ENDOMETRIOSIS **CONSENSUS** STRASBOURG 2022

SEPTEMBER 2022
15 • 16 • 17

A JOINT PROJECT OF

MIS ACADEMY
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BESINS HEALTHCARE
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STORZ KARL STORZ — ENDOSKOPE

ENDOMETRIOSIS
CONSENSUS
STRASBOURG
2022

AGENDA AT GLANCE

ENDO CONSENSUS STRASBOURG - PRELIMINARY PROGRAM

September 15 | Thursday

TIME	PAUL KAGAME Auditorium	LEON HIRSCH Auditorium	CHARLES LINDERBERGH Auditorium
8:30	Welcome Remarks by Pr. A. Wattiez & Keynote Lecture by Pr. P. Koninckx		
9:00	LIVE SURGICAL MARATHON *Chair:* ***Dr. Rodrigo Fernandes (Brazil)*** ***Dr. Marco Puga (Chile)*** **Laparoscopic Surgeons:** Pr. A. Wattiez (UAE/France) Dr. M. Malzoni (Italy) Pr. J. Gilabert (Spain) Pr. P. Ayroza (Brazil) Pr. H. Ferreira (Portugal) Pr. G. Scambia (Italy) Dr. F. Osorio (Portugal) Pr. Renato Seracchioli (Italy) Medtronic Engineering the extraordinary **Hysteroscopic Surgeons:** Pr. A. Di Spiezio Sardo (Italy) Pr. S. Bettocchi (Italy) Dr. U. Catena (Italy) Dr. O. Shawki (Egypt)	**Atelier #1** "Endometriosis in Adolescent" Chair: Pr. A. Ussia (Italy)	**Atelier #2** "Fertility Enhancement" Chair: Dr. R. Campo (Belgium)
10:30		Coffee Break	
10:45		**Atelier #3** "Classifications" Chair: Pr. J. Keckstein (Austria)	**Atelier #4** "Adenomyosis" Chair: Pr. G. Grimbizis (Greece)
12:15		Lunch Break	
14:15		**Atelier #5** "Imaging" Chair: Pr. C. Exacoustos (Italy)	**Atelier #6** "Bowel" Chair: Dr. W. Kondo (Brazil)
15:45		**Atelier #7** "Ureter" Chair: Pr. C. Nezhat (USA)	**Atelier #8** "Who Operates?" Chair: Pr. A. Forman (Denmark)
17:15	End of Session		

September 16 | Friday

TIME	PAUL KAGAME Auditorium	LEON HIRSCH Auditorium
8:30		
9:00	**Atelier #9** "Patient Centred Outcomes" Chair: Mrs. L. Hummelshoj (UK)	**Atelier #10** "Adhesions & Endometriosis" Chair: Pr. R. Leon De Wilde (Germany)
10:30	Coffee Break	
10:45	**Atelier #11** "Endometrioma" Chair: Dr. C. Miller (USA)	**Atelier #12** "FEMTECH and Research in Endometriosis" Chair: Dr. A. Fazel (France)
12:15	Lunch Break	
14:15	**Atelier #13** "Nerves" Chair: Pr. B. Rabischong (France)	**Atelier #14** "Pelvic Pain" Chair: Dr. S. As-sanie (USA)
15:45	**Atelier #15** "Endometriosis and Comorbid Pain: Impact on women's and couple's sexuality" Chair: Pr. A. Graziottin (Italy)	**Atelier #16** "Medical Treatment" Chair: Pr. P. Koninckx (Belgium) Co-chair: Pr. Ludwig Kiesel (Germany)
17:15	End of Session	

