**Suppl 1.** Summary of Findings: Efficacy in Relieving Endometriosis-Associated Pain

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| **Drug (dose/duration)** | **Outcome** | **Studies (n)/participants** | **Effect vs. placebo†** | **Certainty‡** | **Key reasons for (down-)grading** |
| Elagolix 150 mg QD/200 mg BID (6 mo) | Dysmenorrhea responders ≥ 30% (month 3) | 2 RCTs/1,686 | RR ≈ 2.1 (150 mg); RR ≈ 3.5 (200 mg) - absolute +27%/+53% | High → Moderate | 1) Minor inconsistency between EM-I & EM-II; 2) No serious risk-of-bias or imprecision |
|  | Non-menstrual pelvic-pain responders ≥ 30% (month 3) | Same | RR ≈ 1.4 (150 mg); RR ≈ 1.6 (200 mg) - absolute +14%/+18% | Moderate | Downgraded 1 level for imprecision (smaller absolute effect) |
| Relugolix 40 mg QD (12 wk) | Dysmenorrhea (mean VAS change, mm) | 1 RCT/103 | MD -10.4 mm (95% CI -12.6 to -8.3) | Moderate | Single study → imprecision; otherwise low RoB |
|  | Non-menstrual pelvic pain | Not separately reported | - | Low | Indirectness + imprecision |
| Linzagolix ≥ 75 mg QD (24 wk) | Dysmenorrhea responders ≥ 30% (week 12) | 1 RCT/322 | RR ≈ 2.4 - absolute +44% | Moderate | Single trial (imprecision); consistent, low RoB |
|  | Non-menstrual pelvic pain responders ≥ 30% (week 12) | Same | RR ≈ 2.0 - absolute +25% | Moderate | As above |
| ASP1707 5 mg QD (12 wk) | Dysmenorrhea (mean NRS change, 0-10) | 1 RCT/91 | MD -1.35 points vs. placebo (P < 0.001) | Moderate | Single trial; some imprecision (wide CI) |
|  | Non-menstrual pelvic pain (mean NRS change) | Same | MD -0.27 points (NS) | Low | Effect small & CI crosses no-effect → serious imprecision |