

An International Terminology on Endometriosis, 2021

Report prepared by the International
working group of AAGL, ASRM, ESGE,
ESHRE and WES

REVIEW REPORT



The draft of the paper “An International Glossary on Endometriosis, 2021 - Report prepared by the International working group of AAGL, ASRM, ESGE, ESHRE and WES” was open for stakeholder comments between 28 January and 28 February 2021.

The paper was published on the ESHRE website for open stakeholder review. ESGE submitted comments on behalf of their Executive board. ASRM submitted collated comments from multiple levels of simultaneous review: Practice Committee, members, executive Board, SRS, EndoSIG.

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

A total of 160 comments were received.

The comments were focussed on the content of the paper (122 comments), language and style (26 comments), or were positive remarks that did not require a reply (12 comments). All suggested language corrections were adapted.

All comments to the content of the paper were checked by the working group and either addressed (in the paper) or a reply was formulated. Of these 122 comments, 72 (59.1 %) resulted in an adaptation to the text, while 50 (40.9 %) were replied to in this report.

Participants to the stakeholder review

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

Reviewer	Country
Thomas D'Hooghe	Belgium
Charalampos Siristatidis	Greece
Bianca De Bie on behalf of Endometriose Stichting	Netherlands
Philippe Koninckx	Belgium
Alison Maclean	UK
Carlos Calhaz-Jorge	Portugal
Chi Chiu Wang	Hong Kong
Marco Sbracia	Italy
Patrick Yeung Jr.	USA
Devin Namaky	USA
Mitranovici Melinda-Ildiko	Romania
Elena Kostova	The Netherlands
Hunida ,M.Elmegrab	Libya
Svetlana Dubrovina	Russia
Sarah Holdsworth-Carson, Charlotte Reddington, Jane Girling on behalf of Department of Obstetrics and Gynaecology, University of Melbourne and Gynaecology Research Centre, Royal Women's Hospital, Melbourne, Australia.	Australia
DEBBY PACQUING-SONGCO	PHILIPPINES
Puri Hernández-Vargas	Spain
Annemiek Nap	The Netherlands
Paul Yong	Canada
Theodoros D. Theodoridis	Greece
Justyna Sikora	Poland/Uk
Jennifer Mier Cabrera	Mexico
Divyesh V Shukla	India
Mohamed Samir Mounir	Egypt
Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis and Adenomyosis Society	Turkey
David Adamson	USA

Experts contributing on behalf of ASRM

Collated comments from multiple levels of simultaneous review: Practice Committee, member, Board, SRS, EndoSIG 2-19-2021

Experts contributing on behalf of WES

Collated comments from the WES board members

Experts contributing on behalf of ESGE

Reviewer	Country
Ertan Saridogan	UK
Justin Clark	UK
Hélder Ferreira	Portugal
Michelle Nisolle	Belgium
Massimo Candiani	Italy
RABISCHONG	France

General comments

	Name	Page	Line/term	Comment	Reply
1	Thomas D'Hooghe	General		Congratulations for a great piece of work, much needed, and bringing the best existing definitions together with new ones	Thank you for this comment.
3	Charalampos Siristatidis	1		Authors state: "Relevant and recent publications were collected through...": this could be rephrased in another way to avoid selection bias. The word "recent" could be replaced.	We agree with this comment, but the paper is a consensus document. Although we have consulted the literature, we do not mention this is an evidence-based paper. We have revised the methodology section.
4	Charalampos Siristatidis	1		Authors state: "... a literature search in PUBMED and other resources based on information from the experts in the working group.": Authors should define other resources; pubmed is ok; the information from experts should be rephrased. It would be worthwhile to briefly report some keywords/mesh terms, for the information to be comprehensive; in the way it is written it appears totally objective and full of bias.	We agree with this comment, but the paper is a consensus document. Although we have consulted the literature, we do not mention this is an evidence-based paper. We have revised the methodology section.
14	Bianca De Bie	General		A good and clear explanation which will lead to less discussions!	Thank you for this comment.
31	Carlos Calhaz-Jorge			Thanks to the authors for the hard work!	Thank you for this comment.
32	Carlos Calhaz-Jorge	2	41-47	It is not clear if there are two different World Endometriosis Society consensus or if the same WES consensus work is referred to twice	We have checked and adapted the references.
33	Carlos Calhaz-Jorge	2 3	53 93 98 117	"The ICMART definition" is several times used. However, the last version of the glossary is name "The International Glossary on Infertility and Fertility Care" and it was built with the contribution of experts from many organizations, not just ICMART. I suggest the correction of this inaccuracy	We have adapted this in the text.
34	Carlos Calhaz-Jorge	3	109	I suggest to precise that the 11 th version of ICD was used. So, (ICD-11), instead of (ICD) only would be better, I guess	We have adapted this in the text.
37	Carlos Calhaz-Jorge	References	ICD	It should be added "version 11"	We have adapted this in the text.
38	Chi Chiu Wang		Evidence	Better to include level of evidence or frequency of the usage of each definition had been used, rather than just a single citation provided in the tables.	The paper is a consensus document. Although we have consulted the literature, we do not mention this is an evidence-based paper. We have revised the methodology section to clarify to the reader that this is not an evidence-based paper. Adding levels of evidence are not relevant for this type of paper.
49	Patrick Yeung Jr.		Overall	Good work by all involved	Thank you for this comment.
62	Hunida ,M.Elmegrab			Generally, I have no comments on the glossary It is well thorough, descriptive and extremely detailed , which will make further researches, papers and studies much easier to conduct. Unifying definitions will provide a better chance to describe the disease and reach a common ground in all academic writings about the subject matter As a teaching staff I will update my lectures and teaching methods with the definitions used above to help disseminate them in a much larger area	Thank you for this comment.
64	Sarah Holdsworth-Carson, Charlotte Reddington, Jane Girling			We welcome the use of a standardized glossary and see great benefits to clinicians, researchers and patients.	Thank you for this comment.
69	DEBBY PACQUING-SONGCO	Page 2		Delete) ...as an ovarian endometriotic cyst(endometrioma))	The sentence was checked and corrected
70	DEBBY PACQUING-SONGCO	Page 3		.. a form of partial thickness discoid excision, but agreement on a more specific definition could not be <i>reached</i>	The sentence was checked and corrected

76	Puri Hernández-Vargas		Methodology	I personally would like to know more information about the methodology (search strategy, selection of studies, other resources, etc.)	The paper is a consensus document. Although we have consulted the literature, we do not mention this is an evidence-based paper. We have revised the methodology section to clarify to the reader that this is not an evidence-based paper.
83	Puri Hernández-Vargas	2	58	"some cases they may only". Two subjects in the sentence. Do you mean "in some cases, they..."?	The sentence was checked and corrected
86	Puri Hernández-Vargas	Supplementary Table I		"ICD-11 (2019)" . I assume that the authors mean 'ICD-11 (2020).	The sentence was checked and corrected
87	Annemiek Nap		general	I would like to congratulate the working group with this clear and useful glossary!	Thank you for this comment.
90	Annemiek Nap	3		Treatments and interventions: shaving: 'agreement on a more specific definition could not be reach' should be 'could not be reached'	The sentence was checked and corrected
91	Paul Yong		anatomy	Would suggest anatomic diagram for the anatomic definitions	We agree on the relevance of an anatomic diagram, and will consider adding it at a later stage.
97	Jennifer Mier Cabrera			In general, I believe this is an important document with great potential and will be very useful to unify and standardize language and terminology regarding endometriosis. Congratulations!!!	Thank you for this comment.
118	ASRM		methodology	Under Methodology: Would an addendum with details of the search (terms, years, ect) be helpful? This would be standard for systematic reviews .	We agree with this comment, but the paper is a consensus document. Although we have consulted the literature, we do not mention this is an evidence-based paper. We have revised the methodology section.
119	ASRM		5	Line 5 under Endometriosis subtypes: Run on sentence	The sentence was split
120	ASRM		13-14	Line 13-14 under Endometriosis subtypes: sentence is a fragment	The sentence was split
128	ASRM			In the last line of the introduction "representing" is spelled incorrectly	This spelling error was corrected. Thank you
130	ESGE - Ertan Saridogan		references	The articles of the Working Group of ESGE ESHRE and WES Working party published in Facts Views and Vision and Gynecological Surgery journals need to be added to the reference list.	This reference was added to the paper
131	ESGE - Hélder Ferreira			Text well organized on a topic of paramount importance. The anatomical definitions are precise, and the others are according to the mentioned references. These definitions, in the field of endometriosis, as a result of a consensus-based approach will be very cited.	Thank you for this comment.
132	ESGE - Nisolle Michelle		19	Reference of Nisolle and Donnez, Fertil. Steril 1997	This reference was added to the paper
133	ESGE - Nisolle Michelle		210-236	The interest of this part of the discussion is questionable	It is unclear to which sentence this comment refers, but we have revised the discussion and hope to have thereby resolved this comment