September 17 | Saturday

TIME	PAUL KAGAME Auditorium
8:30 20'	Consensus on Nerves
8:50 20'	Consensus on Fertility Enhancement
9:10 20'	Consensus on Classifications
9:30 20'	Consensus on Adenomyosis
9:50 20'	Consensus on Imaging
10:10 20'	Consensus on Bowel
10:30 20'	Consensus on Ureter
10:50 20'	Consensus on Who Operates?
11:10 1 hr	Lunch Break
12:10 20'	Consensus on Patient Centred Outcomes
12:30 20'	Consensus on Adhesions & Endometriosis
12:50 20'	Consensus on Endometrioma
13:10 20'	Consensus on FEMTECH and Research in Endometriosis
13:30 20'	Consensus on Adolescent
13:50 20'	Consensus on Pelvic Pain
14:10 20'	Consensus on Endometriosis and Comorbid Pain
14:30 20'	Consensus in Medical Treatment
14:50 to 15:00	Closing Remarks -End of Congress-

DAY 1

Live Surgical Marathon
Paul Kagame Auditorium

Chairmen: Dr. Rodrigo Fernandes *(Brazil)*
Dr. Marco Puga *(Chile)*

LAPAROSCOPY

Time (CET)	Live Feed 1	Live Feed 2	Live Feed 3
08:45	OPENING REMARKS		
09:00	**LAP** Pr. Arnaud Wattiez (IRCAD) *(9:00 to 10:30)* CET **Case**: TBC	**LAP** Dr. Filipa Osorio (Portugal) *(9:30 to 11:00)* CET **Case**: TLH + right adnexectomy + left salpingectomy and deep rectovaginal nodule excision	
10:00			**HYST** Pr. Attilio Di Spiezio Sardo (Italy) *(10:30 to 11:00)*
11:00	**LAP** Pr. Juan Gilabert (Spain) *(11:00 to 12:30)* CET **Case**: Deep endo of the posterior compartment with adenomyosis for shaving technique and hysterectomy	**LAP** Medtronic Engineering the extraordinary Pr. Renato Seracchioli (Italy) *(11:30 to 13:00)* CET **Case**: Bowel resection for intestinal endometriosis performed with Sonicision™	
12:00			**HYST** Pr. Stefano Bettocchi (Italy) *(12:30 to 13:00)*
13:00	**LAP** Pr. Paulo Ayroza (Brazil) *(13:00 to 14:30)* CET **Case**: Deep endo with bowel endo	**LAP** Pr. Giovanni Scambia (Italy) *(13:30 to 15:00)* CET **Case**: TBC	
14:00			**HYST** Dr. Ursula Catena (Italy) *(14:30 to 15:00)*
15:00	**LAP** Pr. Mario Malzoni (Italy) *(15:00 to 16:30)* CET **Case**: Bowel and Parametrial DIE	**LAP** Pr. Helder Ferreira (Portugal) *(15:30 to 17:00)* CET **Case**: Deep endometriosis with urinary involvement	**HYST** Pr. Osama Shawki (Egypt) *(15:00 to 15:30)*
16:00 - 17:00			

HYST CASES:

Pr. A. Sardo - Hysteroscopic treatment of Adenomyosis
Pr. S. Bettocchi - Menopausal patient with polyp
Dr. U. Catena - Adenomyosis and Infertility
Pr. O. Shawki - Uterine septum

DAY 1

Atelier Session

Atelier #1: Adolescent

Chair: Dr. Anastasia Ussia

Time: 9:00 - 10:30
Leon Hirsch Auditorium

DESCRIPTION:

Traditionally, laparoscopy and surgery for endometriosis in adolescents were postponed preventing recurrences and repeat surgery. That the risk of endometriosis is highest during puberty might suggest earlier laparoscopy or Transculdo Hydro Laparoscopy (THL). However, it is unclear whether this prevents more severe lesions later, especially if recurrences can be prevented.

Topic	Faculty
What do endometriosis patients need to tell their daughters?	Dr. Dan Martin
What do we know about endometriosis in adolescence?	Pr. Stephan Gordts
Highest risk of initiating endometriosis is during adolescence	Pr. Philippe Koninckx
Spontaneous uterine adenomyosis and endometriosis (archimetrosis) as an anthropoid disease. The adolescent perspective	Pr. Gerhard Leyendecker
Open Discussion	All

Atelier #2: Fertility Enhancement

Chair: Dr. Rudi Campo

Time: 9:00 - 10:30
Charles Linderbergh Auditorium

DESCRIPTION:

How endometriosis impact fertility is still unclear. Nevertheless, IVF is in many occasion the first line therapy to resolve this problem. Several questions are still not answered today as the use of hormone to stimulate the ovary may also stimulate the disease. Does the presence of endometrioma impact negatively the outcome? Does the presence of retro vaginal nodule contra-indicate transvaginal oocyte retrial and expose the patient to the risk of infection? Consensus should be obtained between expert to clarify the algorithm of the medical decision.

