Here's to WCE2008 ...and many more world congresses to come!

Professor Hans Evers
WES President 2008-2011

My term as the president of the WES started in March 2008 in Melbourne, during our 10th World Congress. What a successful meeting it was! More than 950 delegates attended and almost all of them in one way or another engaged in lively discussions, either as presenters or as participants.

Early diagnosis of endometriosis in adolescents, medical and surgical treatment and the socioeconomic impact of the disease were among the most heavily discussed topics. How can we help women and their doctors reach an early diagnosis? Or should we? Is it necessary to establish unequivocal certainty of the diagnosis in a young girl if the majority will not have endometriosis? And if almost 80% of those who do will harbour only minimal or mild stages of the disease? And if the first line treatment is hormonal contraception anyhow? Will all minimal endometriosis, if untreated, progress to severe endometriosis eventually?

We know from the controls in prospective studies that in almost half of the patient the disease will not progress, or even disappear again with time. Difficult issues.

But the clinician seeing a patient will *have* to reach a decision!

Of course we should increase awareness and reduce diagnostic delay if only to diminish physical and emotional morbidity and prevent future infertility. But will it help to attach the label "endometriosis" to many young women if in the end most of them will appear not to have had the disease, or only an ephemeral form that will resolve spontaneously? All this boils down to our ineptness in diagnosing the truly aggressive forms of endometriosis in a non-invasive way at an early age. And that's exactly where the 10th World Congress was really promising: new genomic and proteomic techniques are on their way to entering the clinics, offering new biomarkers for not only the presence of endometriosis, but also its aggressiveness.

Let's not forget, however, that most of what we have been doing since 1924, when John Albertson Sampson published his landmark study on endometriosis, has been pragmatic. We have pragmatically developed treatments without understanding the pathophysiology of the disease. This has lead to women being treated with androgens, oestrogens, progestogens, corticosteroids, anti-inflammatory agents, GnRH agonists and antagonists, aromatase- and COX-2 inhibitors and combinations of these. All worked, all had (sometimes significant) side-effects.

In this era of evidence-based medicine however, rational diagnosis and treatment of a disease demands understanding of its pathogenesis. Melbourne taught us that also the new and very promising anti-angiogenic drugs have their worrying sides. The next few years *have* to be devoted to increasing our understanding of the disease!

We discussed this at the consensus workshop on future research directions immediately following our Melbourne meeting. I will do my utmost to facilitate that during my term of office as president of this society international research networks will develop and the World Endometriosis Research Foundation will thrive and be able to support even more - basic and clinical - studies. Lone Hummelshoj will continue her great work in the EU and world political arenas. Our relations with patient organisations will be tightened. But for all this: We Will Need More Members! Please encourage those you are working with to join our society.

Although the Melbourne meeting is now over, the memory of it will not end so quickly. There are a small number of conferences that stand out in one's mind even when all others have faded. There is no doubt that the 10th World Congress on Endometriosis will remain amongst the memorable few because of the superb manner in which David Healy and his local organisers arranged every detail. I wish to thank them most warmly for the care and skill with which all aspects were planned. I can assure them on behalf of all of us that each detail was fully recognised and greatly appreciated. A special word of thanks to Peter Rogers for taking the initiative of bringing all top researchers together after the meeting and discuss future research.

From 4 to 7 September 2011, Bernard Hedon and his team will organise the next World Congress in Montpellier, France. At this moment, Wikipedia still mentions that Sampson's "theory of retrograde menstruation competed with the alternative theory of coelomic metaplasia that stated that endometriosis started in the pelvis de novo from stem cells. Even today, these and other theories coexist, as the cause of endometriosis remains a subject of debate". Let's change this!

Hans Evers,
WES President

FROM THE EDITOR

Settling dust ...and carrying forward the mantle

Dr Luk Rombauts
WES e-Journal Editor

It has been a long journey for me to WCE2008 in Melbourne. I remember accompanying Professor David Healy to the San Diego meeting in 2002 to put up our bid before the WES board.

Following in Maastricht's footsteps after 2005 was a daunting task, but in the end it was a wonderful learning experience at many levels.

The efforts by the whole organising team were more than adequately rewarded when all the pieces of the puzzle came together seamlessly, almost (the fire brigade wasn't on the invitation list). There was the blend of clinical and scientific insights, some new approaches (debates and poster judging), the surgery by telecast, and above all the opportunity to meet up again with many colleagues and friends.

The dust has now settled and the petrol fumes of the Formula 1 Grand Prix have lifted! After recovering from the exhaustion (excuse the pun!), I found myself looking at a new challenge: At its last meeting the WES Board invited me to take over as editor of the WES e-Journal.

Our departing editor, Professor Ali Akoum, has done a wonderful job in breathing new life in the society's e-Journal with many excellent contributions. He has left me with very big shoes to fill, but he has kindly offered to mentor me into this new role. I will also have the luxury of being able to rely on Lone Hummelshoj, whose organisational skills will be instrumental in getting the e-Journal out in time.

