### Endometriosis Research: Barriers to Progress

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The Bleeding Roses, Salvador Dali, 1930



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- grateful recipient of the following grants from the Eunice Kennedy Shriver NICHD/NIH that currently support endometriosis research: P01HD106485, R01HD100329
- I will use gender binary terms for clarity and brevity but are not meant to exclude the spectrum of gender diversity.



# What is Endometriosis?



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disease,

& Gvnecoloav

### Endometriosis is the chronic persistence of endometrial cells outside the uterine

Symptc and/or burden

cavity,

ELSEVIER

In Press



**Invited Special Article** 

Associa A Call for New Theories on the Pathogenesis and Pathophysiology of compline Endometriosis

endom The Endometriosis Initiative Group<sup>1</sup>\*

Cause and risk factors remain obscure.

# Scope of Endometriosis

### **Common, but true incidence is uncertain**:

•  $\simeq 10$  % of reproductive age women



Endometriosis is a common, highly impactful, sometimes debilitating disease of unclear etiology, which is difficult to diagnose or assess, lacks a cure, and lacks adequate treatment options.

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Clear opportunity for endometriosis research to make a powerful impact on the lives of many women.

- Surgical treatment sometime requires hysterectomy.
- Medical treatments incompatible with fertility and limited by side effects.



**Goal**: Readily diagnose and prevent, treat or cure endometriosis.

- Political, Regulatory, and Resource Issues
- Lack of Non-Surgical Diagnosis
  & Evaluation Methods
- Animal Model Differences



# Endometriosis Diagnosis Difficult

PubMed Search "Endometriosis Diagnosis" (March 2, 2024): 18,817 articles!

Non-surgical Methods that have been proposed:

- Symptom Surveys
- Ultrasound and MRI DIE, Endometrioma
- Blood and urine biomarkers
- 2016 Cochrane Reviews:
  - Systematic reviews of possible Urinary, Blood, Endometrial Tissue, and Combined biomarkers
  - Among the 792 relevant papers, reviewers could not recommend any biomarkers as screening or diagnostic test.





## Lack of a Non-Surgical Diagnosis Limits Human Research

### Who has the disease in a study cohort?

 For non-DIE and non-Endometrioma cases, only those with reason for pelvic surgery can be detected and those who are detected often have had complete disease removal, further complicating case definition.

### An example of the difficulties posed by lack of a non-surgical test

now does one test a new treatment:

- Can test pain symptoms...
- What is the natural history of untreated lesions?
  - Can only be inferred from those having multiple surgeries and age of patient.



### Human Intervention Studies: Surgery for Stage 1 – 2 Endo



#### The New England Journal of Medicine



After 9 months of follow-up, about twice the number of women were pregnant after surgical ablation of lesions!



Marcoux et al. N Engl J Med 1997, Bafort C et al. Cochrane Database of Syst Rev 2020



### Human Intervention Studies: Prolonged Lupron

#### 3-6 Months of Lupron before IVF

#### Analysis 1.2. Comparison I GnRH agonist versus no agonist before IVF or ICSI, Outcome 2 Clinical pregnancy rate per woman.

Review: Long-term pituitary down-regulation before in vitro fertilization (IVF) for women with endometriosis

Comparison: I GnRH agonist versus no agonist before IVF or ICSI

Outcome: 2 Clinical pregnancy rate per woman

Study or subgroup	GnRH agonist	Control	Odds Ratio	Weight	Odds Ratio
	n/N	n/N	M-H,Fixed,95% Cl		M-H,Fixed,95% Cl
Dicker 1992	12/35	2/32		20.2 %	7.83 [ 1.59, 38.47 ]
Rickes 2002	21/28	9/19		39.4 %	3.33 [ 0.96, 11.54 ]
Surrey 2002	20/25	14/26	-	40.4 %	
Total (95% CI)	88	77	•	100.0 %	4.28 [ 2.00, 9.15 ]
Total events: 53 (GnRH a	gonist), 25 (Control)				
Heterogeneity: Chi <sup>2</sup> = 0.8	83, df = 2 (P = 0.66); l <sup>2</sup> =	).0%			
Test for overall effect: Z =	= 3.75 (P = 0.00018)				
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			Favours control Eavours GnRH a	agonist	





