

Quality Appraisal of Clinical Guidelines for Vulvar Disorders Using the AGREE II Instrument

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Introduction

This systematic review aims to appraise clinical practice guidelines and consensus statements on the management of common benign vulvar disorders using the AGREE II checklist.

Methods

A systematic search for articles was conducted employing PubMed, EMBASE, Cochrane, and Science Direct from 1 January 2013 to 31 December 2023. The quality of eighteen practice guidelines was independently assessed by four appraisers using the AGREE II checklist.

Results

Of the eighteen guidelines assessed, one was classified as “recommended”, sixteen were designated as “recommended with modifications” and one as “not recommended”.

Conclusion

All guidelines proposed similar management strategies for the selected vulvar disorders with only minor variations. Medical practitioners are encouraged to treat patients in accordance with evidence-based recommendations in these guidelines.

Keywords: *vulvar disorders, practice guidelines, and consensus, quality appraisal*

Introduction

Common benign chronic vulvar conditions include genitourinary syndrome of menopause (formerly called vulvovaginal atrophy), lichen sclerosus, lichen

planus, lichen simplex chronicus, and vulvodynia.¹ These conditions require effective management guided by up-to-date clinical practice guidelines advocating a multi-disciplinary approach to treatment.² The Appraisal of Guidelines for Research and Evaluation II (AGREE II) Instrument serves as a valuable tool for assessing the methodological quality of these guidelines across various domains. Systematic evaluations are essential to identify gaps in guideline quality and ensure that general practitioners and gynaecologists can provide optimal care and improvement of quality of life. The objective of this review is to analyse the methodological quality of practice guidelines and consensus on selected vulvar disorders through the application of the AGREE II Instrument.³

Methods

This systematic review adopted the PRISMA 2020 guidelines in searching for clinical practice guidelines related to the management of vulvar disorders (Figure 1). The literature search encompassed multiple databases, including PubMed, EMBASE, Cochrane, and Science Direct, as well as organisational websites, from 1 January 2013, to 31 December 2023. Adopting established reporting standards, this review aims to enhance transparency and rigor in the assessment of clinical guidelines, ultimately contributing to improved patient care.

The MeSH terms used were: “vulvar disorders”, “lichen planus”, “lichen sclerosus”, “lichen simplex chronicus”, “vulvodynia”, “vulval intraepithelial neoplasia”, “practice guideline”, and “consensus”.

