

**Business Meeting SIG Endometriosis and Endometrium (SIGEE)
Monday, 7 July from 18.00 to 19.30, Room P113**

Minutes:

1. The minutes of the SIGEE Business meeting 2007 were approved. Feedback of the SIGEE initiatives taken following the SIGEE meeting in 2007 are discussed in the next agenda items.
2. ESHRE SIG Faculty: The ESHRE Executive Committee has decided that each SIG will have a Past Coordinator, Coordinator, 2 Deputy Coordinators, a Junior Faculty, and a Basic Scientist who will represent each SIG at the newly created ESHRE Task Force for Basic Research (coordinator Johan Smits). Both Junior Faculty and Basic Scientist representatives need to be appointed by the SIG Faculty. The term of office is 3 years, but may be reduced to 2 years in the future, pending ongoing discussions.
3. Basic scientist representatives from SIGEE in the newly created ESHRE Task Force for Basic Research: Paola Vigano (Milan, Italy) and Peter Rogers (Melbourne, Australia), who both have strong basic research backgrounds in endometriosis and in endometrium, respectively, will both be the representatives of the SIGEE in this task force. Furthermore, David Charnock-Jones (Cambridge, UK), with a basic research background in angiogenesis, rodent models and early pregnancy, has also been proposed by the SIGEE and accepted as member of the ESHRE Task Force for Basic Research. David does not represent our SIGEE, but is a member based on his active interest to contribute to this Task Force.
4. Junior Faculty SIGEE: Up until the ESHRE SIGEE Business meeting, there were 4 candidates for this position. The coordinator and 2 deputy coordinators will set up a small expert committee to review the applications and to advise them of their decision, which will be mailed to all SIGEE members..
Action: T. D'Hooghe.
5. The mandate of the current SIGEE coordinator and deputy coordinators will end in June 2009. Hilary Critchley has accepted the nomination to be the next SIGEE Coordinator. She will appoint the Deputy Coordinator for Endometrium in June 2009. The Deputy Coordinator for Endometriosis will be elected in June 2009. It was decided that the voting process has to be transparent, democratic and fair. In order to reach this objective, it was agreed to ask all SIGEE members who would wish to be a candidate to be elected as SIGEE Deputy Coordinator for endometriosis to write a one page summary of their motivation, followed by a voting coordinated by the ESHRE Central Office, much like the voting procedure for the Advisory Board. Briefly, all SIGEE members get the list and one page summaries of candidates and can subsequently vote. The votes will be counted by the ESHRE Central Office which, together with the SIGEE Coordinator, informs all ESHRE SIGEE members of the results of the voting before the SIGEE Business meeting at the ESHRE Annual Meeting in Amsterdam in June 2009.
Action: Thomas D'Hooghe and Hilary Critchley.
6. Endometriosis Guideline Development Group (GDG) for the update process of the ESHRE Guidelines for the clinical management of endometriosis: The SIGEE GDG met and updated the Guidelines a few days before the SIGEE Business meeting. This update

will follow the normal process: final adaptation will be available for feedback on the ESHRE website, and all SIGEE members will be notified. According to evidence after peer review, the ESHRE Guidelines for endometriosis are rated to be the best of all presently available ESHRE Guidelines. In order to further improve the quality of our guidelines, we plan to work according to the newly available “ESHRE instructions to develop guidelines” in close communication with the ESHRE SIG on Quality and Guidelines (J. Kremer) to ensure that our guideline can be continuously improved according to the highest standards. In order to achieve this, established methods to assess and improve guidelines will be followed for the 2008-2009 update process.

Action: A. Prentice (Current Coordinator ESHRE SIGEE GDG and G. Dunselman, previous coordinator ESHRE SIGEE GDG)

7. SIGEE future strategy: In view of the changes and expansion of the SIGEE Faculty, it was agreed for the SIGEE Faculty to meet and discuss future strategy. This meeting could be planned some time before ESHRE 2009 with Past Coordinator, Current coordinator, Deputy Coordinators, Junior Faculty, Basic Research Scientists, and Chair of the SIGEE GDG.

Action: Thomas D’Hooghe and Hilary Critchley.

8. Endometriosis cost European Study: This study will focus on a prospective collection of patient based and hospital based direct and indirect costs related to endometriosis and will be carried out during the 7 days of Endometriosis Awareness Week in March 2009. All SIGEE members have been invited to participate, and 7 European centres have expressed a serious interest. Final commitment from participating centers and sponsoring will be finalised in August-September 2009.

Action: T. D’Hooghe

9. Update on politics in Europe (European Network Endometriosis (ENE), European Endometriosis Alliance (EEA), WHO and the EU): Lone Hummelshoj briefed the participants of the status quo of the ENE project, which is funded by the EU (€296,000): for the epidemiological survey the questionnaire has been finalized and translated into Italian, German, French, Spanish, and Dutch and the pilot has commenced at Oxford University. A second deliverable of the project was a website, which has also been developed; however, in recognition that excellent portals already exist (ie. www.endometriosis.org) as well as national websites, a minimum of effort has been put into developing this, and it has been kept very simple. Finally, a position paper has been developed which is out for review with four national support organizations, and a meeting has been scheduled for September 2009, for which more information will be made available in 2Q 2009.

The EEA met for the second time in May 2009. The groups were in favour of establishing a secretariat in line with the ideas proposed in the ENE position paper, but both language limitations and limited resources (time from volunteers) needs to be taken into consideration before such an initiative can become reality. For now the EEA will work closely to streamline awareness initiatives, and to obtain formal recognition of Endometriosis Awareness Week (2nd week in March; 2 – 8 March 2009).