Montpellier 2011 is only three years away. So, I am sure Professor Bernard Hédon's team is already in full planning mode and we will be looking forward to read about their progress in the e-Journal. I will also invite them to add some spice with regular snippets of travel advice, local history and folklore.

However, before everything else, the aim of our society is to be a fertile environment where clinical and fundamental science is encouraged to feed off each other to solve one of the biggest women's health issues.

So, I would like to imagine that our e-Journal could become an easily accessible forum for viewpoints, controversies, debates, short reviews and the start of new research collaborations.

For each new issue I will invite a guest editor who will contribute an original piece. In addition, I hope we will see many uninvited contributions for online publication as well.

Last but not least, the e-Journal is a living creature, ready to adapt to the changing needs of its readership. We more than welcome any suggestions on the format and contents which you can post to: ejournal-editor@endometriosis.org

Content

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Diagnostic tests for endometriosis

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Introduction

Endometriosis is characterised by the presence of endometrial tissue outside the uterine cavity. The prevalence of endometriosis in the population of women in the reproductive years is estimated to be around 10% (Eskenazi and Warner 1997).

A much higher prevalence of up to 82% occurs in women with pelvic pain. In women with infertility, the prevalence of endometriosis is estimated to be around 30% (Mahmood and Templeton 1991, Laufer *et al* 1997, Corson *et al.* 2000, Balasch *et al* 1996).

Currently, the gold standard to diagnose endometriosis is visualisation of ectopic endometrial lesions, biopsy and histological confirmation.

Although there is widespread interest in using serum or endometrial biopsy markers for the diagnosis of endometriosis, until now none have been accurate enough for use in routine clinical practice. Most of these studies involve searching for a marker (or a combination of markers) in the peripheral blood and/or in an endometrial biopsy or in uterine washings of patients with endometriosis - sometimes combined with clinical symptoms - to confirm or exclude endometriosis with sufficient specificity and sensitivity.

Diagnostic Blood Tests

1. Monocyte chemotactic protein-1 (MCP-1)

Monocyte chemotactic protein-1 (MCP-1), a member of the small inducible gene (SIG) family, plays a role in the recruitment of monocytes to sites of injury and inflammation. Concentrations of MCP-1 are high in the peritoneal fluid of women with endometriosis (Arici *et al* 1997), and they correlate with the severity of the disease. Akoum *et al.* (1996), as well as Pizzo *et al.* (2002) reported, that serum levels of MCP-1 in patients with endometriosis were significantly higher than in the control group, particularly at early stages although decreased with the severity of the disease. Significantly higher levels of MCP-1 in serum of patients with endometriosis, together with interleukin-6 and interferon-gamma, were also reported in the study of Othmann *et al* (2007). They reported a sensitivity of 71% and a specificity of 66% to discriminate between patients with and without endometriosis.

2. Cancer Antigen 125 (CA125)

CA125 is an antigen present in 80 percent of non-mucinous ovarian carcinomas. It is a glycoprotein and the product of the MUC16 gene. CA125 levels are commonly applied in diagnosing and monitoring ovarian cancer, however it is of limited diagnostic value in the diagnosis of endometriosis when used as a single parameter (Mol *et al* 1998).

Several studies investigated CA125 as a diagnostic test for endometriosis. Somigliana *et al.* (2004) found significantly higher levels of CA125 in serum of patients with endometriosis compared to controls with a sensitivity of 27% and a specificity of 97%. They also investigated a concomitant use of CA125, CA19-9 and IL-6 and found that it did not add significant information in respect to the CA125 test alone (sensitivity of 42 and specificity of 71%).

The combination of CA125 and ICAM-1 measurements in serum showed a sensitivity of 28% and a specificity of 92% in detecting endometriosis (Somigliana *et al* 2002). Gagne *et al* (2003) presented a predictive model for endometriosis based on endometrial leukocyte markers combined with serum CA125 level, length of menstrual cycle, histological dating, and gravidity. This regression model had a sensitivity of 61% and a specificity of 95%.

3. Other Markers

There is emerging interest in a variety of other markers. One report on the use of serum cancer antigen 19-9 (CA19-9) in the diagnosis of endometriosis found that CA19-9 has only inferior sensitivity to CA125 but may be of some value in determining disease severity (Harada *et al* 2002). Leptin was also studied as a marker for endometriosis, but results do not support this possibility (Vigano *et al* 2000).

Flores *et al* (2006) found increased expression of interleukin 2 receptor gamma (IL2RG) mRNA and decreased expression of lysyl oxidase-like 1 (LOXL1) in peripheral blood lymphocytes of patients with endometriosis. Hever *et al* (2007) reported elevated levels of B lymphocyte stimulator (BLyS) protein, a member of the TNF super family, in the serum of endometriosis patients.

4. Endometrial Biopsy/Uterine Washing Protein Profile

Recently, it has been shown that multiple small unmyelinated sensory C nerve fibres are present in the functional layer of eutopic endometrium in women with endometriosis, whereas women without endometriosis do not have any nerve fibres in the functional layer (Tokushige *et al* 2006). It was suggested from this group therefore, that endometrial biopsy combined with immunohistochemistry for PGP9.5 (a pan-neuronal marker) might be a reliable diagnostic tool to detect endometriosis. Another group proposed uterine washings in the mid-secretory phase of the cycle to detect differences in the proteomic profile between women with and without endometriosis (Stoikos *et al* 2008).

