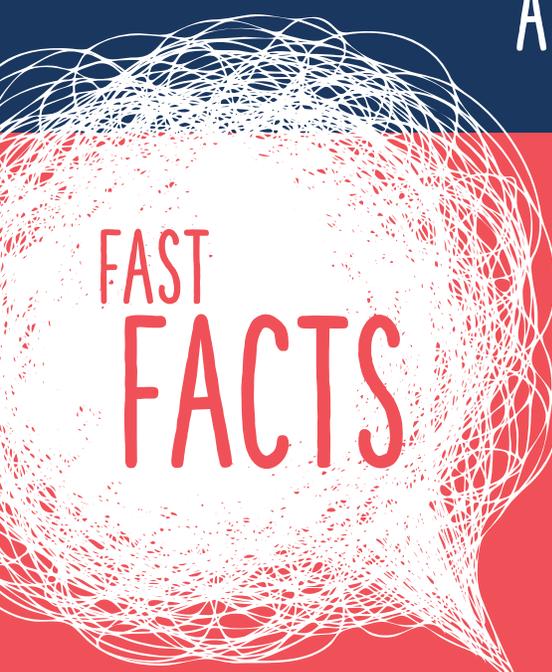


ABOUT ENDOMETRIOSIS



FAST FACTS

- Endometriosis is a chronic and painful disease that affects an estimated **one in 10 women** of reproductive age.¹
- Women with endometriosis can suffer for up to **six to 10 years** and visit multiple physicians before receiving a proper diagnosis.^{2,3}
- Symptoms related to endometriosis vary⁴ and **some symptoms are associated with pain that can be debilitating**^{4,5} and may interfere with day-to-day activities.⁵
- There is **no known cure**⁶ for endometriosis, but **treatment options are available**.¹

Endometriosis occurs when tissue similar to that normally found in the uterus begins to grow outside of the uterus where it doesn't belong.¹ These growths are called lesions and can occur on the ovaries, the fallopian tubes, or other areas near the uterus, such as the bowel or bladder.¹ Endometriosis is an estrogen dependent disease, meaning estrogen fuels the growth of the lesions.³



SYMPTOMS

Women with endometriosis may experience a range of symptoms that can be unpredictable and change over time; while others may experience no symptoms at all.⁷

There are many symptoms of endometriosis, but the most common symptoms are:⁷

- **Painful periods**
- **Pelvic pain in between periods**
- **Pain with sex**



DIAGNOSIS

The diagnosis experience may be prolonged because of the variety of pain symptoms.⁴ Women with endometriosis may go through one or more of these diagnostic steps:⁷

- **Doctor's appointment to discuss symptoms**
- **Pelvic exam**
- **Ultrasound**
- **Blood test** (to rule out other conditions)
- **Laparoscopy** (surgery can help confirm the diagnosis of endometriosis)



TREATMENT

There is no known cure for endometriosis.⁶ It's important for women to be specific about their symptoms when speaking to a healthcare provider. Available treatment options include:¹

- **Oral contraceptives/ hormonal birth control**
- **Nonsteroidal anti-inflammatory drugs (NSAIDs)**
- **GnRH analogs**
- **Surgical interventions** (e.g., laparotomy, laparoscopy, hysterectomy)



CLINICAL GUIDELINES

The American Congress of Obstetricians and Gynecologists (ACOG) guidelines recommend the use of a variety of medical options as initial treatment for women with endometriosis-associated pain.⁷

The Practice Committee of the American Society for Reproductive Medicine (ASRM) recommends viewing endometriosis as a chronic disease that requires lifelong management with the goal of maximizing the use of medical treatment to avoid repeated surgical procedures.⁸

1. The American College of Obstetricians and Gynecologists. Frequently Asked Questions FAQ013: Gynecologic Problems. Washington, DC: October 2012. 2. Nnooham K, et al. Impact of endometriosis on quality of life and work productivity: a multicenter study across ten countries. *Fertil and Steril*. 2011;96:366-373. 3. Giudice LC. Clinical practice: Endometriosis. *N Engl J Med*. 2010;362(25):2389-2398. 4. Greene R, et al. Diagnostic experience among 4,334 women reporting surgically diagnosed endometriosis. *Fertil Steril*. 2009;91(1):32-39. 5. Fourquet J, et al. Quantification of the impact of endometriosis symptoms on health related quality of life and work productivity. *Fertil Steril*. 2011;96(1):107-112. 6. Greene AD, et al. Endometriosis: where are we and where are we going? *Reproduction*. 2016;152:R63-R78. 7. The American College of Obstetricians and Gynecologists. Practice Bulletin no. 114: Management of endometriosis. *Obstet Gynecol*. 2010;116(1):223-236. 8. The Practice Committee of the American Society for Reproductive Medicine. Treatment of pelvic pain associated with endometriosis: a committee opinion. *Fertil Steril* 2014;101(4):927-935.