



12TH WORLD CONGRESS ON ENDOMETRIOSIS

 WORLD
ENDOMETRIOSIS
SOCIETY


ASSOCIAÇÃO BRASILEIRA DE
ENDOMETRIOSE
e GINECOLOGIA
MINIMAMENTE INVASIVA

Scientific Programme

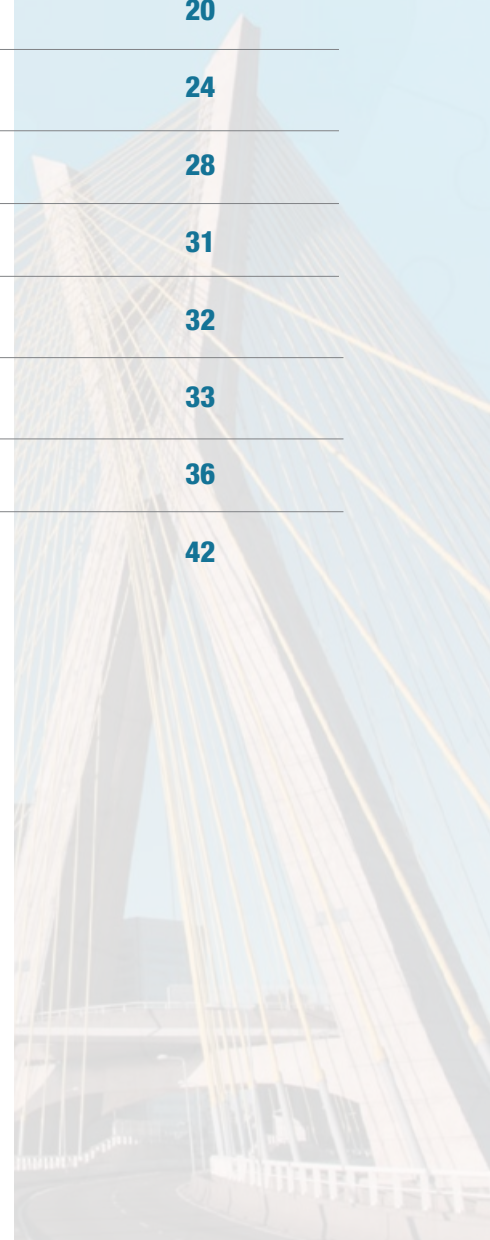
30 April - 3 May 2014

Adding pieces to the
puzzle of endometriosis



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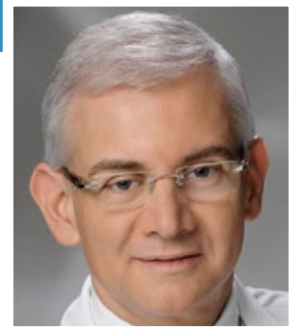


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*Maurício Simões Abrão,
WCE2014 President*

Dear Colleagues and Friends,

Welcome to São Paulo and to the 12th World Congress on Endometriosis.

The theme of WCE2014, “Adding pieces to the puzzle of endometriosis”, has been chosen because we are currently experiencing a rapid advancement of new technologies for the diagnosis and management of endometriosis and, with that, improvements in our understanding of the disease.

At the heart of every congress is the scientific programme, which keeps the momentum of our advancements in endometriosis alive through a robust exchange of ideas among the experts and learners in the field. We have received more than 500 outstanding abstracts from the international community, and have put together an extensive and in-depth programme featuring more than 150 speakers and close to 300 poster presentations spanning almost every topic you can imagine that has relevance to endometriosis. This is truly *the* world event on endometriosis and I welcome each and every one of you to São Paulo to be part of this clinical and scientific extravaganza!

For me it is an exciting time to welcome you to São Paulo, one of the top international capitals for gastronomy, architecture and design, cultural heritage and music. You will find São Paulo home to remarkable museums and concert halls, memorable restaurants, and unique bars. Do explore the neighborhoods where you will come upon noteworthy cafes, boutiques, and vibrant streets. As the capital of a state that generates almost half of the Brazilian economy, São Paulo has many reasons for being the first tourist destination in this country. The Local Organising Committee hopes that you will find time to explore the many cultural opportunities the city has to offer, in between adding the necessary puzzles to the jigsaw that is endometriosis, so that collectively we can keep the momentum going and continue to move our field forward for the benefit of millions of women around the world.

Enjoy the Congress and our lively city!

A handwritten signature in black ink that reads "Maurício Abrão". The signature is fluid and cursive, with the first name being more prominent.

Mauricio Abrão
WCE2014 President





Paulo Vercellini, President
World Endometriosis Society

SÃO PAULO 2014: ENDOMETRIOSIS BETWEEN SCIENCE AND PASSION

Welcome to the first attendee-centered meeting on endometriosis. In this era of patient-centered medicine, when the preferences of our patients are crucial for medical decision-making, we thought it was opportune to adopt a similar approach for the World Congress on Endometriosis, including the topics that matter to you. This is why the scientific programme has been shaped respecting the results of an online survey in which you expressed your preferences regarding the issues to be addressed. Moreover, in a scientific environment characterised by an overwhelming amount of industry-sponsored studies, we continue to foster independent research. Since 2005 in Maastricht, the vast majority of presentations for our triennial meeting are selected from the abstracts that you submitted.

On this occasion, we will commemorate Maurice Bruhat, one of the greatest pioneers of modern gynaecology, who left us a few weeks ago. It was Bruhat who organised the first World Congress on Endometriosis in 1986 in Clermont-Ferrand. We are all indebted to him, and Michel Canis will dedicate a tribute to this visionary clinician and scientist.

This year we have the special honor of hosting Fiona Godlee, the Editor-in-Chief of the British Medical Journal, who will present a lecture on overdiagnosis and overtreatment. The Scientific Committee felt that the introduction of a general medical topic of such importance would benefit also those interested in our specific research area. It is a unique opportunity for us, and you will certainly appreciate her enlightening thoughts.

Indeed, the paradigms of medicine apply also to the research and management of endometriosis. In 1894 the University of Vienna commissioned three paintings from Gustav Klimt to celebrate the faculties of Philosophy, Medicine, and Law, reflecting the general theme of *"the triumph of light over darkness"*. Medicine was completed in 1901 and provoked a big scandal, as the painting reaffirms that the connection between life and death is inevitable. Drifting bodies of men and women of different ages, a pregnant woman, a child, are shown to symbolise the course and flow of life. A skeleton is also featured, to emphasise the antithesis of life, the failure of health. On the right side of the canvas a floating body of a naked young woman is represented. She appears unconscious, helpless, beyond the connections with reality and the rest of humanity.