5. Own Results

Endometriosis is a local pelvic inflammatory process with an increased number of leukocytes in the peritoneal fluid. Chemokines, including RANTES (Regulated upon Activation, Normal T cell Expressed and Secreted) are found to be essential for the recruitment of different leukocyte subsets to endometriotic inflammatory sites.

Around 70% of monocyte chemotactic activity in the peritoneal fluid from women with endometriosis is mediated by RANTES (Hornung *et al* 2001). CCR1 is a seven-transmembrane-domain G protein-coupled cognate chemokine (CC) receptor with high affinity for RANTES. CCR1 is expressed on the surface of neutrophil/mononuclear leukocytes (Rossi and Zoltnik 2000).

In our first study (Agic *et al.* 2007), we reported an increased expression of CCR1 mRNA in peripheral blood leukocytes of women with endometriosis compared to women without endometriosis.

This method showed a sensitivity of 90%, a specificity of 74%, a negative predictive value of 85% and a positive predictive value of 82% for predicting the presence of endometriosis.

Relying on the findings of our previous study to find elevated expression of CCR1 mRNA in peripheral blood leukocytes as a helpful marker for the diagnosis of endometriosis we investigated the combination of CCR1 mRNA, MCP-1 and CA125 protein measurements in peripheral blood as a diagnostic test for endometriosis.

We could confirm the results from our previous study and thus show, that the ratio of CCR1/HPRT mRNA molecules in patients with endometriosis (2.44 ± 1.38) was significantly elevated compared to women without endometriosis (1.02 ± 0.49) ($p < 0.001$). Additionally, MCP-1 levels were also significantly higher in the blood of endometriosis patients (122.4 ± 45.5 pg/ml) compared to controls (102.7 ± 33.4 pg/ml) ($p < 0.05$). We also found significantly higher expression of CA125 in the peripheral blood of patients with endometriosis (50.1 ± 30.1 IU/ml) compared to healthy controls (17.6 ± 9.9 IU/ml) ($p < 0.001$).

This method showed a sensitivity of 92%, a specificity of 82%, a negative predictive value of 83%, a positive predictive value of 92%, a likelihood ratio of a positive test result of 5.017 and a likelihood ratio of a negative test result of 0.096 in order to predict the presence or absence of endometriosis (Agic *et al.* 2008)

Conclusion

The main reason for the emerging interest to find non-invasive diagnostic methods is the long interval between first symptoms and the diagnosis of endometriosis. There are still a large number of patients who suffer for a long time without the correct diagnosis. The possible use of non-invasive diagnostic tests should shorten this time from 6-9 years to a minimum of 1-2 years, improve the treatment outcome and reduce recurrence rates.

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Programme highlights from the 10th World Congress on Endometriosis

Luk Rombauts, WCE2008 programme chair
Department of Obstetrics & Gynaecology, Monash University, Australia

After three days packed with high quality clinical presentations, scientific presentations, oral presentations, videos, posters, telecast live surgery, and a fire alarm evacuation thrown in for free, all delegates gathered in the auditorium for the final session of the congress: a summary by six international experts in endometriosis.

It was very interesting to hear their personal views and I felt it was important to invite these six to put pen to paper.

For those actively involved in research, you may find some pointers as to what the experts believe will bring significant change in the next decade.

For those involved in patient care, two well respected surgeons reminded us of the old adage again: "Good surgeons know how to operate. Better surgeons know when to operate. The best surgeons know when not to operate".

Enjoy…!

Professor Hans Evers
Maastricht University, Netherlands
WES President 2008-2011

Micro-RNAs, biomarker studies…clues?

My "personal pearl" of the meeting was the paper presented by Ohlsson Teague from the Adelaide group about the role of micro-RNAs in endometriosis. We all have some 800-1000 micro-RNAs. Every micro-RNA is able to switch off one or more genes. Previous mRNA studies have identified genes that were differentially expressed in eutopic and ectopic endometrium. Not all mRNA levels of proteins known to be elevated in endometriotic tissue differ, however. This suggests post-translational regulation. Micro-RNAs are short single-stranded RNAs that are able to suppress protein expression post-transcriptionally.

This group demonstrated significant differences that exist in the expression of micro-RNAs between eutopic and ectopic endometrium. Not only may this shed new light on the pathophysiology of endometriosis (and on endometrial dysfunction in women with endometriosis), but also could it become a future target for pharmacotherapy by customised drug delivery.

Another striking thing at this meeting were the many biomarker studies, indicating differences between women with endometriosis and women without endometriosis, claiming that a new diagnostic test would soon become available with sensitivities and specificities of up to 100%. These conclusions never stand firm after proper clinical evaluation in an independent second group of patients. In our field of specialty sensitivities and specificities of 75% are not bad at all, so something may come out of these studies eventually, but so far the claims seem to be a little exaggerated.