Topic	Faculty
Is there a place for oocyte preservation before endometriosis surgery in infertile patients?	Pr. Grigoris Grimbizis
Does endometriosis negatively impact the IVF outcomes?	Pr. Jaime Ferro
Should we operate ovarian endometrioma in a young infertile patient without associated male factor?	Pr. Vasilios Tanos
Is the use of an agonist stimulation protocol to be preferred in patients with endometriosis entering an IVF treatment?	Dr. Larissa Schindler
Does COS (controlled ovarian stimulation) increase the risk of endometriosis growth or recurrence?	
Recto vaginal endometriotic nodule causes enormous pain, patient wants to get pregnant. Is surgery the first line indication?	Pr. Michelle Nisolle
Open Discussion	All

DAY 1

Atelier Session

Atelier #3: Classifications

Chair: Pr. Jörg Keckstein

Time: 10:45 - 12:15
Leon Hirsch Auditorium

DESCRIPTION:

The classification of endometriosis has increasingly become the focus of discussion in recent years. Until now, the classification served to categorise endometriosis after surgery, in a simplified form. Due to the enormous changes in diagnostics and therapy, we have gained a fundamentally different approach to this disease. Various questions about the genesis, symptomatology, conservative and surgical therapy must be reconsidered. For this purpose, a comprehensive classification is absolutely essential for an interdisciplinary perspective. What should it include?

Topic	Faculty
Why do we need to rethink the endometriosis classification? The classification of the future is constantly in progress!	Pr. Jörg Keckstein
Non invasive imaging and use of classification systems for DE surgery - is it necessary?	Dr. Gernot Hudelist
For the surgeon, the classification is not only important after the operation! Why?	Pr. Mario Malzoni
Does the very inhomogeneous collective of endometriosis patients make only a simplified form of classification useful?	Pr. Maurizio Abrao
Which important information of a classification does a reproductive specialist need for decisions in diagnostics and therapy?	Pr. Philippe Koninckx
Open Discussion	All

Atelier #4: Adenomyosis

Chair: Pr. Grigoris Grimbizis

Time: 10:45 - 12:15
Charles Linderbergh Auditorium

DESCRIPTION:

Adenomyosis is a clinical situation that leads to very difficult problem. The first one is to find the proper non-invasive diagnostic to help describe the clinical situation and to have a classification that help you to decide on the treatment. The second is to understand the relative place and success of the medical and the surgical treatment. And finally, to understand what the outcomes are mainly obstetrical in those patients non-treated and surgically managed.

Topic	Faculty
What is needed from a classification / reporting system for adenomyosis from a clinical perspective?	Pr. Grigoris Grimbizis
What is the current non-invasive diagnostic approach of adenomyotic patients?	Dr. Tina Tellum
What is the current place of conservative and surgical treatment of infertile patients?	Pr. Stephan Gordts
What is the obstetric outcome in adenomyotic patients non-treated and surgically managed?	Dr. Hanan Gharbi
Open Discussion	All

DAY 1

Atelier Session

Atelier #5: Imaging

Chair: Pr. Caterina Exacoustos

Time: 14:15 - 15:45
Leon Hirsch Auditorium

DESCRIPTION:

Imaging is the pivot of the surgical decision as it gives the surgeon information that are not accessible by clinical exam and anamnesis. A lot of points are still debated concerning what classification system would be enough to describe the lesion before surgery, what important imaging finding are needed for the surgical decision and can imaging predict the nature and the difficulty of surgery to help for surgical planning.

