How are approaches to vaginal pessaries for pelvic organ prolapse being reported in randomised controlled trials?

Results of a secondary analysis of a Health Technology Assessment

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AIMS

To describe how approaches to vaginal pessary interventions for pelvic organ prolapse (POP) are reported in randomised controlled trials (RCTs).

METHODS: OVERVIEW

Protocol registration
Secondary analysis registered on OSF

Study selection
Gold standard using Cochrane Handbook (1) methods

Synthesis
Guided by TIDieR checklist domains (2)

Searches run
Up to April 2025; iterative citation chaining

Data extraction
Gold standard Cochrane Handbook (1) methods

10 women with lived experience of POP helped shape the eligibility criteria and methods for the full Health Technology Assessment

Full methods are available in the OSF protocol; **scan here to read**

RESULTS: OVERVIEW OF STUDIES

22 arms with pessaries across 14 studies

Support pessaries alone were most used (N=7)

8 studies combined pessaries with another intervention

RESULTS: MAIN FINDINGS

None of the included studies reported on **all TIDieR domains**

Only the **rationale for the intervention** was reported across **all** included study arms involving a vaginal pessary (N=22)

% PESSARY ARMS (N=22) REPORTING ON TIDIER DOMAINS

> 75%	50% to < 75%	25% to < 50%	< 25%
• Name of the intervention • Rationale for the intervention • Any tailoring of the intervention	• Intervention procedure • Duration of intervention • Any intervention modifications	• Intervention intensity • Planned and actual adherence • Intervention schedule	• Physical or informational materials • Mode of delivery • Intervention location

Even when TIDieR domains were reported, there was **large variation in the level of detail** provided across studies

Sensitivity analyses suggested **no differences** in levels of reporting between studies with pessary monotherapies and pessaries combined with other treatments

CONCLUSIONS

Reporting of approaches to vaginal pessaries across current RCTs may be **insufficient to guide clinical practice**

IMPLICATIONS

Future RCTs should report in greater detail how vaginal pessaries are used, **in accordance with all TIDieR checklist domains**

REFERENCES

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(2) Hoffmann TC, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. Bmj. 2014 Mar 7;348.

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