Is accreditation for surgery necessary?

First of all, I would like to congratulate the organisers for hosting such a successful meeting, where two parallel sessions, one scientific and one clinical, meant that scientists and clinicians could benefit from the most recent developments in both scientific research and clinical medicine.

This type of meeting was initiated by Professor Evers in Maastricht, where it also proved to be a great success, and I, as founding president, consider that this dual approach must be the rule for all future congresses.

I very much enjoyed the numerous scientific sessions, giving us the opportunity to hear from some of our youngest researchers, most of whom are doing their PhD theses in different labs around the world. They represent what I call the "new blood" of the society.

Professor Jacques Donnez
University of Louvain, Belgium
WES Co-founder and 1st President

I was also really impressed with certain moderators who carefully analysed not only their own data, but also data presented

by different speakers who came after them. Having listened to all the new data on angiogenesis and inflammation in endometriosis, I can clearly see the gulf that exists between experimental studies and clinical applications. Scientists and clinicians must continue to work together and share their experience. Scientists need to know what clinicians expect, and clinicians need to know what scientists are able to deliver.

Finally, as a clinician and a surgeon in the field of endometriosis, I have to say that I was disappointed to witness a trend towards aggressive surgery for this benign disease.

We heard lectures on sigmoid resection, we saw videos and live demonstrations but, as I said in my lecture, there is a need for strong and vigorous debate to weigh up the benefits of shaving (debulking surgery) versus rectal resection (radical surgery). Endometriosis is not cancer, but patients want to be free of symptoms.

Conservative surgery means preservation of the blood supply, preservation of the nerves and preservation of the organs. Everything should be done to avoid the high risk of complications (around 10%) encountered after very aggressive surgery.

I would like to ask Bernard Hedon, president of the next congress in 2011, to organise a specific session on this subject. We need to deepen our understanding of this relatively new entity called recto-vaginal nodules or deep endometriosis. We have to analyse the evolution of the disease. But most of all: we need to curb rather than encourage the aggressive approach favoured by some surgeons. Professor Van Caillie gave us a lecture on accreditation. I feel very strongly that we should be accredited not only for surgery itself, but also for the actual decision to proceed with surgery (or otherwise) based on careful analysis of all the indications.

Dr Krina Zondervan
Wellcome Trust Centre for Human Genetics, University of Oxford, England

Standardisation and collaboration is the way forward!

WCE 2008 provided, in my opinion, a very successful and stimulating update on ongoing progress in clinical and basic scientific research into a condition that is increasingly recognised as a major public health problem. In particular, state-of-the-art high-throughput technologies in biological analyses present great promise, and, as the meeting showed with some exciting examples, we are starting to witness the application of some of these in endometriosis. An example is the use of proteomic technologies to investigate potential biomarkers for endometriosis, which may in future provide us with a non-invasive diagnostic test.

Genetic studies are likely to tell us, over the next few years, which genes make a woman more or less susceptible to the condition; however, biological studies in blood and tissue will need to show in which biological pathways these genes act in order to identify novel drug targets; epidemiological studies will need to show how such genes interact with environmental factors that are modifiable, and thus open up avenues for prevention.

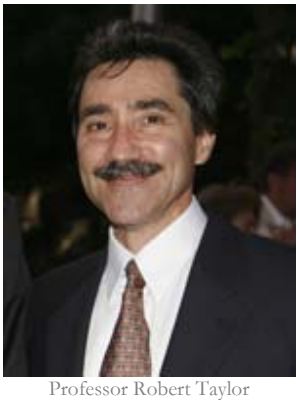
In this era of exciting new discoveries for many chronic diseases such as diabetes, coronary artery disease, and cancer, we as researchers need to capitalise on pushing for similar research strategies to be adopted for endometriosis.

In order to be successful, however, there is a need for increased adoption of two key concepts in designing future research studies: Standardisation and Collaboration.

Biological studies, such as the proteomic studies mentioned before, have been shown to give highly variable results depending on the experimental protocol adhered to, making comparisons between studies using different protocols virtually impossible.

Furthermore, only large-scale studies will be able to make any progress, and to this end, groups will need to collaborate. No single research group studying small numbers of samples will provide a major breakthrough in a complex condition such as endometriosis. Only through large collaborative studies will sufficient funds be obtained to conduct high-quality research.

Let us enter a new phase in endometriosis research where Collaboration and Standardisation become routine in designing new studies!



Professor Robert Taylor
Emory University, Atlanta, USA
WES board member

Clinical evolution = good clinical judgment in applying new knowledge

Congratulations should be extended to Prof. David Healy and his team for hosting a highly successful World Congress! The Congress Centre and meeting facilities were excellent, and entertainment at the opening ceremony and congress dinner were wonderful.

WCE 2008 set a record for attendance and the registrants were broadly represented by nationality as well as discipline. Reproductive surgeons, physicians, nurses, embryologists, laboratory scientists, nutritionists, patients and their advocates all contributed openly to a diverse, comprehensive and exceptionally informative program.