"At the forefront of the canvas stands Hygeia, beautiful and ignorant of the despairing humanity; she has the power of healing but she keeps it to herself – it is what keeps her apart from the rest; without her gift, she would be one of them; she guards it like a priestess guards an oracle; she holds the knowledge of life and death and the antidote to pain but she does not offer it to the people" The painting has been interpreted as an attack to physicians, at whose mercy is all of humanity. *"Klimt seems to be presenting them as sorcerers rather than scientists; medicine is but a spell incapable of salvation. People are born to die – what can medicine promise to break that cycle?"*
(<http://suitesculturelles.wordpress.com/2011/08/24/vienna-secession-klimt-freud-and-jung/>).



Welcome

In 1899 Gustav Klimt painted another masterpiece that seems relevant to our meeting, “Nuda Veritas”. A naked young woman shows herself hiding nothing but without provocative postures. She is pale, with red hair, a petrified look, disquieting. The woman holds a mirror facing the viewer. The woman embodies “The Truth”, undermined by lies, symbolised by the snake at her feet. Facing the mirror toward us, she admonishes us to avoid mendacity and deception and to search for the truth, whatever risks, efforts, and troubles this might take.

We are here in São Paulo to accept the challenge that Gustav Klimt directed to physicians with his Medicine more than a century ago. We are here to reaffirm that *our* patients are central to our thinking and acting, and that everything we do is done in their interest, not in our interest. We do not always have the power of healing, but we convene, in this meeting, to look for the best available modalities to relieve suffering. And we will always strive in the search of truth. The woman depicted in Nuda Veritas has the typical phenotypic traits of a patient with endometriosis: pale, sun-sensitive skin, red hair, low body-mass index. She severely asks for truth: let us confront with an open mind and free thinking, and let us look in her mirror without fear. The 12th World Congress on Endometriosis can begin.



Paulo Vercellini, President
World Endometriosis Society

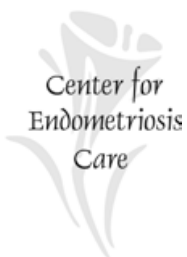
Paulo Vercellini

Paulo Vercellini
President World Endometriosis Society



Partner organisations

WCE2014 acknowledges the support of the following organisations in support and promotion of this congress.



World Endometriosis Society

The world congresses on endometriosis extend back to 1986, when Professor Maurice Bruhat gathered clinicians and scientists, who had a specific interest in endometriosis, for what became the 1st World Congress on Endometriosis held in Clermont-Ferrand, France.

More than a decade later, at the 6th World Congress on Endometriosis in Quebec in 1998, Rodolphe Maheux and Jacques Donnez founded the World Endometriosis Society (WES).

As a non-profit organisation, WES promotes and facilitates the exchange of clinical and scientific experience, thought, and investigation. WES has succeeded in meeting these goals by:

- gathering thousands of experts at our world congresses for “downright good discussions” at global meetings to add pieces to the puzzle that is endometriosis;
- supporting two workshops where researchers have brainstormed on research priorities in endometriosis, resulting in two publications and the acknowledgment of endometriosis as a research priority (the third workshop is on 4 May 2014!);
- developing the first film on “Endometriosis: symptoms, treatment, and diagnosis” in five languages;
- organising the first global consensus in the current management of endometriosis (published in Human Reproduction in 2013);
- continuously publishing opinions and news via our eJournal – sparking that all important exchange of experience;
- participating in numerous national and regional meetings on endometriosis;
- supporting and contributing to the World Endometriosis Research Foundation (WERF) in its mission to provide a global platform for researchers to collaborate on its quest to determine the phenotype of endometriosis and consequently develop targeted treatments.



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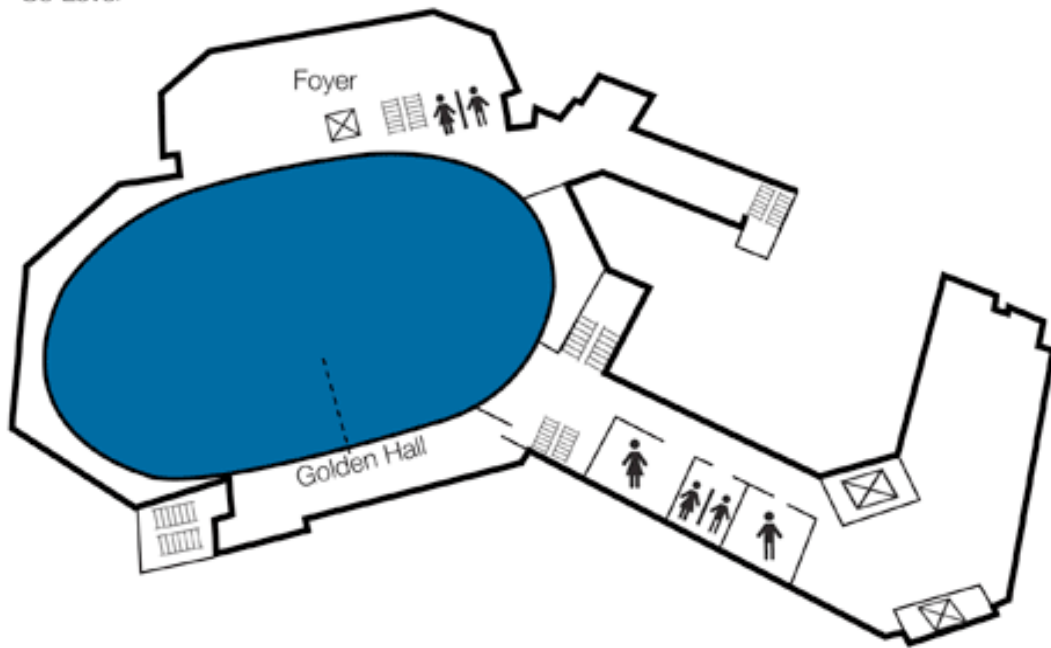
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Robert TAYLOR, USA

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C5 Level



endometriosis.org

global forum for news and information

Endometriosis.org is the global platform linking all stake holders in endometriosis – one of the most common causes of pelvic pain and infertility in women.

We facilitate collaboration and information sharing between women with endometriosis, physicians, scientists, and others interested in the disease. This international cooperation and exchange of experience enables us to deliver up to date, evidence based, information and news about endometriosis.