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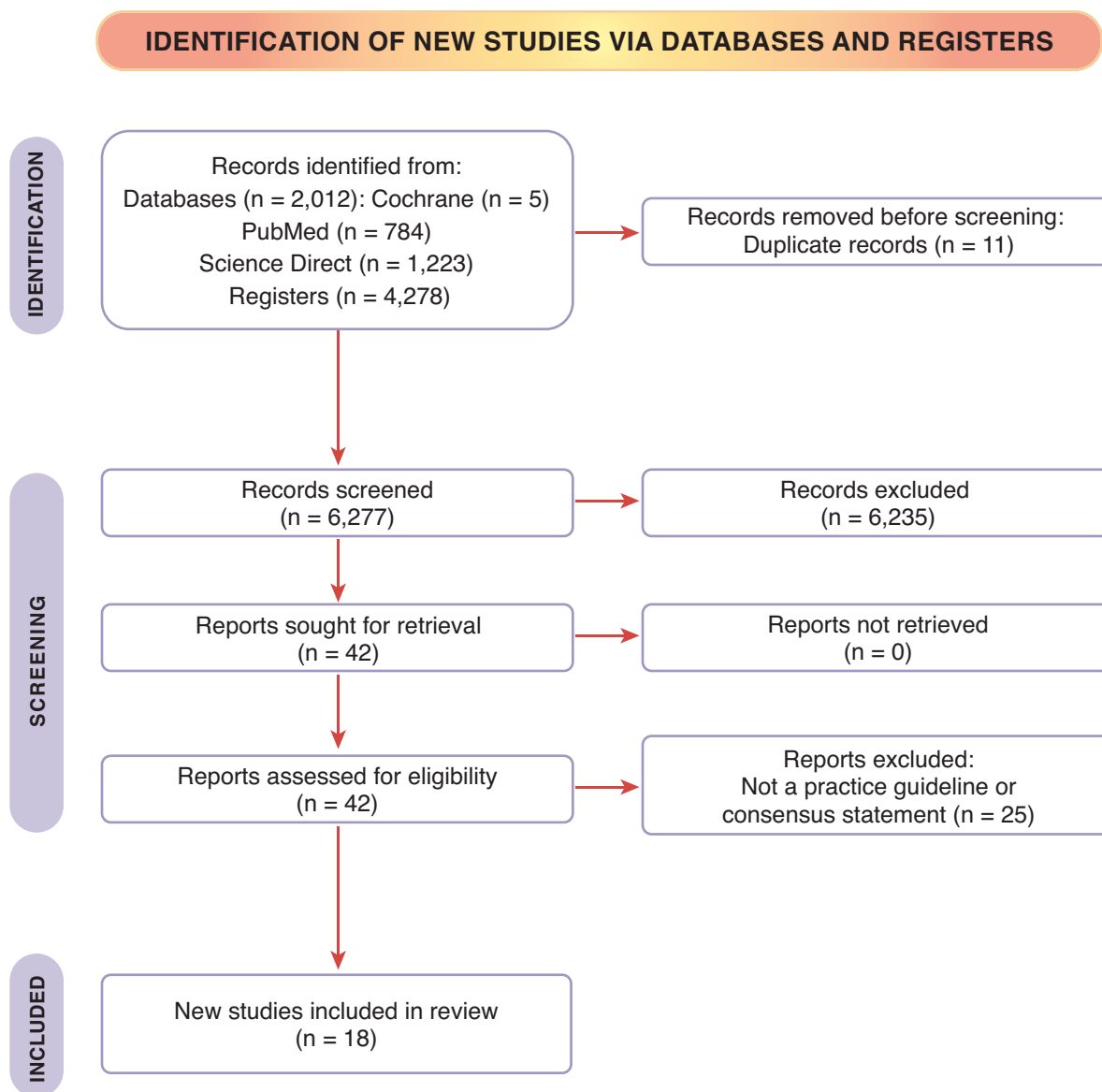


Figure I
PRISMA 2020 Flow Chart for Selection of Clinical Practice Guidelines.
 PRISMA ~ Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020).

Four authors (SJHC, JCL, JYN, ZYO) independently retrieved and reviewed the full-text version of the guidelines and consensus which fulfilled the inclusion criteria.

Inclusion criteria

- i. A practice guideline or consensus bulletin on vulvar disorders that includes at least one of the following conditions: vulvar lichen sclerosus, vulvar lichen planus, vulvar lichen simplex chronicus, vulvodynia, and vulvar intraepithelial neoplasia.
- ii. The selected guideline or consensus statement has been developed, reviewed, or revised between 2013 – 2023.

Exclusion criteria

- i. A translated version of a practice guideline or consensus.
- ii. A guideline intended for patients' reference.
- iii. A brief version or summary of a practice guideline or consensus.
- iv. Guidelines for local institutional practice.

Four authors (SJHC, JCL, JYN, and ZYO) consulted with two subject matter experts (SLN, SDA) employed AGREE II, which has six domains, to assess the methodological quality of the practice guidelines. Each item in AGREE II is rated on a seven-point scale, with a score of 1, strongly disagree, and 7, being strongly agree, while scores of 2–6 indicating that the full criteria are not met. The domain scores were

calculated by scaling the total scores of all items in each domain as a percentage of the maximum possible score for the domain.

It was agreed, by consensus, that a domain score of 50% or higher would be classified as high quality, aligning with findings from similar studies.^{4,5}

Three categories were developed, ie.

- i. Overall score:
50%
Recommended (R)
- ii. Overall score:
30% – 49%
Recommended with modifications (RwM)
- iii. Overall score:
0% – 29%
Not recommended (NR)

Cohen's kappa coefficient was employed to determine the overall concordance and significance with kappa value ranging from 0.00 – 1.00 indicating the level of agreement. A kappa value of 0.00 signifies poor agreement while 1.00 indicates near perfect agreement.