As Professor Jacques Donnez observed in his summary of the Congress, the talks and discussion demonstrate a clear evolution in our clinical approach to endometriosis, with more convergence and synergism between surgical and medical treatments.

Nevertheless, he admonished that we must remain prudent in our assessment of new technologies and therapies, and must continue to instil the principles of good clinical judgment in the application of evolving knowledge!

Dr Stephen Kennedy questioned the need for a definitive surgical diagnosis of endometriosis and made a strong case for empirical intervention. From the laboratory and clinical trial perspectives, both new and old drugs are being evaluated for their therapeutic efficacy. During an opening day symposium, progestogens and their multiple pharmacological targets were discussed. Throughout the sessions NF-κB inhibitors, PPARγ ligands and EP2 receptor blockers were entertained as emerging classes of compounds with clinical promise. Natural compounds (eg. catechin) were proposed as novel and potentially safer alternatives to classic pharmaceutical agents. On a more sobering note, Dr Peter Rogers reminded the audience of the potential teratogenic effects of anti-angiogenesis strategies in women of reproductive age.

Professor Hans Evers was impressed by the rapid progress being made in our field by global discovery strategies (eg. cDNA gene expression arrays, multiplexed antibody arrays, proteomics techniques and new investigations into microRNA regulation) and the promise they hold to guide future diagnosis and treatments of women with endometriosis. I too am encouraged by the evolution of our experimental models of endometriosis (cell culture, rodents, and subhuman primates) and advances in the recognition of their advantages and limitations. Methods that began as fundamental mechanism-focused now are being applied to clinically relevant endpoints such as pain and infertility.

Is endometriosis not a surgical disease after all?

Associate Professor Peter Maher
Mercy Hospital for Women, Australia
President of the International Society for Gynecological Endoscopy

Until WCE 2008 I had always thought of endometriosis as a disease best treated surgically.

Several presenters, in particular in the session on adolescent gynaecology, challenged the unnecessary early intervention with laparoscopy to make the diagnosis before the implementation of medical therapy.

I feel that to leave a conference having learnt one new principle is always worthwhile!

It is important to point out to overseas doctors that most patients, who attend a gynaecologist in Australia, have been investigated and treated by their family practitioner, generally with mediocre results, before referral.

Having said this, there are an increasing number of patients who seek direct referral to a gynaecologist and it is in this group that we should adopt a more conservative medical approach and not perform laparoscopy immediately.

I think that the juxta-positioning of the clinical and scientific sessions at this meeting provided an excellent opportunity for delegates to get the best of both.

My hearty congratulations to Professor David Healy and all concerned with this meeting!

Professor Linda Giudice
University of California San Francisco (UCSF) USA
WES Vice President 2008-2011

Coming full circle: endometriosis is more than just endometriosis

The Xth WCE has been a great success! With nearly 1000 registrants, the meeting brought together clinicians, scientists, pharma, patient advocates, and many, many trainees - all with the goal of understanding, diagnosing, preventing, treating, and curing endometriosis.

The key note speakers gave state of the art addresses, educating us all, and the session formats were highly successful, with having a leader in the field giving a summary presentation of relevance for the session's free communications. Finally, the debates were provocative and informative.

With regard to aetiology, genetics and the environment took the lead as contenders for the development of endometriosis. In addition, the meeting brought infection as a potential cause, including *E Coli* and HPV.

Several free communications and key note addresses underscored the diversity of mechanisms and systems involved in the pathophysiology of the disorder, including, eg. progesterone-resistance, stem/progenitor cells, inflammation and the immune system, the role of angiogenesis and lymphangiogenesis, leptin, and micro RNAs.

It is increasingly clear that endometriosis is a spectrum of several distinct types of disease - peritoneal, deep infiltrating, ovarian endometriomas, and extra-pelvic disease. Exciting new data were presented on nerve bundles present in greater density in myometrium, basalis, and functionalis of women with versus without endometriosis, with hormonal dependence of their density observed. In addition, nerve fibres are present only in functionalis of women with disease, as well as in endometriotic foci. The physiologic relevance of this is yet to be determined, although this is a major step forward to understand pain associated with endometriosis.

It was the consensus of the meeting, including patients, investigators, and clinicians, that a diagnostic for endometriosis is a "must do". Exciting data were presented on proteomics and genomics, and the hope is that this will be a reality as a commercialised entity within the next two to five years.

Overall, from the scientific perspective, this meeting was the prototype for systems biology – translational research with teams of clinicians, scientists, biostatisticians, bionformaticians, epidemiologists, and patients.

We have come full circle to address endometriosis, and the future is in the hands of our young, curious, and energetic trainees and our multidisciplinary teams, closely aligned with our patients. There is a future for young clinicians and scientists and a tremendous opportunity to do well by women with endometriosis – to prevent, treat, and hopefully cure this enigmatic disorder that bears heavily upon the well being of women and their families and friends.

It augurs well for the future of our disciplines that so many capable individuals are committed to ameliorating and ultimately eliminating endometriosis as a cause of pain and disability for women.

Please help us keep the momentum going!