Our goal is to empower women with endometriosis to participate fully in making informed decisions about their treatment options.

monthly news · updates in research advancements · treatment options · guidelines · coping articles
clinical trials · global support groups · bookstore · congress schedule · www.endometriosis.org



Wednesday 30 April 2014			
08.00 – 17.00	Pre-congress courses		
18.30 – 19.00	World Endometriosis Society General Assembly		
19.00 – 21.30	Opening ceremony followed by a cocktail reception		
Thursday 1 May 2014		Friday 2 May 2014	
07.00 – 07.55	<p>Laparoscopic surgery in difficult circumstances: tips and tricks Breakfast symposium sponsored by Covidien</p> <p>Main seminar #1 Genetics, epigenetics, and hereditary aspects</p>	<p>Innovation in endometriosis: perspectives from academia and industry Breakfast symposium sponsored by Bayer Healthcare</p> <p>Main seminar #5 Mechanisms of pain</p>	<p>Main seminar #9 Endometriosis and cancer</p> <p>Main seminar #10 Prevention and management of recurrences</p>
08.00 – 10.00	<p>Main seminar #2 Adenomyosis</p>	<p>Main seminar #6 New drugs</p>	
10.00 – 10.30	Refreshments, poster viewing and exhibits		
10.30 – 11.00	<p>Keynote lecture #1 Retrograde menstruation, iron, and oxidative stress</p>	<p>Keynote lecture #3 Maternal pregnancy hormones and endometriosis</p>	<p>Session #8 Endometrium</p>
11.00 – 11.30	<p>Keynote lecture #2 Peritoneal lesions: a real disease?</p>	<p>Keynote lecture #4 The patient's role in medical decision making</p>	<p>Session #9 Epidemiology</p>
11.30 – 12.00	<p>Endometriosis management: individualisation and the role of Alluerene®/Visanne® (dienogest, 2mg) 11.45 – 13.15 Lunch symposium sponsored by Bayer Healthcare</p>	<p>Future perspectives on the diagnosis and treatment of endometriosis 11.45 – 13.15 Lunch symposium supported by AbbVie</p>	<p>Session #10 Genetics</p>
12.00 – 13.30	<p>The importance of amenorrhea in the management of endometriosis 12.15 – 13.15 Lunch symposium sponsored by LIBBS</p>		

Thursday 1 May 2014		Friday 2 May 2014		Saturday 3 May 2014	
13.30 – 14.00	Main seminar #3 Immunology and stem cells	Main seminar #4 Endometrioma and ovarian reserve	Main seminar #7 Non-invasive diagnosis	Main seminar #8 Management of pain and infertility in deep disease	Keynote #5 WERF EPHect: Global harmonisation of research
14.00 – 14.30					Keynote #6 Definitive surgery: why, when, and how?
14.30 – 15.00					Closing ceremony and awards
15.00 – 15.30					
15.30 – 16.00	Refreshments, poster viewing and exhibits				
16.00 – 17.30	Session #1 Surgical therapy	Session #2 Infertility/ART	Session #3 Pathogenesis	Video session #1	Session #4 Medical therapy
				Session #5 Diagnosis	Session #6 Immunology and stem cells
				Session #7 Quality of life	
17.30 – 18.30	Poster session with refreshments		Poster session with refreshments		

**WCE2014 Pre-congress Course #1:
Update on diagnostic imaging of endometriosis**



Wednesday 30 April 2014 08.30 – 17.00

CHAIRS | Manoel Orlando Gonçalves(BR), Alice Brandão (BR), and Scott Young (US)

Coordinator: Roberto Blasbalg (BR)

08.30 – 09.00 **Relevance of imaging exams in the treatment planning of patients with endometriosis**
Michel Canis (FR)

09.00 – 09.30 **Protocols: Ultrasound and Magnetic Resonance**
Leandro Accardo de Mattos (BR)

09.30 – 10.00 **Ultrasound and MRI in endometriomas. When suspecting malignancy?**
Ana Luisa Alencar De Nicola (BR) and Roberto Blasbalg (BR)

10.00 – 10.15 **DISCUSSION**

10.15 – 10.45 **Coffee break**

Coordinator: Vivian Amaral (BR)

10.45 – 11.15 **Correlation of MRI with surgical findings: intestinal and retrocervical sites**
Alice Brandão (BR)

11.15 – 11.45 **Ultrasound with bowel prepar: intestinal and retrocervical sites**
Manoel Orlando Gonçalves (BR)

11.45 – 12.15 **MRI of bladder and ureter: relevance of parametrium**
Alice Brandão (BR)

12.15 – 12.30 **DISCUSSION**

12.30 – 14.00 **LUNCH (not included in the price of the course)**

Coordinator: Kleber Chagas (BR)

14.00 – 14.20 **MRI and US of pelvic floor and atypical sites**
Leandro Accardo de Mattos (BR)

14.20 -14.40 **What is the main imaging exam to use for the staging of endometriosis?**
Eduardo Schor (BR) and Sergio Podgaec (BR)

14.40 – 15.00 **Ultrasound mapping of pelvic endometriosis: does the location and number of lesions affect the diagnostic accuracy?**
Tom Holland (UK)

15.00 – 15.15 **DISCUSSION**

15.15 – 15.40 **Coffee break**

Coordinator: Sergio Podgaec

15.40 – 16.00 **Training and learning curve on specialized protocols**
Scott Young (US)

16.00 – 16.20 **MRI and US in typical and atypical adenomyosis**
Roberto Blasbalg (BR)

16.20 – 17.00 **Live ultrasound with questions from the audience**
Manoel Orlando Gonçalves (BR)

This course is organised by:



**WCE2014 Pre-congress Course #2:
The role of nurses and allied health professionals in caring for women with endometriosis**



Wednesday 30 April 2014 14.00 – 17.00

CHAIRS | Vibeke Amelung RN (DK) and Mariana Matzenbacker RN (BR)

14.00 – 14.15 **Endometriosis anatomy and pathophysiology**
Igor Padovesi Mota (BR)

14.15 – 14.30 **An overview of current medical and surgical interventions**
Lydia Myung (BR)

14.30 – 15.00 **Assessing quality of life and psycho-social factors in women with endometriosis**
Jamir Sardá (BR)

15.00 – 15.30 **DISCUSSION**

15.30 – 15.45 **Pre-operative work-up – how can nurses be involved?**
Ana Paula Klautau (BR)

15.30 – 15.45 **The role of physical therapy for post-op and for long-term pain management**
Sallie Sarrell (US)

16.15 – 16.30 **Self-help programmes**
Maria Eugenia Albuquerque (BR)

16.30 – 17.00 **DISCUSSION**

This course is organised by



WCE2014 Pre-congress Course #3:

Anatomy, energy, and new technologies for the surgical management of endometriosis



Wednesday 30 April 2014 08.30 – 17.00

CHAIRS | Manoel Orlando Gonçalves (BR), Alice Brandão (BR), and Scott Young (US)

- 08.30 – 08.50** Role of surgery in the treatment of endometriosis
Mauricio Abrao (BR)
- 08.50 – 09.10** Retroperitoneal anatomy of female pelvis: what we need to know for a safe surgery for endometriosis?
Paulo Ayroza Galvão Ribeiro (BR)
- 08.50 – 09.10** Endometriosis of the anterior compartment: vesical and ureteral endometriosis. Surgical anatomy and laparoscopic approach.
Mario Malzoni (IT)
- 09.10 – 09.30** Endometriosis of the posterior compartment: Pouch of Douglas, recto-vaginal septum, utero-sacral ligaments. Surgical anatomy and laparoscopic approach.
Jörg Keckstein (AT)
- 09.50 – 10.10** BREAK
- 10.10 – 10.30** Endometriosis of the rectum and lateral compartments: nerve-sparing rectal and parametrial resection for deep infiltrating endometriosis. Surgical anatomy and laparoscopic approach.
Marcello Ceccaroni (IT)
- 10.30 – 10.50** Endometriosis of uncommon sites (diaphragm, pericardium, pleura, groin). Surgical anatomy and laparoscopic approach
Roberto Clarizia (IT)
- 10.50 – 11.10** Endometriosis of the somatic nerves and pelvic wall. Surgical anatomy and laparoscopic approach.
Marcello Ceccaroni (IT)
- 11.10 – 11.30** Q&A and DISCUSSION
- 11.30 – 11.50** Surgical management of ovarian endometriosis and fertility considerations
Marco Aurelio Oliveira (BR)
- 11.50 – 12.10** Understanding principles in the use of energy in laparoscopic/robotic excision of endometriosis
Armando Romeo (BR)
- 12.10 – 12.30** Avoiding complications through mastery of anatomy
Carlo De Cicco (IT)
- 12.30 – 12.45** Q&A and DISCUSSION
- 12.45 – 13.50** LUNCH (not included in the price of the course)
- 13.50 – 14.10** Surgical management of adenomyosis
Jörg Keckstein (AT)
- 14.10 – 14.30** New Technology in Surgery: 3D imaging in Laparoscopy
Kevin Stepp (US)
- 14.30 – 14.50** Microlaparoscopy for endometriosis treatment
Mario Malzoni (IT)
- 14.50 – 15.10** The future of robotic surgery for endometriosis
Arnold Advincula (US)
- 15.10 – 15.30** Current use of laser for endometriosis treatment
Rosanne Kho (US)
- 15.30 – 15.50** BREAK
- 15.50 – 16.40** Video festival from the faculty
- 16.40 – 17.00** Q&A and DISCUSSION

WCE2014 Pre-congress Course #4:

Non-ovarian endometriosis



Wednesday 30 April 2014 14.00 – 17.00

PRESIDENT | Felice Petraglia (IT)
CHAIRS | Carlos Petta (BR) and Charles Chapron (FR)

- 14.00 – 14.20** Pelvic pain and non ovarian endometriosis
P Santulli (FR)
- 14.20 – 14.40** Importance and modalities of imaging work-up
LF Fernandes (BR)
- 14.40 – 15.00** Non ovarian localizations of endometriosis: symptoms and health impact
S Singh (CA)
- 15.00 – 15.20** Which relationship between adenomyosis and deep endometriosis?
C Chapron (FR)
- 15.20 – 15.40** COFFEE BREAK
- 15.40 – 16.00** Medical treatments for non ovarian endometriosis: are they specific?
F Petraglia (IT)
- 16.00 – 16.20** Surgery for non ovarian endometriosis
F Carmona (ES)
- 16.20 – 16.40** Impact of non ovarian endometriosis on infertility
C Petta (BR)
- 16.40 – 17.00** Management of infertility in deep endometriosis
A Popov (RU)

This course is organised by





**WCE2014 Pre-congress Course #5:
Light into the myth of endometriosis**

Wednesday 30 April 2014 10.30 – 13.30

CHAIRS | Liselotte Mettler (DE) and Ludwig Kiesel (DE) and Sylvia Mechsner (DE)

- 10.30 – 10.45** **Key mechanisms regulating endometriosis**
Ludwig Kiesel (DE)
- 08.50 – 09.10** **Retroperitoneal anatomy of female pelvis: what we need to know for a safe surgery for endometriosis?**
Ludwig Kiesel (DE)
- 10.45 – 11.00** **Anti-Apoptotic HMGA 2 Protein is a Key Molecule in the Pathogenesis and Development of Endometriosis**
Wolfgang Kuepker (DE)
- 11.00 – 11.15** **Is adenomyosis an indication or contraindication for subtotal hysterectomy?**
Harald Krentel (DE)
- 11.15 – 11.30** **Impact of surgical and hormonal therapy on endometriosis**
Liselotte Mettler (DE) and Ibrahim Alkatout (DE)
- 11.30 – 11.45** **Risk factors for urogenital endometriosis**
Michel Müller (CH)
- 11.30 – 11.45** **COFFEE BREAK**
- 12.00 – 12.15** **Pre- and postmenopausal factors influencing postmenopausal health**
Dietmar Haas (CH)
- 12.30 – 12.45** **Influence of endometriosis on COH and oocyte quality in an ART cycle**
Omar Shebl (CH)
- 12.30 – 12.45** **Pregnancy specific features in endometriosis**
Stefan Renner (DE)
- 12.45 – 13.00** **Delivery after operation for deep infiltration endometriosis**
Peter Oppelt (CH)
- 13.00 – 13.15** **Cell surface receptors as targets in endometriosis**
Martin Goette (DE)
- 13.15 – 13.30** **DISCUSSION**

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**WCE2014 Pre-congress Course #6:
Treatment considerations for infertility and endometriosis**

Wednesday 30 April 2014 09.30 – 13.30

CHAIRS | Rui Ferriani (BR) and Carlos Petta (BR)

