82) **G1b:** 30 (94) **G2b:** 31 (89) Deep dyspareunia: **G1a:** 14 (64) **G2a:** 20 (59) **G1b:** 19 (59) **G2b:** 21 (60) **Pain status:** Non-menstrual pelvic pain, VAS score, median (IQR): **G1a:** 6 (4, 8) **G2a:** 6 (4, 8) **G1b:** 6 (3, 7) **G2b:** 6 (5, 9) **Functional status:** Deep dyspareunia, VAS score, median (IQR): **G1a:** 4 (1, 7) **G2a:** 8 (7, 10) **G1b:** 6 (1, 7) **G2b:** 8 (4, 9) **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** Non-menstrual pelvic pain, 12 months: VAS score, median change (IQR):* **G1a:** -4 (-6, 0) **G2a:** -1 (-5, 1.3) **G1b:** -2 (-6, 0) **G2b:** -3.5 (-5.8, -1) **G1a/G2a:** *P* = 0.34 **G1b/G2b:** *P* = 0.58 VAS score, > 50% reduction, n (%):* **G1a:** 8/17 (47) **G2a:** 13/30 (44) **G1b:** 11/22 (50) **G2b:** 15/30 (50) **G1a/G2a:** *P* = 0.805 **G1b/G2b:** *P* = 1.0 Successful treatment, ITT analysis, n (%):** **G1a:** 8/21 (38.1) **G2a:** 13/32 (40.6) **G1b:** 11/28 (39.3) **G2b:** 15/35 (42.9) **G1a/G2a:** *P* = 0.854 **G1b/G2b:** *P* = 0.775 **Functional status:** Deep dyspareunia, 12 months:^ VAS score, median change (IQR):* **G1a:** -3 (-4, 0) **G2a:** -2 (-5.5, 0) **G1b:** 0 (-5, 0) **G2b:** -2 (-6, 0.5) **G1a/G2a:** *P* = 0.74 **G1b/G2b:** *P* = 0.497

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Johnson et al., continued	**Concomitant therapies held stable during treatment:** NR	**History of pelvic surgery, n (%):** Previous laparoscopy: **G1a:** 12 (55) **G2a:** 20 (59) **G1b:** 21 (55) **G2b:** 25 (71) Previous laparotomy: **G1a:** 2 (9) **G2a:** 8 (24) **G1b:** 4 (13) **G2b:** 8 (23) **Other risk factors, n (%):** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		VAS score, > 50% reduction, n (%):* **G1a:** 7/9 (78) **G2a:** 8/14 (57) **G1b:** 6/10 (60) **G2b:** 8/16 (50) **G1a/G2a:** *P* = 0.40 **G1b/G2b:** *P* = 0.70 Successful treatment, ITT analysis, n (%):** **G1a:** 7/14 (50) **G2a:** 8/20 (40) **G1b:** 6/19 (31.6) **G2b:** 8/21 (38.1) **G1a/G2a:** *P* = 0.410 **G1b/G2b:** *P* = 0.666 **Satisfaction with care, 12 months, n (%):** **G1a:** 15/18 (83) **G2a:** 22/32 (69) **G1b:** 18/26 (69) **G2b:** 24/30 (80) **Quality of life:** NR **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n (%):** Anxiety: NR Clinical depression: NR Dysmenorrhea: **G1a:** 19 (86) **G1b:** 30 (94) **G2a:** 28 (82) **G2b:** 31 (89) Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Johnson et al., continued				Low back pain: NR Sexual dysfunction, dyspareunia: **G1a:** 14 (64) **G1b:** 19 (59) **G2a:** 20 (59) **G2b:** 26 (74) Vulvodynia: NR

Comments:
* Available data analysis, excluding patients lost to follow-up or with missing data. In addition, > 50% reduction of VAS includes women undergoing additional surgery for symptoms; VAS change from baseline excludes patients who underwent additional surgery.
** Intention to treat analysis: women lost to follow up or with missing data considered unsuccessful treatment. Treatment success considered > 50% reduction in VAS pain score in the absence of further surgery for pelvic pain or loss to follow up .
^ Among those with CPP

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Author: Grace et al., 2004, 2006† **Country:** New Zealand **Enrollment period:** 2001 **Intervention setting:** NA **Funding:** Health Research Council, NZ **Author industry relationship disclosures:** NR **Design:** Cross-sectional	**Operational definition of CPP:** Recurrent or constant pain in the lower abdomen of ≥ 6 months duration, unrelated to menstruation, intercourse or pregnancy. CPP case defined as a woman with CPP in the previous 3 months **Inclusion criteria:** • Women 18-50 years of age randomly selected from the electoral roll **Exclusion criteria (exclusion from analysis):** • Pregnancy in the last 12 months • Contradictory pelvic pain data **Assessments:** Verbal pain rating scale (none, mild, moderate, severe); VAS (10 cm, least possible pain to worst possible pain); IBS defined according to Rome criteria (1992); SF-36 **Groups:** **G1:** CPP **N at enrollment:** **G1:** 286 **Age, yrs range, n:** 18-25: 35 26-30: 41 31-35: 53 36-40: 64 41-45: 56 46-50: 35 **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **Intake diagnoses within CPP/ Indications for treatment:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR	**Pain status:** Pain severity VRS, n (%): Mild: 148 (51.9) Moderate/severe: 137 (48.1) VAS, mean ± SD: **G1:** 4.3 ± 2.6 VAS by category, n (%): 0-4.5: 159 (55.6) 4.6-10: 127 (44.4) **Functional status, n (%):**† General lethargy/fatigue: 26 (9.1) Requires rest/painkillers for any activity: 35 (12.2) Limited in housework activities: 23 (8.0) Limited in doing exercise: 17 (5.9) Posture problems, standing/ sitting: 26 (9.1) Concentration problems: 12 (4.2) Limited in mobility, moving/ walking: 41 (14.3) Limited in social activities: 6 (2.1) Other restrictions: 12 (4.2) **Satisfaction with care:** NR **Quality of life:**† SF-36 PCS, mean ± SD: **G1:** 47.3 ± 9.2 (n=248) SF-36 MCS, mean ± SD: **G1:** 45.2 ± 12 (n=248) Sleep quality, n (%): Pain affects sleep quality: 7 (2.4) Difficulty falling asleep: 40 (14.1) Frequent awakenings: 94 (33.2) Non regenerative sleep: 104 (36.7)	**Comorbidities of interest:** Dysmenorrhea, n: **G1:** 91/214* IBS, n (%): **G1:** 39/149** (26.2) Sexual dysfunction (limited in sexual activity), n (%): **G1:** 5.9 (17) Dyspareunia: 10/214* Anxiety: NR Clinical depression: NR Fibromyalgia: NR Headache: NR IC/PBS: NR Low back pain: NR Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Grace et al., continued	Genital tract trauma: NR Pregnancy termination: NR		

Comments:
Postal questionnaire survey
* Among those who had periods and were sexually active in the past 3 months
** Among 149 women with CPP who had consulted a medical practitioner at any time

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Swank et al., 2003 **Country:** Netherlands **Enrollment period:** August 1997 to January 2001 **Intervention setting:** Academic and community hospitals **Funding:** NR **Author industry relationship disclosures:** None **Design:** RCT **Blinding of:** Subjects: Yes Clinicians: Yes Investigators: Yes Outcome assessors: Yes	**Intervention:** Patients randomly assigned to laparoscopic adhesiolysis or no treatment after adhesions confirmed during diagnostic laparoscopy **Assessments:** VAS; verbal rating pain change scale (VRCS); medication quantification scale (MQS); MOS SF-36 to assess quality of life; standardized physical exams at 3, 6, and 12 months post-surgery **Groups:** **G1:** laparoscopic adhesiolysis **G2:** control (no treatment) **N with noncyclic CPP at enrollment:** **G1:** 52 **G2:** 48 **N with noncyclic CPP at follow-up:** **G1:** 51 **G2:** 47 **Duration of treatment:** ≤ 1 day **Length of follow-up post-treatment day 1:** 1 year **Treatment adherence reported:** NA **Concomitant therapies:** NR	**Operational definition of CPP:** Chronic abdominal pain: continuous or intermittent abdominal pain ≥ 6 months duration **Inclusion criteria:** • Chronic abdominal pain **Exclusion criteria:** • Age < 18 years • Treatment by psychologist or psychiatrist • Use of laxatives, sedatives, morphine, antipsychotics, antidepressants, or drugs that stimulate the central nervous system • Abnormal concentrations of serum alanine amino transferase, aspartate aminotransferase, bilirubin, amylase, urea, or creatinine • Abnormal results of lactose tolerance tests, H_2 respiration tests, analysis of feces for worms and worm eggs, ultrasono-graphy or CT scan of abdomen, radiography of small and large bowel, or colonoscopy **Age, yrs, mean ± SD:** **G1:** 45.4 ± 14.5 **G2:** 47.8 ± 12.3 **Female, n (%):** **G1:** 45 (87) **G2:** 42 (88) **BMI, median (range):** **G1:** 24.2 (17-37) **G2:** 24.2 (19-29) **Parity:** NR **Duration of abdominal pain, months, median (range):** **G1:** 30 (6-240) **G2:** 18 (6-180) **History of menstrual problems:** NR **History of pelvic surgery:** NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Adhesions: **G1:** 52 (100) **G2:** 48 (100) **Pain status:** VAS score, mean ± SD: **G1:** 57.2 ± 17.9 **G2:** 56.0 ± 18.0 MQS score, median (range): **G1:** 1.0 (0-6) **G2:** 2.0 (0-19) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** MOS SF-36 score, mean ± SD: **G1:** 35.1 ± 16.9 **G2:** 33.8 ± 15.4	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** VAS score, 12 months, mean ± SD: **G1:** 38.9 ± 3.4 **G2:** 40.5 ± 3.7 **G1/G2:** *P* = 0.63 Free of pain or much improved, 12 months, n (%): **G1:** 14 (27) **G2:** 13 (27) No change or worsened pain, 12 months, %: **G1:** 43 **G2:** NR MQS score, 12 months, mean: **G1:** 0.8 (n=49) **G2:** 1.8 **G1/G2:** *P* = 0.53 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** MOS SF-36 score, 12 months, mean ± SD: **G1:** 51.0 ± 3.3 **G2:** 49.7 ± 3.2 **G1/G2:** *P* = 0.84 **Confounders:** NR **Effect modifiers:** NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Swank et al., continued		**History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR History of appendectomy, %: **G1:** 27 **G2:** 27 History of gynecological procedures, %: **G1:** 46 **G2:** 55 History of bowel resection, %: **G1:** 7 **G2:** 17 Number of previous abdominal operations, mean ± SD: **G1:** 2.8 ± 1.5 **G2:** 2.7 ± 1.5		

Comments:

Data is not separated by gender, but > 80% of participants are female.