134	ESGE - Justin Clark		Methodology. This is my main concern with the paper	<p>This is inadequately described – one short paragraph. For example the search strategy is not defined. “The working group constructed a list of terms to be defined. Relevant and recent publications were collected through a literature search in PUBMED and other resources based on information from the experts in the working group.”</p> <p>Furthermore you go onto say “Definitions were extracted from the collected resources (see supplementary table I). However this supplementary table included 5 sources but this does not seem to include all the sources used to make or adapt definitions in Table 1-4. You need to clarify how the 5 papers in supp table 1 were chosen – what was the rationale for including these ‘recent’ publications</p> <p>The process of arriving at the definitions is poorly described. “All collected definitions were discussed and where needed adapted to the needs of the current paper. Whenever adapted, a justification for the adaptations was formulated.” I could not find these “justifications’ in the paper – maybe you could make explicit within the prose or summarise the discussions / rationale in a supplementary table.</p> <p>I think the paper is useful but at the moment it seems like a narrative review with expert opinion thrown in. The paper needs some tweaking as stipulated above and below</p>	<p>Thank you for this comment. The paper is a consensus document, not an evidence-based. We did check the literature, but we did not perform a systematic review of published terms. The primary aim of the paper was to reach consensus and develop an endometriosis specific glossary rather than a comprehensive review. We have adapted the methodology to clarify the consensus-based approach. We also removed supplementary table 1. With regards to the modifications, we have discussed in the results section the different definitions for the terms and how details what was adapted.</p>
135	ESGE - Justin Clark		Results – first sentence	<p>As a starting point for standardisation and to be able to universally use the classification, a glossary was prepared including definitions of i) endometriosis and its subtypes; ii) locations of the endometriosis lesions; iii) treatments and interventions; and iv) outcome parameters.</p> <p>THIS SHOULD BE MOVED TO METHODS</p>	<p>We have adapted the methods section to include the 4 sections.</p>
138	ESGE - Justin Clark		Results	<p>more specific definition could not be reached. The working group PLEASED CHANGE TO REACHED. THERE IS ALSO AN EXTRA SPACE IN THIS SENTENCE</p>	<p>This spelling error was corrected, Thank you</p>
139	ESGE - Justin Clark		Concluding remarks	<p>“Endometriosis is defined as an inflammatory disease process characterized by the presence of endometrium-like epithelium and stroma outside the endometrium and myometrium.”</p> <p>This sentence should be removed as it simply repeats the definition used elsewhere within the manuscript and is not a conclusion.</p>	<p>We agree with the repetition and have deleted the sentence</p>
146	David Adamson		Title	<p>A thought for consideration is the difference between a Glossary and Terminology.</p> <p>a. A glossary is a specialized list of words and definitions.</p> <p>b. Terminology is defined as a system of terms (words) that belong to something in common. Terminology is a system, not a list of words. It contains standard words and usually contains non-standard words, as well. The terms may or may not include a definition, illustration, sound, or video. A term can be a single word, but it also can be multiple words (often called a noun cluster). In general, terminology is a collection of terms that are managed. (https://contentrules.com/glossary-versus-terminology-whats-difference/?cn-reloaded=1)</p> <p>c. Given the descriptions in the definitions in the lists, e.g., use of energy sources, I am not sure this list might not more appropriately be titled: An International Terminology of Endometriosis.</p>	<p>We have discussed this comment and decided to adapt the title to use the term “terminology” rather than “glossary”</p>

148	David Adamson	P1,P3,L5	General	The statement, "However, the definitions are either not very detailed or elaborate, or not widely accepted" would benefit from an edit. I don't believe it is true that the definitions in all these documents (certainly not the International Glossary on Infertility and Fertility Care) are "not very detailed or elaborate" or "not widely accepted". The International Glossary on Infertility and Fertility Care definitions have been widely accepted by international organizations and used globally by many stakeholders; indeed, ASRM and ESHRE partnered in their creation and was referenced in the Results section with the statement, "For the symptoms associated with endometriosis, the definitions are generally clear and can be consulted in other papers (Vitonis et al., 2014, Zegers-Hochschild et al., 2017)" What is true is that they are not comprehensive for endometriosis. I would suggest editing this sentence to, "However, the definitions are either not very detailed or elaborate, not widely accepted or not comprehensive for endometriosis."	We agree with the reviewer and have replaced the sentence with the suggested one.
150	David Adamson	P2,P6,L2		4. typo, should read, "...endometrium during surgery."	This spelling error was corrected, Thank you
151	David Adamson	P3,P6,L4		5. typo, should read, "...could not be reached."	This spelling error was corrected, Thank you

Comments per section

1. Endometriosis and endometriosis subtypes

	Name	Page	Line/term	Comment	Reply
	ENDOMETRIOSIS				
80	Puri Hernández-Vargas	2	51-52 + endometriosis	"After consideration of both options preference was given to a definition focusing on pathology". Rational argument to that preference (excluding other essential elements) should be included.	The current paper represents a consensus of experts, and the text reflects the discussion within the group of experts.
81	Puri Hernández-Vargas	2	52-53+ endometriosis	"the ICMART definition of endometriosis (a disease characterizes by endometrium and stroma outside...". I don't understand if this sentence is linked to the previous one. The sentence should be ended to be understood. Please correct editing error (final bracket)	The sentence was checked and corrected.
6	Charalampos Siristatidis	4	endometriosis	In Table 1, and the definition, I would suggest to remove the word "myometrium, in "...like epithelium and/or stroma outside the endometrium and myometrium."	The word "myometrium" was included to distinguish with adenomyosis. After consideration of this comment, it was decided to keep the definition as agreed by the authors.
15	Philippe Koninckx	Table I	endometriosis	Please consider: With this definition stromatosis without glandular cells becomes endometriosis. In addition, inflammation needs to be defined since inflammation can be minimal and is not clear for the pathologist . Suggestion: leave the old definition 'endometrium and stroma like tissue outside the uterus' since the new definition is not an improvement.	We have considered this comment, but want to clarify that the proposed definition was based, and is consistent with, the definition from the International Glossary on Infertility and Fertility Care. It was agreed not to adapt the definition as proposed by the reviewer.
39	Chi Chiu Wang	Table 1	endometriosis	"inflammatory", not all endometriotic lesion in pathological examination fulfilled the definition of "inflammation", better to remove this term	It was agreed to keep the term "inflammatory" in the definition, but it has been slightly adapted, now reading that endometriosis is a disease <i>usually with an associated inflammatory process</i> .

