EDITORIAL

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# The scientific gap

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In daily life, there is often a gap between what we know and what we actually do. Failure to implement newfound knowledge is also pervasive in medical practice with unacceptable delays between publication of new insights and the conversion of this information into daily clinical practice. For example, the IDEA consensus on the systematic use of transvaginal ultrasound in the detection of pelvic deep endometriosis was published in 2016.[1] It contained a comprehensive, clear description about how to scan and describe the different anatomical structures of the female pelvis and presence of endometriotic lesions. However, it seems only now, several years later, we are beginning to routinely adopt and apply this knowledge into the care of women with endometriosis. How can this time gap be explained? What does this mean for the quality of our clinical practice and the outcomes of our patients?

An important driver of this scientific gap between knowledge and implementation is a failure to evaluate and absorb knowledge. For scientific publications, ask yourself: do you read the full articles or just the abstracts, or do you even just go peruse the conclusions? You might think that an article that has been published in a peer reviewed scientific journal is unimpeachable fact. However, this belief would be naive. Many of us are time poor and so we swipe from one article's abstract conclusions to the next, in line with the modern way of consuming information rapidly from social media channels without time for due consideration or reflection. But what about the strengths of a study? And, even more importantly, what about the limitations? These aspects of a study's validity are usually presented in the discussion section of correction requiring some time to read the full article. Many articles are now available as open access, allowing immediate download of the full text to read on a quiet Sunday morning.

In the current issue of Facts, Views and Vision in ObGyn, Rafique et al.[2] conducted a retrospective, multi-centre cohort study evaluating the role of pre-operative gonadotropin-releasing hormone agonists (GnRHa) on pain, bowel and bladder symptoms in rectovaginal/colorectal endometriosis surgery. The authors conclude that the preoperative use of GnRH analogues is beneficial for post-surgical symptom control. Only reading the conclusion might lead you to routinely use GnRHa pre-treatment in your deep endometriosis patients awaiting surgical excision. However, taking the time to scrutinise the

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paper more thoroughly and read the discussion section highlights limitations in their methodology that may make one pause before liberally prescribing GnRHa before surgical excision of deep endometriosis. For example, key information is missing about the extent of the disease (classification), the indication for use and pre-treatment duration. Moreover, the cohort has a very high rate of shaving of rectal disease as opposed to bowel resection, an overly conservative approach that could suggest incomplete resection of disease and a higher risk of symptom persistence. Despite these deficiencies (inherent in retrospective studies), the data set is large and provides some valuable data to help guide practice. The authors wisely call for a randomised controlled trial on the subject although the feasibility of successfully running such a trial is questionable.

Our focus should be to ensure new, validated and relevant evidence is placed in the "fast lane" of the scientific highway. We need to take the time to evaluate the relevance and validity of published papers more thoroughly. However, such scrutiny should not delay action; our patients deserve rapid implementation of evidence-based interventions. We need high-quality research, responsible publishing and timely implementation into guidelines, quality standards, and medical education curricula. In this way we can close the current scientific gap.

**Conflicts of Interest:** The authors have no conflict of interest to declare.

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