

Endometriosis & Unmet Needs

Endometriosis is a chronic, progressive disease in which endometrial tissue, normally forming the lining of the uterus, starts to grow outside the uterine cavity, creating endometriotic lesions.

Symptoms include painful periods and ovulation, pain during or after sexual intercourse, abnormal bleeding, chronic pelvic pain, fatigue, and infertility. There is no known cure for the disease.

Estrogen is the most important known factor that stimulates the growth of endometriosis, drives the growth of lesions and causes disease progression.

Current drug treatment is based on suppression of ovarian estrogen synthesis (GnRH agonists, GnRH antagonists or oral contraceptives) or antagonising estrogen action (progestins). These systemic therapies lead to estrogen deprivation but, unfortunately, have either modest efficacy or harmful safety profiles, like loss of bone density and several menopause-like side effects. Therefore, these drugs are suitable only for short term treatment in premenopausal women.

Surgery can be effective to remove endometriosis lesions and scar tissue, but success depends on the extent of disease and the surgeon's skills. Disease recurrence after surgery is common.

One of the challenges of endometriosis is delayed diagnosis. It can take up to 10 years between first reported symptoms and diagnosis – and today, definitive diagnosis can only be done by laparoscopy.

Endometriosis is estimated to affect 170 million patients, about 10% of women in fertile age. In addition to patients suffering from this chronic disease, endometriosis continues to cause also financial burden to societies through lost working days and repeated surgeries. Endometriosis poses a major health burden with current treatment options being largely inadequate.