45	Marco Sbracia		Endometriosis	the efforts to unify the terminologies for endometriosis definition and treatment are commendable and useful.	Thank you for this comment.
51	Patrick Yeung Jr.		endometriosis	Should there not be a distinction or specification of endometriosis diagnosed visually versus histologically?	The need for histological confirmation is discussed in the text for peritoneal endometriosis, but it was decided not to include this in the definition.
58	Elena Kostova		endometriosis	Many if not most studies still describe retrograde menstruation as the origin of the disease. Were you planning to discuss this in the document?	A discussion on the origin of endometriosis was outside the scope of the current paper
60	Elena Kostova	Table 1	endometriosis	"An inflammatory disease process" may be too convoluted for some groups (e.g. patients, non-experts)	It was agreed to keep the term "inflammatory" in the definition, but it has been slightly adapted, now reading that endometriosis is a disease <i>usually with an associated inflammatory process</i> .
61	Elena Kostova	Page 2	endometriosis	"was further adapted with addition of the most important characteristic of endometriosis "inflammatory" - Is there a reference to this statement? Has there been a consensus that inflammation is "the most important" characteristic?	It was agreed to keep the term "inflammatory" in the definition, but it has been slightly adapted, now reading that endometriosis is a disease <i>usually with an associated inflammatory process</i> . Also, the WHO fact sheet states that "endometriosis causes a chronic inflammatory reaction that may result in the formation of scar tissue (adhesions, fibrosis) within the pelvis and other parts of the body".
63	Svetlana Dubrovina	Page 4, Table 1	endometriosis	«An inflammatory disease process characterized at surgery by the presence of endometrium-like epithelium and/or stroma outside the endometrium and myometrium.» By this definition the diagnosis of endometriosis could be considered only during operation. In this case we cannot start first-line therapy before operation but only postop. So, I think that is not it necessary to stress out «at surgery»? Furthermore, not all time we can exclude during operation adenomyosis (I mean cyst form of it).	Recommendations for the treatment of endometriosis are outside the scope of the current paper. Having a non-surgical diagnosis does not exclude empirical therapy, nor does it mean that treatment can only started after surgical conformation.
66	Sarah Holdsworth-Carson, Charlotte Reddington, Jane Girling	Table 1	endometriosis	"An inflammatory disease process characterized at surgery and confirmed histologically by the presence of endometrium-like epithelium and/or stroma outside the endometrium and myometrium." We believe it is important that the histological appearance of lesions are considered / included in the definition of the disease.	The reviewer seems to agree with the current definition.
75	Puri Hernández-Vargas	Other recent references	endometriosis	If possible, a timely review to include more recent and widely information regarding the different definitions would improve the glossary (see doi.org/10.1093/humrep/deab012 ; DOI: 10.1002/rmb2.12286; doi.org/10.5653/cerm.2019.02971 ; doi:10.1093/humrep/dex354; doi.org/10.1016/j.jviscsurg.2018.03.002)	The current paper is a glossary, and any further discussion of diagnosis of management of endometriosis is considered outside the scope of the current paper. Disease phenotype is not necessarily part of the definition, consistent with WHO. The paper of Vigano et al was added to the text.
77	Puri Hernández-Vargas		endometriosis	More recent references suggesting a redefinition of endometriosis based on different concepts of the disease (epidemiology, pathology, basic science, etc.) might be discussed (see doi:10.1093/humrep/dex354 or <i>Epidemiology</i> 2000;11:654–659).	Recommendations for the Design of Epidemiologic Studies of Endometriosis are outside the scope of the current paper. The paper of Vigano <i>et al</i> was added to the text.
82	Puri Hernández-Vargas	2 vs. definition in Table 1	endometriosis	Could you please clarify if both epithelium and stroma should be presented outside the endometrium and myometrium for the global definition of endometriosis. Pay attention to the difference between definition in line ("and") and term in Table 1 ("and/or")	The definition reads "endometrium-like epithelium and/or stroma". We have adapted this throughout the paper.
89	Annemiek Nap	2,3	endometriosis	In the text of pages 2 and 3, endometriosis is sometimes defined as ectopic endometrial tissue and sometimes as endometrium-like tissue, whereas in the table, endometriosis is consequently defined as endometrium-like tissue. I think it is very important to define endometriosis consequently as endometrium-like tissue, for uniformity purposes but also because many patients think it is crucial to define endometriosis in this way.	We agree that the definition should read "endometrium-like tissue", and we have adapted this throughout the paper.
96	Justyna Sikora	page 4	endometriosis	In the definition of endometriosis can be added "estrogen-dependent disease" and "uterine": An inflammatory, estrogen-dependent disease process characterized at surgery by the presence of endometrium-like epithelium and/or stroma outside the uterine endometrium and myometrium.	Estrogen-dependence and progesterone-resistance is mentioned in the text, but it was decided not to include this in the definition.
98	Jennifer Mier Cabrera	Table 1	endometriosis	I consider the definition should be added the word "estrogen-dependent"	Estrogen-dependence and progesterone-resistance is mentioned in the text, but it was decided not to include this in the definition.

112	Cihan Kaya, Taner Usta, and Umüt Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		endometriosis	Endometriosis is defined as an inflammatory disease process characterized by the presence of endometrium-like epithelium and stroma outside the endometrium and myometrium. How can this definition explain the iatrogenic or extragenital presence of endometriosis? Is it all occur due to an inflammatory response.	We consider the current definition is broad enough to cover also extragenital and iatrogenic endometriosis
121	ASRM		endometriosis	Table 1, Disease and subtypes, Endometriosis line: Not sure why they are defining endometriosis as the presence of endometrial stroma without glands. Both are required in the "concluding remarks" above, and they also discount this definition earlier in the document. I am surprised they have accepted as dogma -	The definition reads "the presence of endometrium-like epithelium and/or stroma". We have checked the text to ensure this term is consistently used.
129	ESGE - Ertan Saridogan		endometriosis	The concept of 'inflammation' is in the document for the definition of endometriosis. This is rather unusual (although I am aware that the WES Consensus document used this), as we do not have evidence that it is a 'requirement' for defining endometriosis. It probably does not apply to all types of endometriosis and is not universally present in all women with endometriosis. This concept should not be used in the definition of this condition.	We have reversed the sentence, stating now that endometriosis is a disease with an associated inflammatory process. By doing so, we have addressed this comment.
125	ASRM		endometriosis	Table 1, Disease and subtypes, Endometriosis: Is it intended to be "or" stroma. In concluding remarks immediately above this glossary they say endometrium-like epithelium AND stroma	The definition in the concluding remarks was removed based on a comment from another reviewer.
88	Annick Nap		Endometriosis in males	Did the working group consider to include a statement about the (non) occurrence of endometriosis in males? Or does the working group feel that the presence of an extremely limited number of case reports (three or four) on histological findings of endometriosis in males is too little to include a statement about this topic? Or is it not within the scope of this glossary to address this issue (which I could imagine)?	We have consistently used 'patients' in the text, so male endometriosis patients are not excluded.
95	Justyna Sikora		Endometriosis-Associated Ovarian Cancer	The endometrioid tissue lining may also react by epithelial atypical hyperplasia and even neoplasia, in a manner somehow similar to that in the uterine cavity and under the same hormonal influences. Some ovarian carcinoma histotypes, mainly the ovarian clear cell and endometrioid carcinoma, may arise from endometriosis. Pejovic T, Thisted S, White M, Nezhat FR. Endometriosis and Endometriosis-Associated Ovarian Cancer (EAOC) Adv Exp Med Biol. 2020;1242:73-87. Samartzis EP, Labidi-Galy SI, Moschetta M, Uccello M, Kalaitzopoulos DR, Perez-Fidalgo AJ, Boussios S. Endometriosis-associated ovarian carcinomas: insights into pathogenesis, diagnostics, and therapeutic targets-a narrative review. Ann Transl Med. 2020 Dec;8(24):1712. It is also associated with endometriosis, although discussions about it have been going on for many years. Perhaps it is worth adding this to the general definitions and terms with the Society's clear position.	Thank you for your comment, but a discussion of (endometriosis-associated) malignancy is considered outside the scope of the current paper.
141	WES		endometriosis	A global comment on definition is that the WES definition of endometriosis has been overlooked. Whether the glossary is intended for patients or surgeons, the definition of the disease should be consistent and the view of WES is that the definition of the disease should include symptoms that are important to patients – to overlook this, even in a document intended for surgeons, does patients a dis-service.	There has been significant discussion within the working group on this issue. Although the WES definition, including "pain and infertility symptoms" is included in the text, it was agreed among the working group members not to include the symptoms in the definition. Pain and endometriosis-associated infertility were added and defined in the table on outcomes (Table IV)

