

Endometriosis classification systems: An international survey to map current knowledge and uptake

STAKEHOLDER REVIEW REPORT

Prepared by the International working group of AAGL, ESGE, ESHRE and WES



The draft of the paper “Endometriosis classification systems: An international survey to map current knowledge and uptake” was open for stakeholder comments between 24 June and 15 August 2021

The paper was published on the ESHRE website for open stakeholder review. ESGE submitted comments on behalf of their Executive board. The other participating societies were invited to submit comments as well.

This report summarizes all reviewers, their comments and the reply of the working group and is published on the societies’ website as supporting documentation to the paper.

A total of 14 comments were received.

Participants to the stakeholder review

Individual experts – contributing to the open review, organised by ESHRE

Reviewer	Country
Bavin Balakrishnan	India
Mukhri Hamdan	Malaysia
Mathijs Blikkendaal	The Netherlands

Experts contributing on behalf of ESGE

Reviewer	Country
Michelle Nisolle	Belgium
Bernd Holthaus	Germany
Ertan Saridogan	UK

Overview of comments and replies

	Reviewer	Comment	Reply
1	Bavin Balakrishnan	Relevant to insurance matters for diagnosis	We acknowledge the existence of the ICD code for endometriosis, but we do not consider this code relevant as an endometriosis classification system, as the code is relevant for insurance matters, but not necessarily for clinical management.
2	Bavin Balakrishnan	Relevant to the insurance matters	We acknowledge the existence of the ICD code for endometriosis, but we do not consider this code relevant as an endometriosis classification system, as the code is relevant for insurance matters, but not necessarily for clinical management.
3	Bavin Balakrishnan	Universal consensus is recommended for reporting the disease	We agree with the reviewer that universal consensus is required. The current survey was aimed (as mentioned) to collect information from a large group of clinical professionals and is part of an exploratory phase towards reaching such universal consensus
4	Bavin Balakrishnan	Case scenario: 35 years infertility diagnosed by ultrasound adenomyosis and reduced ovarian reserve with past history of prolonged dinogest with medicines for previously diagnosed endometriosis disease is now planned for IVF ICSI? how is classification planned	We have considered this comments, but it is outside the scope of the current survey to provide guidance on how to manage the presented case
5	Bavin Balakrishnan	To reduce selection bias and surgeon versus non surgeon for the classification	We agree that surgeons and non-surgeons may have different perspective towards endometriosis classification, and therefore considered the sub-analysis relevant.
6	Bavin Balakrishnan	Enzian is appreciated but subjective bias on measurements could be inferior	The aim of the survey was to report on the uptake of ENZIAN and on factors effecting its uptake. A detailed description of the pros and cons for the ENZIAN system is outside the scope of the paper
7	Bavin Balakrishnan	Appreciation for the need for implementation of newer modality, simple, should include ultrasound, special low resource settings too	The aim of the survey was to report on the uptake of existing classification systems, which are indeed largely surgery based. The relevance of US in diagnosis and classification is currently being explored, but in absence of existing classification systems using US, it was not deemed relevant to include this in the paper.
8	Bavin Balakrishnan	Recommend the board to widespread the information to radiologist, surgeons, gynecologist and reproductive clinicians too	The different societies involved will aim to provide the current information, not only to experts in endometriosis, but also to radiologist, surgeons, gynaecologist and reproductive clinicians

9	Mukhri Hamdan	Excellent work. We also need a classification based on the site specific, rather than only a scoring/index. With this will better portray the disease. For example, P for peritoneum, O for Ovary, B for Bowel and we then can know the site affected. Although it is incorporated in rAFS but it is communicated with a scoring and translated to the stage, one is unable to know which site is/are affected and whether the endometrioma is present, etc. Thanks.	The aim of the survey was to report on the uptake of existing classification systems and to gather information on items to be considered in any future classification system. We took note of the suggestion of the reviewer to the latter point, and will consider it in further steps.
10	Mathijs Blikkendaal	Thank you for the opportunity to provide a comment on the “Endometriosis classification systems: An international survey to map current knowledge and uptake” that was open for review. There is definitely a need for a more uniform classification and to date indeed the rASRM, EFI and ENZIAN are the most common and best systems. Interestingly, 95% replied positive to the question on “whether they would use a simple surgical descriptive system available for endometriosis, if available”. There actually is a free to use online system to easily and correctly classify the endometriosis with these three systems at once: www.equsum.org . EQU SUM (Endometriosis Q Uality and grading instrument for S Urgical performance) is a web-based digital visual classification system after surgical treatment of endometriosis which merged these three previously established and recommend scoring systems. The tool is validated. Please also see the publication (Metzemaekers et al, EQU SUM: Endometriosis Q Uality and grading instrument for S Urgical performance: proof of concept study for automatic digital registration and classification scoring for r-ASRM, EFI and Enzian, Hum Reprod Open, 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC33409380/) All surgeons remain owner of their own data and have the ability to download an overview of all the cases that they registered. This web-based application simplifies correct and automatic endometriosis classification/scoring and surgical registration through infographics. Collection of standardized data with the EQU SUM could improve endometriosis reporting and increase the uniformity of scientific output. However, this requires a broad implementation.	The working group applauds the authors for developing the EQU SUM endometriosis classification tool and will investigate it further. Specifically with regards to the paper under discussion, it was decided that it would not be appropriate to include a reference to the tool in the paper, as it would be outside the scope. For further dissemination of the tool, and uptake, the authors are invited to contact the respective societies with the aim of presenting the tool at events and educational activities
11	Michelle Nisolle	Excellent manuscript, well written. No minor or major comments	Thank you
12	Bernd Holthaus	On behalf of the AGE, and after discussion with the President of the AGE, Prof. Uwe Andreas Ulrich, we strongly suggest properly differentiating between the former Enzian classification and the new #Enzian as the latter is a more comprehensive tool for depicting and mapping endometriosis. We wonder why there was no personal involvement of any member of the #Enzian Working Group in the present study. We were also surprised to see that the chair of the ESGE SIG “Endometriosis”, Prof. Keckstein, has not been part of the team.	Thank you for this comment. We have added a sentence in the introduction explaining that the survey included the old ENZIAN system, as the new #ENZIAN system was not published when the survey was performed (even if already mentioned by some respondents). With regards to the representatives of the different societies, each collaborating society was invited to propose 2 representatives which they considered appropriate.
13	Bernd Holthaus	Please cite completely: Keckstein et al. #Enzian... Acta Obstet Gynecol Scand 2021;100:1165-75.	We have updated the reference of Keckstein 2021.
14	Ertan Saridogan	The manuscript is very well written, concise and to the point. It attracted input from a significant number of participants, hence the results are meaningful. I have no suggestions of revision or change.	Thank you