The key characteristics of each guideline appraised are shown in Table I, while the level of evidence and grading of recommendations are summarised in Table II.

Table I
Key Characteristics of Clinical Practice Guidelines.

NO.	YEAR	COUNTRY	ORGANISATION	TITLE	EVIDENCE-BASED GRADING SYSTEM	EVIDENCE-BASED GRADING TASKFORCE
I	2014	United Kingdom	British Association for Sexual Health and HIV (BASHH)	2014 UK National Guideline on the Management of Vulval Conditions	Studies: Ia, Ib, IIa, IIb, III, IV Recommendation: A-C	N/A
II	2021	Australia	Australasian College of Dermatologists (ACD)	Vulval lichen sclerosis: An Australasian management consensus	N/A	N/A
III	2014	Spain	Spanish Menopause Society (SMS)	Spanish consensus on vulvar disorders in postmenopausal women		Grading of Recommendations, Assessment, Development and Evaluation (GRADE)
IV	2018	United Kingdom	British Association of Dermatologists (BAD)	British Association of Dermatologists guidelines for the management of lichen sclerosis, 2018	Recommendation: strong, weak, no recommendation	Guideline Development Group (GDG)
V	2023	United Kingdom	British Gynaecological Cancer Society (BGCS)	British Gynaecological Cancer Society (BGCS) Vulval Cancer Guidelines: Recommendations for Practice	Studies: 1++, 1+, 1-, 2++, 2+, 2-, 3, 4 Recommendation: A-D	Guideline Committee (GC)
VI	2015	Japan	Japan Society of Gynecologic Oncology (JSGO)	Japan Society of Gynecologic Oncology guidelines 2015 for the treatment of vulvar cancer and vaginal cancer	Studies: I, II, III, IV Recommendation: A, B, C1, C2, D	Guidelines Formulation Committee and Evaluation Committee
VII	2022	European	The European Society of Gynaecological Oncology (ESGO), the International Society for the Study of Vulvovaginal Disease (ISSVD), the European College for the Study of Vulval Disease (ECSVD) and the European Federation for Colposcopy (EFC)	The European Society of Gynaecological Oncology (ESGO), the International Society for the Study of Vulvovaginal Disease (ISSVD), the European College for the Study of Vulval Disease (ECSVD) and the European Federation for Colposcopy (EFC) consensus statements on pre- invasive vulvar lesions	N/A	N/A
VIII	2021	European	European Academy of Dermatology and Venereology (EADV1)	2021 European guideline for the management of vulval conditions	N/A	N/A

NO.	YEAR	COUNTRY	ORGANISATION	TITLE	EVIDENCE-BASED GRADING SYSTEM	EVIDENCE-BASED GRADING TASKFORCE
IX	2020	United States of America	American College of Obstetricians and Gynecologists (ACOG1)	Diagnosis and Management of Vulvar Skin Disorders: ACOG Practice Bulletin, Number 224	Studies: I, II-1, II-2, II-3, III Recommendation: A-C	US Preventive Services Task Force
X	2020	European	European Academy of Dermatology and Venereology (EADV2)	European S1 guidelines on the management of lichen planus: a cooperation of the European Dermatology Forum with the European Academy of Dermatology and Venereology	N/A	N/A
XI	2015	European	European Academy of Dermatology and Venereology (EADV3)	Evidence-based (S3) Guideline on (anogenital) Lichen sclerosis	Studies: 1++, 1+, 1-, 2++, 2+, 2-, 3, 4 Recommendation: A, B, C, D, D(GPP)	Grading of Recommendations, Assessment, Development and Evaluation (GRADE)
XII	2012	European	European Menopause and Andropause Society (EMAS)	EMAS clinical guide: Vulvar lichen sclerosis in peri and postmenopausal women	N/A	N/A
XIII	2022	China		Chinese expert consensus on the clinical applications of aminolevulinic acid-based photodynamic therapy in female lower genital tract diseases (2022)	N/A	N/A
XIV	2021	North America	North American Society of Paediatrics and Adolescent Gynaecology (NASPAG)	NASPAG Clinical Opinion: Diagnosis and Management of Lichen Sclerosis in Paediatric and Adolescent Patients	Studies: I, II-1, II-2, II-3, III	US Preventive Services Task Force