- 09.30 – 09.50** **Mild endometriosis and infertility: is there a link?**
Paula Navarro (BR)
Discussion
- 09.50 – 10.10** **Adenomyosis and infertility**
Vivian Ferreira do Amaral (BR)
Discussion
- 09.10 – 09.30** **Advanced endometriosis: Surgery or IVF?**
Dominique DeZiegler (FR)
Discussion
- 10.40 – 11.00** **Appropriate ovarian stimulation for endometriosis patients**
Joao Antonio Dias Junior (BR)
- 11.05 – 11.30** **Discussion**
- 11.30 – 11.50** **Treatment of poor responders and recurrent implantation failure**
Rui Ferriani (BR)
Discussion
- 11.55 – 12.15** **Tips and tricks for IVF laboratory in endometriosis**
Carlos Alberto Petta (BR)
Discussion
- 10.50 – 11.10** **Clinical application of biomarkers of ovarian reserve**
Joao Sabino Neto (BR)
- 11.10 – 11.30** **Discussion**
- 11.30 – 11.50** **Current status of cryopreservation before treating advanced endometriosis**
David Adamson (US)
- 11.50 – 12.10** **Discussion**



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Enxaqueca não habitual, perturbações visuais ou auditivas, tromboflebite, tromboembolia, angina, cirurgias eletivas, imobilização forçada, icterícia, hepatite, prurido generalizado, hipertensão e gravidez. Derrame cerebral ou IM; TE e trombose venosa ou arterial; proptose, diplopia, papiledema, lesões vasculares retinianas, hipertensão arterial, neoplasia cervical intraepitelial, câncer de mamas, neoplasia ou doença hepática, AVC, tabagismo. **Gravidez e lactação:** Categoria de risco X. Não é recomendado o uso de contraceptivos orais combinados (COC) até que a lactante tenha interrompido a amamentação. Este medicamento não deve ser utilizado por mulheres grávidas ou que possam ficar grávidas durante o tratamento. **Interações com medicamentos, alimentos e álcool:** fenitoinas, barbitúricos, primidona, carbamazepina, rifampicina, oxcarbazepina, topiramato, felbamato, ritonavir, griseofulvina, produtos contendo hipérico, certos antibióticos (penicilinas e tetraciclina), atorvastatina, ácido ascórbico, paracetamol, inibidores do citocromo P450 (indinavir, fluconazol e troleandomicina), ciclosporina, teofilina, corticosteroides, lamotrigina, glucocorticoides, flunarizina, anticoagulantes, antidepressivos tricíclicos, diazepam, clordiazepóxido. **Reações Adversas e alterações de exames laboratoriais:** cefaleia, enxaqueca e "spotting"; vaginite, candidíase, alterações de humor, depressão, alteração de libido, nervosismo, tontura, náuseas, vômitos, dor abdominal, acne, reações nas mamas, dismenorria, alteração da secreção e ectrópio cervical, edema, alterações do peso e de apetite. Cólicas abdominais, distensão, erupções cutâneas, cloasma, hipertensão arterial, alterações séricas de lipídeos, hipertrigliceridemia; IC, AVC, TV e embolia pulmonar; neoplasia cervical intraepitelial e câncer cervical, câncer de mama, distúrbios gástricos, alterações da libido. Amenorria pós-pílula ou oligomenorria; fechamento da epífise em adolescentes. **Posologia:** iniciar no 1º dia da menstruação. Um comprimido ao dia, sempre no mesmo horário. Iniciar a cartela seguinte após o término da anterior e manter o tratamento de forma ininterrupta, e a pausa a critério médico. **Usando pela primeira vez:** iniciar a tomada no 1º dia do ciclo natural. **No lugar de outro contraceptivo oral:** tomar GESTINOL 28® de preferência no dia seguinte ao último comprimido ativo do COC anterior ter sido ingerido ou, no máximo, no dia seguinte ao intervalo habitual sem comprimido ou com comprimido inerte do COC anterior. **No lugar de outro método com apenas progesterona:** pode parar a miniplaca em qualquer dia e começar GESTINOL 28® no dia seguinte. Tomar GESTINOL 28® no dia da remoção do implante ou, no caso de utilização de contraceptivo injetável, esperar o dia programado para a próxima injeção. Em todas essas situações, a paciente deve utilizar outro método não hormonal de contracepção durante os sete primeiros dias de administração dos comprimidos. **Após aborto no primeiro trimestre:** pode tomar GESTINOL 28® imediatamente, não são necessários outros métodos contraceptivos. **Após parto ou aborto no segundo trimestre:** o tratamento com COCs deve começar 3-6 semanas após o parto em mães não lactantes ou após aborto no segundo trimestre. A paciente deve utilizar método não hormonal de contracepção durante os sete primeiros dias de administração dos comprimidos. **Esquecimento:** se menor que 12 horas, tomar GESTINOL 28® assim que se lembrar e o restante dos comprimidos no horário habitual. Maior que 12 horas ou mais, tomar o comprimido esquecido tão logo se lembrar, mesmo que isso signifique tomar dois comprimidos num único dia e os comprimidos seguintes no horário habitual. Usar métodos contraceptivos de barreira por sete dias. Na ocorrência de vômitos ou diarreia dentro de 3-4 horas após a ingestão de GESTINOL 28®, continuar o tratamento para evitar sangramento prematuro de privação e usar método contraceptivo não hormonal até o final do ciclo. **Reg. MS 1.0033.0027/Farm. resp. Cintia Delphino de Andrade - CRF-SP nº 25.125. LIBBS FARMACÊUTICA LTDA/CNPJ 61.230.314/0001-75/Rua Alberto Correia Francfort, 88/Embu das Artes-SP/Indústria brasileira/GESTINOL-MB01-12/Serviço de Atendimento Libbs: 08000-135044. VENDA SOB PRESCRIÇÃO MÉDICA. A persistirem os sintomas, o médico deve ser consultado. Documentação científica e informações adicionais estão à disposição da classe médica, mediante solicitação.**

Contraindicação: trombose venosa profunda

Interações medicamentosas: antibióticos (penicilina e tetraciclina)

Referência Bibliográfica: 1. GESTINOL 28®. São Paulo: Libbs Farmacêutica Ltda. Bula do medicamento.