After the 12 months of follow-up, 17 patients from G2 elected to undergo the adhesiolysis; follow-up scores (VAS, MQS, and MOS-SF-36) at 12 months were not significantly different from preoperative baseline

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Chung et al., 2003 **Country:** Korea **Enrollment period:** November 1998 to December 2002 **Intervention setting:** Clinic **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Cross-sectional **Blinding of:** Subjects: NR Clinicians: NR Investigators: NR Outcome assessors: NR	**Intervention:** Ovarian vein embolization, hysterectomy with BSO and hormone replacement therapy, or hysterectomy with USO **Assessments:** Pain intensity assessed with 10 point VAS (0, no pain to 10, unbearable pain) at baseline, 3, 6, 12 months Stress scores assessed with social readjustment rating scale (SRRS) **Groups:** **G1:** ovarian vein embolization **G2:** hysterectomy with BSO and HRT **G3:** hysterectomy with USO **Ga:** SRRS 100-199 (typical stress level) **Gb:** SRRS 200-299 (moderate stress level) **Gc:** SRSS > 300 (very high stress level) **N with noncyclic CPP at enrollment:** **G1:** 52 **G2:** 32 **G3**: 34 **N with noncyclic CPP at follow-up:** **G1:** 52 **G1a:** 27 **G1b:** 18 **G1c:** 7 **G2:** 27 **G2a:** 15 **G2b:** 7 **G2c:** 5 **G3**: 27 **G3a:** 16 **G3b:** 6 **G3c:** 5 **Duration of treatment:** <1 day for surgical intervention **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** No	**Operational definition of CPP:** Noncyclic abdominal and pelvic pain lasting at least 6 months* **Inclusion criteria:** • Pelvic pain • Pelvic congestion syndrome, confirmed by laparoscopy and ovarian/ internal iliac venography • Failed treatment with medroxyprogesterone acetate for 4-6 months **Exclusion criteria:** • Associated pathologies (i.e., adhesions, myoma, endometriosis) **Age, yrs, mean ± SD:** **G1:** 40.1 ± 4.9 **G2:** 45.5 ± 3.8 **G3**: 44.1 ± 3.9 **BMI:** NR **Parity, mean ± SD:** **G1:** 2.4 ± 1.1 **G2:** 2.3 ± 1.0 **G3**: 2.4 ± 0.9 **Duration of pelvic pain, months, mean ± SD:** **G1:** 32.9 ± 21.6 **G2:** 34.2 ± 22.6 **G3**: 34.1 ± 21.4 **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** VAS score, mean ± SD: **G1:** 7.8 ± 1.2 **G2:** 7.7 ± 1.3 **G3**: 7.8 ± 1.2 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** SRRS score, mean ± SD: **G1a:** 141.3 ± 23.1 **G1b:** 238.1 ± 19.5 **G1c:** 312.0 ± 18.7 **G2a:** 138.6 ± 24.3 **G2b:** 245.0 ± 21.5 **G2c:** 307.4 ± 19.8 **G3a:** 139.6 ± 23.8 **G3b:** 141.2 ± 19.9 **G3c:** 312.9 ± 20.2	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** VAS score, 12 months, mean ± SD: **G1:** 3.2 ± 0.9 **G2:** 4.6 ± 1.1 **G3**: 5.6 ± 0.8 **G1/BL:** $P \leq 0.05$** VAS score, 12 months, mean % decrease ± SD: **G1:** 59.0 ± 4.2 **G2:** 40.3 ± 4.7 **G3**: 28.2 ± 4.1 **G1/BL:** $P \leq 0.05$** **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** VAS score, 12 months, mean % decrease ± SD: **G1a:** 61.5 ± 5.1 **G1b:** 56.4 ± 4.6 **G1c:** 40.2 ± 4.6 **G2a:** 46.5 ± 3.5 **G2b:** 45.6 ± 2.9 **G2c:** 39.5 ± 4.6 **G3a:** 34.6 ± 3.8 **G3b:** 33.3 ± 4.4 **G3c:** 33.4 ± 4.8 **G1a/BL:** $P \leq 0.05$ **G1b/BL:** $P \leq 0.05$ **G1c/BL:** P = NS **Prevalence of comorbidities of interest, %:** Anxiety: NR Clinical depression: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Chung et al., continued	**Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR			Dysmenorrhea: **Total:** 12.8 Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: **Total:** 57.6 Sexual dysfunction, Dyspareunia: **Total:** 15.0 Vulvodynia: NR

Comments:
* definition from Introduction
** decreases in mean VAS pain score were significantly different for groups 1 and 2 ($P < 0.05$) according to the text, but in table 1, only group 1 is represented as having a significance

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Author: Zondervan et al., 2001 **Country:** UK **Enrollment period:** NA **Intervention setting:** General population (survey) **Funding:** BUPA Foundation **Author industry relationship disclosures:** NR **Design:** Cross-sectional	**Operational definition of CPP:** Recurrent or constant pelvic pain of ≥ 6 months' duration, unrelated to periods, intercourse or pregnancy **Inclusion criteria:** • Women ages 18-49 years • Randomly selected from Oxfordshire Health Authority register of persons under care of a general practitioner **Exclusion criteria:** • Practice objected to participation by patients • Mental illness • Participation in the study pilot **Assessments:** Survey questionnaire (via mail) with questions assessing duration of pain, severity (categorical scale: none, mild, moderate, severe; and 10 cm VAS ranging from least possible pain to worst possible pain), and frequency **Groups:** **G1:** All CPP **G1a:** CPP only **G1b:** CPP + IBS only **G1c:** CPP + genitourinary symptoms only **G1d:** CPP + IBS + genitourinary symptoms **N with noncyclic CPP at enrollment:** **G1:** 483 **G1a:** 249 **G1b:** 114 **G1c:** 44 **G1d:** 72 **N with noncyclic CPP at follow-up:** **G1:** 483 **G1a:** 249 **G1b:** 114 **G1c:** 44 **G1d:** 72 **Age, yrs, mean ± SD:** **G1:** 35.4 ± 8.6 **G1a:** 36.1 ± 8.5 **G1b:** 34.4 ± 8.1 **G1c:** 35.4 ± 9.9 **G1d:** 34.4 ± 8.9 **BMI:** NR **Parity:** NR	**Pain status:** Typical CPP severity, moderate or severe, n (%): **G1:** 246 (50.9) **G1a:** 106 (42.6) **G1b:** 66 (57.9) **G1c:** 21 (47.7) **G1d:** 51 (70.8) VAS score, mean ± SD: **G1:** 4.2 ± 2.6 **G1a:** 3.8 ± 2.6 **G1b:** 4.3 ± 2.5 **G1c:** 3.9 ± 2.6 **G1d:** 5.4 ± 2.3 **Functional status:** Prevalence of dyspareunia, n (%) **G1:** 178/432 (41.2) **G1a:** 78/218 (35.8) **G1b:** 46/104 (44.2) **G1c:** 20/42 (47.6) **G1d:** 32/64 (50) Typical severity of dyspareunia during intercourse, VAS score, mean ± SD: **G1:** 4.0 ± 2.3 **G1a:** 3.8 ± 2.2 **G1b:** 4.2 ± 2.2 **G1c:** 3.0 ± 1.7 **G1d:** 4.8 ± 2.5 Typical severity of dyspareunia after intercourse, VAS score, mean ± SD: **G1:** 3.8 ± 2.3 **G1a:** 3.4 ± 2.3 **G1b:** 3.9 ± 2.4 **G1c:** 3.4 ± 2.3 **G1d:** 4.6 ± 2.1 **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea: **G1:** 364/451 (80.7) **G1a:** 193/239 (80.8) **G1b:** 88/11 (79.3) **G1c:** 28/37 (75.7) **G1d:** 53/60 (88.3) Fibromyalgia: NR Headache: NR IBS: **G1:** 94/475 (19.8)* **G1a:** 27/244 (11.1) **G1b:** 37/113 (32.7) **G1c:** 5/43 (11.6) **G1d:** 24/71 (33.8) IC/PBS: NR Back pain or problems: **G1:** 27/475 (5.7) **G1a:** 11/244 (4.5) **G1b:** 4/113 (4.5) **G1c:** 1/43 (2.3) **G1d:** 11/71 (15.5) Sexual dysfunction (dyspareunia): **G1:** 178/432 (41.2) **G1a:** 78/218 (35.8) **G1b:** 46/104 (44.2) **G1c:** 20/42 (47.6) **G1d:** 32/64 (50) Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Zondervan et al., continued	**Duration of pelvic pain, n (%):** First onset of pain, n (%): 6 months to 1 year earlier: **G1:** 92 (19) **G1a:** 43 (17.3) **G1b:** 18 (15.8) **G1c:** 13 (29.5) **G1d:** 18 (25.4) > 1-5 years earlier: **G1:** 151 (31.3) **G1a:** 81 (32.5) **G1b:** 39 (34.2) **G1c:** 14 (31.8) **G1d:** 16 (22.5) > 5 years earlier: **G1:** 159 (32.9) **G1a:** 74 (29.7) **G1b:** 41 (36) **G1c:** 14 (31.8) **G1d:** 27 (38) Unable to recall year of onset: **G1:** 81 (16.8) **G1a:** 51 (20.5) **G1b:** 16 (14) **G1c:** 3 (6.8) **G1d:** 10 (14.1) **Self-reported intake diagnoses within CPP/ Indications for treatment, n (%):** IBS: **G1:** 94/475 (19.8)* **G1a:** 27/244 (11.1) **G1b:** 37/113 (32.7) **G1c:** 5/43 (11.6) **G1d:** 24/71 (33.8) Stress: **G1:** 45/475 (9.5) **G1a:** 18/244 (7.4) **G1b:** 8/113 (7.1) **G1c:** 5/43 (11.6) **G1d:** 14/71 (19.7) Ovarian cyst: **G1:** 40/475 (8.4) **G1a:** 20/244 (8.2) **G1b:** 9/113 (8) **G1c:** 3/43 (7) **G1d:** 8/71 (11.3) Endometriosis: **G1:** 35/475 (7.4) **G1a:** 16/244 (6.6) **G1b:** 10/113 (8.8) **G1c:** 1/43 (2.3) **G1d:** 8/71 (11.3) Cystitis: **G1:** 34/475 (7.2) **G1a:** 11/244 (4.5) **G1b:** 5/113 (4.4) **G1c:** 8/43 (18.6) **G1d:** 9/71 (12.7)		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Zondervan et al., continued	PID: **G1:** 31/475 (6.5) **G1a:** 13/244 (5.3) **G1b:** 10/113 (8.8) **G1c:** 2/43 (4.7) **G1d:** 6/71 (8.5) Constipation: **G1:** 31/475 (6.5) **G1a:** 7/244 (2.9) **G1b:** 11/113 (9.7) **G1c:** 1/43 (2.3) **G1d:** 12/71 (16.9) Back pain or problems: **G1:** 27/475 (5.7) **G1a:** 11/244 (4.5) **G1b:** 4/113 (3.5) **G1c:** 1/43 (2.3) **G1d:** 11/71 (15.5) Uterine fibroids: **G1:** 24/475 (5.1) **G1a:** 8/244 (3.3) **G1b:** 7/113 (6.2) **G1c:** 2/43 (4.7) **G1d:** 7/71 (9.9) Adhesions: **G1:** 22/475 (4.6) **G1a:** 9/244 (3.7) **G1b:** 4/113 (3.5) **G1c:** 2/43 (4.7) **G1d:** 6/71 (8.5) Appendicitis: **G1:** 12/475 (2.5) **G1a:** 5/244 (2) **G1b:** 3/113 (2.7) **G1c:** 3/43 (7) **G1d:** 1/71 (1.4) Inflammatory bowel disease: **G1:** 10/475 (2.1) **G1a:** 6/244 (2.5) **G1b:** 1/113 (0.9) **G1c:** 0 (0) **G1d:** 3/71 (4.2) Other: **G1:** 58/475 (12.2) **G1a:** 35/244 (14.3) **G1b:** 9/113 (8) **G1c:** 6/43 (14) **G1d:** 8/71 (11.3) **History of menstrual problems:** NR **History of pelvic surgery, n (%):** Laparoscopy or laparotomy: **G1:** 53 /475 (11.2) **G1a:** 24/ 244 (9.8) **G1b:** 10/113 (8.8) **G1c:** 3/43 (7) **G1d:** 15/71 (21.1)		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Zondervan et al., continued	**History of sexual/physical abuse:** NR		
	Other risk factors:		
	C-section: NR		
	Operative vaginal delivery: NR		
	Vaginal birth: NR		
	Genital tract trauma: NR		
	Pregnancy termination: NR		