NO.	YEAR	COUNTRY	ORGANISATION	TITLE	EVIDENCE-BASED GRADING SYSTEM	EVIDENCE-BASED GRADING TASKFORCE
XV	2015	Germany	German Society for Gynecology and Obstetrics (DGGG) and German Cancer Society (DKG)	Diagnosis, Therapy and Follow-up Care of Vulvar Cancer and its Precursors. Guideline of the DGGG and DKG (S2k-Level, AWMF Registry Number 015/059, November 2015)	Consensus strength: +++, ++, +, -	N/A
XVI	2019	Multiple countries	International Continence Society (ICS) and International Society for the Study of Vulvovaginal Disease (ISSVD)	The Clinical Role of LASER for Vulvar and Vaginal Treatments in Gynecology and Female Urology: An ICS/ISSVD Best Practice Consensus Document	Studies: 1a, 1b, 1c, 2a, 2b, 2c, 3a, 3b, 4, 5 Recommendation: A-D	Centre of Evidence-Based Medicine, American Society of Plastic Surgeons
XVII	2016	United States of America	American College of Obstetricians and Gynaecologists (ACOG2)	Committee Opinion No 673: Persistent Vulvar Pain	N/A	N/A
XVIII	2016	United States of America	American College of Obstetricians and Gynaecologists (ACOG3)	Committee Opinion No.675: Management of Vulvar Intraepithelial Neoplasia	N/A	N/A

Table II
Summary of Evidence and Recommendations.

	BASHH	SMS	BAD	BGCS	JSGO	EADV1	ACOG1	NASPAG	DGGG, DKG	ISSVD, ICS
Level of Evidence										
Strong	Ia, Ib	1	-	1++, 1+, 1-	I	1++, 1+, 1-	I	I	+++	1a, 1b, 1c
Moderate	Ila, I Ib	-	-	2++, 2+, 2-	II	2++, 2+, 2-	II-1, II-2, II-32	II-1, II-2, II-3	++, +	2a, 2b, 2c
Weak	III, IV	2	-	3,4	III, IV	3,4	III	III	-	3a, 3b, 4, 5
Grade of Recommendations										
Strongly recommended	A	A	Strong	A	A	A	A	-	-	A
Recommended	B	B	Weak	B	B	B	B	-	-	B
Recommended with discretion	C	C	No recommendation	C, D	C1, C2, D	C, D	C	-	-	C, D

Numbering based on Table I

- I. BASHH ~ British Association for Sexual Health and HIV.
- III. SMS ~ Spanish Menopause Society.
- IV. BAD ~ British Association of Dermatologists.
- V. BGCS ~ British Gynaecological Cancer Society.
- VI. JSGO ~ Japan Society of Gynecologic Oncology.
- VIII. EADV1 ~ European Academy of Dermatology and Venereology.
- IX. ACOG1 ~ American College of Obstetricians and Gynecologists.
- XIV. NASPAG ~ North American Society of Paediatrics and Adolescent Gynaecology.
- XV. DGGG ~ German Society for Gynecology and Obstetrics; DKG ~ German Cancer Society.
- XVI. ISSVD ~ International Society for the Study of Vulvovaginal Disease; ICS ~ International Continence Society.

Results

Eighteen English language practice guidelines and consensus documents from 2013 to 2023 have been analysed, based on the inclusion criteria. These covered lichen planus (refer to Table I – Guideline I, V, VIII, IX, X), lichen sclerosus (I, II, IV, VIII, IX, XI, XII, XIII, XIV, XVI), lichen simplex chronicus (I, VIII, IX), vulvodynia (I, III, VIII, XVI, XVII) and vulvar intraepithelial neoplasia (VIN) (III, V, VI, VII, VIII, XIII, XV, XVIII).