Sallam HN et al. Cochrane Database 2006; Barnhart K, Fertil Steril. 2002

### Not all data show an effect of endometriosis on IVF success

Impact of endometriosis on in vitro fertilization outcomes: an evaluation of the Society for Assisted Reproductive Technologies Database

Suneeta Senapati, M.D., M.S.C.E.,<sup>a</sup> Mary D. Sammel, Sc.D.,<sup>b</sup> Christopher Morse, M.D., and Kurt T. Barnhart, M.D., M.S.C.E.<sup>a,b</sup> Careful Analysis

- Excellent statistical methodology
- USA SART data.

No effect of endometriosis on Pregnancy or Live birth.

Why does this study show no effect?



Senapati S et al. Fertil Steril. 2016

### Who has Endometriosis in the Fertility Clinic?

#### **SART Cohort**:

- Surgery is no longer routine for infertility patients, so endometriosis ascertainment is extremely low.
- National data for 2019 shows 2.5% of first IVF cycles include a diagnosis of endometriosis.
- Previously estimated prevalence in infertile women, when surgery was common = is 25% to 75%.

The lack of a non-surgical method of disease diagnosis and assessment is an enormous barrier to research progress.

(90% – 97%) in the cohort are labeled as not having the disease!

Furthermore, many of those with surgically-detected disease, will have had lesion removal or destruction – further biasing away from an effect!



### Diagnostic ideas being developed

Development is slow, restricted to those planning surgery or inferred from symptoms of pain and/or infertility.

Clear opportunity for diagnostic test research to have a large clinical and research impact! Probably needs a major funding push and ability to pursue novel ideas.



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## Rodent Models



Murine models are genetically tractable, cost-efficient, and reproduce aspects of human disease, including pain and infertility as well as defective decidualization as well as endometrial overexpression of BCL6 and SIRT1.





## Limitations of Animal Models:

#### **Only Menstrual Species Get Endometriosis**

Rodent models are surgically-induced and cannot naturally have endometriosis: limits generalization of findings.



Studying primates and trying to monitor for endometriosis is, similar to humans, very difficult.





### Serendipity: A New, Non-surgical, Monkey Endometriosis Model!



Gynecology

Bishop, et al F. S. Sci. 2020, Ov Slayden Lab, unpublished

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## Systematic Limitations

Administrative burdens of NIH grants, health care systems, EHRs, educational and clinical administration, and EHR systems have increased exponentially. These result in a Sisyphean burden on physician-scientists, exacerbated in small academic REI divisions secondary to the demands of assisted reproduction.

There is not an Institute that is largely focused on gynecological or reproductive health.

Dickey-Wicker and Hyde amendments prevent almost all research involving IVF, making it harder to study endometriosis and infertility.





Healthy pregnancies. Healthy children. Healthy and optimal lives.





# NIH funding priorities for Endometriosis



Total NIH = \$34 Million NICHD = \$26 Million

\$76.2 million NIH spent on dermatitis Diabetes

Prevalence = 11.6% Population

Total NIH = \$3.5 Billion <!>

NICHD = \$71,447 million, ~3x endometriosis



*Eunice Kennedy Shriver* National Institute of Child Health and Human Development

Healthy pregnancies. Healthy children. Healthy and optimal lives.

> 15x amount spent on endometriosis

NICHD = \$39.5 million/yr



# Why are Endometriosis and Fibroids Low Priority



# Dissolution of the Reproductive Medicine Network (RMN)



National Institute of Women's Health Promoting Gender-Specific Health Throughout Life



# A wise man's question contains half the answer.

Solomon Ibn Gabirol (aka Solomon ben Judah)
 Andalusian Jewish Poet and Philosopher (1021 – 1070)