Comments:

All diagnoses are self-reported and not confirmed

* 65% (n=61/94) met Rome I criteria; study also groups women with CPP and IBS (G1b), reported n=114

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Parazzini et al., 2000 **Country:** Italy **Enrollment period:** 1995 to 1996 **Intervention setting:** Multicenter—clinics **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT **Blinding of:** Subjects: No Clinicians: No Investigators: No Outcome assessors: No	**Intervention:** Gestoden 0.75 mg/ ethynlestradiol 0.03 mg for 12 months or tryptorelin 3.75 mg slow release for 4 months followed by gestoden /ethynlestradiol for 8 months **Assessments:** Verbal pain rating (modified Andersch and Milsom scale) and 0-10 point VAS (0=no pain, 10=unbearable pain) at baseline, 6 months, and 12 months **Groups:** **G1:** Estroprogestin (gestoden /ethynlestradiol) **G2:** GnRH agonist (tryptorelin followed by gestoden/ ethynlestradiol) **N with non-cyclic CPP at enrollment:** **G1:** 46 **G2:** 49 **N with non-cyclic CPP at follow-up:** 12 months: **G1:** 15 **G2:** 17 **Duration of treatment:** 12 months **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** Yes **Concomitant therapies:** Naproxen allowed per clinician's and participant's judgment **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** NR **Inclusion criteria:** • Laparoscopically confirmed endometriosis • Pelvic pain of 3-12 months duration post laparoscopy or laparotomy • Score of ≥3 for the multidimensional scale & or ≥5 for the analog scale for dysmenorrhea and/or non-menstrual pelvic pain **Exclusion criteria:** • Pregnancy or interest in pregnancy **Age, yrs, mean ± SD*:** **G1:** 31 ± 7.1 **G2:** 30 ± 6.7 **BMI, mean ± SD:** **G1:** NR **G2:** NR **Parity, n (%)*:** 0: **G1:** 31 **(**66.0) **G2:** 41 (74.5) ≥ 1: **G1:** 16 (34.0) **G2:** 14 (25.5) **Duration of pelvic pain, mean, months ± SD:** **G1:** NR **G2:** NR **History of menstrual problems, n (%):** **G1:** NR **G2:** NR **History of pelvic surgery, n (%)*:** Laparoscopy: **G1:** 36 (76.6) **G2:** 47 (85.4) Laparotomy: **G1:** 11 (23.4) **G2:** 8 (14.5) **History of sexual/physical abuse, n (%):** **G1:** NR **G2:** NR	**Intake diagnoses within CPP/ Indications for treatment, n (%)*:** Endometriosis, stage I-II: **G1:** 26 (57.8) **G2:** 27 (51.9) Endometriosis, stage III-IV: **G1:** 19 (42.2) **G2:** 25 (48.1 **Pain status:** Non-menstrual pain present, n (%): **G1:** 46 (97.9) **G2:** 49 (89.1) Multidimensional pain score, median (range): **G1:** 3 (0-5) **G2:** 2 (0-5) VAS, median (range): **G1:** 5 (2-7) **G2:** 6 (2-9) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment, n (%):** NA **Pain status:** Non-menstrual pain present, n (%): **G1:** 15 (31.9) **G2:** 17 (30.9) Multidimensional pain score, median (range): **G1:** 0 (0-4) **G2:** 0 (0-5) VAS, median (range): **G1:** 4 (2-5) **G2:** 6 (2-8) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** NR **Confounders:** Endometriosis stage had no significant effect on pain status **Effect modifiers:** NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Parazzini et al., continued		**Other risk factors, n (%):** C-section: **G1:** NR **G2:** NR Operative vaginal delivery: **G1:** NR **G2:** NR Vaginal birth: **G1:** NR **G2:** NR Genital tract trauma: **G1:** NR **G2:** NR Pregnancy termination: **G1:** NR **G2:** NR		

Comments:

*Data reported for entire sample, 93% (95/102) of whom had noncyclic/mixed chronic pelvic pain

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Ling et al., 1999 **Country:** US **Enrollment period:** June 1995 to January 1997 **Intervention setting:** 12 sites, mostly academic **Funding:** Grant from TAP Holdings, Inc. (distributes Depo Lupron) **Author industry relationship disclosures:** NR **Design:** Double-blind RCT **Blinding of:** Subjects: Yes Clinicians: Yes Investigators: Yes Outcome assessors: Yes	**Intervention:** Depot leuprolide 3.75 mg IM or placebo (given 3 times at 4 week intervals: day 0, during weeks 4 & 8) **Assessments:** Questionnaire on dysmenorrhea, dyspareunia, and nonmenstrual pain using the 4-point Biberoglu and Behrman scale (1=none to 4= severe), and pelvic exam for tenderness and induration; both done at baseline and 12 weeks. Women also assessed severity of pain using an 11-point VAS (0=none to 10=worst possible) and the McGill Pain Inventory at baseline, weeks 4, 8, and 12. **Groups:** **G1:** depot leuprolide **G2:** placebo **Ga:** laproscopic finding of endometriosis **Gb:** laproscopic finding of no endometriosis **N with noncyclic CPP at enrollment:** **G1:** 50 **G2:** 50 **N with noncyclic CPP at follow-up:** **G1:** 49 **G1a:** 38 **G1b:** 11 **G2:** 46 **G2a:** 40 **G2b:** 6 **Duration of treatment:** 12 weeks **Length of follow-up post-treatment day 1:** 12 weeks **Treatment adherence reported:** Yes **Concomitant therapies:** NR	**Operational definition of CPP:** Pelvic pain unrelated to menses, not relieved with NSAIDS, present for ≥ 6 months **Inclusion criteria:** • Age 18-45 • Moderate to severe pelvic pain for ≥ 6 months • Clinically suspected endometriosis • Regular menstrual cycles for ≥ 3 months before enrollment • Agreed to use barrier contraception if not sterilized **Exclusion criteria:** • Previous diagnosis of endometriosis confirmed by surgery or histology • Used OCs in the 3 months before study • Used GnRH agonist in the 6 months before study • Surgical treatment for endometriosis • Pelvic pain related to GU or GI cause • History of alcohol, tranquilizer, illicit drug use **Age, yrs, mean:** **G1:** 32.3 **G2:** 29.4 **BMI:** NR **Parity:** NR **Duration of pelvic pain:** See inclusion criteria. **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** Clinician-evaluated pain, 4 point scale score, mean: **G1:** 3.2 **G2:** 3.1 Patient-evaluated pain, VAS score, mean: **G1:** 7.5 **G2:** 6.5 McGill pain score, mean: **G1:** 31.3 **G2:** 35.8 **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment, n (%) (90% CI):** Post-treatment laparoscopy, positive for endometriosis: **G1:** 38/49 (78) (66, 87) **G2:** 40/46 (87) (76, 94) **Pain status:** Clinician-evaluated pain scores, 4 point scale score, mean: **G1:** 1.9 **G2:** 2.9 **G1/G2:** $P < 0.001$ Patient-evaluated pain, VAS score, mean: **G1:** 2.2 **G2:** 6.6 **G1/G2:** $P < 0.001$ McGill pain scores, mean: **G1:** 9.5 **G2:** 28.3 **G1/G2:** $P < 0.001$ Pain relief, 12 weeks, n (%): **G1a:** 27/33 (82) **G1b:** 8/11 (73) **G2a:**15/38 (39) **G2b:** 1/6 (17) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** Hot flushes, n (%): **G1:** 40/50 (80) **G2:** 13/50 (26) Severe adverse events: n: **G1:** 1 **G2:** 5

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Ling et al., continued	**Concomitant therapies held stable during treatment:** NR	Genital tract trauma: NR Pregnancy termination: NR		No menses until end of treatment, n (%): **G1:** 48/49 (98) **G2:** 2/46 (4) Insomnia, n (%): **G1:** 20/50 (40) **G2:** NR* Enlarged abdomen, n: **G1:** NR **G2:** NR **G1/G2:** $P \leq 0.05$ Headache, n (%): **G1:** NR* **G2:** 11/50 (22) Depression, n (%): **G1:** NR* **G2:** 11/50 (22) **Confounders:** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n:** Anxiety: NR Clinical depression: NR Dysmenorrhea, %: **G1+G2:** 100 Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction, n (%): Dyspareunia: 76/89 sexually active (85) Vulvodynia: NR

Comments:

***** Only the potentially treatment-related adverse events experienced by the largest number of women in each group were reported.