Topic	Faculty
Why should be TVS the first line imaging for endometriosis and can it replace diagnostic laparoscopy	C. Exacoustos VS P. Koninckx
Presurgical evaluation of endometriotic lesions: bowel involvement of the pelvis and upper abdomen what add MRI to Ultrasound	S. Guerriero VS P. Host
Presurgical assessment by imaging using classifications or extensive description of the altered pelvic anatomy	A. Di Giovanni VS J. Keckstein
Open Discussion	All

Atelier #6: Bowel

Chair: Dr. William Kondo

Time: 14:15 - 15:45
Charles Linderbergh Auditorium

DESCRIPTION:

Surgery for bowel endometriosis should be tailored according to the disease and the patient symptoms. Issues on preoperative work-up, preoperative bowel preparation, radicality of the procedure with or without the need for a protective stoma, and postoperative recovery should be addressed in order to get the best outcome for the patient.

Topic	Faculty
Pre-operative Work-up: Should we operate patients with bowel endometriosis without bowel symptoms? When should we operate asymptomatic patients? Should the type of surgical intervention be decided before or during surgery	Pr. Marco Bassi
Intraoperative: Tailoring radicality for bowel surgery (margins, nerves, anatomical planes, type of bowel surgery). Should we excise fibrosis or can we leave it?	Pr. Mario Malzoni
Intraoperative: Safe segmental bowel resection: transmesorectal excision or total mesorectal excision? NOSE or conventional extraction through the abdominal wall? How to reduce leakage (ICG? Omentoplasty? suture to reduce tension?) It is better to do a double discoid excision (if feasible) than a bowel resection	Pr. Joel Leroy
Postoperative: Postoperative fast recovery protocol: When to start oral diet, when to discharge the patient, etc. + dally CRP after bowel surgery?	Dr. Wiliam Kondo
Open Discussion	All

DAY 1

Atelier Session

Atelier #7: Ureter

Chair: Pr. Ceana Nezhat

Time: 15:45 - 17:15
Leon Hirsch Auditorium

DESCRIPTION:

The main issues needing a consensus regarding endometriosis of the uretervinclude the imaging studies needed to plan strategy to optimize outcomes. Furthermore, what is the role of medical management and what are the appropriate surgical treatment options depending on site, severity, and extent of endometriotic lesions.

Topic	Faculty
Peri-operative imaging and assessment of ureteral endometriosis	Pr. Resad Pasic
Intraoperative management of ureteral endometriosis	Dr. Marco Puga
Multi-disciplinary approach to ureteral endometriosis	Pr. Ceana Nezhat
Long term management of ureteral endometriosis	Dr. Kathleen Hwang
Open Discussion	All

Atelier #8: The right Surgeon for each Patient now and in the future

Chair: Pr. Axel Forman

Time: 15:45 - 17:15
Charles Linderbergh Auditorium

DESCRIPTION:

Surgery for bowel endometriosis should be tailored according to the disease and the patient symptoms. Issues on preoperative work-up, preoperative bowel preparation, radicality of the procedure with or without the need for a protective stoma, and postoperative recovery should be addressed in order to get the best outcome for the patient.

Topic	Faculty
The procedure should be done by the surgeon	Pr. Mario Malzoni
The procedure should be done in a multi-disciplinary setting	Pr. Mikkel Seyer-Hansen
Do we need an infertility surgeon in the room?	Pr. Stephan Gordts
What can we learn from the oncologic experience?	Dr. Denis Querleu
Could we found and teach the next generation of advanced endometriosis surgeons?	Pr. Axel Forman Danemark
Is there a role for a robotic platform?	Pr. Pierre Collinet
Open Discussion	All

DAY 2

Atelier Session

Atelier #9: Patient Centred Outcomes

Chair: Ms. Lone Hummelshoj

Time: 9:00 - 10:30
Paul Kagame Auditorium

DESCRIPTION:

Everyone with endometriosis is a unique individual. Therefore, the treatment strategy must be tailored according to that individual's symptoms and specific wishes to improve her quality of life. The patient is then at the centre of the picture and therapeutical outcomes should match her expectations taking into consideration both physical and mental health and wellbeing. That is why, the following topics will be discussed.