The World Endometriosis Society does not pretend to be a large society – however, it is a specialised one and, through international expertise and collaboration, it is the society to be part of for those specialising in endometriosis!

By being a member of the WES you contribute to the worldwide quest of finding a non-invasive diagnostic test for endometriosis, to improve treatments, and one day – we hope! – to find prevention and cure for the millions of women who battle this disease every day. Our members keep the society and its work going!

Please join today – the more of us who work together, the sooner we will reach our goals!

www.endometriosis.ca/join.html

2008 WES General Assembly: 13 March 2008 at 17.30 – 18.00

Latrobe Theatre, Melbourne Exhibition and Convention Centre, Australia, during the 10th World Congress on Endometriosis

1. Report from the president

The WES General Assembly takes place in connection with the World Congresses on Endometriosis (WCE), and the assembly, which is therefore not annual, provides an opportunity for WES members and the WES board to meet to set priorities for the next three years.

Robert Shaw, as Immediate Past President, took the place of WES president Rodolphe Maheux, who died untimely in May 2007, in presenting the president's report, and commenced the assembly by reminding the members of WES's mission to:

1. promote the exchange of clinical experience, scientific thought, and investigation among gynaecologists, endocrinologists, scientists, biologists and other qualified individuals interested in advancing the field of endometriosis;

2. foster research in endometriosis pathogenesis and treatment;

3. disseminate information about endometriosis;

4. encourage and support collaboration among national and international societies interested in endometriosis.

Robert Shaw paid tribute to Rodolphe Maheux, who was a founding member of WES and a driving force of moving the Society's mission and priorities forward. He explained how he, Hans Evers and Lone Hummelshoj had had to step in too early to fill the void left by Rodolphe in carrying forward the mission of WES.

Robert Shaw was therefore proud to be able to highlight the following achievements since the last WCE in September 2005:

- A new secretariat was appointed January 2006, where Lone Hummelshoj took over as secretary general.

- Since then the WES has increased its membership by 40%, and now has 180 members. This is still too low for a society in this field and every member was encouraged to promote the mission of WES to increase membership and involve colleagues in contributing to this important field.

- WES has produced seven WES e-Journals since WCE2005; the highest number of e-Journals produced between any WCEs.

- WES has revamped its website to include more information and news, see **www.endometriosis.ca**

- WES was represented at 21 international meetings on five continents during the past 2½ years!

- WES co-founded the World Endometriosis Research Foundation (WERF) with the ASRM and ESHRE, which was Rodolphe Maheux's presidential initiative.

  WERF has raised almost half a million dollars so far and has commenced two prospective epidemiological studies to:

  (a) establish the impact of endometriosis and
  (b) the predictability of endometriosis (ie. a potential screening tool).

  Prospective studies of this scale have never been undertaken before, and 20 centres in 14 countries are involved.

  Members were directed to the website **www.endometriosisfoundation.org** for additional information.

Robert Shaw asked WES members to approve the WES board initiative of presenting a "Rodolphe Maheux Award" at each WCE for the best clinical presentation by a clinician under the age of 40, in honour of Professor Maheux.

The intention of the award would be to encourage the 'younger generation' to continue to advance the field of endometriosis and would carry a cash prize of €1,000.00 towards the winner's next scientific meeting.

WES member Ali Akoum proposed the approval of the award, which was seconded by WES member Neil Johnson. The motion was unanimously carried.

(See page 12 for the announcement of the 2008 Rodolphe Maheux Award recipient).

2. Financial statements

WES treasurer, Michel Canis, presented the financial results:

Result 31 December 2005:	CAD$26,405.50
9th World Congress on Endometriosis:	CAD$39,581.50
1st instalment for WCE2008:	CAD$13,460.80
Membership 2006:	CAD$10,966.34
Membership 2007:	CAD$14,402.77
TOTAL INCOME in 2006 and 2007	**CAD$104,816.91**
Operating expenditure 2006:	CAD$34,459.63
Operating expenditure 2007:	CAD$28,585.36
TOTAL EXPENDITURE	**CAD$63,044.99**
RESULT 31 December 2007	**CAD$41,771.92**

WES member Paulo Spinola proposed the approval of the accounts, which was seconded by WES member Neil Johnson. The accounts for 2006-2007 were unanimously approved.

3. The appointment of auditors

Robert Shaw proposed the appointment of auditors:

AIMS Accountants
Tudor Business Centre
Kingswood Station
Waterhouse Lane
Kingswood
Surrey
England

This was seconded by WES member Thomas D'Hooghe. The motion was unanimously carried

4. Special resolution: the amendment of bylaws

All WES members had been provided with proposed revised WES bylaws on 13 February 2008. The bylaws had been revised to simplify the membership structure and to clarify board terms to ensure there is a regular turnover of the board.

No additional comments/feedback had been received by the time of the General Assembly.

WES member Deborah Bush proposed the approval of the revised bylaws, which was seconded by WES member Edgardo Rolla. The revised bylaws were unanimously carried.

See www.endometriosis.ca/bylaws.html for the updated bylaws.