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Author: Bodden-Heidrich et al., 1999 **Country:** Germany **Enrollment period:** NR **Intervention setting:** Clinic and hospital **Funding:** NR **Author industry relationship disclosures:** None **Design:** Cross-sectional	**Operational definition of CPP:** NR; general description in the introduction **Inclusion criteria:** • Patients with chronic pain in the lower abdomen (CPPS) that lasted longer than 6 months; treated as outpatients and later admitted for inpatient psychosomatic treatment **Exclusion criteria:** • See inclusion criteria **Assessments:** Freiburg Personality Inventory, GieBen test **Groups:** **G1:** chronic pain in the lower abdomen (CPPS) **N with noncyclic CPP at enrollment:** **G1:** 106 **N with noncyclic CPP at follow-up:** **G1:** 106 **Age, yrs, mean:** **G1:** 34 **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **Intake diagnoses within CPP/ Indications for treatment, n (%):** Without organ diagnosis: 40 (38) Endometriosis: 28 (26) Adhesions: 21 (20) Cysts: 12 (11) Pelvic inflammatory disease: 2 (2) Cysts and adhesions: 2 (2) Irritable bowel syndrome: 1 (1) **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse, n (%):** **G1:** 23 (22)	**Pain status:** NR **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS, n (%): **G1:** 1 (1) IC/PBS: NR Low back pain: NR Sexual dysfunction: NR Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities:
Bodden-Heidrich et al., continued	**Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Vercellini, 1996 **Country:** Italy **Enrollment period:** NR **Intervention setting:** Academic department **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Open-label, parallel group RCT **Blinding of:** Subjects: No Clinicians: No Investigators: No Outcome assessors: No	**Intervention:** Depot medroxy-progesterone acetate 150 mg IM q 90 days, or cyclic monophasic OCPs (ethinyl estradiol 0.02 mg/desogestrel 0.15 mg) with danazol 50 mg po for 21 days of each 28 day cycle **Assessments:** Pain questionnaire: severity of dysmenor-rhea, dyspareunia, and pelvic pain with the Biberoglu and Behrman scale, 10 cm VAS (0=absence of pain to 10=unbearable pain). Completed at baseline, 6 months, and end of treatment. Blood work done at these time points for serum lipids and estrogen. Clinical exam for side effects done every 3 months. Satisfaction evaluation (likert scale) at 12 months. **Groups:** **G1:** depot medroxy-progesterone acetate **G2:** cyclic monophasic OCPs plus danazol **N with noncyclic CPP at enrollment:** **G1:** 36 **G2:** 32 **N with noncyclic CPP at follow-up:** **G1:** 36 **G2:** 32 **Duration of treatment:** 12 months **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** Yes **Concomitant therapies:** NR	**Operational definition of CPP:** NR **Inclusion criteria:** • 18-40 years old • First diagnosis of endometriosis at laparoscopy with no treatment of disease • Pelvic pain: at least one moderate to severe symptom on both pain assessment scales **Exclusion criteria:** • Treatment for endometriosis other than NSAIDS in the 3 months prior to study • Contraindications to estrogens, progestins, or danazol • Unwillingness to tolerate menstrual changes • Wish to conceive in the following 2 years **Age, yrs, n (%):*** < 30 years: **G1:** 15 (37) **G2:** 17 (42) ≥ 30 years: **G1:** 25 (63) **G2:** 23 (58) **BMI:** NR **Parity, ≥ 1 previous pregnancy, n (%):*** **G1:** 16 (40) **G2:** 14 (35) **Duration of pelvic pain:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Endometriosis:* Stage I: **G1:** 8 (20) **G2:** 6 (15) Stage II: **G1:** 14 (35) **G2:** 16 (40) Stage III: **G1:** 10 (25) **G2:** 11 (27) Stage IV: **G1:** 8 (20) **G2:** 7 (18) **Pain status:** VAS score, median (IQR): **G1:** 4 (0-7.5) **G2:** 4.1 (1-7.3) **Functional status:** Verbal rating, median (IQR): **G1:** 1 (0-2) **G2:** 1 (0-2) **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** VAS score, month 12, median (IQR): **G1:** 0 (0-1) **G2:** 0 (0-0.5) **Functional status:** Verbal rating, month 12, median (IQR): **G1:** 0 (0-0) **G2:** 0 (0-0) **Satisfaction with care:** Pleased with care, n (%):* **G1:** 31 (72.5) **G2:** 23 (57.5) **Quality of life:** NR **Non-surgical harms, n (%):*** Amenorrhea: **G1:** 8 (20) **G2:** 0 (0) Breakthrough bleeding: **G1:** 6 (15) **G2:** 0 (0) Spotting: **G1:** 26 (65) **G2:** 4 (10) Bloating: **G1:** 25 (63) **G2:** 11 (28) Weight gain: **G1:** 21 (53) **G2:** 12 (30) Nausea: **G1:** 12 (30) **G2:** 4 (10) Headache: **G1:** 11 (28) **G2:** 9 (23) Acne-Seborrhea: **G1:** 8 (20) **G2:** 2 (5) Depression **G1:** 8 (20) **G2:** 7 (18)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Vercellini et al., continued	**Concomitant therapies held stable during treatment:** NR	Pregnancy termination: NR		Breast pain-tension: **G1:** 6 (15) **G2:** 5 (13) Hot flushes: **G1:** 2 (5) **G2:** 1 (3) Peripheral edema: **G1:** 2 (5) **G2:** 1 (3) Asthenia: **G1:** 1 (3) **G2:** 1 (3) Dizziness: **G1:** 1 (3) **G2:** 0 (0) **Confounders:** NR **Effect modifiers:** NR

Comments:

* Data reported for the entire sample

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Gestrinone study group, 1996 **Country:** Italy **Enrollment period:** NR **Intervention setting:** 6 academic departments **Funding:** Poli Industria Chimica **Author industry relationship disclosures:** NR **Design:** Double blind RCT **Blinding of:** Subjects: Yes Clinicians: Yes Investigators: Yes Outcome assessors: Yes	**Intervention:** Gestrinone (oral) 2.5 mg twice a week or leuprolide acetate (intramuscular) 3.75 mg q 4 weeks **Assessments:** Questionnaire: dysmenorrhea, dyspareunia, and nonmenstrual pain; each assessed with a verbal rating scale (Biberoglu and Behrman). Participants also rated each category of pain on a 10-cm VAS. (Both at baseline, 3, and 6 months) Bone mineral density of lumbar spine (baseline and 6 months) Plasma lipids and lipoproteins (fasting) (baseline, 1, and 6 months) **Groups:** **G1:** gestrinone **G2:** leuprolide acetate **N with noncyclic CPP at enrollment:** **G1:** 27 **G2:** 28 **N with noncyclic CPP at follow-up:** **G1:** 17 **G2:** 17 **Duration of treatment:** 6 months **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** Yes **Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** NR **Inclusion criteria:** • CPP associated with enodmetriosis • Age 18-40 • Not desiring pregnancy in the immediate future • Diagnostic laparoscopy within the 3 months prior to study with no treatment of endometriosis • At least one moderate-severe pain symptom **Exclusion criteria:** • Prior treatment (other than DSAIDS) for endometriosis in the 6 months before study • Concomitant disorders that may cause gynecologic pain • Contraindications for the treatments • Abnormal bone density • Refusal to use barrier contraception **Age, yrs, mean ± SD:** **G1:** 31.9 ± 5.4 **G2:** 28.6 ± 6.2 **BMI, mean ± SD:** **G1:** 20.9 ± 2.1 **G2:** 21.4 ± 3.1 **Parity:** NR **Duration of pelvic pain:** NR **History of menstrual problems, n (%):** **G1:** 27 (49) **G2:** 28 (51) **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Endometriosis: **G1:** 27 (49) **G2:** 28 (51) **Pain status:** VAS score, mean ± SD: **G1:** 4.07 ± 2.86 **G2:** 4.67 ± 2.87 **Functional status:** Verbal rating scale score, mean ± SD: **G1:** 1.22 ± 0.93 **G2:** 1.68 ± 0.90 **Satisfaction with care:** NR **Quality of life:** NR **Other:** HDL cholesterol, mg/dL, mean ± SD: **G1:** 54.0 ± 10.9 **G2:** 50.0 ± 10.0 **G1/G2:** *P* = NS Lipoprotein(a) mg/dL, mean ± SD: **G1:** 12.5 ± 8.3 **G2:** 8.4 ± 7.2 **G1/G2:** *P* < 0.05	**Post-operative diagnoses within CPP/Indications for treatment:** NA **Pain status:** VAS score, mean ± SD: **G1:** 1.11 ± 1.54 **G2:** 3.41 ± 3.45 **G1/BL:** *P* < 0.01 **G1/BL:** *P* = NS **G1/G2:** *P* < 0.05 Recurrence of severe/moderate pain, n (%): **G1:** 2/17 (11.8) **G2:** 9/17 (52.9) **G1/G2:** OR = 0.12 (95% CI: 0.02, 0.69) **Functional status:** Verbal rating scale score, mean ± SD: **G1:** 0.29 ± 0.47 **G2:** 1.12 ± 0.99 **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:*** Weight, mean change ± SD: **G1:** 0.9 ± 4.6 **G2:** -0.4 ± 2.6 Any side effects, n (%): **G1:** 15/27 (56) **G2:** 19/28 (68) Hot flushes: **G1:** 8 (29.6) **G2:** 19 (67.8) Headache: **G1:** 2 (7.4) **G2:** 5 (17.8) Asthenia: **G1:** 4 (14.8) **G2:** 1 (3.6) Mood change: **G1:** 2 (7.4) **G2:** 3 (10.7)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Gestrinone study group, continued		Pregnancy termination: NR		Dermatitis: **G1:** 3 (11.1) **G2:** 0 Dizziness: **G1:** 2 (7.4) **G2:** 1(3.6) Joint pain: **G1:** 2 (7.4) **G2:** 1(3.6) Drowsiness: **G1:** 2 (7.4) **G2:** 1(3.6) Swelling: **G1:** 2 (7.4) **G2:** 0 Nausea: **G1:** 1 (3.7) **G2:** 1 (3.6) Tachycardia: **G1:** 1 (3.7) **G2:** 1(3.6) Vaginal dryness: **G1:** 0 **G2:** 2 (7.1) Insomnia: **G1:** 1 (3.7) **G2:** 0 Hypertrichosis: **G1:** 1 (3.7) **G2:** 0 Seborrhea: **G1:** 1 (3.7) **G2:** 0 Skin rash: **G1:** 1 (3.7) **G2:** 0 Constipation: **G1:** 1 (3.7) **G2:** 0 Itching: **G1:** 0 **G2:** 1 (3.6) Vaginal discharge: **G1:** 0 **G2:** 1 (3.6) Paresthesia: **G1:** 0 **G2:** 1 (3.6) Cramps: **G1:** 0 **G2:**1 (3.6)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Gestrinone study group, continued				Bone mineral density, mean % change ± SD: 6 months: **G1:** 0.88 ± 2.12 **G2:** -3.04 ± 4.77 **G1/BL:** *P* = NS **G2/BL:** *P* = 0.01 **G1/G2:** *P* < 0.01 12 months (6 month follow-up): **G1:** 2.06 ± 2.51 **G2:** -1.08 ± 3.26 HDL cholesterol, mg/dL, 6 months, mean ± SD: **G1:** 35.6 ± 10.7 **G2:** 52.3 ± 11.3 **G1/BL:** *P* < 0.05 **G1/BL:** *P* = NS **G1/G2:** *P* < 0.01 Lipoprotein(a), mg/dL, 6 months, mean ± SD: **G1:** 5.8 ± 3.6 **G2:** 10.2 ± 10.3 **G1/BL:** *P* < 0.05 **G1/BL:** *P* = NS **G1/G2:** *P* < 0.01 Uterine bleeding at the end of treatment, n (%): **G1:** 12/23 (52.2%) had no bleeding **G2:** 25/26 (96.1 %) had amenorrhea **Confounders:** NR **Effect modifiers:** No significant interaction between treatment & endometriosis stage **Prevalence of comorbidities of interest, n (%):** Anxiety: NR Clinical depression: NR Dysmenorrhea, n (%): **G1:** 27 (100) **G2:** 28 (100)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Gestrinone study group, continued				Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction, Dyspareunia: **G1:** 26 (96) **G2:** 26 (93) Vulvodynia: NR