142	WES		endometriosis	<p>One WES board member commented on the definition of endometriosis and suggested a new definition, as follows: To make the paper more impactful, I think that in the glossary paper it should propose to use the new definition of endometriosis, as Paola proposed in 2018, over which there has been some conjecture. Hum Reprod. 2018 Mar 1;33(3):347-352. Time to redefine endometriosis including its pro-fibrotic nature P Vigano 1, M Candiani 2, A Monno 3, E Giacomini 1, P Vercellini 4, E Somigliana 4 Which cell defines endometriosis? Brosens I, Puttemans P, Benagiano G. Hum Reprod. 2018 Mar 1;33(3):357-360. doi: 10.1093/humrep/dey016. Hum Reprod. 2018 Mar 1;33(3):353-356. Fibrogenesis resulting from cyclic bleeding: the Holy Grail of the natural history of ectopic endometrium</p>	<p>We have incorporated an additional sentence referring to the paper by Vigano et al 2018, stating that “There is growing agreement that tissue injury and repair resulting in fibrosis is a key feature of endometriotic lesions (Vigano et al, 2018).”</p>
149	David Adamson	P2,P2,L6	endometriosis	<p>3. The statement, “...superficial endometriosis....and function of endometrial tissue extending...”. I have been involved in this discussion many times and the feeling seems to be this is “endometrium-like” as opposed to “endometrium”. While “endometrium” is in ICD coding now, the ICD-11 coding is currently being developed and revised and so the opportunity exists to choose the most appropriate wording at this time which I might suggest being “endometrium-like” since the tissue is not the same as endometrium in many ways that are well documented. Additionally, on page 2, paragraph 5, line 5 the term “endometrial-like tissue” is used, and it is also used in the Concluding remarks.</p>	<p>We have adapted the definitions to be consistent in the use of “endometrial-like tissue”</p>
154	David Adamson		Endometriosis	<p>8. Endometriosis definition: Please see my comments in the classification paper. I would not state, “...characterized at surgery...” because many are diagnosed without surgery and this implies that if surgery is not performed there is not endometriosis. And, of course, this contradicts increasing efforts to find methodologies to diagnose endometriosis without surgery and to treat it without requiring a surgical diagnosis. In the manuscript it is important to ensure that every time endometriosis is referred to the same terms are used, which is not currently the case. I would suggest “endometrium-like” and inclusion of both “epithelium and stroma” because that is generally been the case. If only pathology, and not symptoms or lesions, is addressed, I would recommend: Endometriosis is an inflammatory estrogen-dependent disease characterized by the presence of endometrium-like epithelium and stroma outside the endometrium and myometrium.</p>	<p>We have removed “characterized at surgery”, but the definition is still a pathological definition.</p>

147	David Adamson		General	<p>Definition</p> <p>a. ASRM et al: Endometriosis is an inflammatory estrogen-dependent disease associated with chronic pelvic pain and/or infertility that is characterized by lesions of endometrial-like tissue outside of the uterus (Johnson, et al., 2017).</p> <p>b. International glossary: A disease characterized by the presence of endometrium-like epithelium and stroma outside the endometrium and myometrium. Intrapelvic endometriosis can be located superficially on the peritoneum (peritoneal endometriosis), can extend 5 mm or more beneath the peritoneum (deep endometriosis) or can be present as an ovarian endometriotic cyst (endometrioma).</p> <p>c. I am familiar with the complexities of this discussion and have reviewed the comments in the companion article, International Glossary on Endometriosis 2021. I am not certain there is any single correct answer. However, I would recommend reconsidering the definition given the international glossary definition which is a little more specific and more specifically differentiates endometriosis from adenomyosis. Furthermore, while endometriosis is primarily associated with chronic pelvic pain and/or infertility, the spectrum of symptoms (and signs) can be broader than that (e.g., thoracic endometriosis) or even asymptomatic. If it is felt appropriate (which the glossary article elected not to) to have symptoms in the definition, as in the ASRM definition, then perhaps it is reasonable to include the description of pathologic lesions as in the International Glossary. I am suggesting consideration for a melding of the two definitions to either a short or slightly longer version depending on the goals of a definition. My personal preference by just a slight margin would be a longer version, but I understand the rationale in the Endometriosis Glossary article for limiting it to pathology. Possibilities are:</p> <p>Shorter version: Endometriosis is an inflammatory estrogen-dependent disease often associated with chronic pelvic pain and/or infertility and/or other non-specific symptomatology that is characterized by the presence of endometrium-like epithelium and stroma outside the endometrium and myometrium.</p> <p>Longer version would add: Intrapelvic endometriosis can be located superficially on the peritoneum (peritoneal endometriosis), can extend 5 mm or more beneath the peritoneum (deep endometriosis) or can be present as an ovarian endometriotic cyst (endometrioma). Endometriosis rarely can occur in extra-pelvic locations.</p>	Thank you for this comment and suggestion. The definition of WES with inclusion of the symptoms of endometriosis has been discussed in depth within the working group. With varying symptom patterns, there was agreement not to include the symptoms in the definition of endometriosis. They are described in the text. Pain and endometriosis-associated infertility are included in the table on outcomes.
Peritoneal endometriosis					
40	Chi Chiu Wang	Table 2	Peritoneal (superficial)	"peritoneal" may not necessary. All others, except extra-abdominal endometriosis" are not peritoneal. If "peritoneal" is used, shall Deep endometriosis also need "peritoneal"?	We have adapted "Peritoneal (superficial)" to "Peritoneal / superficial" to address this comment
16	Philippe Koninckx	Table I	Peritoneal (superficial) endometriosis	Subtle lesions and typical lesions have to be distinguished: they are different pathologies both macroscopically (vesicles, polypoid... Versus gun-shot in fibrosis) and microscopically (generally ++ active versus burth-out)	We consider the comment from the reviewer. In the definition it was agreed to be inclusive by mentioning "different appearances". There was agreement that any further distinction would not be required.
106	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		Peritoneal (superficial) or deep endometriosis	<p>1. The term Peritoneal (superficial) or deep endometriosis should be clarified. If we use the definition 'Ectopic growth of endometrial-like tissue lesions involving the peritoneal surface, the lesions can be seen different appearances and colour varying from clear to black.'</p> <p>The term Peritoneal endometriosis could only be possible on visual examination during surgery since we couldn't evaluate how deep it is and would be better to remove the term 'superficial'.</p>	We understand the comment of the reviewer to the term "Superficial", but this is a term which is well accepted and has recently been used by WHO. https://www.who.int/news-room/fact-sheets/detail/endometriosis
52	Patrick Yeung Jr.		Peritoneal endometriosis	There might be some discussion on appearances of endometriosis, but general categories of color or appearance would be helpful for research purposes – eg to help answer why the amount of disease does not correlate well to symptoms	With regards to the appearances of the lesions, it was considered that a specific list of appearances would never be exhaustive and a general statement was included. There was agreement that any further distinction would not be required at this point.