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Opening ceremony

CHAIRS | Mauricio Abrao (BR) and Paolo Vercellini (IT)





19.00	Welcome to the 12th World Congress on Endometriosis Paolo Vercellini (IT)
19.05	Welcome to Sao Paulo and WCE2014 Mauricio Abrao (BR)
19.15	Maurice Bruhat in memoriam Michel Canis (FR)
19.25	KEY NOTE: Over-diagnosis, over-treatment, and responsible management of finite healthcare resources Fiona Godlee (UK)
20.00	Welcome reception





Sponsored by



<p>07.00 – 07.55</p>	<p>Laparoscopic surgery in difficult circumstances: tips and tricks Chair Paulo Ayroza Galvão Ribeiro</p> <p>B1-1 Challenges of the retroperitoneum: techniques of dissection and hemostasis Audrey Tsunada</p> <p>B1-2 Surgery strategies in large uterus and frozen pelvis Paulo Ayroza Galvão Ribeiro</p>	<p>Sponsored by</p>    <p>A light breakfast buffet will be served</p> 
<p>08.00 – 08.20</p>	<p>Genetics, epigenetics, and hereditary aspects Chairs Krina Zondervan (UK) and Marco Aurelio Pinho de Oliveira (BR)</p> <p>M1-0 Genetics, epigenetics, and hereditary aspects Grant Montgomery (AU)</p>	<p>Adenomyosis Chairs Jörg Keckstein (AT) and Luiz Auge (AR)</p> <p>M2-0 Adenomyosis Francisco Carmona (ES)</p>
<p>08.20 – 08.35</p>	<p>M1-1 Large-scale exome chip genotyping reveals novel coding variation associated with endometriosis Andrew Morris (UK)</p>	<p>M2-1 Pale cells diapidesis in the endometrial-myometrial junction zone. New insight on adenomyosis pathogenesis Mohamed Ibrahim (DE)</p>
<p>08.35 – 08.50</p>	<p>M1-2 Meta-analysis of GWAS signals for endometriosis to date, consistency and heterogeneity across eight datasets totalling more than 11,000 cases and 32,000 controls Nilufer Rahmioglu (UK)</p>	<p>M2-2 Radiofrequency thermal ablation for symptomatic uterine focal adenomyosis - prospective preliminary experience Colette Campana (IT)</p>
<p>08.50 – 09.05</p>	<p>M1-3 The prevalence and heritability of endometriosis among 28 825 Swedish twins Rama Saha (SE)</p>	<p>M2-3 Involvement of HGF-induced epithelial-mesenchymal transition in adenomyosis Khaleque Khan (JP)</p>
<p>09.05 – 09.20</p>	<p>M1-4 Genomic rearrangements (copy number variants) may play a role in the pathogenesis of endometriosis Hans Albertsen (US)</p>	<p>M2-4 Laparoscopic radiofrequency thermal ablation: A new approach to symptomatic uterine focal adenomyosis Roberto Clarizia (IT)</p>
<p>09.20 – 09.35</p>	<p>M1-5 A search for somatic mutations in deep infiltrating endometriosis using exome sequencing Mette Nyegaard (DK)</p>	<p>M2-5 The efficiency of intra-vaginal danazol suppository therapy for infertile women with adenomyosis Kanako Matsumoto (JP)</p>
<p>09.35 – 10.00</p>	<p>Questions, answers and discussions on future research priorities Grant Montgomery (AU)</p>	<p>Questions, answers and discussions on future research priorities Francisco Carmona (ES)</p>
<p>10.00 – 10.30</p>	<p>Refreshments, poster viewing and exhibits</p>	<p>Sponsored by</p>  <p>PART OF THE Johnson & Johnson FAMILY OF COMPANIES</p>
<p>10.30 – 11.00</p>	<p>Keynote lecture 1 Chairs Kathy Timms (US) and Edgardo Schor (BR)</p> <p>Retrograde menstruation, iron, and oxidative stress Luiz Fernando Pinha de Carvalho (BR)</p> 	

11.00 - 11.30	<p>Keynote lecture 2 Chairs Edmund Barakat (BR) and Rob Taylor (US)</p> <p>Peritoneal lesions: a real disease? Fernando Reis (BR)</p>	
11.45 - 11.50	<p>Endometriosis management: individualization and the role of Allurene®/Misanne®* (dienogest, 2mg) Chairs Carlos Petta (BR) and Alexandr Popov (RU)</p> <p><i>*Misanne® is the international commercial name for Allurene®</i></p>	
11.50 - 12.05	<p>L1-1 Introduction Aleksandr Popov (RU)</p>	<p>Sponsored by</p> 
12.05 - 12.20	<p>L1-2 Clinical application of genetic findings in endometriosis Krina Zondervan (UK)</p>	
12.20 - 12.40	<p>L1-3 Endometriosis: The inflammatory disease Charlès Chapron (FR)</p>	
12.40 - 13.00	<p>L1-4 The false dichotomy of surgery and medical management Michael Mueller (CH)</p>	
13.00 - 13.30	<p>L1-5 Evidence-based management of endometriosis with Allurene®/Misanne® Sony Singh (CA)</p>	
13.10 - 13.15	<p>Questions and answers</p>	
13.30 - 13.50	<p>L1-6 Summary and close Carlos Petta (BR)</p>	 <p>A light lunch will be served</p>
13.50 - 14.05	<p>Immunology and stem cells Chairs Yutaka Osuga (JP) and Sun-Wei Guo (CN)</p> <p>M3-0 Immunology and stem cells Hugh Taylor (US)</p>	
14.05 - 14.20	<p>M3-1 Soluble MICA (Major histocompatibility class I-related chain A): A possible involvement in the pathogenesis of endometriosis Maria Lucia Carnevale Marin (BR)</p>	<p>Endometrioma and ovarian reserve Chairs Charles Miller (US) and Rui Ferriani (BR)</p> <p>M4-0 Endometrioma and ovarian reserve Edgardo Somigliana (IT)</p>
14.20 - 14.35	<p>M3-2 Retrograde menstruation of endometrial stem/progenitor cells in women with endometriosis Caroline Gargett (AU)</p>	<p>M4-1 Iron availability is increased in individual human ovarian follicles in close proximity to an endometrioma Paola Panina (IT)</p>
14.35 - 14.50	<p>M3-3 Dysfunctional uterine natural killer (U NK) cell development in endometriosis Uma Thiruchelvam (IE)</p>	<p>M4-2 Hydrodissection with diluted pituitrin for laparoscopic cystectomy of ovarian endometrioma: A technique to reduce damage to ovarian reserve Bing Xu (CN)</p>
14.50 - 13.05	<p>M3-4 Notch inhibition reduces stemness via altered expression of SOX2, LIFR, and PODXL in an endometriotic cell line Martin Götte (DE)</p>	<p>M4-3 Variation of AMH level following endometrioma ablation using plasma energy Horraçe Roman (FR)</p>
13.05 - 15.30	<p>M3-5 Repeated observation of an association between elevated peritoneal inflammatory cytokines and severe dysmenorrhea among women with endometriosis Linda Griffith (US)</p> <p>Questions, answers and discussions on future research priorities Hugh Taylor (US)</p>	<p>M4-4 Recurrence of ovarian endometrioma after laparoscopic excision Ana Maria Pereira (BR)</p> <p>M4-5 Primordial follicle loss after endometrioma capsule stripping in laparoscopic surgery Rafaela Pettracco (BR)</p> <p>Questions, answers and discussions on future research priorities Edgardo Somigliana (IT)</p>