Topic	Faculty
The importance of diagnosis – when and how?	Ms. Lone Hummelshoj
The need for holistic management	Dr. Karina Ejgaard Hansen
The necessity for recognition and action by government and decision makers	Ms. Emma Cox
The importance of involving those living with endometriosis in the definition of research priorities and standards	Dr. Marina Kvaskoff
Open Discussion	All

Atelier #10: Adhesions & Endometriosis

Chair: Pr. Rudy Leon De Wilde

Time: 9:00 - 10:30
Leon Hirsch Auditorium

DESCRIPTION:

What is needed to reduce the exponentially enhanced adhesiogenesis provoked by the intrinsic endometriosis burden and the iatrogenic surgical trauma risk?

The goal is to provide an expert discussion basis towards a consensus on the problem of adhesion provoked by deep endometriosis surgery and the adhesiogenic potency of the disease itself.

Topic	Faculty
A broad opinion paper on the future of adhesion prophylactic trials: a first step towards consensus?	Pr. Rudy Leon De Wilde
Video demonstrations on adhesion prophylactic agent application in endometriosis surgery: do we have enough efficacy data?	Dr. Rajesh Devassy
Evaluation of different prospective adhesion prophylactic study protocols in deep endometriosis laparoscopic surgery: a single center experience documenting inherent pitfalls.	Dr. Harald Krentel
How to interfere with adhesion formation in endometriosis surgery: a step-by-step evaluation to reduce iatrogenic trauma.	Pr. Sven Becker
Open Discussion	All

DAY 2

Atelier Session

Atelier #11: Analysis of Currently Proposed Endometrioma Decision Tree

Chair: Pr. Charles Miller

Time: 10:45 - 12:15
Paul Kagame Auditorium

DESCRIPTION:

The management strategy of Endometrioma depends on several factors. So, decisions are multiple and difficult to order in a logical manner. Hence, consensus should be obtained on:

1.) Best options to determine benign versus malignancy.
2.) What size should an endometrioma be removed for pain, low tech fertility or ART?
3.) When should egg freezing be performed in a patient with an endometrioma?
4.) What are the do's and don'ts for surgical treatment of an endometrioma?

Topic	Faculty
Introduction and discussion of the endometrioma decision tree • Malignancy • Pain • Infertility without ART • Impact on IVF success • Concern of endometrioma rupture at time of retrieval • Low antral follicle count • Implantation failure	Pr. Charles Miller
Comments regarding "Introduction and discussion of the endometrioma decision tree"	Pr. P. Koninckx, Pr. O. Donnez, & Pr. M. Abrao
Audience Discussion	All
Surgical Options Discussion • Cystectomy • Use of PlasmaJet • Suturing • Biocoagulants	Pr. Charles Miller
Comments regarding "Surgical Options" Discussion • Three step technique	Pr. Philippe Koninckx
Comments regarding "Surgical Options" Discussion • Technique for cystectomy and partial laser vaporization	Pr. Olivier Donnez
Comments regarding "Surgical Options" Discussion • Argon plasma	Pr. Mauricio Abrao
Surgical Options: • Sclerotherapy	Dr. Shaima Al-Suwaidi
Audience Discussion	All

Atelier #12: FEMTECH and Research in Endometriosis

Chair: Dr. Afshin Fazel

Time: 10:45 - 12:15
Leon Hirsch Auditorium

DESCRIPTION:

FEMTECH in endometriosis comprises new technologies in research, including Biomarkers, Artificial Intelligence, Virtual Reality, and Digital Applications. Setting the standards of research and use of these tools needs a consensus to compare studies and devices.