71	DEBBY PACQUING-SONGCO	Page 4	Peritoneal endometriosis	Peritoneal endometriosis: ... appearances and colors Colors : clear, black, red?	With regards to the appearances of the lesions, it was considered that a specific list of appearances would never be exhaustive and greed not to specify. This was already explained in the text.
99	Divyesh V Shukla		Peritoneal endometriosis	Definition of superficial endometriosis mentions..... ectopic growth of "endometriotic like tissue"" lesions. The statement may be modified as Ectopic growth of endometriotic like tissue visible as clear, redect coloured lesions.	With regards to the appearances of the lesions, it was considered that a specific list of appearances would never be exhaustive and greed not to specify. This was already explained in the text.
155	David Adamson		Peritoneal (superficial) endometriosis	9. Peritoneal (superficial) endometriosis: I believe use of the word "ectopic" is redundant since endometriosis has already been defined as ectopic and because peritoneum is also outside the endometrium and myometrium. Perhaps, "Endometrium-like tissue lesions involving..."	We consider this suggestion appropriate and have adapted this in the definitions.
Deep endometriosis					
7	Charalampos Siristatidis	4	deep endometriosis	In Table 1, and the definition of deep endometriosis, I would suggest to add a word "often" in "...and are associated with fibrosis and OFTEN disruption of normal anatomy.".	We removed "are" in the last sentence. "They are usually nodular, able to invade adjacent structures, and are associated with fibrosis and disruption of normal anatomy". By mentioning "associated with", we included the option that the disease is not always accompanied with disruption of normal anatomy
59	Elena Kostova	Page 2	deep endometriosis	Removing the mention of 5mm from the definition seems reasonable; focusing on pathology is understandable	Thank you for this comment.
65	Sarah Holdsworth-Carson, Charlotte Reddington, Jane Girling		deep endometriosis	We support removing the 5mm definition for deep endometriosis of the peritoneum, and agree that this measurement cannot be undertaken accurately and is subjective. Addition of "lesion ... on the peritoneal surface or under the surface" would improve the definition.	Thank you for this comment. We have discussed the option of stating "on the peritoneal surface or under the surface" instead of "extending beneath the surface of the peritoneum", and we adapted accordingly.
72	DEBBY PACQUING-SONGCO	Page 4	deep endometriosis	Deep endometriosis: extending below the surface of peritoneum (measurement?)	The group decided not to include a measurement, the reasoning of which is explained in the text.
104	Mohamed Samir Mounir		Deep endometriosis	Para rectal spaces, uterosacral and Douglas pouch excision of endometriosis, post operative numbness and the role of medication and physiotherapy to treat this	The role of medication and physiotherapy is outside the aim of this paper. We have limited the inclusion to adjacent structures and consider this is wide enough for the purpose of the current paper.
107	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis &Adenomyosis Society		Deep endometriosis	Ectopic growth of endometrial-like tissue lesions in the abdomen, extending below the surface of the peritoneum. There is a need to clarify the definition. It is difficult for a physician to decide the depth of the lesion. Thus, which means one should consider to predict the dept? Ultrasonography, MRI or histopathologic evaluation?	As argued for peritoneal disease, assessing the depth of the infiltration cannot accurately be measured, and therefore it was decided to remove this from the definition.
17	Philippe Koninckx	Table I	Deep endometriosis	Deep endometriosis is a difficult definition since the depth of deep and typical lesions is overlapping as already seen by D. Martin in 1991: 5 mm is a compromise. Yet surgically and by pathology, we have fibrotic and glandular entities. Suggestion: keep a descriptive definition and add an estimated volume eventually fibrotic versus glandular	Deliberately no measurements were included as they are arbitrary. As argued for peritoneal disease, assessing the depth of the infiltration cannot accurately be measured, and therefore it was decided to remove this from the definition.
156	David Adamson		Deep endometriosis	10. Deep endometriosis: Same as 9, redundant: "Endometrium-like tissue lesions..."	We consider this suggestion appropriate and have adapted this in the definitions.
Ovarian endometriosis					
41	Chi Chiu Wang	Table 3	Ovarian endometriosis	It is rather a variety of location, rather than subtype. Suggest to use "Cystic endometriosis" only	We have used "Ovarian endometriotic cyst" instead of ovarian endometriosis (cystic).
73	DEBBY PACQUING-SONGCO	Page 4	ovarian endometriosis	Suggest: Ovarian endometriotic cyst instead of ovarian endometriosis (cystic)	We have used "Ovarian endometriotic cyst" instead of ovarian endometriosis (cystic).
18	Philippe Koninckx	Table I	Ovarian endometriosis (cystic) / endometrioma	Be consistent and use "endometrial-like tissue". "That bleeds" is an hypothesis which I have not seen confirmed. Consider to add: The demonstration of "endometrial-like tissue" by pathology is not needed for the diagnosis. Consider to add a way to distinguish from a corpus luteum.	We have adapted "endometrial-like tissue" in the definition, and have adapted the definition to remove "that bleeds", as indeed this seems to indicate an active process, which is incorrect. We have not made any comments on the need for pathological confirmation in the text.
43	Chi Chiu Wang	Table 2	Ovarian endometriosis" and "Extra-abdominal endometriosis	Consider to move "Ovarian endometriosis" and "Extra-abdominal endometriosis" to this table	We can see the value in the reviewers suggestion, but deep, peritoneal and ovarian endometriosis have historically been formulated as disease subtypes, rather than locations. Therefore, we have decided not to list them under locations, and we applied a similar reasoning for "Extra-abdominal endometriosis". In the end, Table I and Table II were reassessed, and some terms were moved to clarify.

103	Mohamed Samir Mounir		Endometrioma	According to its adherence to the ovarian tissue, and chronicity and how it will affect the operative difficulty and out come regarding leaving residuals and AMH	Thank you for this comment, but topics as operative difficulty and outcome are considered outside the scope of this project
157	David Adamson		Ovarian endometriosis	11. Ovarian endometriosis: "Endometrium-like tissue..."	We consider this suggestion appropriate and have adapted this in the definitions.
Extra-abdominal					
143	WES	On the bottom of page 2	extrapelvic	There is this sentence: "With regards to defining the possible locations, it was considered that vaginal disease and diaphragmatic disease may be extended pelvic endometriosis (in analogy with oncological definitions)." Should it not rather have to be "....may be extended abdominal endometriosis..." as at least diaphragmatic disease seems to be a little too far away from the pelvis to really be considered an extension of a pelvic process.	We agree to change "extended pelvic endometriosis" to "extended abdominal endometriosis " and have adapted this in the text.
158	David Adamson		Extra-abdominal endometriosis:	12. Extra-abdominal endometriosis: "Endometrium-like tissue..."	We consider this suggestion appropriate and have adapted this in the definition.
Iatrogenic					
8	Charalampos Siristatidis	4	iatrogenic	In Table 1, and the definition of iatrogenic endometriosis, I would suggest to change the word "endometrium" with the " endometrial-like tissue ", as used in the definition above, or use only one word to describe this kind of tissue..	We consider this suggestion appropriate and have adapted this in all of the definitions.
105	Mohamed Samir Mounir	Page 5 table 2	iatrogenic	Subcutaneous especially cesarean scar endometriosis could be added	In the text, we have included caesarean scar endometriosis as an example of iatrogenic endometriosis. It was decided not to include this information in the table.
47	Marco Sbracia	Table 1	iatrogenic endometriosis	There are not sufficient literature data to assert the presence of this kind of endometriosis pathogenesis. The dissemination of a disease should be proved, considering also at the light of the possible legal issues that could arise from this. So probably would be better skip away this definition.	There was consensus to define iatrogenic endometriosis as an endometriosis subtype.
108	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		iatrogenic Endometriosis	The term iatrogenic endometriosis as an endometriosis subtype should include episiotomy scar endometriosis in addition to caesarean section and laparoscopic trocar site endometriosis.	We added episiotomy scar endometriosis in the text.
159	David Adamson		iatrogenic endometriosis	13. Iatrogenic endometriosis: "All" is unnecessary. "Endometriosis lesions resulting from..."	We have corrected this in line 100.
Adhesions (peritoneal)					
42	Chi Chiu Wang	Table 4	Adhesion (peritoneal)	As above	This comment is covered above
19	Philippe Koninckx	Table I	Adhesions (peritoneal)	Delete "Adhesions can be induced by endometriosis....." Does not add anything and is confusing.	As explained in the text, we have adapted the definition of Zegers-Hochschild and clarified the relevance in the field of endometriosis. After discussion within the group, it was decided to keep the sentence and clarify adhesions in the context of endometriosis.
67	Sarah Holdsworth-Carson, Charlotte Reddington, Jane Girling	Table 1	Adhesions (peritoneal)	Add to definition that adhesions may occur in the presence or absence of lesions.	The working group agreed with this comment, but considered there was no need to make any adaptations to the definition.
136	ESGE - Justin Clark	Table 1 Disease and subtypes	Adhesions (peritoneal)	I would remove this sentence because it is not a description / definition and is out of keeping with the other definitions which don't allude to aetiology "Adhesions can be induced by endometriosis as a result of the inflammatory process of the disease."	As explained in the text, we have adapted the definition of Zegers-Hochschild and clarified the relevance in the field of endometriosis. After discussion within the group, it was decided to keep the sentence and clarify adhesions in the context of endometriosis.
ADENOMYOSIS					
5	Charalampos Siristatidis	3	adenomyosis	As for adenomyosis, I would suggest to keep only the Chapron 2020 definition, and remove the phrase"as a form of endometriosis marked by the presence of endometrium-like.... ".	The working group has referred to the ICMART definitions in several occasions and considers it relevant to do this also for adenomyosis. The paragraph was slightly adapted to clarify that the working group follows the Chapron 2020 definition, and does not consider adenomyosis a form of endometriosis
29	Alison Maclean	3	Adenomyosis	Repetition of the definition of adenomyosis in the first and last sentence of this paragraph isn't necessary, and could be combined in the first sentence instead.	We have reformulated the last sentence of the adenomyosis paragraph to address this comment.
46	Marco Sbracia		Adenomyosis	Endometriosis and Adenomyosis may be considered two different affections, and keeping them separate in definition and classification is really wise	Thank you for this comment.