Refreshments, poster viewing and exhibits		 Surgical Therapy Chairs Sony Singh (CA) and Alan Lam (AU)		 Infertility and ART Chairs Edgardo Rolla (AR) and Nicolau D'Amico (BR)		 Pathogenesis / aetiology Chairs Asgi Fazleabas (US) and Mohamed Bedawy (CA)		 Video Session 1 Chairs Peter Maher (AU) and Liselotte Mettler (DE)		
15.30 - 16.00		S1-1 Colorectal resection versus rectal conservative surgery in the management of rectal endometriosis: preliminary results of ENDORE randomized trial Horace Roman (FR)	S2-1 In vitro fertilisation (IVF) embryo implantation is not impaired by endometriosis Jean Luc Pouly (FR)	S3-1 Intra-tissue estradiol, progesterone and testosterone concentrations in endometriosis are imbalanced by local steroid metabolism not yet accepted Kaisa Huhtinen (FI)	V1-1 Surgical treatment of multiple sites bowel endometriosis – how we perform Patrick Belleils (BR)	16.00 – 16.12		S2-2 Effect of induced peritoneal endometriosis on oocyte and embryo quality in a mouse model Jonathan Cohen (FR)	S3-2 Fetal and postnatal developmental anomalies after exposure to endometriosis in utero affecting two generations not yet accepted Kathy Sharpe-Timms (US)	V1-2 Laparoscopic E/O ultralow rectal, bladder, pelvic endometriosis Tahani Almotrafi (AU)
16.12 – 16.24		S1-2 Early rise in serum C-reactive protein indicates subsequent surgical complication after low anterior resection for recto-sigmoid endometriosis Mads Riiskjaer (DE)	S2-3 External validation of the endometriosis fertility index in a French population. Towards individualized management of infertile endometriotic not yet accepted Jeremy Boujenah (FR)	S3-3 Metabolic reprogramming of the peritoneal mesothelium by TGF – may promote endometriosis lesion development Vicky Jane Young (UK)	V1-3 Restriction of endometriosis of the left lateral infra ureteric and supra ureteric parametrium Jennifer Uzan (FR)	16.24 – 16.36		S2-4 The IVF-lube trial: Lipiodol uterine bathing effect for enhancing the results of in vitro fertilisation, a pilot randomised trial Neil Johnson (NZ)	S3-4 Localization of cellular interactions and neuroangiogenesis in deeply invasive endometriosis implicates important role of macrophage infiltration Antonia Francisco (BR)	V1-4 Robotic adenomyometctomy to preserve the uterus for future pregnancy Sang Hoon Kwon (KR)
16.36 – 16.48		S1-3 Surgical management of endometriomas on in vitro fertilization outcomes: A systematic review and meta-analysis Clara Wu (CA)	S2-4 The IVF-lube trial: Lipiodol uterine bathing effect for enhancing the results of in vitro fertilisation, a pilot randomised trial Neil Johnson (NZ)	S3-4 Localization of cellular interactions and neuroangiogenesis in deeply invasive endometriosis implicates important role of macrophage infiltration Antonia Francisco (BR)	V1-4 Robotic adenomyometctomy to preserve the uterus for future pregnancy Sang Hoon Kwon (KR)	16.36 – 16.48		S1-4 Nerve-sparing laparoscopic eradication of deep endometriosis with segmental rectal and parametrial resection: The negar method. A prospective Marcello Ceccaroni (IT)		



	 Surgical Therapy Chairs Sony Singh (CA) and Alan Lam (AU)	 Infertility and ART Chairs Edgardo Rolla (AR) and Nicolau D'Amico (BR)	 Pathogenesis / aetiology Chairs Asgi Fazeabas (US) and Mohamed Bedaiwy (CA)	 Video Session 1 Chairs Peter Maher (AU) and Liselotte Mettler (DE)
16.48 – 17.00	S1-5 Partial resection of the extraserosal pelvic fascia is a crucial surgical step in the management of patients with colorectal endometriosis Marcos Ballester (FR)	S2-5 Maternal peritoneal fluid sphingolipids in endometriosis-associated infertility Yie Hou Lee (SG)	S3-5 Endometriosis and high risk of comorbidities: Analysis of more than half million patients Luiz Fernando Pina Carvalho (BR)	V1-5 Bowel endometriosis – Robotic treatment with discoid resection – the technique Duarte Ribeiro (BR)
17.00 – 17.12	S1-6 Laparoscopic management of deeply infiltrating endometriosis: A cohort prospective study with 10-year follow up Jinhua Leng (CN)	S2-6 Patient satisfaction concerning assisted reproductive technology treatment in moderate to severe endometriosis not yet accepted Lisette van der Houwen (NL)	S3-6 The endocannabinoid system modulates endometriosis development in a mouse model: Investigating the role of the CB1 receptor Paola Panina (IT)	V1-6 Advantage technical associate of shave surgery in the endometriosis infiltrating segmental resection Univaldo Sagae (BR)
17.12 – 17.24	S1-7 Laparoscopic neurectomies for deep endometriosis infiltrating pelvic wall and somatic nerves: A retrospective study on 26 patients Roberto Chiariza (IT)	S2-7 Peritoneal endometriosis and allelic frequency of GDF-9 (rs254285, rs254286, rs10491279), anti-mullerian hormone and receptor (AMHR2) genes single not yet accepted Emily De Conito (BR)	S3-7 Nerve fiber and lymphoid nodule were observed in pathological and immunohistological analysis of cynomolgus monkeys (Macaca fascicularis) with spontaneous endometriosis not yet accepted Ayako Nishimoto-Kakiuchi (JP)	V1-7 There is more to endometriosis than we can see Tamer Seckin (US)
17.24 – 17.30	Discussion	Discussion	Discussion	Discussion
17.30 – 18.30	Poster session with refreshments			