Comments: * harms reported for all 55 participants

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Author: Mathias et al., 1996 **Country:** US **Enrollment period:** April 1994 to May 1994 **Intervention setting:** NA **Funding:** TAP Holdings, Inc. **Author industry relationship disclosures:** NR **Design:** Cross-sectional study	**Operational definition of CPP:** Intermittent or constant pain below the navel or in the female organs for at least 6 months, including pain during the past 3 months **Inclusion criteria:** • Pelvic pain at least 6 months including pain during the past 3 months • Age 18-50 **Exclusion criteria:** • Pregnancy • Postmenopausal • Menstrual cycle-related diagnoses **Assessments:** Pelvic pain-related questions (pain index = frequency of pelvic pain multiplied by average severity on scale of 0-10) and quality of life related questions addressed to women indicating pelvic pain in the past month (0-100 scale with higher scores indicating more of attribute, e.g., more pain or more energy) **Groups:** **G1:** women with CPP **Ga:** no underlying diagnosis determined **Gb:** gynecologic diagnoses not related to menstrual cycle **Gc:** endometriosis **Gd:** non-gynecologic diagnoses **Ge:** unclassifiable/forgotten diagnoses **N with non-cyclic CPP at enrollment:** **G1:** 773 **G1a:** 472 **G1b:** 149 **G1c:** 74 **G1d:** 31 **G1e:** 47 **N with non-cyclic CPP at follow-up:** **G1:** 773 **G1a:** 472 **G1b:** 149 **G1c:** 74 **G1d:** 31 **G1e:** 47 **Age, yrs, mean ± SD:** **G1:** 35.7 ± 8.6 **BMI:** NR **Parity:** NR	**Pain status:** Pain in past month, n (%): **G1:** 557 (72) Pain index score, mean ± SD: **G1a:** 1.9 ± 0.1 **G1b:** 2.4 ± 0.2 **G1c:** 3.1 ± 0.2 **G1d:** 3.0 ± 0.4 **G1a/G1b:** $P < 0.05$ **G1a/G1c:** $P < 0.05$ **G1a/G1d:** $P < 0.05$ **G1c/G1b:** $P < 0.05$ **Functional status:** Interference with activities scale score, mean ± SD: **G1a:** 21.9 ± 1.4 **G1b:** 28.5 ± 2.2 **G1c:** 30.5 ± 3.0 **G1d:** 29.4 ± 4.5 **G1a/G1b:** $P < 0.05$ **G1a/G1c:** $P < 0.05$ Energy scale score, mean ± SD: **G1a:** 54.9 ± 1.4 **G1b:** 45.5 ± 2.3 **G1c:** 53.3 ± 3.1 **G1d:** 45.4 ± 4.6 **G1a/G1b:** $P < 0.05$ **G1a/G1d:** $P < 0.05$ **G1c/G1b:** $P < 0.05$ Pain during or after inter-course scale score, mean ± SD: **G1a:** 21.6 ± 2.1 **G1b:** 30.1 ± 3.5 **G1c:** 35.9 ± 4.7 **G1d:** 29.1 ± 6.8 **G1a/G1b:** $P < 0.05$ **G1a/G1c:** $P < 0.05$ Stayed in bed more than half the day, n (%): **G1:** 144/557 (26) Reduced activities on ≥ 1 days in past month, n (%): **G1:** 323/557 (58) Bed days/month, participants reporting pelvic pain in past month, mean ± SD: **G1:** 2.6 ± 2.4 (n=557) Missed ≥ 1 hours of work, employed participants, n (%): **G1:** 82/548 (15) **Satisfaction with care:** NR	**Comorbidities of interest:** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction (dyspareunia), participants reporting sexual activity: **G1:** 380/432 (88) Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Mathias et al., continued	**Duration of pelvic pain:** NR **Intake diagnoses within CPP/ Indications for treatment, n (%):** No underlying diagnosis determined: **G1a:** 472 (61) Gynecologic diagnoses not related to menstrual cycle: **G1b:** 149 (49) Endometriosis: **G1c:** 74 (25) Non-gynecologic diagnoses: **G1d:** 31 (10) Unclassifiable/forgotten diagnoses: **G1e:** 47 (16) **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Quality of life:** General health scale score, mean ± SD: **G1a:** 73.6 ± 1.4 **G1b:** 64.8 ± 2.2 **G1c:** 70.7 ± 3.1 **G1d:** 62.4 ± 4.4 **G1a/G1b:** $P < 0.05$ **G1a/G1d:** $P < 0.05$ Mental health scale score, mean ± SD: **G1a:** 64.0 ± 1.3 **G1b:** 58.1 ± 2.1 **G1c:** 63.0 ± 2.8 **G1d:** 54.3 ± 4.2 **G1a/G1b:** $P < 0.05$ **G1a/G1d:** $P < 0.05$ Health distress scale score, mean ± SD: **G1a:** 28.7 ± 1.7 **G1b:** 40.1 ± 2.8 **G1c:** 45.7 ± 3.6 **G1d:** 42.6 ± 5.5 **G1a/G1b:** $P < 0.05$ **G1a/G1c:** $P < 0.05$ **G1a/G1d:** $P < 0.05$ Pain interferes with mood, n (%): **G1:** 310/557 (56) Feeling downhearted or blue, n (%): **G1:** 261/557 (47) Having energy to do things, n (%): **G1:** 456/557 (82)	

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Inclusion/Exclusion Criteria & Population	Baseline Measures	Prevalence of Comorbidities, n (%):
Author: Saravelos et al., 1995 **Country:** UK **Enrollment period:** January 1987 to January 1994 **Intervention setting:** Hospital **Funding:** NR **Author industry relationship disclosures:** NR **Design:** Retrospective case series **Blinding of:** Subjects: No Clinicians: No Investigators: No Outcome assessors: No	**Operational definition of CPP:** Pain in the pelvis persisting for ≥ 6 months **Inclusion criteria:** • Women presenting for adhesiolysis for chronic pelvic pain **Exclusion criteria:** • Presence of significant gynecological, gastrointestinal, urological, musculoskeletal, or neurological pathology • Presence or history of malignancy or psychiatric disease **Groups:** **G1:** Microsurgery **G2:** Laparoscopy **Age, yrs, mean (range):** **G1:** 32.5 (19-60) **G2:** 31.4 (18-61) **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **History of menstrual problems:** NR **History of pelvic surgery, n (%):** Previous surgery for CPP: **G1:** 25 (35) **G2:** 18 (35) History of laparotomy: **G1:** 47 (65) **G2:** 29 (57) **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** NR **Pain status:** NR **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Prevalence of comorbidities of interest, n (%):** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR Sexual dysfunction (dyspareunia): **G1:** 43 (60) **G2:** 34 (67) Vulvodynia: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Carlson et al., 1994 **Country:** US **Enrollment period:** June 1989 to January 1991 **Intervention setting:** Acute care hospital **Funding:** Agency for Health Care Policy and Research **Author industry relationship disclosures:** NR **Design:** Prospective cohort **Blinding of:** Subjects: NR Clinicians: NR Investigators: NR Outcome assessors: NR	**Intervention:** Hysterectomy or non-surgical management consisting of non-steroidal agents alone (15%), other analgesics (47%), hormone therapy (22%), or observation (16%). **Assessments:** Personal interview at study entry and 3 months; telephone interviews at 6 and 12 months; self-administered questionnaire at entry, 3, 6 and 12 months; Mental Health Index; General Health Index; Activity Index (index scores transformed to 1-100 scale where 100 is positive); physician questionnaire for each patient on physical exam findings, diagnostic procedures, and planned treatment. **Groups:** **G1:** nonsurgical management **G2:** hysterectomy **N with noncyclic CPP at enrollment:** **G1:** 50 **G2:** 68 **N with noncyclic CPP at follow-up:** **G1:** 50 **G2:** 68 **Duration of treatment:** ≥ 12 months **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** No **Concomitant therapies, n (%):** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** Pain of at least 6 months duration **Inclusion criteria:** • Ages 25-50 years • Chronic pelvic pain ≥ 6 months duration • Laparoscopy to rule out endometriosis, malignancy, and other conditions requiring specific treatment) • Any medical therapy **Exclusion criteria:** • Patients who crossed over from nonsurgical treatment to hysterectomy during the 12-month follow-up period were excluded from analysis of treatment outcomes **Age:** NR* **BMI:** NR **Parity:** NR **Duration of pelvic pain:** NR **History of menstrual problems:** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** Pain, days, mean: **G1:** 16 **G2:** 19 Pain a problem, %: **G1:** 84 **G2:** 95 **Functional status:** Bleeding, days, mean: **G1:** 7 **G2:** 8 Bleeding a problem, %: **G1:** 30 **G2:** 61 Fatigue a problem, %: **G1:** 55 **G2:** 75 **Satisfaction with care:** Positive feelings about symptom status, %: **G1:** 7 **G2:** 0 **Quality of life:** Mental Health Index, mean: **G1:** 63 **G2:** 50 General Health Index, mean: **G1:** 54 **G2:** 45 Activity Index, mean: **G1:** 54 **G2:** 42	**Post-operative diagnoses within CPP/Indications for treatment:** NR **Pain status:** Pain, 12 months, days, mean: **G1:** 9 **G2:** 1 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ Pain a problem, 12 months, %: **G1:** 49 **G2:** 3 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ **Functional status:** Bleeding, 12 months, days, mean: **G1:** 6 **G2:** 0 **G1/BL:** P = NS **G2/BL:** $P < 0.001$ Bleeding a problem, 12 months, %: **G1:** 28 **G2:** 0 **G1/BL:** P = NS **G2/BL:** $P < 0.001$ Fatigue a problem, 12 months, %: **G1:** 59 **G2:** 22 **Satisfaction with care:** Positive feelings about symptom status, 12 months, %: **G1:** 30 **G2:** 77 **G1/BL:** $P < 0.001$ **G2/BL:** $P < 0.001$ **Quality of life:** Mental Health Index, 12 months, mean: **G1:** 60 **G2:** 71 **G1/BL:** P = NS **G2/BL:** $P < 0.001$

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Carlson et al., continued				General Health Index, mean: **G1:** 61 **G2:** 77 **G1/BL:** *P* = NS **G2/BL:** *P* < 0.001 Activity Index, mean: **G1:** 67 **G2:** 77 **G1/BL:** *P* < 0.001 **G2/BL:** *P* < 0.001 **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** Hysterectomy (vs. nonsurgical management): OR = 10.45** *P* = 0.0001 Education > 12 years (vs. ≤ 12 years): OR = 2.73** *P* = 0.033

Comments:

* Mean age for nonsurgical pelvic pain, leiomyomas and abnormal bleeding combined was 41 years (380 subjects).