2. Anatomical locations

	Name	Page	Line/term	Comment	Reply
68	Sarah Holdsworth-Carson, Charlotte Reddington, Jane Girling	Table 2	TABLE II	Common sites for lesions not included in the table include the tube (fallopian), rectum, pelvic side wall, uterovesical pouch. These locations need to be added to the table, or they need to be recognized as part of the spaces, for example, rectum specifically listed in the pararectal space.	We have mentioned fallopian tube and pelvic side wall in the text, but it was not deemed relevant to include these in the table. We did rephrase the table heading.
101	Divyesh V Shukla		tubes	There is a need of classifying endometriosis involving fallopian tubes	We have mentioned fallopian tube in the text, but it was not deemed relevant to include this in the table.
100	Divyesh V Shukla		vesicular lesions	There is no mention/ description of vesicular lesions found frequently	In the definition of peritoneal disease, we mention that the lesions can have different appearances and colour varying from clear to black. As vesicular lesions are included in these clear lesions, it was decided not to further specify or define them.
			bladder endometriosis		
123	ASRM		bladder endometriosis	Table II, Bladder endometriosis: same issue here. In my opinion, endometriosis on the surface of the bladder is bladder endometriosis. The depth of the invasion may differ, and can be described without calling one "peritoneal endometriosis" and the other "bladder endometriosis". Unnecessarily complicated	We have discussed this comment, but found the addition of "peritoneal bladder endometriosis" to be confusing and irrelevant. Therefore, this was not adapted.
			Bowel endometriosis		
30	Alison Maclean	5	Bowel Endometriosis	Capital e for endometriosis in this term is not needed, and not consistent with 'Bladder endometriosis' on next row.	This was adapted in the table.
122	ASRM		bowel endometriosis	Table II, Location, Bowel endometriosis: Not sure why this distinction is needed. If it is on the bowel, it is (in my opinion) bowel endometriosis. Since this section is "location" and only bowel and bladder are followed by the word "endometriosis" whereas other locations are not, could it just be simplified to "bowel" and "bladder".	We agree that there was a confusion in the headings of tables I and II. We have revised this and moved "bowel endometriosis" and "bladder endometriosis" to table I
20	Philippe Koninckx	Table II	Bowel Endometriosis	This definition is confusing and will either not be used or be misused by exaggerating depth. A simple localisation eg on the bowel + where on the bowel + type of lesions is sufficient	We have revised the definitions, but decided not to adapt them. We did remove the sentence "below the subserosal level" as suggested by another reviewer, and clarified to peritoneal endometriosis
9	Charalampos Siristatidis	5	Bowel Endometriosis	In Table 2 and the first definition, I am not sure if the phrase "below the subserosal level." is needed.	We removed the sentence "below the subserosal level" as suggested
			spaces		
21	Philippe Koninckx	Table II	Pararectal space	The pararectal space in endometriosis is mainly between bowel and uterosacrals. Okabayashi and latzko are lateral to the uterosacrals and more posterior	We have used the definition of the pararectal space as it was described in the paper by Puntambekar (2018) Surgical pelvic anatomy in gynecologic oncology.
10	Charalampos Siristatidis	6	Pararectal space / Paravesical space	In Table 2 and the definition of pararectal and prevesical spaces the reporting could be more short and concise.	We have shortened the definition for Paravesical space.
113	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		paravesical space	The definition of paravesical space should include the posterior border with the uterine artery. Since the anatomic description of paravesical space is the retroperitoneal space that lies laterally to the urinary bladder and anterior and superior to the pararectal space, we suggest to keep this instead of changing it slightly.	We considered the reviewers propose not to adapt the definition and we have done so.
93	Theodoros D. Theodoridis		rectocervical area	Can you present the clinical and surgical importance the term "rectocervical area" ?	The term "rectocervical area" was formulated for completion
137	ESGE - Justin Clark		Rectovaginal space	"The retroperitoneal space lining the outside of the pouch of Douglas, it is enclosed anteriorly by the uterus and the posterior vaginal wall, posteriorly by the rectum, and laterally by the uterosacral and the Mackenrodt ligament" HOW CAN A SPACE 'LINE' ANYTHING E.G. 'THE OUTSIDE OF THE POD'. WOULD 'AREA BEHIND' BE BETTER TO REPLACE THE TERM 'LINING'?	We have adapt to "the AREA BEHIND the pouch of Douglas, enclosed anteriorly by the uterus and the posterior vaginal wall, posteriorly by the rectum, and laterally by the uterosacral and the Mackenrodt ligament"

144	WES	Table 2	"prevesical space" or "retropubic space"	I suggest an addition to the definition of "prevesical space" or "retropubic space" respectively. Both spaces as I understand them communicate directly and quite often the bladder is located entirely behind the pubic bone. So one could either argue that both spaces describe the same thing (and drop differentiation between the two terms by summarizing both under one term). Alternatively, and I prefer this, definition of prevesical space could be added by something like this: "The prevesical space is located superior to the retropubic space. In cases in which the bladder extends upwards not further than the pubic bone the prevesical space as defined here ceases to exist."	We have used the definition of the pararectal space as it was described in the paper by Puntambekar (2018) Surgical pelvic anatomy in gynecologic oncology.
160	David Adamson		Pararectal space	14. Pararectal space: I understand the reason for inclusion but is there not a move away from eponyms in medicine? In 1975, the Canadian National Institutes of Health held a conference that discussed the naming of diseases and conditions. This was reported in The Lancet where the conclusion was summarized as: "The possessive use of an eponym should be discontinued, since the author neither had nor owned the disorder."	We have slightly rephrased the sentence and added "Okabayashi space" and "Latzko space" in brackets.

3. Treatments and interventions

	Name	Page	Line/term	Comment	Reply
102	Divyesh V Shukla		surgeries for pelvic pain.	In surgical section there may be description of surgeries for pelvic pain.	We consider that the reviewer would like advice on which type of surgery to use, but this is outside the scope of the current paper.
78	Puri Hernández-Vargas		Treatments and intervention	Endometriosis frequently involves woman with a desire to maintain her reproductive capacity. Although the cited interventions improve their quality of life reducing the intensity of painful symptoms, some of them might decrease their possibilities of conception severely. Alternative ART apart from the two listed (reproductive surgery or fertility preservation) may overcome infertility, especially in women with milder forms of the disease. This possibility could be discussed and exposed in treatment and intervention section.	We have inserted the term and definition of Medically assisted reproduction (MAR) in the table.
84	Puri Hernández-Vargas	Table III	fertility preservation	Fertility preservation has been defined as interventions, procedures, and technologies to preserve reproductive capacity while a complete definition including techniques for preservation such as cryopreservation of gametes, embryos or ovarian and testicular tissue was described in Zegers-Hochschild et al., 2017. Does it mean that other ART (assisted reproductive technologies) such as IUI or FIV are included in your new definition? I presume "reproductive surgery" only include surgical procedures.	We have inserted the term and definition of Medically assisted reproduction (MAR) in the table.
	reproductive surgery				
11	Charalampos Siristatidis	7	reproductive surgery	In table 3 and the definition of "reproductive surgery", I would disagree with the second sentence, which could be justified only in some cases, i.e. for maintaining of the reproduction. I am not sure if "reproduction" contains or should contain a non-reproduction meaning as well.	We have used the definition from the Glossary on infertility and fertility case (2017) without adaptations, apart from removing interventions for the male (vasectomy). The working group did not have any reason to go against previous consensus by excluding diagnostic or contraceptive surgery from the definition.
22	Philippe Koninckx	Table III	Reproductive surgery	A diagnostic laparoscopy is not reproductive surgery	We have used the definition from the Glossary on infertility and fertility case (2017) without adaptations apart from removing interventions for the male (vasectomy). The working group did not have any reason to go against previous consensus by excluding diagnostic or contraceptive surgery from the definition.
	excision /bladder/bowel				
109	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		Superficial excision / Partial thickness discoid excision	4. The difference between Superficial excision and Partial thickness discoid excision is just suturing/closure, which all depend mostly on surgeons' preference, not the thickness or the diameter of the lesion that was removed. Some surgeons may suture regardless of the presence of muscularis defect. To ensure the objectivity and uniformity, it would be better to specify the depth / the dimension of the lesion. There is need to clarification	This comment was discussed, but it was decided that the proposed definition was clear enough. If you don't suture, it is superficial, independent on the size of the lesions.
23	Philippe Koninckx	Table III	Superficial excision : partial thickness discoid excision, full thickness discoid excision	These definitions are creating confusion Please consider (I like the suggestion not to use shaving) to use 'excision' which can be - Complete or incomplete - Serosa or muscularis or mucosa (the latter 2 need suturing) - With traditional surgery or with a circular stapler This is easier, descriptive and surgically more appropriate	For the different surgical techniques and definitions, it can be considered that surgery can be complete or incomplete, i.e. with visually fibrotic and/or endometriotic lesions are left in place. This was not considered a relevant addition to the definitions, but of course should be included in the patient records. This sentence was included in the text.