Lone explained how she has an ongoing, and positive, dialogue with WHO to get endometriosis formally recognized as a priority and went through the areas of WHO’s Global Reproductive Healthcare Strategy into which endometriosis fits. The next

initiative will be a workshop arranged jointly by the German Health Ministerium and WHO, which will take place on 20-21 November 2008 in Bonn. It will be a workshop style meeting with the goal of delivering a paper with a call for specific actions. The workshop is limited to 100 participants.

Action: Lone Hummelshoj to circulate the invitation (done).

At EU level WERF is funding a full page advert in “The Parliament Magazine” to go out to 14,000 legislative decision makers in Europe in connection with the annual health forum at Gastein. Furthermore, Lone Hummelshoj and Stephen Kennedy have a meeting with the EU Commissioner of Health on 14 July 2008!

10. Highlights from the 10th World Congress on Endometriosis, March 2008: WCE2008 attracted ~950 delegates with young, curious and enthusiastic attendees, which augers well for the future of our discipline. The highlights included:

- Diversities in the mechanisms involved in the pathophysiology
- Discussions on adolescent care, extent of surgery, and empirical treatment
- Proteomic technologies to investigate biomarkers
- Micro RNAs
- Teratonic effects of anti-angiogenesis strategies
- Socio-economic effect

For a full summary, please see: www.endometriosis.ca/WCE2008_summary.html

A key highlight from WCE2008 was a one-day consensus workshop, arranged by Peter Rogers, where lead scientists came together to develop a paper on research priorities in endometriosis. It is expected this paper, once published, will justify research grants, and it will form the backbone of the development of international research networks, managed by WES, to feed into WERF priorities. This consensus will be updated at each future WCE through another one-day dedicated workshop.

Mark your diaries now for WCE2011 which will take place in Montpellier, France, from 4 – 7 September 2011. See also: www.wce2011.com

11. Status from the World Endometriosis Research Foundation (WERF): Lone Hummelshoj reminded the participants of the WERF’s mission and goals, and that a call for proposals was issued at last year’s business meeting. These were reviewed blindly by an international peer review board according to unmet clinical need, scientific excellence, and ability to carry it out in an international multi-centre setting. The WERF board will be announcing its decision in 3Q 2008.

Furthermore, WERF has commenced two prospective epidemiological studies to establish (a) the impact of endometriosis and (b) the predictability (a potential screening tool). 20 centres in 14 countries are involved, including parts of WHO’s Clinical Trials Network. The studies, which have never been carried out to such a scale before, are coordinated by Oxford University and have been made possible through grants from Bayer Schering Pharma and TAP (now Abbott Endocrine). Results are expected to be announced in 3Q 2009.

WERF continues to raise funds for its “general research fund” to aid specific research

initiatives investigating disease mechanisms.

It is possible to donate via www.endometriosisfoundation.org

12. Results from the New Zealand adolescent menstrual health programme: Deborah Bush, CEO Endometriosis New Zealand, presented early results from her “Me” (Menstrual Education) programme, which has been developed around a well model to raise awareness among 15-18 year olds of what is normal, and what is not, in connection with menstruation. Since commencement of the programme, which fits the schools’ curriculum, an increase from 13% (2001) to 36% (2006) of all women presenting with symptoms suggestive of endometriosis has been observed in the age group 12-20 year olds. Of this age group, in 2006, 94% had been laparoscoped, and endometriosis was found in 90%. Almost half of these had stage I disease, however it was emphasised that 7% were diagnosed with stage IV, 16% with stage III, and 28% with stage II. This was more evenly “spread out” between 30-35 year olds diagnosed during the same time period. Deborah Bush stressed the importance of developing specific management for the age-group of the under 20s.
13. A State of art of the Italian Senate actions as supported by the SIGEE group was presented by Deputy Coordinator P. Vigano. It is great to see that Italy’s recognition of endometriosis as a social disease can offer the platform for better endometriosis-related clinical care and research.
14. Deputy Coordinator Hilary Critchley gave an update on the Endometrium part of the SIGEE. She presented the program of the ESHRE SIG joint Rep Endo & Endometrium meeting 6-7th OCTOBER 2008 Edinburgh, Scotland: ***The Menopause and its Management: a Revisit (H. Critchley)***. She also gave detailed information on the Joint Symposium Satellite SGI / ESHRE SIGEE --Endometrial regeneration & remodelling March 17-18th 2009, organized in Glasgow, Scotland. A specific SIGEE Campus Course on Endometrium and Implantation will be considered for planning in Valencia Spain in May 2010.
15. Future pre-congress courses at the ESHRE Annual Meeting: The SIGEE PCC before ESHRE 2009 in Amsterdam will be organised by C. Chapron and D. De Ziegler. The program is attached. The SIGEE PCC before the 2010 ESHRE meeting in Roma will be organised by J. Garcia-Velasco and E. Somigliana. A programme outline was presented at the SIGEE Business meeting. Candidates who want to organise the SIGEE PCC in 2011 need to contact the SIGEE coordinator T. D’Hooghe and coordinator-elect H. Critchley before the SIGEE Business meeting in Amsterdam on June 29th, 2009.
16. The deadline for the application for the organisation of any other ESHRE Campus courses, training courses, and symposia organized by SIGs is September 5th 2009. Any proposals for these courses need to be forwarded to SIGEE coordinator T. D’Hooghe before that time. At the time of the Business Meeting, the following initiatives were planned: Clinical Course ESHRE Guidelines in Budapest, Hungary (2009), Basic research endometriosis meeting (new molecular targets for diagnosis and treatment of endometriosis in Leuven, Belgium (2009)

