

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Endometriosis: diagnosis and management

2 List of modelling questions

Review questions by scope area	Use of diagnostic tests including imaging, biomarkers and surgical diagnosis AND Pharmacological and surgical treatments AND Combining pharmacological and surgical treatments AND Non-medical management specific to pain
Population	All women with endometriosis-like symptoms
Interventions and comparators considered for inclusion	<p>All interventions were made up of one diagnostic test and one treatment strategy</p> <p>The diagnostic tests could be any one of:</p> <ul style="list-style-type: none"> No test, treat everyone No test, treat no-one Transabdominal ultrasound Pelvic MRI Endometrial biopsy Nerve fibre biopsy CA-125b Diagnostic laparoscopy Diagnostic laparotomy <p>The treatment could be any one of:</p> <ul style="list-style-type: none"> Codeine Tramadol 'Generic' analgesia Combined oral contraceptive Progestogen treatment Danazol GnHRa Amitriptyline Nortriptyline Duloxetine Venlafaxine Capsaicin Patches Gabapentin Pregabalin Laparoscopic Ablation Laparoscopic Excision Hysterectomy Acupuncture Chinese Herbal Medicine
Perspective	NHS and PSS
Outcomes	<p>For all groups, costs and QALYs</p> <p>For groups with infertility as a major symptom, live births were</p>

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	also considered
Type of analysis	CUA
Issues to note	
Review questions by scope area	Timing of interventions.
Population	All women with endometriosis-like symptoms
Interventions and comparators considered for inclusion	The intervention was varying the probability that primary care physicians referred for investigation into endometriosis, from 0% of the time that a woman with endometriosis-like symptoms presented to 100% of the time The comparison was no such variation
Perspective	NHS and PSS
Outcomes	For all groups, costs and QALYs For groups with infertility as a major symptom, live births were also considered
Type of analysis	CUA
Issues to note	
Review questions by scope area	Use of specialist services to deliver care.
Population	Women with diagnosed endometriosis
Interventions and comparators considered for inclusion	The intervention was care delivered in a specialist endometriosis service The comparison was care delivered in a secondary setting, referred to as a 'gynaecological service' in the full Guideline
Perspective	PSS and NHS
Outcomes	Costs only
Type of analysis	Cost-minimisation
Issues to note	The model is based on the assumption that clinicians can stratify their very high risk patients from other with some accuracy (>50%).