5. Presentation of the 2008 – 2011 priorities and board composition

Robert Shaw handed over the position of WES President 2008-2011 to Professor Hans Evers of Maastricht University. Hans Evers thanked Robert Shaw for stepping in on behalf of Rodolphe Maheux, and commenced his presentation by referring back to WES's mission, and based on this he set out his priorities for the next three years:

5.a e-Journal
To continue to produce a regular e-Journal with "news and opinions in endometriosis" to enhance the exchange of experience and dissemination of information. Hans Evers invited members to contribute with input to the e-Journal and for them to provide feedback to the format they would like see it take.

5.b International endometriosis research networks
Hans Evers announced that Peter Rogers, together with scientists from around the world, would be hosting a one day research workshop on 15 March 2008 to come up with a consensus for future research priorities in endometriosis. Hans Evers thanked Peter Rogers for this initiative and confirmed that WES will "take on the baton" – as Hans Evers' presidential initiative – to establish international, collaborative research networks based on the priorities set out in the publication, as a deliverable of WES's mission to "foster research". It is envisaged that these research networks will aid in providing research priorities for WERF.

5.c The World Endometriosis Research Foundation
Hans Evers pledged his support to WERF to not only foster research in endometriosis, but also to encourage and support international collaboration among those who study the pathogenesis and treatment of endometriosis. He encouraged all members to please assist with fundraising for WERF. Raising money for research is a key aim of WES's mission to make scientific progress.

5.d World Congresses on Endometriosis
Arranging the World Congresses on Endometriosis is one of the corner stones of WES's mission. Hans Evers announced that the 11th WCE will take place in Montpellier on 4 – 7 September 2011. Its theme will be: "Towards Excellence".

See also: **www.wce2011.com**

Hans Evers reminded all members that to move towards excellence international collaboration is essential. He recognised that WES is a small society – but it is not "select".

It welcomes all members from the endometriosis community, and encourages further collaboration with national and regional societies.

5.e The 2008-2011 WES board
Hans Evers paid tribute to Jacques Donnez (1st WES president, 1998-2000), Michel Canis (WES treasurer, 2002-2008, and Paulo Spinola (WES representative, 1998-2008), who are stepping down from the board because their terms of office are over.
He went on to introduce the new WES officers:

- Paolo Vercellini (Italy) – president elect for 2011-2014
- Robert Shaw (UK) – who has agreed to stay on as "immediate past president" in lieu of Rodolphe Maheux
- Linda Giudice (USA) – vice president
- Robert Schenken (USA) – secretary
- Ali Akoum (Canada) – treasurer

Three ex-officio positions have been created:

- David Healy (Australia) – president of WCE2008 (ie. immediate past WCE)
- Bernard Hedon (France) – president of WCE2011 (ie. next WCE) - NEW
- Luk Rombauts (Australia) – e-Journal editor - NEW

WES representatives:

Mauricio Abrao (Brazil) – NEW
Neil Johnson (New Zealand) – NEW
Naoki Terakawa (Japan) – NEW
Liselotte Mettler (Germany) – replaced Agneta Bergqvist in 1Q 2007
Robert Taylor (USA)

Lone Hummelshoj was re-appointed as Secretary General, which is not a board position.

See also: **www.endometriosis.ca/organisation.html**

6. Any other business

Hans Evers reminded everyone that the congress book on endometriosis, edited by Professor David Healy, was for sale at the registration desk.

There being no other business the meeting concluded at 18.00.

WCE2008 BOOK

Endometriosis2008 – official WCE publication

Edited by Luk Rombauts, Jim Tsaltas, Peter Maher and David Healy

Seventeen chapters written by the key note and invited speakers for WCE2008 have been incorporated in this lasted update on endometriosis.

Topics include: Health economics of endometriosis; Training and accreditation in laparoscopic surgery; angiogenesis and endometriosis; Genetic variations endometriosis risk; The aetiology of endometriosis: environment; Endometriosis and embryo implantation; Endometriosis as an autoimmune disorder: the possible leptin link; Endometrial dysfunction in endometriosis: biochemical aspects; Endometriosis and inflammation; Nonprimate experimental models in endometriosis research; The baboon as an experimental model for endometriosis; Diagnosis of endometriosis; Endometriosis treatment before IVF: surgical; Medical treatment prior to IVF in women with endometriosis; Treatment of advanced disease: principles and results of treatment of deeply infiltrating endometriosis; Endometriosis in the adolescent; and, Endometriosis in adolescence: diagnosis and early intervention.

Endometriosis2008 is available through Monash University for $100.00.

To secure your copy, please send an email to Karen Boland, who will take your credit card details and arrange for shipping: karen.boland@med.monash.edu.au

2008 RODOLPHE MAHEUX AWARD

1st Rodolphe Maheux Award was presented to a team!

Dr Joas Dias receives the 1st Rodolphe Maheux award from WES president, Hans Evers, and WES Secretary, Robert Schenken

The Rodolphe Maheux Award has been instigated to honour a promising, young clinician in the field of endometriosis.

In the spirit of Professor Maheux: the first award was presented in recognition of a team effort!