Table I shows the key characteristics of clinical practice guidelines. The summary of evidence and recommendations are shown in Table II. Table III shows the total score for each domain and overall quality of the guidelines.

Scope and Purpose

In this domain, the average score was 51.1%. BAD¹² and EADV1⁸ achieved the highest score (80.6%).

Stakeholder Involvement

This domain focused on a diverse group of professionals in ensuring expertise and viewpoints. Additionally, the views and preferences of the target population, including patients and the public, must be actively sought. The average score in stakeholder involvement was 46.5%, with EADV2¹⁰ at 72.2%.

Rigour of Development

This important phase in the development of CPGs assesses the methodological quality and transparency involved, minimising bias and adhering to rigorous methodological standards. This ensures the CPG is reliable and evidence based. The overall mean score of 37.0% is low; ESGO²¹ scored the highest (67.7%). Six guidelines were below 30%.

Clarity of Presentation

Clear presentation of management options with identifiable key recommendations are essential components in this domain. This domain had a mean score of 75.3% and BGCS⁷ scored highest at 94.4%.

Applicability

In the AGREE II framework, “Applicability” relates to implementation of CPGs in the real world. Issues like barriers to its application, resource implications and monitoring of its effectiveness relates to usability and ease of adoption by practitioners.

The overall score of 27.9 % is low. The BAD¹² guideline had a score of 50%.

Editorial Independence

Editorial independence in the AGREE II framework refers to the extent to which clinical practice guidelines are free from influence by funding bodies or conflicts of interest. The analysis showed an overall average score of 53.2% with ESGO²¹ at 87.5%.

Overall Score

The BAD¹² guideline achieved the highest overall score (64.9%) and exceeded 50% in all domains. Others scored 30-50%, categorised as “recommended with modifications”.

Table III
Scores Across Domains Using the AGREE II instrument.