110	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		Full thickness bladder wall resection	Full thickness bladder wall resection (partial cystectomy) with opening of the bladder lumen requiring suturing and closure of the bladder wall. When we read the term of Partial cystectomy, we understand that there is need a very large excision. However in bladder endometriosis, there is only need 2-3 cm excision most of the case.	Reading this comment, the working group considers that the reviewers do not suggest any modification, and therefore have not adapted the definitions
140	ESGE - Justin Clark		Partial thickness discoid resection	Selective excision of the bowel/bladder endometriosis lesion (mechanically, with electrosurgery, laser This definition specifically around the more commonly understood and widely used 'shaving' is not entirely satisfactory. If you are going to consider shaving as a subtype of partial thickness discoid excision then as your whole paper is about standard definitions then you need to define explicitly what shaving is or get rid of the term 'partial thickness discoid resection' and replace with 'shaving' or vice versa. "Selective excision of the bowel/bladder endometriosis lesion (mechanically, with electrosurgery, laser or other energy source) without entering the bowel lumen, that requires suturing/closure. (i.e. closure of a muscularis defect without a mucosal defect in the bowel wall). Shaving is a form of partial thickness discoid excision"	The working group has reviewed this comment, but decided to leave the text as is. It was agreed after previous discussion. The working group does not recommend the use of the term "shaving"
145	WES		partial thickness discoid excision	Under partial thickness discoid excision: I would add: "...without entering the bowel / bladder lumen..." or drop references to the bladder altogether, as the bladder is mentioned under bladder wall resection already and limit definition of partial thickness discoid excision to operation of the bowel.	We have adapted the definition as suggested
Cystectomy					
44	Chi Chiu Wang	Table 3	Cystectomy	Suggest to add "total" compare to "Partial ovarian cystectomy"	We have added "total" to clarify the difference.
111	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		cystectomy	6. The definition of cystectomy should be revised as 'Excision of the cyst wall mechanically by gentle traction and counter-traction to dissect the capsule from the ovarian parenchyma. After cystectomy electrosurgery, LASER haemostatic agents and/or other energy sources or suturing' could be used to facilitate the process and to provide haemostasis.	We have added "laser, haemostatic agents" to the definition, as suggested
124	ASRM		Partial ovarian cystectomy	Treatments/Interventions, Partial ovarian cystectomy: Electrosurgery would be a form of energy, did they mean to say an energy form such as electrosurgery?	We have corrected the definition, which is now reading "energy such as electrosurgery"
24	Philippe Koninckx	Table III	Partial ovarian cystectomy	Partial ovarian cystectomy - Please consider 'mixed surgery'	We have rephrased this as "a combination of excisional and ablative surgery"
Ablation / fulguration					
12	Charalampos Siristatidis	8	ablation	In table 3 and the definition of "ablation", I would add more methods to do it (electro- or ultrasound high frequency-modes), apart form laser or plasma, or reporting could be more general.	We have adapted the definition by adding the suggested additional modes (electro- or ultrasound high frequency-modes)
126	ASRM		Ablation	Table 1, Disease and subtypes, Ablation: Generally it would seem that the definition shouldn't use the word to be defined. Would it be better to say "obliteration" of the entire inner surface	We have adapted the definition by changing ablation to obliteration.
25	Philippe Koninckx	Table III	Ablation / Fulguration or coagulation	Consider: superficial destruction + the method used - Anyway, delete 'entire' because rarely true - Adding the method of destruction permits to add alcoholisation	We have adapted the definition by removing "entire". Alcoholisation was added to the text, not the definition
92	Theodoros D. Theodoridis		ablation	"ablation" and "coagulation" Both are the same clinical entity Both terms are widely used describing practically the same procedure independently the energy form used i.e. : endometrial ablation (can be done by laser, electrosurgery, ballon)	There is a difference in the terms coagulation, which always uses electrosurgery, and ablation. After discussion, it was decided not to modify this.
127	ASRM		Ablation	Table 1, Disease and subtypes, Figuration or coagulation This seems redundant to ablation	There is a difference in the terms coagulation, which always uses electrosurgery, and ablation. After discussion, it was decided not to modify this.

54	Devin Namaky	Table III	Fulguration	Regarding the term "Fulguration or coagulation" ... the deep energy used to provide hemostasis as a counterpart to fulguration is <i>desiccation</i> . Please consider modifying this nomenclature to "Fulguration and desiccation." Or it would be even better to provide them as separate terms on separate lines of the table. "Fulguration" being the use of an electrosurgical device used with an arcing technique across an air gap to provide <i>superficial</i> tissue charring, destruction and hemostasis." "Desiccation" being the use of an electrosurgical or mechanical device to provide <i>deep</i> tissue <i>vaporization</i> , destruction and hemostasis." "Coagulation" is <i>nonspecific</i> and therefore should not be used in my opinion.	Coagulation is considered a well known term, which includes both desiccation and burning. After discussion within the working group, it was decided to leave the term as is.
Ureterolysis					
116	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		Ureterolysis	Medial or lateral approach of ureterolysis may be added as is section technique of the ureter.	We have used the definition proposed by Van Hie et al 2016, and consider it not relevant to add further details by mentioning that "ureterolysis may be approached medial or lateral"
26	Philippe Koninckx	Table III	Ureterolysis	Delete the method of dissection since irrelevant. Consider adding severity of hydronephrosis and adding as techniques repair versus or re-anastomosis	We have used the definition proposed by Van Hie et al 2016, and consider it not relevant to add further detail; or removing the method of dissection.
fertility preservation					
117	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		Fertility preservation	Which technique (egg freezing, embryo freezing, ovarian tissue freezing) is performed to the patient have to documented.	We have reintroduced the examples as provided by Zegers-Hochschild 2017.

