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Addressing Endometriosis with Your Patients: *Combining Individualized Treatment Options with Patient-Clinician Dialogue*

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Objectives

- Describe the multiple symptoms of endometriosis and its varied presentation among patients including pelvic pain mapping
- Collaborate with patients to make a more timely clinical diagnosis of endometriosis and refer patients to specialists if needed
- Include patients' symptoms, preferences, and values to identify and select the best available treatment options for management of endometriosis symptoms and disease

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Faculty Information

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Dr. Cohen receives consulting fees from AbbVie.

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Background

- Common disease
- Often times frustrating to both patients and providers
  - Limited treatments
  - Plays a big role in patients' lives
- Affects women's personal relationships and physical condition
- Need to discuss treatment options with patients

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Endometriosis

- Chronic disease of reproductive age women
- Stimulated by estrogen
- 10% prevalence
- 70-80% of women who present with pain/infertility (after other causes excluded)
- Diagnosis often delayed
- High recurrence rate following medical/surgical treatment

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Current Treatment Options

- NSAIDs
- Combined oral contraceptives
  - Often self-treat before seeing their physician
  - Treat pharmacologically, not surgically, at least initially for most patients
  - Evolved over the years from all patients being sent to the OR
  - Works in many cases, especially women who experience painful periods

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  - Evolved over the years from all patients being sent to the OR
  - Works in many cases, especially women who experience painful periods
- Progesterone (oral; injectable; IUS)
  - Administered by injection or by mouth
  - Studies show effective in treating endometriosis for 80-90% of patients

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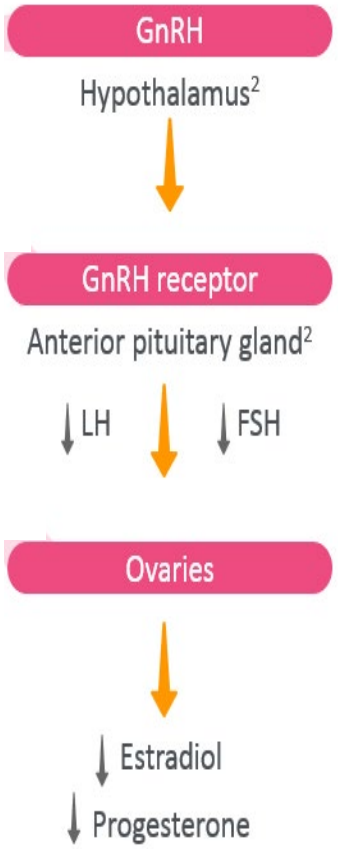
Current Treatment Options (con't)

- Modified testosterone
- GnRH agonists (injectable; nasal)
  - Most effective after the patient has failed the common treatments
  - Shut down the pituitary causing estrogen levels drop; symptoms of endometriosis usually improve dramatically
  - Do have side effects, most common is bone loss
  - Effective but limited; max. length on label is approximately one year

Antagonist Effect: Elagolix Binds Competitively to the GnRH Receptor[1,2]



- Competes with endogenous GnRH for GnRH receptor occupancy in the anterior pituitary and blocks receptors upon binding, so fewer receptors are activated[1]
- Suppresses LH and FSH in a dose-dependent manner[1]
  - LH and FSH suppression begins within hours of administration* and is reversible upon discontinuation[1]
- Leads to decreased serum levels of the ovarian sex hormones estradiol and progesterone[1]

FSH: follicle-stimulating hormone; GnRH: Gonadotropin-releasing hormone; LH: luteinizing hormone

1. Ng J, Chwalisz K, Carter DC, Klein DC, J Clin Endocrinol Metab. 2017;102(5):1683-1691.
2. Bulun SE, N Engl J Med. 2009;360(3):268-279.

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Patient Centered Care

- General
  - Listen to patient attentively: goals, fears, experiences
  - Develop relationship of trust and teamwork
  - Use decision aids when appropriate

Patient Centered Care (con't)

- Treatment risk and benefits
  - Explain goals of therapy
  - Personalize treatment selection
    - Management plans should consider
      - Symptom severity
      - Potential for recurrence
      - Desire for fertility
      - Other considerations: cost, side effects, and route of administration
  - Describe risks that are common, including feared risks
  - Monitor for tolerance, compliance, persistence and effectiveness

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Patient Cases

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Case #1: Kiri

- Age 44
- G2P2002
- Med history: Motrin
- Medical history: negative
- Surgical history:
  - C-section x 1
  - Laparoscopy 2009
- Physical exam: normal
- c/o severe dysmenorrhea (7/10)
- Missing work 1-2 days per month
- No desire for fertility

Case #1 Kiri Discussion

- What more do we need to know:
  - Operative findings/excision or ablation/any pain lessening and recurrence
  - History:
    - When did pain recur?
    - Same type of pain?
    - Current meds for pain?
    - Effecting relationships?
  - Past medical treatments?
    - Effective or ineffective

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  - Exam and ultrasound findings
  - Patient's desires:
    - Surgical vs. medical
    - Medical: injectable/intrauterine/oral

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Case #2: Aimee

- Age 23
- G2P1001
- Current med history: Motrin/Continuous COC's
- Medical history: depression
- Surgical history:
  - Laparoscopy 2015
- Physical exam: thickened uterosacral ligaments; decreased mobility
- c/o severe dysmenorrhea (7/10) and dyspareunia (8/10)
- Missing work 2 days per month

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Case #2 Aimee Discussion

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    - Effective or ineffective
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Conclusions

- Physicians need to spend a bit more time with endometriosis patients and really listen to them
- The goal is for these patients to feel that they are being heard and that they work together on their treatment approach