Guideline	Scope and Purpose	Stakeholder Involvement	Rigour of Development	Clarity of Presentation	Applicability	Editorial Independence	Guideline Overall Score	Recommendation
BASHH (Mean) (Domain scores)	38.9% 20 (6-42)	44.4% 22 (6-42)	28.1% 43 (16-112)	66.7% 30 (6-42)	20.8% 18 (8-56)	58.3% 18 (4-28)	38.0% 151 (46-322)	RwM
ACD	38.9% 20 (6-42)	41.7% 21 (6-42)	25.0% 40 (16-112)	86.1% 37 (6-42)	27.1% 21 (8-56)	50.0% 16 (4-28)	39.5% 155 (46-322)	RwM
SMS	41.7% 21 (6-42)	33.3% 18 (6-42)	26.0% 41 (16-112)	72.2% 32 (6-42)	25.0% 20 (8-56)	75.0% 22 (4-28)	39.1% 154 (46-322)	RwM
BAD	80.6% 35 (6-42)	55.6% 22 (6-42)	60.4% 74 (16-112)	83.3% 36 (6-42)	50.0% 32 (8-56)	75.0% 22 (4-28)	64.9% 225 (46-322)	R
BGCS	58.3% 27 (6-42)	13.9% 11 (6-42)	32.3% 47 (16-112)	94.4% 40 (6-42)	45.8% 30 (8-56)	0.0% 4 (4-28)	40.9% 155 (46-322)	RwM
JSGO	63.9% 29 (6-42)	55.6% 26 (6-42)	26.0% 41 (16-112)	58.3% 27 (6-42)	41.7% 28 (8-56)	83.3% 24 (4-28)	46.7% 175 (46-322)	RwM
ESGO	66.7% 30 (6-42)	50.0% 24 (6-42)	67.7% 81 (16-112)	75.0% 33 (6-42)	18.8% 17 (8-56)	87.5% 25 (4-28)	59.4% 210 (46-322)	RwM
EADV1	11.1% 10 (6-42)	27.8% 16 (6-42)	36.5% 51 (16-112)	91.7% 39 (6-42)	39.6% 27 (8-56)	83.3% 24 (4-28)	43.8% 167 (46-322)	RwM
ACOG1	63.9% 29 (6-42)	41.7% 21 (6-42)	42.7% 57 (16-112)	88.9% 38 (6-42)	18.8% 17 (8-56)	54.2% 17 (4-28)	48.2% 179 (46-322)	RwM
EADV2	69.4% 31 (6-42)	61.1% 28 (6-42)	39.6% 54 (16-112)	86.1% 37 (6-42)	22.9% 19 (8-56)	75.0% 22 (4-28)	52.5% 191 (46-322)	RwM
EADV3	80.6% 35 (6-42)	72.2% 32 (6-42)	39.6% 54 (16-112)	91.7% 39 (6-42)	18.8% 17 (8-56)	62.5% 19 (4-28)	54.3% 196 (46-322)	RwM
EMAS	41.7% 21 (6-42)	30.6% 17 (6-42)	32.3% 47 (16-112)	72.2% 32 (6-42)	25.0% 20 (8-56)	66.7% 20 (4-28)	40.2% 157 (46-322)	RwM
China	47.2% 23 (6-42)	47.2% 23 (6-42)	33.3% 48 (16-112)	47.2% 23 (6-42)	10.4% 13 (8-56)	45.8% 15 (4-28)	35.9% 145 (46-322)	RwM
NASPAG	55.6% 26 (6-42)	63.9% 29 (6-42)	53.1% 67 (16-112)	75.0% 33 (6-42)	29.2% 22 (8-56)	50.0% 16 (4-28)	53.3% 193 (46-322)	RwM
DGGG, DKG	50.0% 24 (6-42)	63.9% 29 (6-42)	49.0% 63 (16-112)	58.3% 27 (6-42)	35.4% 25 (8-56)	8.3% 6 (4-28)	46.4% 174 (46-322)	RwM
ICS, ISSVD	61.1% 28 (6-42)	36.1% 19 (6-42)	45.8% 60 (16-112)	50.0% 24 (6-42)	25.0% 20 (8-56)	83.3% 24 (4-28)	46.7% 175 (46-322)	RwM
ACOG2	27.8% 16 (6-42)	58.3% 27 (6-42)	13.5% 29 (16-112)	80.6% 35 (16-42)	20.8% 18 (8-56)	0.0% 4 (4-28)	30.1% 129 (46-322)	RwM
ACOG3	22.2% 14 (6-42)	38.9% 20 (6-42)	14.6% 30 (16-112)	77.8% 34 (16-42)	27.1% 21 (8-56)	0.0% 4 (4-28)	27.9% 123 (46-322)	NR

Numbering based on Table I

- I. BASHH ~ British Association for Sexual Health and HIV.
- II. ACD ~ Australasian College of Dermatologists.
- III. SMS ~ Spanish Menopause Society.
- IV. BAD ~ British Association of Dermatologists.
- V. BGCS ~ British Gynaecological Cancer Society.
- VI. JSGO ~ Japan Society of Gynecologic Oncology.
- VII. ESGO ~ European Society of Gynaecological Oncology.
- VIII. EADV1 ~ European Academy of Dermatology and Venereology.
- IX. ACOG1 ~ American College of Obstetricians and Gynecologists.
- X. EADV2 ~ European Academy of Dermatology and Venereology.
- XI. EADV3 ~ European Academy of Dermatology and Venereology.
- XII. EMAS ~ European Menopause and Andropause Society.
- XIII. China ~ Chinese expert consensus.
- XIV. NASPAG ~ North American Society of Paediatrics and Adolescent Gynaecology.
- XV. DGGG ~ German Society for Gynecology and Obstetrics; DKG ~ German Cancer Society.
- XVI. ISSVD ~ International Society for the Study of Vulvovaginal Disease; ICS ~ International Continence Society.
- XVII. ACOG2 ~ American College of Obstetricians and Gynecologists.
- XVIII. ACOG3 ~ American College of Obstetricians and Gynecologists.

RwM ~ Recommended with Modifications.

R ~ Recommended.

NR ~ Not Recommended.