Lead authors Joas Dias and Sergio Podgaec presented their paper on:

Time elapsed between the onset of symptoms and the diagnosis of deeply infiltrating endometriosis

This paper was selected as one of the key abstracts for the clinical plenary session on "Diagnosis of endometriosis".

Deeply infiltrating endometriosis is related to more intense complaints of symptoms, but it is not possible to assert if this type of disease is an evolution of superficial endometriosis or whether it is a particular phenotype of the disease. In their study, the team from Sao Paulo compared the time elapsed between the onset of symptoms and the diagnosis of endometriosis according to the depth of the lesions.

Between 1996 and 2006, 690 patients were fully evaluated and submitted to surgery in the department of Obstetrics and Gynaecology at the University of Sao Paulo, Brazil. Taking potential bias into consideration, 293 were included, ie. women who were undergoing their first endometriosis surgery. They were then divided into two groups: with or without deep endometriosis.

39.2% (115/293) of the women had deep endometriosis, and the mean time elapsed between the onset of symptoms and the diagnosis of endometriosis affecting the rectum, bladder or ureter was 5.21 +/- 5.6 years. This was statistically different than among women without deep endometriosis, where the mean time to diagnosis was 3.9 +/- 4.7 years.

The team therefore concluded that women with deep endometriosis affecting the rectum, bladder or ureter have symptoms for longer until they have a diagnosis and are treated, than those women, who do not have these types of lesions.

AGES awards

The Australian Gynaecological Endoscopy Society (AGES) presented nine awards at the WCE2008. Three for the best clinical free communications, three for the best scientific free communications, and three for the best posters.

Full details about the winning contributions can be found at: **www.endometriosis.ca/wce2008_awards.html**

WCE2014

Call for proposals to host the 12th World Congress on Endometriosis in 2014

The WES Board is delighted to invite its members to submit proposals to host the 12th WCE in 2014.

The deadline for proposals is 31 October 2008, and the WES Board expects to announce its decision for the 2014 venue in early December 2008. We look forward to receiving your bids!

The bidding protocol can be downloaded from: **www.endometriosis.ca/world_congress_on_endometriosis.html**

COMMENT and DEBATE

The comment below was first published in the AAGL's *News Scope* in October 2006. It is being reprinted, with permission, not only as an additional observation to those of Jacques Donnez and Peter Maher in their summaries from WCE2008 (see pages 6 and 8), but also in recognition that many women with endometriosis struggle to get specialist care – something societies, such as the WES, can help change: In fact, in the comment below it is possible to swap "AAGL" with "WES". It is societies, such as ours, which will help pave the way for better care for women with endometriosis everywhere. We welcome our readers' feedback!

A call for patient advocacy

Dr Charles Miller
Clinical Associate Professor, Department OB/GYN, University of Chicago, USA and Director of Minimally Invasive Gynecologic Surgery, Lutheran General Hospital, Park Ridge, USA

WES Member Charles Miller is the current president of the AAGL

Over the past year, as your editor of *News Scope*, I have commented on robotic surgery, educational opportunities within the AAGL and the changing face of the membership of our society. I have, to the best of my ability, tried to present these topics in an amusing, "tongue in cheek" manner. At times I believe I actually succeeded.

With my final editorial, however, it is my intention to speak to you with all the seriousness and passion that the written word allows. I call on each of us, as minimally invasive gynaecologic surgeons, to advocate for patients and their gynaecologic surgical concerns.

Support must be given in direct patient care, as well as backing provided to deal with insurance reimbursement. Finally, as a group, we must lobby our law makers to recognise the importance of minimally invasive gynaecologic surgery for women. These techniques can no longer be considered surgical alternatives; rather, when appropriate, a minimally invasive gynaecologic surgery must be considered the procedure of choice.

Women must have the opportunity to locate surgeons in their communities adept in performing these minimally invasive techniques safely. Furthermore, insurance carriers must reward surgeons who are willing to gain expertise in these techniques that often times require advanced training, are technically more challenging and can be more time consuming than their "open" counterpart. Economics cannot be a reason to perform laparotomy. Finally, our law makers have to provide access to health care, so women have the opportunity to undergo minimally invasive gynaecologic surgery.

In order to reach these lofty goals, public awareness must be heightened. Patients, employers, law makers and the insurance industry must be educated. While the AAGL must accept the leadership role, this public relations initiative would appear to be quite costly; certainly beyond the means of our society.

I therefore call on industry as well as private doctors to work in harmony under the guidance of the AAGL to fund this public relations initiative. Ultimately, with a concerted effort, I feel confident that we can positively impact a woman's surgical outcome and make minimally invasive surgery the standard of care.

UPCOMING MEETINGS

ESHRE Campus meeting: Endoscopy in Reproductive Medicine
22 - 24 October 2008
Leuven, Belgium

ASRM Post-graduate Course: Endometriosis Pathogenesis and Research
8 November 2008
San Francisco, USA

37th Annual Meeting of the AAGL
28 October - 1 November 2008
Las Vegas, USA

ASRM/ESHRE Post-graduate Course: Endometriosis Diagnosis and Treatment
9 November 2008
San Francisco, USA