Topic	Faculty
Biomarkers	Dr. Afshin Fazel
Robotic Surgery	Dr. Gaby Moawad
Augmented Reality	Pr. Nicolas Bourdel
Artificial Intelligence	Dr. Loic Etienne
Digital Applications	Dr. Jean Philippe Estrade
Open Discussion	All

DAY 2

Atelier Session

Atelier #13: Nerves

Chair: Pr. Benoit Rabischong

Time: 14:15 - 15:45
Paul Kagame Auditorium

DESCRIPTION:

Nerve involvement in endometriosis is very frequent and can be from entrapment to invasion. In order to treat properly the patient and avoid the risk of long-term neurological disorder, a clinical diagnostic is important before to propose a surgical dissection. On many occasions, the surgeon has to make a choice: either to be radical with the risk of nerve impairment or to be more conservative with the risk of being incomplete on the disease. Clinical experience is essential to come to a consensus.

Topic	Faculty
How to dissect the pelvic nerves: from microanatomy to surgical rules?	Pr. Benoit Rabischong
How to choose between radicality and nerve preservation: Surgical strategy and technique?	Pr. Vito Chiantera
How to clinically diagnose an attack of the pelvic nerves in the event of endometriosis and which complementary examinations are then necessary?	Pr. Marc Possover
Open Discussion	All

Atelier #14: Pelvic Pain

Chair: Dr. Sawsan As-sanie

Time: 14:15 - 15:45
Leon Hirsch Auditorium

DESCRIPTION:

Although pelvic pain is the most common symptom associated with endometriosis, the mechanisms by which endometriosis causes pain in only some women, why the severity of pain in affected women does not correlate with the severity of anatomic disease, and why medical and surgical treatment strategies do not consistently provide long-lasting pain relief remain poorly understood. The goal of this session is to discuss the current state of knowledge on pain mechanisms in endometriosis and best practice treatments for endometriosis-associated pelvic pain. We will generate consensus statements on pain mechanisms and the efficacy of surgical, hormonal and behavioral therapy for pain.

Topic	Faculty
Central sensitization and pain mechanisms in endometriosis	Dr. Sawsan As-Sanie
The efficacy of surgical and hormonal treatment of endometriosis-associated pelvic pain	Dr. Sony Singh
The efficacy of complimentary behavioral strategies for endometriosis-associated pain	Dr. Sara Till
Open Discussion	All

DAY 2

Atelier Session

Atelier # 15: Endometriosis and comorbid pain: Impact on women's and couple sexuality in the lifespan

Chair: Pr. Alessandra Graziottin

Time: 15:45 - 17:15
Paul Kagame Auditorium

DESCRIPTION:

Severe dysmenorrhea, heavy mestrual bleeding (HMB), deep dyspareunia/sexual pain, cyclic pelvic pain, chronic pelvic pain should be considered predictors of endometriosis until proven otherwise? Should as well the rarer menstrual dyschezia and menstrual hematuria be considered predictors of endometriosis?

Should continuous combined contraception (CCC) or continuous progestogens (CP) be prescribed without Hormone Free Interval (HFI) in the above-mentioned conditions and after surgically confirmed/operated endometriosis, to reduce inflammation & pain, the progression of endometriosis and comorbid pain and the impact on women' and couple's sexuality and fertility?

Topic	Faculty
Endometriosis, pain and sexuality: lack of professional recognition. Which future?	Pr. Alessandra Graziottin
Severe dysmenorrhea and Heavy Menstrual Bleeding: predictors of endometriosis and FSD?	Dr. Angela Cuccarollo
Endometriosis: sexual pain and comorbid FSD	Dr. Elisa Maseroli
Medical treatment before and after surgery: the challenge of tailoring the best, while protecting sexuality	Dr. Silvia Baggio
Open Discussion	All

Atelier #16: Medical Treatment

Chair: Pr. Philippe Koninckx
Co-chair: Pr. Ludwig Kiesel

Time: 15:45 - 17:15
Leon Hirsch Auditorium

Topic	Faculty
The new algorithms for endometriosis and the place of medical therapy before and after surgery.	
The place of the GnRH antagonist. Results of the different studies	Pr. Hugh Taylor
The place of medical therapy in endometriosis	Pr. Ludwig Kiesel
Open Discussion with Pr. Philippe Koninckx	All