** Adjusted likelihood (for treatment type, age, fertility, parity, education, duration of symptoms, and initial severity of discomfort) of positive feelings about symptom status at 1 year in patients with CPP

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)				
Study Description	**Intervention**	**Inclusion/Exclusion Criteria & Population**	**Baseline Measures**	**Outcomes**
Author: Ghaly, 1994 **Country:** Scotland **Enrollment period:** NR **Intervention setting:** Gynecologic clinic **Funding:** NR **Author industry relationship disclosures:** NR **Design:** RCT **Blinding of:** Subjects: no Clinicians: no Investigators: no Outcome assessors: yes	**Intervention:** Pelvic ultrasonography plus counseling (demonstrations of the normality of pelvic organs, education, counseling and reassurance) **Assessments:** McGill Pain Score, HADS prior to randomization and 4-9 months post-intervention **Groups:** **G1:** pelvic ultrasonography plus counseling **G2:** expectant management **N with non-cyclic CPP at enrollment:** **G1:** 50 **G2:** 50 **N with non-cyclic CPP at follow-up:** **G1:** 46 **G2:** 44 **Duration of treatment:** 1 day **Length of follow-up post-treatment day 1:** 4-9 months **Treatment adherence reported:** NA **Concomitant therapies, n (%):** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** Pain of at least 6 months duration **Inclusion criteria:** • CPP of at least 6 months duration • Negative laparoscopic findings **Exclusion criteria:** • Previous malignancy • Medical treatment for CPP at prior clinic visit • Mental retardation • Prior psychiatric treatment • Suspicion of malignant disease at pelvic exam • Abnormal laparoscopic findings that could be cause of CPP and required medical or surgical intervention **Age, yrs, mean (range):** **G1:** 32.2 (21-55) **G2:** 32.5 (22-54) **BMI, mean ± SD:** NR **Parity, mean (range):** **G1:** 1.6 (0-4), 10 nulliparous **G2:** 1.5 (0-5), 8 nulliparous **Duration of pelvic pain, median, months (range):** **G1:** 42 (6-370) **G2:** 37 (9-320) **History of menstrual problems, n (%):** NR **History of pelvic surgery, n (%):** NR **History of sexual/physical abuse, n (%):** NR **Other risk factors, n (%):** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Diagnosis(es): NR **Pain status:** McGill pain score, median (range): **G1:** 29 (19-36) **G2:** 30 (17-38) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment, n (%):** Diagnosis(es): NR **Pain status:** McGill pain score: **G1:** 13/46 had "significant improvement" **G2:** 4/44 showed "significant improvement" (p<0.01) Resolution of pain: **G1:** 12/46 **G2:** 1/44 (p<0.01) **Functional status:** NR **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Vercellini et al., 1993 **Country:** Italy **Enrollment period:** NR **Intervention setting:** University hospital **Funding:** Italian National Research Council **Author industry relationship disclosures:** NR **Design:** Open label RCT **Blinding of:** Subjects: No Clinicians: No Investigators: No Outcome assessors: No	**Intervention:** Goserelin 3.6 mg subq q 28 days or cyclic low dose monophasic OC with ethinyl estradiol 0.02 mg and desogestrel 0.15 mg (could switch to EE 0.03 mg/desogestrel 0.15 mg if breakthrough bleeding) **Assessments:** Questionnaire: severity of dysmenorrhea, dyspareunia, and nonmenstrual pain with a verbal rating scale and 10 point linear analog scale. Given at baseline, end of treatment, and end of follow-up. **Groups:** **G1:** goserelin **G2:** oral contraceptive **N with noncyclic CPP at enrollment:** **G1:** 29 **G2:** 28 **N with noncyclic CPP at follow-up:** **G1:** 26 **G2:** 24 **Duration of treatment:** 6 months **Length of follow-up post-treatment day 1:** 12 months **Treatment adherence reported:** Yes **Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** NR **Inclusion criteria:** • Moderate to severe pelvic pain • Laparoscopically diagnosed endometriosis within 3 months of study with no surgical treatment of endometriosis • 18-35 years old **Exclusion criteria:** • Treatment (excepting NSAID use) for endometriosis in the 3 months prior to study • Contraindications to oral contraceptives **Age, yrs, mean ± SD:** **G1:** 28 ± 5 **G2:** 27 ± 5 **BMI:** NR **Parity, parous, n (%):** **G1:** 8 (28) **G2:** 7 (25) **Duration of pelvic pain:** NR **History of menstrual problems, n (%):** NR **History of pelvic surgery:** NR **History of sexual/physical abuse:** NR **Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR	**Intake diagnoses within CPP/ Indications for treatment, n (%):** Endometriosis stage: I: **G1:** 12 (41) **G2:** 14 (50) II: **G1:** 10 (35) **G2:** 9 (32) III: **G1:** 5 (17) **G2:** 4 (14) IV: **G1:** 2 (7) **G2:** 1 (4) **Pain status:** Linear analog scale, overall mean ± SD: **G1:** 4.4 ± 3.2 **G2:** 4.2 ± 3.0 Linear analog scale, %:* Absent: **G1:** 19 **G2:** 17 Mild: **G1:** 31 **G2:** 42 Moderate: **G1:** 27 **G2:** 24 Severe: **G1:** 23 **G2:** 17 **Functional status:**: Verbal rating scale, overall mean ± SD **G1:** 3.0 ± 1.9 **G2:** 2.9 ± 2.1 Verbal rating scale, %:* Absent: **G1:** 19 **G2:** 17 Mild: **G1:** 35 **G2:** 42 Moderate: **G1:** 42 **G2:** 33 Severe: **G1:** 4 **G2:** 8 **Satisfaction with care:** NR	**Post-operative diagnoses within CPP/Indications for treatment:** NA **Pain status:** Linear analog scale, overall mean ± SD: **G1:** 3.9 ± 3.0 **G2:** 3.6 ± 2.6 Linear analog scale, %: Absent: **G1:** 19 **G2:** 17 Mild: **G1:** 54 **G2:** 67 Moderate: **G1:** 12 **G2:** 8 Severe: **G1:** 15 **G2:** 8 **Functional status:** Verbal rating scale, overall mean ± SD: **G1:** 2.6 ± 1.9 **G2:** 2.6 ± 2.0 Verbal rating scale, %: Absent: **G1:** 19 **G2:** 17 Mild: **G1:** 54 **G2:** 50 Moderate: **G1:** 19 **G2:** 25 Severe: **G1:** 8 **G2:** 8 **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms, n (%):**** Hot flushes: **G1:** 24 (83) **G2:** 1 (4)

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Vercellini et al., continued			**Quality of life:** NR	Insomnia: **G1:** 7 (24) **G2:** 0 Spotting: **G1:** 6 (21) **G2:** 7 (25) Decreased libido: **G1:** 5 (17) **G2:** 0 Vaginal dryness: **G1:** 5 (17) **G2:** 5 (18) Mood changes: **G1:** 4 (14) **G2:** 6 (21) Headache: **G1:** 3 (10) **G2:** 1 (4) Paresthesias: **G1:** 3 (10) **G2:** 5 (18) Breast tenderness: **G1:** 2 (7) **G2:** 4 (14) Weight gain: **G1:** 1 (3) **G2:** 1 (4) Peripheral edema: **G1:** 1 (3) **G2:** 0 **Confounders:** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n:** Anxiety: NR Clinical depression: NR Dysmenorrhea: **G1:** 26 **G2:** 24 Fibromyalgia: NR Headache: NR IBS: NR IC/PBS: NR Low back pain: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/ Exclusion Criteria & Population	Baseline Measures	Outcomes
Vercellini et al., continued				Sexual dysfunction (dyspareunia)[‡]: **G1:** NR **G2:** NR Vulvodynia: NR

Comments:
* G1: n=26; G2: n=24
** Numbers not provided for non cyclic patient only; harms reported for whole population
[‡] Dyspareunia reported in a group of patients but denominator not clear

