



Presents

**Surgery Versus GnRH Therapy in the Diagnosis & Treatment of Endometriosis:
Efficacy, Tolerability & Patient Preference**

Recommendations and indications for GnRH agonist usage continue to grow, despite the lack of extensive supporting research. Pursuant to an earlier consensus statement advising that GnRH agonists should be used as a first line diagnostic/therapeutic choice^[1], there exists a growing body of practitioners who are opting to forgo surgery altogether. "Surgical complications" and purported equality of diagnostic reliability when comparing GnRH usage versus surgery are cited as the basis for such recommendations^[2]. Many of the stronger supporters of such usage are affiliated with the pharmaceutical manufacturers^[3].

The ERC remains steadfast in the position that GnRH therapy should not be used as a diagnostic method,^[4] nor should it be considered first line therapy. There is a significant lack of comparative analysis to confirm that GnRH therapy is indeed as effective as a diagnostic tool, or as efficacious in long term symptom relief with less or the same degree of negative side effects, as surgery. Therefore, assertions to utilize GnRH agonists as first line therapies are unsubstantiated. The ERC maintains that patients who undergo surgery with an expert practitioner – one who accurately understands how to diagnose and concomitantly excise the disease in the manner pioneered by Redwine^[5] - are not only offered a valid diagnosis confirmed by pathology, but also longer lasting therapeutic benefits with less negative side effects.

To explore this postulation, the ERC conducted a brief survey of a number of members. Undertaken for purposes of determining patient preferences based on experiences concerning GnRH agonist usage versus surgery [laparoscopy or laparotomy], the results follow.

Objective: To determine the validity of the claim that GnRH agonist usage should be favored over surgical diagnosis and treatment of Endometriosis as recommended by a number of practitioners [many of whom are affiliated with GnRH manufacturers].

Setting: ERC members who have specifically undergone surgery and GnRH therapy with negative effect(s) were asked to respond to a question and answer format conducted electronically. Responses were automatically tabulated by the electronic collection system.

Summary of Results: As expected, respondents indicated that both options caused them to experience negative effects. However, the majority of respondents suffered more negative effects from GnRH agonist usage than surgery. Negative effects were lasting in nature for some respondents in both categories, with the majority being in the GnRH agonist category. Majority of patient preference was indicated for surgery versus GnRH agonist usage.

25% of respondents indicated that they suffered complications during or as a result of GnRH usage for Endometriosis, such as bone density loss, hot flashes, heart palpitations, syncope, stroke, tachycardia, anxiety, personality disorder, memory disorder, delusions, hair loss or related disorder, dysuria, lactation, body pain, headache, edema, increased cholesterol levels, or other complication(s) not outlined herein. By contrast, only **10.53%** of respondents indicated that they suffered complications during or as a result of surgery for Endometriosis, such as trocar injury, bowel and/or intestinal injury, urinary tract injury, vascular injury, cardiac arrhythmia, thromboembolism, adhesion formation, infection, respiratory complications, or other complication(s) not outlined herein.

7.89% of respondents indicated that negative effects suffered during or as a result of GnRH therapy have ceased, whereas the majority, **15.79%**, indicated that such effects continue to this day. By comparison, the majority of respondents, **6.58%**, indicated that such effects suffered during or as a result of surgery have ceased, while only **3.95%** indicated that such effects continue to this day.

The majority of respondents, **21.05%**, indicated their preference for surgery as the more tolerable and effective option over than GnRH therapy. Only 1 respondent, **1.32%**, indicated a preference for GnRH therapy as the more tolerable and effective option over surgery. **7.89%** of respondents indicated that they felt surgery and GnRH therapy were comparable in terms of tolerability and efficacy.

RESULTS OF COMPARISONS

Negative GnRH Effects 25%	Negative Surgical Effects 10.53%
GnRH Effects Continue 15.79%	Surgical Effects Continue 3.95%
GnRH Effects Have Ceased 7.89%	Surgical Effects Have Ceased 6.58%
Prefer GnRH vs. Surgery 1.32%	Prefer Surgery vs. GnRH 21.05%
Find Surgery & GnRH to be Comparable 7.89%	

It is the opinion of the Endometriosis Research Center that patient preference and overall experience continues to be minimized, and in some cases, disregarded altogether, when treatment recommendations are made within the healthcare community.

Recommendations continue to be presented based on extremely limited studies, and perhaps even as a result of bias. It is imperative that such "cookie cutter" approaches to diagnosis and treatment be abandoned and individualized therapy is implemented. Recommendations for such therapy should be based on the individual patient's case with her specific needs and circumstances adequately reviewed and addressed.