Practice Recommendations

Lichen Planus

The treatment of lichen planus by five guidelines (refer to Table I – Guideline I, V, VIII, IX, X) prioritise ultra-potent topical steroids like clobetasol propionate as the primary treatment. Guidelines (I, VIII, X) recommend transitioning to weaker steroids or less frequent applications for maintenance, along with careful monitoring and long-term care, especially for erosive forms. BASHH⁶ also recommends the addition of antibacterial or antifungals together with ultra-potent topical corticosteroids. Guidelines (VIII, IX, X) further introduce alternative treatments, such as topical calcineurin inhibitors and suggest intravaginal corticosteroids combined with vaginal dilators for severe cases. Both EADV1⁸ and ACOG1⁹

acknowledge the potential need for surgical intervention in cases of significant scarring.

Lichen Sclerosus

Ten guidelines were eligible for treating lichen sclerosus. ACOG1⁹ advises against using CO2 laser due to insufficient evidence, while BAD¹² provides a comprehensive approach for patients. EADV3¹³ offers strong evidence-based guidance on managing the condition. EMAS¹⁴ and NASPAG¹⁶ agree that topical androgens and progesterone offer no benefits. Chinese experts suggest photodynamic therapy as an option.¹⁵ BAD¹² does not recommend topical calcineurin inhibitors and oral retinoids due to inadequate evidence, but these treatments are mentioned in other studies as alternatives to steroids. Oral retinoids pose a high risk of teratogenicity, requiring a pregnancy

avoidance period of at least 2 years.^{6,8,14} Surgical intervention is limited to cases with coexisting vulvar intraepithelial neoplasia, squamous cell carcinoma, or tissue fusion.⁶

Lichen Simplex Chronicus

Guidelines (I, VIII, IX) address the management of lichen simplex chronicus (LSC), emphasising vulvar care, itch and scratch control, and treating inflammation with topical corticosteroids.^{6,8,9} All recommend avoiding irritants and using mild soap for vulvar self-care, with ACOG⁹ offering more detailed guidance.^{6,8,9} ACOG1⁹ suggests prescribing different potencies of topical corticosteroids based on LSC severity.¹² Additionally, all three guidelines (I, VIII, IX) recommend using anxiolytic antihistamines to effectively manage itching.^{6,8,9}

Vulvodynia

This study includes four clinical guidelines on treating vulvodynia. Guidelines (I, VIII, XVII) stress the importance of vulvar care to minimise irritation, advising practices like avoiding irritants, using mild soaps, applying emollients after showering, and ensuring lubrication during intercourse. For pain management, all four guidelines (I, VIII, IX, III) suggest topical anaesthetics like 5% lidocaine ointment and oral pain modifiers such as low-dose amitriptyline and gabapentin. Non-pharmacological options include physical therapy techniques like pelvic floor muscle feedback and vaginal TENS. Additionally, psychosexual interventions, including cognitive behavioral therapy and counselling, are recommended to help manage pain during sexual activity. Surgical options, such as vestibulectomy, should be considered only after other treatments fail.

Vulvar Intraepithelial Neoplasia (VIN)

Overall, eight clinical guidelines covering vulvar intraepithelial neoplasia highlighted the need for individualised treatment approaches and consistent monitoring to manage recurrence and prevent progression to vulvar cancer. For low-grade VIN (LSIL), JSGO²⁰ recommended periodic monitoring without invasive treatment. For high-grade VIN (HSIL), seven guidelines suggested options including surgical excision or ablation, with DGGG/DKG²² favoring laser ablation while JSGO²⁰ and ACOG3²³ recommending wide local excision if invasive disease is suspected. Topical treatments like imiquimod cream and cidofovir gel were alternatives in six guidelines (III, V, VI, VIII, XV, XVIII). Photodynamic therapy with 5-aminolevulinic acid was recommended by guidelines VII and XIII. Prophylactic HPV vaccination was widely endorsed by six guidelines (V, VI, VIII, XV, XVI, XVIII) to reduce the risk of VIN. For differentiated VIN (dVIN), four guidelines (VI, VII, VIII, XV) emphasised surgical excision with clear margins, rejecting ablation or pharmacological treatments. Reconstructive techniques were advised for extensive surgeries to minimise impairment. Due to the high recurrence rates of HSIL and dVIN, long-term follow-up was advised by all guidelines except China,¹⁵ with varied schedules ranging from biannual to lifelong surveillance.