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Author: Peters et al., 1991 **Country:** The Netherlands **Enrollment period:** January 1983 to January 1987 **Intervention setting:** University medical center **Funding:** Praeventie Fonds **Author industry relationship disclosures:** NR **Design:** RCT **Blinding of:** Subjects: No Clinicians: No Investigators: Yes Outcome assessors: No	**Intervention:** Standard treatment (exclusion of organic causes of pain, laparoscopy, before attention devoted to treating other causes, i.e., psychological) or integrated approach (equal attention devoted to organic, psychological, dietary, and environmental causes of pain) including consultation with physiotherapist; laparoscopy not routinely performed **Assessments:** At baseline and 12 months after finishing treatment: pain history, review of associated symptoms, pain calendar, pain questionnaire similar to McGill (score 10-40) **Groups:** **G1:** standard treatment **G2:** integrated approach **N with noncyclic CPP at enrollment:** **G1:** 49 **G2:** 57 **N with noncyclic CPP at follow-up:** **G1:** 49 **G2:** 57 **Duration of treatment:** Varies, but close to 6 months **Length of follow-up post-treatment day 1:** Varies, but close to 18 months **Treatment adherence reported:** No **Concomitant therapies:** NR **Concomitant therapies held stable during treatment:** NR	**Operational definition of CPP:** Chronic pelvic pain for at least 3 months **Inclusion criteria:** • Chronic pelvic pain for at least 3 months • No suspicion of malignancy or GYN disease requiring prompt attention • No history of psychiatric treatment for abdominal pain in prior 2 years • No elaborate medical analysis for abdominal pain in prior 2 years • No ongoing treatment for pelvic pain elsewhere • No problem with Dutch language • No mental retardation **Exclusion criteria:** • See inclusion criteria Age, yrs, mean (range): **G1:** 35.7 (16-56) **G2:** 35.5 (21-58) **BMI:** NR **Parity:** NR **Duration of pelvic pain, months, mean (range):** **G1:** 36 (5-240) **G2:** 48 (3-350) **History of menstrual problems:** NR **History of pelvic surgery, %:** Appendectomy: **Total:** 61 Hysterectomy: **Total:** 13 Adhesiolysis: **Total:** 15 Antefixation for retroverted uterus: **Total:** 9 **History of sexual/physical abuse, %:** Childhood sexual abuse or rape: **Total:** 20	**Intake diagnoses within CPP/ Indications for treatment:** NR **Pain status:** McGill score, mean (range): **G1:** 24.9 (14-40) **G2:** 26.4 (15-36) **Functional status:** Disturbance of daily activities, n (%): **G1:** 33 (67) **G2:** 55 (96) **Satisfaction with care:** NR **Quality of life:** NR	**Post-operative diagnoses within CPP/Indications for treatment, n:** Endometriosis: **G1:** 4 **G2:** NR Adhesions: **G1:** 9 **G2:** NR **Pain status:** McGill score, improvement, n (%): **G1:** 25 (51) **G2:** 35 (61) **G1/G2:** $P = 0.38$ **Functional status:** Disturbance of daily activities, improvement, n (%): **G1:** 18 (37) **G2:** 39 (68) **G1/G2:** $P < 0.01$ **Satisfaction with care:** NR **Quality of life:** NR **Non-surgical harms:** NR **Confounders:** NR **Effect modifiers:** NR **Prevalence of comorbidities of interest, n (%):** Anxiety: NR Clinical depression: NR Dysmenorrhea: NR Fibromyalgia:NR Headache: **G1:** 26 (53) **G2:** 40 (70) IBS: NR IC/PBS: NR

Evidence tables. Therapies for Women with Noncyclic Chronic Pelvic Pain (continued)

Study Description	Intervention	Inclusion/Exclusion Criteria & Population	Baseline Measures	Outcomes
Peters et al., continued		**Other risk factors:** C-section: NR Operative vaginal delivery: NR Vaginal birth: NR Genital tract trauma: NR Pregnancy termination: NR		Low back pain: **G1:** 39 (79) **G2:** 54 (94) Sexual dysfunction, %: Dyspareunia: **Total:** 71 Anorgasmy: **Total:** 42 Postcoital pain: **Total:** 27 Vulvodynia: NR

Appendix D. Data Extraction Forms

APPENDIX D. Data Extraction Forms

Therapies for Women with Chronic Pelvic Pain
Abstract Review Form

First Author, Year: _____ Reference #_____ Abstractor Initials: ___ ___ ___

Primary Inclusion/Exclusion Criteria			
1. Original research (exclude editorials, commentaries, letters, etc)	Yes	No	Cannot Determine
2. Study includes **(check applicable)**: - Women: ___ Yes ___ No ___ Cannot Determine - ≥ 18 years of age ___ Yes ___ No ___ Cannot Determine - with CPP (excluding cyclic pain associated with menstruation) ___ Yes ___ No ___ Cannot Determine **If combination of "Yes" or "Cannot Determine" selected, indicate Yes in final criteria box; if any "no" selected, indicate No**	Yes	No	---
3. Eligible study size (N≥ 50 women with CPP) **N=**_____	Yes	No	Cannot Determine
4. Addresses *either*: __a. CPP in women **AND** one of the following co-morbidities (**circle applicable)**: depression, anxiety, fibromyalgia, temporomandibular joint pain disorder, IBS, IC/PBS, complex regional pain syndrome, vulvodynia, functional abdominal pain syndrome, low back pain, headache, sexual dysfunction ***OR*** __b. Surgical or non-surgical therapies for women with CPP	Yes	No	Cannot Determine

Retain for: _____BACKGROUND/DISCUSSION _____REVIEW OF REFERENCES _____Other

Reason for Other: _____

COMMENTS:

Therapies for Women with CPP CER
Full Text Review Form

First Author, Year: _____ Reference ID #: _____ Abstractor Initials: ___ ___ ___

1. Original research (exclude editorials, commentaries, letters, reviews, etc.)	Yes	No
2. Includes women ≥ 18 yrs **with non-cyclic or mixed cyclic/non-cyclic chronic pelvic pain** (Record participants' age range: _____)	Yes	No
2a. Majority of patients defined as having non-cyclic/mixed CPP (NOT cancer OR pregnancy OR associated comorbidities such as IBS, IC/PBS)	Yes	No
3. Eligible study size and design ___Is the study an RCT/controlled trial or prospective cohort with N ≥ 50 **TOTAL** women with non-cyclic/mixed CPP **OR** ___Is the study a case series with N ≥ 100 women with non-cyclic/mixed CPP and discussing prevalence of co-morbidities **OR** ___Is the study a case series with N ≥ 100 women with non-cyclic/mixed CPP and discussing harms **If at least one of the above is checked, circle Yes.** If No, record N with non-cyclic/mixed CPP:____	Yes	No
4. Study addresses one or more of the following questions (check applicable KQ below):	Yes	No
__KQ1: Among women who present for treatment for a diagnosis of Chronic Pelvic Pain (CPP), what is the prevalence of the following co-morbidities **(CIRCLE APPLICABLE)**: dysmenorrhea, major depressive disorder, anxiety disorder, temporomandibular joint pain disorder, fibromyalgia, irritable bowel syndrome, interstitial cystitis/painful bladder syndrome, complex regional pain syndrome, vulvodynia, functional abdominal pain syndrome, low back pain, headache, and sexual dysfunction? __KQ2: Among women with CPP, what is the effect of surgical interventions on pain status, functional status, satisfaction with care, and quality of life? __KQ3: What is the evidence that surgical outcomes differ by whether an etiology for CPP is identified after surgery? __KQ4: Among women with CPP, what is the effect of non-surgical interventions on pain status, functional status, satisfaction with care, quality of life, and harms? __KQ5: What is the evidence for choosing one intervention over another for treating persistent or recurrent CPP after initial intervention (which failed to achieve target outcome(s))?		
5. Study includes at least one outcome measure related to any of the following **(CIRCLE APPLICABLE):** pain status (includes reduction, recurrence, subsequent intervention); functional status (includes ADL, sexual functioning); patient satisfaction; QOL; or harms **OR** addresses prevalence of comorbidities	Yes	No
6. Study published in English	Yes	No

EXCLUDE IF AN ITEM IN A GRAY BOX IS SELECTED

7. Review the reference list (included papers only) and list author name/year for EPC to verify if included in database:
_____
_____

8. **If included**, does the study assess association(s) between any of the following patient history factors: pregnancy, cesarean birth, operative vaginal delivery (forceps or vacuum extraction), vaginal birth, genital tract trauma related to childbirth, pelvic or abdominal surgery, termination of pregnancy AND CPP-related outcomes? ___Yes ___No

9. If excluded, retain for ____Background/Discussion ___Review of references ___
Other:_____

Comments:

Appendix E. Quality of the Literature

APPENDIX E. Quality of the Literature

Randomized trials

Author, Year	Random assignment	Allocation concealment-participants	Allocation concealment-investigators	Allocation concealment-providers	Allocation concealment-assessors	Participant flow described	ITT analysis	Missing data adequately reported	Missing data managed acceptably	Primary outcome planned a priori	Free from bias	Sample size calculation provided	Appropriate statistical analysis	Statistical results reliable	< 10% drop-out rate	< 20% loss to follow-up	Final rating
Daniels 2009[1]	+	+	-	-	-	+	+	+	+	+	+	+	+	+	+	-	Fair
Stratton 2008[2, 3]	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	Good
Heyman 2006[4]	+	-	-	-	-	+	-	-	-	+	+	+	+	+	-	+	Poor
Palomba 2006 [5]	+	-	-	-	-	+	-	-	-	-	+	+	+	+	+	+	Poor
Abbott 2006[6]	+	+	+	-	-	+	-	+	-	+	+	+	+	+	+	+	Fair
Sator-Katzenschlager 2005[7]	-	-	-	-	-	+	-	-	-	-	+	-	+	+	-	+	Poor
Onwude 2004[8]	-	-	-	-	-	-	+	+	-	+	+	+	+	-	NA	-	Poor
Johnson 2004[9]	-	+	-	-	-	+	+	-	-	+	+	+	+	+	+	+	Poor
Zupi 2004[10]	+	-	-	-	-	-	NA	-	-	+	+	+	+	+	-	-	Poor

Author, Year	Random assignment	Allocation concealment-participants	Allocation concealment-investigators	Allocation concealment-providers	Allocation concealment-assessors	Participant flow described	ITT analysis	Missing data adequately reported	Missing data managed acceptably	Primary outcome planned a priori	Free from bias	Sample size calculation provided	Appropriate statistical analysis	Statistical results reliable	< 10% drop-out rate	< 20% loss to follow-up	Final rating
Swank 2003[11]	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	Good
Parazzini 2000[12]	+	-	-	-	-	-	+	+	-	+	+	-	+	+	-	-	Poor
Ling 1999[13]	+	+	+	+	+	+	-	-	-	+	-	+	+	+	+	+	Fair
Vercellini 1996[14]	+	-	-	-	-	+	+	-	-	+	+	+	+	+	-	-	Poor
Gestrinone Study Group1996[15]	+	+	+	+	+	+	-	-	-	-	+	-	+	+	-	-	Poor
Ghaly 1994[16]	-	-	-	-	+	-	-	-	-	+	+	-	-	-	+	+	Poor
Vercellini 1993[17]	-	-	-	-	-	+	-	-	-	+	+	+	+	+	-	+	Poor
Peters 1991[18]	+	-	+	-	-	-	-	-	-	-	+	-	-	-	+	+	Poor

Cohort Studies and Nonrandomized Trials

Author, Year	Participant characteristics described	Inclusion/exclusion criteria described	Criteria equally applied	Baseline comparability	Concurrent controls	Intervention clearly defined	Reliable measurement of intervention	Assessors blinded to intervention status	Adequate concealment	Reliable outcome assessment methods	≥ 12 weeks follow-up duration	Missing data adequately reported	Missed data managed adequately	Primary outcome planned a priori	Bias handling adequate	Substantive conflict of interest	Sample size calculation provided	Appropriate statistical analysis	Reliable statistical results	< 10% drop-out rate	< 20% loss to follow-up	Approach to confounders described	Adjustment for confounders adequate	Approach to effect modifiers described	Adequate adjustment for effect modifiers	Final Score
Vercellini 2010[19]	+	+	+	+	+	+	NA	-	NA	+	+	+	-	+	+	+	+	+	+	-	-	+	+	-	-	Poor
Lamvu 2006[20]	+	+	+	+	+	+	-	-	NA	+	+	+	NA	+	+	+	-	+	+	-	-	+	+	+	+	Poor
Carlson 1994[21]	+	+	+	-	+	-	-	-	NA	-	+	-	-	+	-	-	-	-	-	-	-	+	+	+	+	Poor