Based on the above results, the ERC's contention that surgery is more efficacious and tolerable, with less injury and negative side effects than GnRH therapy, has been borne out. Further, majority patient preference is indicated for surgery versus GnRH agonist as the therapy of choice. Such results are indicative of the imperative need for larger studies and extensive clarification in this area. To that end, the ERC supports and seeks to facilitate such investigations.

The ERC maintains that while GnRH therapy may continue to have a role in Endometriosis, surgery should be utilized as first line diagnosis and treatment, not drug therapy. It is of further importance that physicians increase their understanding of modern, effective surgical approaches to eradicating the disease. Finally, the medical community **must** give more credence to patient experiences and preferences when formulating treatment recommendations than is currently afforded.

References:

- 1: Gambone, Joseph C.; Mittman, Brian S.; Munro, Malcolm G., Scialli, Anthony R.; Winkel, Craig A.; & the Chronic Pelvic Pain/Endometriosis Working Group. Consensus Statement for the Management of Chronic Pelvic Pain & Endometriosis: Proceedings of an Expert Panel Consensus Process. *Fertil Steril* 2002; 78: 961-72
- 2: Winkel, Craig A. Evaluation and Management of Women with Endometriosis. *Obstet Gynecol* 2003 Aug;102(2):397-408
- 3: Takeda Abbott Pharmaceuticals Advisors. Website, <http://www.endofacts.com/support/advisors.htm>
- 4: Marvel, ME; Guidone, HC; & the Endometriosis Research Center. GnRH Agonist Usage in Pre-Diagnostic Endometriosis Treatment. Website, <http://www.endocenter.org/pdf/PreDiagnosisGnRH.pdf>
- 5: Redwine, David. ERC Advisor. St. Charles Medical Center Endometriosis Newsletter, Summer 2000; "Treatment before Diagnosis?" Website, www.endometriosis-treatment.org/html/endoteen.html

HOW DO I RECEIVE ADDITIONAL INFORMATION? Where can I get further materials, resources and support?

ERC Support & Contact Network - The ERC hosts over 50 active, in-person support groups throughout the US, Canada and Caribbean. To find a group near you, call us at 800/239-7280 or visit <http://www.endocenter.org/supportgroups.html> for more information. The ERC is also proud to host the Internet's largest electronic support group for Endometriosis, the ERC EndoAngel™ Listserv. The Listserv will allow you the opportunity to exchange ideas, experiences, information and support with others who are dealing with similar issues related to the disease. For more information, please join the ERC EndoAngel™ Listserv (for free, of course) by visiting the following URL: <http://groups.yahoo.com/group/erc>

Additionally, the ERC also offers a moderated discussion group specifically designed for the unique perspective and Endometriosis needs of Military dependents and personnel, located online at: <http://groups.msn.com/EndometriosisandtheMilitary>

Not online? No problem! If you would like to take part in the ERC contact network, but do not have Internet access or would prefer to speak with someone in an office setting, please contact us with your full name, phone number and Endometriosis topic. We will put you in touch with one of our contact network volunteers, who have offered to speak with others on the subject.

Contact Us - Please do not hesitate to contact our offices. The ERC is an established 501(c)3 Tax Exempt-Tax Deductible Organization which was founded to address the International need for Endometriosis education, research and support. We are dedicated to finding a cure for this disease; providing support and helping to improve the quality of life for all those affected by Endometriosis; raising public awareness about the disease; educating healthcare providers, patients, policymakers and the public; providing an international network in which women can exchange information and ideas; and facilitating research on all aspects of the disease.

We are a resource center for education and support. Each individual who contacts the ERC will receive an initial Contact & Information Packet. The ERC offers educational literature on Endometriosis, accurate fact sheets on many topics pertaining to the disease, a monthly Newsletter, and much more. Please visit us on the web at www.endocenter.org or call our offices toll free at 800/239-7280 to obtain the ERC's Material Request Form, which contains an updated list of all our educational materials. Being added to the ERC's mailing list will enable you to be kept informed of the latest research and developments surrounding the disease. If you would like to receive a sample copy of our Newsletter, we will be happy to provide you with an edition. Simply send your request to us along with a self-addressed, stamped, #10 envelope (the SASE helps cover our postage costs). The ERC has maintained a strict privacy policy since we were founded; any personally identifiable information collected by the ERC is used solely for the purposes of sending materials. Your information is never shared outside headquarters for any reason, at any time.

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