Outcome parameters of endometriosis treatments/interventions

	Name	Page	Line/term	Comment	Reply
13	Charalampos Siristatidis	9	Outcome parameters	I would also add another table for Core outcomes, to drive research, such as fertility and non-fertility related.	We have added the “core outcomes” to the table
50	Patrick Yeung Jr.		Outcome parameters	Why is pregnancy or fertility not included in the discussion on outcomes?	We have added fertility, infertility, Endometriosis-associated infertility and pregnancy to the table
53	Patrick Yeung Jr.		Outcome parameters	EHP-5 should be included since it is validated and much shorter and simpler to use	We have added EHP-5 to the sentence on EHP-30.
55	Mitranovici Melinda-Ildiko		Outcome parameters	I agree that pain and quality of life is important to be included and a follow up for recurrence rates for 2 years	We have added pain and QoL to the table. For recurrence, it was decided not to include a time period
56	Mitranovici Melinda-Ildiko	Table IV	Outcome parameters	A supplementary table is needed, regarding pain, quality of life, fertility after medical or surgical treatment	We have added fertility, infertility, Endometriosis-associated infertility, pregnancy, pain and quality of life to the table
57	Elena Kostova		Outcome parameters	Thank you for the opportunity to review this document. This is an important endeavour that will hopefully lead to a minimization of heterogeneity in published studies in endometriosis. I was surprised to see no mention of “A core outcome set for future endometriosis research: an international consensus development study” (doi: 10.1111/1471-0528.16157) by Duffy et al. Were you planning to include a reference to the core outcome set?	We have added a sentence to the study of Duffy et al. 2020 in the text and added the proposed core outcomes in the table.
79	Puri Hernández-Vargas	1	Outcome parameters	“iv) outcome parameters”. Only definitions for some outcome parameters of endometriosis treatments/interventions are discussed. It should be detailed in this paragraph since other outcomes related to infertility, pain or quality of life are not included in this glossary.	We have added fertility, infertility, Endometriosis-associated infertility, pregnancy, pain and quality of life to the table
94	Justyna Sikora		outcome parameters	In my opinion, to the terms related to endometriosis can be added "Endometriosis-associated infertility". The relationship between endometriosis and infertility as a cause-and-effect is still under investigation, however appears to be well documented in the literature and clinically recognized. Endometriosis-associated infertility is defined as impair fertility through peritoneal inflammation, endocrine derangements and genetics. This multifactorial problem affects ovarian and endometrium function, and ultimately reduce oocyte competence and embryo transport. In this case, only IVF is an effective treatment option with results comparable to other causes of infertility. Macer ML, Taylor HS. Endometriosis and infertility: A review of the pathogenesis and treatment of endometriosis-associated infertility. <i>Obstet. Gynecol. Clin. N. Am.</i> 2012;39:535–549. Dunselman GA, Vermeulen N, Becker C, Calhaz-Jorge C, D’Hooghe T, De Bie B, Heikinheimo O, Horne AW, Kiesel L, Nap A, et al. ESHRE guideline: Management of women with endometriosis. <i>Hum. Reprod.</i> 2014;29:400–412. Tanbo T, Fedorcsak P. Endometriosis-associated infertility: aspects of pathophysiological mechanisms and treatment options. <i>Acta Obstet Gynecol Scand.</i> 2017;96(6):659-667. Filip L, Duică F, Prădatu A, Crețoiu D, Suci N, Crețoiu SM, Predescu DV, Varlas VN, Voinea SC. Endometriosis associated infertility: a critical review and analysis on etiopathogenesis and therapeutic approaches. <i>Medicina (Kaunas).</i> 2020;56(9):460.	We have added Endometriosis-associated infertility to the table, but considered that the origin and mechanism behind Endometriosis-associated infertility is outside the scope of the current document.
152	David Adamson	P3,P7,L3	outcomes - text	6. Depending on context, one of the outcomes to be measured is fertility related. Most studies simply state “pregnancy” which is insufficient. The outcome measured should be at least clinical pregnancy and, preferably, live birth. This should be addressed in the manuscript.	We have added fertility, infertility, Endometriosis-associated infertility and pregnancy to the table

153	David Adamson	P3,P7,L6	outcomes - text	7. The statement, "Outcomes for and pain and quality of life.....outside the scope of the current paper." It is understandable to omit these outcomes since a line must be drawn somewhere. However, assessing these outcomes are essential to increasing our knowledge of endometriosis. I would therefore suggest adding at least 2 to 3 major references that address these outcomes, with a statement such as, "Some major publications addressing these outcomes are listed in the references (REFERENCES)."	Based on several comments to pain and quality of life, we have included these terms in the table
Complication					
35	Carlos Calhaz-Jorge	Table IV	Complication (GRADE II)	In the definition of Complication (GRADE I) it is stated "without the need for pharmacological treatment..." The definition of Complication (GRADE II) is "Requiring pharmacological treatment with drugs other than such allowed for grade I complications". It seems to be conflicting statements. Can you please clarify?	We have added that for GRADE I allowed "therapeutic regimens are: drugs as antiemetics, antipyretics, analgesics, diuretics, electrolytes, and physiotherapy. This grade also includes wound infections opened at the bedside", as it was included in the paper by Dindo et al 2004
27	Philippe Koninckx	Table IV	Dindo	I do not like Dindo 1-4 since - No definition of normal postoperative course - Requires definition of drugs permitted for stage 2 - Grade 3 widely varies with the use of early repeat laparoscopy - Missing compartment syndrome - I prefer "something unintended and preventable that increases morbidity or mortality"	In this glossary, we have used the currently available and used "Classification of Surgical Complications". Further clarifications and adaptations to this system are outside the scope of the current paper.
48	Marco Sbracia	Table IV	Dindo	The complication grading from 1to five levels seems to be too much complicated to apply. Maybe a reduction of the grades from 5 to 3 where Grade I and II are associated in only one grade and similarly GRADE IV and GRADE V associated in only one grade, would be more useful.	In this glossary, we have used the currently available and used "Classification of Surgical Complications". Further clarifications and adaptations to this system are outside the scope of the current paper.
85	Puri Hernández-Vargas	Table IV	dindo	Since surgery for ovarian endometriomas may result in reduced ovarian reserve (see doi.org/10.1016/j.bpobgyn.2018.01.019; doi.org/10.1016/j.jvisurg.2018.03.002). Could you please clarify if it should be considered as sequelae or as complication (grade I)?	In this glossary, we have used the currently available and used "Classification of Surgical Complications". Further clarifications and adaptations to this system are outside the scope of the current paper. "reduced ovarian reserve" is to be considered a complication, with the grade being relevant to whether ART is required. We considered this amount of detail is outside the scope of the current paper
Recurrence					
2	Thomas D'Hooghe	P7, Table IV	recurrence	Reword please as: Endometriosis lesion recurrence, Please add also clinical definitions for endometriosis recurrence: at level of recurrence of symptoms (pain-related), and at level of clinical evidence that endometriosis has recurred at either level of imaging (ie ultrasound, MRI, other), or at level of surgery/histology (diagnostic +/- biopsy confirmed). For guidance: use published studies where recurrence/cumulative recurrence was precisely defined. I know that this is a difficult subject, but would be very important to have clear definitions on clinical recurrence, that will guide clinical research. Otherwise, the whole "endometriosis recurrence" literature will continue to be very difficult to understand, as recurrence is defined in a different way in every study.	We have included more specific information on recurrence, defining imaging -based, symptom based, laparoscopy proven and histology proven recurrence, as in Vanhie et al. 2016
28	Philippe Koninckx	Table IV	Recurrence	Consider distinguishing between recurrence (at the same place of excision) and new lesion development. A small subtle lesion somewhere in the abdomen otherwise becomes a recurrence	We have included more specific information on recurrence, but decided not to include information on the location of the recurrent lesion.
114	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		recurrence	9. Definition of recurrence of endometriosis The definition of recurrence is obscure; hence, it would be better to identify a certain period of time lap from the intervention	We have included more specific information on recurrence, defining imaging -based, symptom based, laparoscopy proven and histology proven recurrence, as in Vanhie et al. 2016. A time limit for recurrence was not included.
residual and persistence					

115	Cihan Kaya, Taner Usta, and Umit Inceboz on behalf of Turkish Endometriosis & Adenomyosis Society		residual and persistence	10. Lesion recurrence on reoperation or imaging after previous complete excision of the disease The term residual and persistence should be divided. Residual disease means endometriosis lesions not removed at the time of surgery. However, persistence should be used for a lesion that someone follows up without any intervention	We have removed the term “persistence” as it introduced confusion.
36	Carlos Calhaz-Jorge	Table IV	Residual disease	I suggest “Endometriosis lesions not completely removed...”	We have adapted as suggested “Endometriosis lesions not completely removed at the time of surgery.”
74	DEBBY PACQUING-SONGCO	Page 7	Residual disease	Is the term residual disease comparable to persistence?; persistence may pertain to lesions that are active despite being excised or fulgurated	We have removed the term “persistence” as it introduced confusion.