Studies Addressing Prevalence of Comorbidities of Interest

Author, Year	Sampling method adequate	Sample size > 100	Response rate > 70%	Inclusion/exclusion criteria specified	Validated diagnostic criteria for comorbidity	Operational definition provided	Final Score
Back Pain							
Lamvu 2006[20]	+	+	NA	+	-	-	Poor
Grace 2005[22, 23]	+	+	-	+	-	-	Poor
Sator-Katzenschlager 2005[7]	+	-	NA	+	+	NA	Fair
Williams 2004[24, 25]	+	+	+	+	-	-	Poor
Chung 2003[26]	+	+	NA	+	-	-	Poor
Zondervan 2001[27]	+	+	+	+	-	-	Poor
Peters 1991[18]	+	+	NA	+	-	-	Poor
Depression							
Stratton 2008[2, 3]	+	+	NA	+	-	-	Poor
Lamvu 2006[20]	+	+	NA	+	+	NA	Good
Williams 2004[24, 25]	+	+	+	+	+	NA	Good
Dysmenorrhea							

Author, Year	Sampling method adequate	Sample size > 100	Response rate > 70%	Inclusion/exclusion criteria specified	Validated diagnostic criteria for comorbidity	Operational definition provided	Final Score
Montenegro 2009[28]	-	+	+	+	-	+	Poor
Pitts 2008[29]	+	+	-	+	-	+	Poor
Grace 2005[22, 23]	+	+	-	+	-	+	Poor
Johnson 2004[9]	+	+	NA	+	-	+	Poor
Chung 2003[26]	+	+	NA	+	-	-	Poor
Zondervan 2001[27]	+	+	+	+	-	+	Fair
Ling 1999[13]	+	+	NA	+	-	-	Poor
Gestrinone Study Group 1996[15]	+	-	NA	+	-	+	Poor
Vercellini 1993[17]	-	-	NA	+	-	+	Poor
Dyspareunia							
Montenegro 2009[28]	-	+	+	+	-	+	Poor
Pitts 2008[29]	+	+	-	+	-	+	Poor
Grace 2005[22, 23]	+	+	-	+	-	+	Poor
Johnson 2004[9]	+	+	NA	+	-	+	Poor
Williams 2004[24, 25]	+	+	+	+	-	-	Poor

Author, Year	Sampling method adequate	Sample size > 100	Response rate > 70%	Inclusion/exclusion criteria specified	Validated diagnostic criteria for comorbidity	Operational definition provided	Final Score
Chung 2003[26]	+	+	NA	+	-	-	Poor
Zondervan 2001[27]	+	+	+	+	-	+	Fair
Matthias 1996[30]	+	+	+	+	-	+	Fair
Ling 1999[13]	+	+	NA	+	-	-	Poor
Gestrinone Study Group 1996[15]	+	-	NA	+	-	+	Poor
Saravelos 1995[31]	-	+	NA	+	-	-	Poor
Peters 1991[18]	+	+	NA	+	-	-	Poor
Headache							
Stratton 2008[2, 3]	+	+	NA	+	-	-	Poor
Peters 1991[18]	+	+	NA	+	-	-	Poor
Interstitial cystitis							
Paulson 2007[32]	+	+	NA	+	-	+	Fair
Fenton 2008[33]	+	+	NA	+	+	-	Good
Irritable bowel syndrome							
Fenton 2008[33]	+	+	NA	+	+	NA	Good

Author, Year	Sampling method adequate	Sample size > 100	Response rate > 70%	Inclusion/exclusion criteria specified	Validated diagnostic criteria for comorbidity	Operational definition provided	Final Score
Lamvu 2006[20]	+	+	NA	+	-	-	Poor
Tu 2006[34]	-	+	NA	+	+	NA	Fair
Grace 2005[22, 23]	+	+	-	+	+	NA	Fair
Sator-Katzenschlager 2005[7]	+	-	NA	+	-	-	Poor
Williams 2004[24, 25]	+	+	+	+	+	NA	Good
Zondervan 2001[27]	+	+	+	+	+	NA	Good
Bodden-Heidrich 1999[35]	-	+	NA	+	-	-	Poor
Migraine							
Stratton 2008[2, 3]	+	+	NA	+	+	NA	Good
Sexual dysfunction							
Lamvu 2006[20]	+	+	NA	+	-	-	Poor
Verit 2006[36]	-	+	+	+	+	NA	Fair
Grace 2005[22, 23]	+	+	-	+	-	-	Poor
Williams 2004[24, 25]	+	+	+	+	-	-	Poor
Peters 1991[18]	+	+	NA	+	-	-	Poor

Author, Year	Sampling method adequate	Sample size > 100	Response rate > 70%	Inclusion/exclusion criteria specified	Validated diagnostic criteria for comorbidity	Operational definition provided	Final Score
Vulvodynia							
Fenton 2008[33]	+	+	NA	+	-	+	Poor
Lamvu 2006[20]	+	+	NA	+	-	-	Poor

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Appendix F. Applicability Tables

APPENDIX F. Applicability Tables

Table 1. Applicability of evidence for LUNA

Population	The populations from studies examining the efficacy of LUNA represent highly selected populations within RCT protocols. Patients were generally recruited from tertiary care or academic centers, many with specialty pain clinics. Even between the three RCTs, the populations differed considerably based on different selection processes, with varying age restrictions, menopausal status, concomitant medical conditions (e.g., endometriosis) and thoroughness of preoperative analysis. Almost all randomized patients intraoperatively at the time of surgery, so these patients represent a specific group of women undergoing surgery for CPP. These findings may not be applicable to broader populations of women with CPP.
Intervention	LUNA is a common procedure for treatment of CPP, and its use may be applicable to many women with CPP
Comparators	The two comparators evaluated, diagnostic laparoscopy and uterosacral ligament resection, are both commonly performed procedures for diagnosis and treatment of CPP. Diagnostic laparoscopy is often a standard component of the evaluation process for CPP and its use is broadly applicable to the population at large.
Outcomes	The primary outcomes measured for all three studies were fairly consistent in the analysis of pain status recorded by VAS. However, interpretation and categorization of pain scores based on VAS was variable for studies. While VAS is a widely used measure of pain, the specific levels of measure may not be widely applicable to other populations of women with CPP.
Setting	All studies were performed at hospital settings that provide surgical expertise for laparoscopic procedures. Many of these were academic or referral centers specializing in CPP therapy. Generalization of these study findings to other settings may be limited.

CPP=chronic pelvic pain; LUNA=laparoscopic utero-sacral nerve ablation; RCT=randomized controlled trial; VAS-visual analog scale

Table 2. Applicability of evidence for adhesiolysis

Population	The population recruited for the single study assessing the effectiveness of laparoscopic adhesiolysis was necessarily limited by the protocol for RCT, but was still fairly unrestricted in terms of age and associated medical conditions. The participants were limited to those thought to have adhesions from a previous abdominal surgery causing CPP, which was confirmed at the time of diagnostic laparoscopy. This specificity limits applicable to the broader population of women with CPP.
Intervention	The intervention studies, laparoscopic adhesiolysis, is a common procedure for the treatment of CPP and broadly applicable.
Comparators	The comparator procedure was diagnostic laparoscopy alone. This is a common procedure for the evaluation and treatment of women with CPP.
Outcomes	The primary outcome measured was change on VAS pain score, which is a common measure to quantify pain severity in women with CPP. Additionally, QOL was measured with the SF-36, which has been validated in and applied to many populations.
Setting	The surgical procedures were all performed at surgical facilities, but encompassed a range of settings, including teaching, non-teaching and university hospitals.

CPP=chronic pelvic pain; QOL=quality of life; RCT=randomized controlled trial; VAS=visual analog scale

Table 3. Applicability of evidence for hysterectomy

Population	One study assessing the effect of hysterectomy on CPP recruited a broad population of women undergoing either hysterectomy or medical management for multiple reasons, including CPP. While the analysis focuses specifically on the subgroup of CPP patients, these patients likely represent a fairly non-selective cohort of women with CPP.
Intervention	Hysterectomy is a common procedure performed in women with or without CPP and would be applicable to a wide range of women with CPP.
Comparators	Medical therapy is a common approach to treating women with CPP and would be applicable to many women.
Outcomes	Measures used by the study to assess for change in pain status were not standard instruments, thus lacking validation. This may limit the applicability of the outcomes to other women with CPP undergoing hysterectomy or medical therapy.
Setting	The study was conducted in a wide variety of clinical settings, which would be applicable to many women with CPP.

CPP=chronic pelvic pain

Table 4. Applicability of evidence for nonsurgical compared with surgical interventions

Population	In studies evaluating general surgical interventions comparing to non-surgical interventions for CPP, the populations are quite selected. One study examined a general cohort of women treated for CPP at a specialized referral clinic for CPP. The other enrolled women under an RCT protocol also after referral to specialized center. These populations are likely different from most women with CPP.
Intervention	Surgical intervention was broadly categorized in these studies, and included many different surgical techniques employed for the treatment of CPP.
Comparators	Non-surgical interventions included as comparators for the studies were varied. In one study, all patients treated with non-surgical approaches were grouped together, representing a heterogeneous group. In the other study, patients were administered a highly specific, intensive therapy which is not a mainstream approach to CPP treatment.
Outcomes	Outcomes for pain status were measured using the MPQ in both studies, which is a common tool for quantifying pain. However, interpretation and categorization of MPQ values were different for each trial and specific outcomes may not be broadly applicable.
Setting	The settings in which the studies were conducted ranged from community-based practices to university medical centers. This may allow for broad application of the findings.

CPP=chronic pelvic pain; MPQ=McGill Pain Questionnaire; RCT=randomized controlled trial

Table 5. Applicability of evidence for nonsurgical approaches

Population	Populations were largely from academic centers, and a majority of studies were conducted in Europe. Many studies included women with endometriosis-associated CPP.
Intervention	Many (8/15) studies focused on hormonal therapies; many require complex or multidisciplinary algorithms and close follow-up. Medication options across countries represented in the literature were inconsistent.
Comparators	Few studies were placebo-controlled; most assessed 2 or more active treatments.
Outcomes	Pain-related outcomes were typically assessed using a VAS. Few studies assessed quality of life or functionality.
Setting	The majority of studies were conducted in large academic centers with support systems, typically in Europe.

CPP=chronic pelvic pain; VAS=visual analog scale