Discussion

Eighteen practice guidelines and consensus statements on managing vulvar disorders were evaluated using the AGREE II protocol.³ The British Association of Dermatologists guideline (BAD¹²) ranked highest with an overall score of 64.9%, meeting satisfactory criteria

across all six domains. Guidelines VII, X, XI and XIV surpassed the 50% threshold in quality assessment but exhibited notable shortcomings. Domain 4 (Clarity of presentation) scored highest at 75.3%, while Domain 5 (Applicability) had the lowest average score of 27.9%, due to insufficient identification of barriers and monitoring criteria in most guidelines, indicating the need for improvement. Domain 1 (Scope and purpose) was generally well-defined, except in some cases where guidelines lacked details about the target population. Domain 2 (Stakeholder involvement) was satisfactory overall, with most guidelines involving relevant professional groups; however, few considered patients' perspectives during its development. Domain 3 (Rigour of development) scored an average of 37%, with most guidelines using systematic evidence collection and clear recommendation processes. Lastly, Domain 6 (Editorial independence) was well-established, with most guidelines disclosing funding sources and managing potential conflicts of interest. Overall, while the guidelines showed strengths in clarity and stakeholder involvement, significant gaps in applicability and specific patient considerations highlight areas for enhancement to ensure comprehensive and practical management of vulvar disorders.

While the evaluated guidelines demonstrate strengths in clarity and stakeholder involvement, they exhibit gaps in applicability and specific patient considerations. These deficiencies are to be addressed in future revisions of CPGs in management of vulvar disorders. There is a limitation in the applicability domain concerning the local population. The prevalence of vulvar disorders, such as lichen sclerosus, may vary among the ethnic groups in Malaysia.

However, the lack of local CPGs, and the absence of recommendations stratified by ethnic groups, make it difficult to provide comments that apply to the local population. Access to vulvoscopy, colposcopy, and histopathological services in primary care settings is a common challenge in resource-limited countries. Consequently, clinicians in primary care often rely on clinical criteria; adopting this as an alternative diagnostic approach could broaden the applicability of this domain. Additionally, care-seeking behaviour for vulvar disorders in the local population is often delayed or limited. We recommend incorporating culturally sensitive educational strategies into CPGs to address these issues. Another concern is the gap in training availability for providers in the examination and diagnosis of common vulvar disorders. Since most vulvar disorders are chronic, and significantly affect the quality of life, locally relevant CPGs should incorporate these considerations and ensure clear monitoring indicators for affected individuals, as well as adherence to treatment strategies.

Implications

The main implication from this systematic review is that, there needs to be an agreed definition of the list of vulvar disorders that should be included in every clinical guideline. This will allow for better comparability and applicability among different medical practitioners internationally. Moreover, it will ensure that all patients with vulvar disorders can receive the most optimal care based on evidence from research. Management strategies for the varied vulvar disorders clearly require a standardised classification agreed upon by different medical specialties such as primary care, dermatology and gynecology to enhance comparability and applicability of treatment

strategies. Many of the disorders necessitate a multidisciplinary approach, emphasising the need for improved communication among stakeholders for effective evidence-based recommendations.

Limitations

While the AGREE II tool offers a comprehensive user manual outlining the criteria for assessing each domain, it falls short in providing sufficient explanations and examples of what constitutes an appropriate score. The research team implemented a consensus-building approach to address this issue, especially when the score for one item differed by more than three points.

Conclusion

Medical practitioners managing vulvar disorders will find the European Guideline for the Management of Vulval Conditions (EADV⁸) as the most

comprehensive clinical guideline available, encompassing all five vulvar disorders discussed in this systematic review.

The Guidelines for the Management of Lichen Sclerosus by BAD¹² achieved satisfactory scores in all domains, and is the only guideline recommended without modifications.

Clearly, a consensus definition of common vulvar disorders is essential for optimising patient care. Additionally, regular reviews and updates of practice guidelines are necessary, as many of the guidelines reviewed were published prior to 2020.

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