07.00 – 07.05	<p>Innovation in endometriosis: perspectives from academia and industry Chair I Charles Chapron (FR)</p>		
07.05 – 07.20	<p>B2-1 Insights into current drug development at Bayer Oliver Martin Fischer (DE)</p>		<p>Sponsored by</p>
07.20 – 07.35	<p>B2-2 Beyond hormonal suppression: New therapeutic avenues in endometriosis research at Bayer Thomas M. Zöllner (DE)</p>		<p>A light breakfast buffet will be served</p> 
07.35 – 07.55	<p>B2-3 Sensitization and pain mechanisms in endometriosis Katy Vincent (UK)</p>		
08.00 – 08.20	 <p>Mechanisms of pain Chairs I Pamela Stratton (US) and Michel Canis (FR) M5-0 Mechanisms of pain Sylvia Mechsner (DE)</p>	 <p>New drugs Chairs I Felice Petraglia (IT) and Carlos Petta (BR) M6-0 New drugs Erkut Altar (TR)</p>	
08.20 – 08.35	<p>M5-1 Estrogen receptor subtype dependent macrophage activation leads to a sensory nerve outgrowth in peritoneal endometriosis Julia Arnold (DE)</p>	<p>M6-1 First peptide-based non-hormonal therapy of endometriosis: Where are we today? Vinay Singh (CA)</p>	
08.35 – 08.50	<p>M5-2 Inhibition of PGE2 receptors EP2 and EP4 decreases growth, innervation and nociception of endometriosis Joe Arosh (IN)</p>	<p>M6-2 Pharmacokinetics of elagolix, an oral gonadotropin-releasing hormone (GnRH) antagonist targeted in the treatment of endometriosis and uterine leiomyomas Juki NG (US)</p>	
08.50 – 09.05	<p>M5-3 Novel mechanisms of nociception in animal and cell models of endometriosis Kristeena Ray (US)</p>	<p>M6-3 Targeting γ-box-binding protein 1 (YB-1) for the treatment of endometriosis Cassia Gisele Terrassani Siveira (DE)</p>	
09.05 – 09.20	<p>M5-4 Estrogen receptor subtypes modulate how nerve fibres influence blood vessels and macrophages in peritoneal endometriosis Erin Greaves (UK)</p>	<p>M6-4 Inhibition of type 1 17β-hydroxysteroid-dehydrogenase impairs the synthesis of estrogens in endometriosis Andrea Romano (NL)</p>	
09.20 – 09.35	<p>M5-5 Do clinical pain measures correlate to subcortical brain volume in women with chronic pelvic pain? Sarah Murray (UK)</p>	<p>M6-5 Dual-progesterone-delivery systems therapy with levonorgestrel intrauterine system and etonogestrel subdermal implant for refractory endometriosis-associated pelvic pain: an effective new therapy Cecilia Ng (AU)</p>	
09.35 – 10.00	<p>Questions, answers and discussions on future research priorities Sylvia Mechsner (DE)</p>	<p>Questions, answers and discussions on future research priorities Erkut Altar (TR)</p>	
10.00 – 10.30	<p>Refreshments, poster viewing and exhibits</p>		 <p>Sponsored by</p>
10.30 – 11.00	 <p>Keynote lecture 3 Chairs I Joao Sabina Cunha-Filho (BR) and Hassan Sallam (EG) Maternal pregnancy hormones and endometriosis Ivo Brosens (BE)</p>		











11.00 - 11.30	<p>Keynote lecture 4 Chairs I Catherine Allaire (CA) and Juan Salgado (PR)</p> <p>The patient's role in medical decision making Deborah Bush (NZ)</p>		
11.45 - 13.15	<p>Future perspectives on the diagnosis and treatment of endometriosis Chairs I Arnold Advincula (US) and Annemiek Nap (NL)</p>		<p>Organised by</p> 
11.45 - 12.05	L2-1 MRI as a diagnostic tool for endometriosis Gerard Dunselmann (NL)		
12.05 - 12.25	L2-2 Ultrasound as a diagnostic tool for endometriosis Maurício Abrao (BR)		
12.25 - 12.45	L2-3 The future of surgery as a treatment of endometriosis Jorg Keckstein (AT)		
12.45 - 13.05	L2-4 Targeted treatments for endometriosis Linda Giudice (US)		
13.05 - 13.15	Questions and answers		 <p><i>A light lunch will be served</i></p>
13.30 - 13.50	<p>Non-invasive diagnosis Chairs I Moamar Al-Jefout (JO) and Jose Mendes Aldright (BR)</p> <p>M7-0 Non-invasive diagnosis Christian Becker (UK)</p>		
13.50 - 14.05	M7-1 Ultrasound mapping of pelvic endometriosis: does the location and number of lesions affect the diagnostic accuracy? A multicentre diagnostic accuracy study Tom Holland (UK)		M8-0 Management of pain and infertility in deep disease Horace Roman (FR)
14.05 - 14.20	M7-2 Evaluation of an innovative model of care and dedicated service for teenagers and women with period pain, pelvic pain and endometriosis Melissa Parker (AU)		M8-1 Severe ureteral endometriosis: preliminary report of 30 Cases With Hydrourephrosis Rodrigo Fernandes (PT)
14.20 - 14.35	M7-3 Screening tool for early-stage endometriosis in patients with chronic pelvic pain Patrick Jr. Yeung (US)		M8-2 Enzian classification: Does it correlate with clinical symptoms and the asrm score? Dietmar Haas (AT)
14.35 - 14.50	M7-4 A combined approach of nerve fiber detection plus infrared spectroscopy profile in eutopic endometrium outperforms the capacity of each single technique to non-invasively diagnose endometriosis Raul Gomez (ES)		M8-3 Robotic-assisted laparoscopy for deep endometriosis: International multicentric retrospective study Pierre Collinet (FR)
14.50 - 13.05	M7-5 High fidelity fenomic classifiers to diagnose and stage endometriosis Linda Giudice (US)		M8-4 Validating the "Ecosystem" for endometriosis Bernardo Lasmar (BR)
13.05 - 15.30	<p>Questions, answers and discussions on future research priorities Christian Becker (UK)</p>		M8-5 Anatomophysiological study of patients with pelvic endometriosis intestinal involvement Doryane Maria Doe Reis Lima (BR)
			<p>Questions, answers and discussions on future research priorities Horace Roman (FR)</p>

Refreshments, poster viewing and exhibits	
15.30 - 16.00	<p>Medical therapy Chairs Vivian Ferreira do Amaral (BR) and Thomas D'hooghe (BE)</p> <p>Diagnosis and screening Chairs Linda Giudice (US) and Antonio Setubal (PT)</p> <p>Immunology and stem cells Chairs Tasuku Harada (JP) and Louise Hull (AU)</p> <p>Quality of life Chairs Neil Johnson (NZ) and Carlos Calhaz-Jorge (PT)</p>
16.00 - 16.12	<p>S4-1 Are we following our national endometriosis clinical practice guidelines? A Canadian perspective Mara Sobel (CA)</p> <p>S5-1 The role of the general practitioner in the diagnostic process of Dutch women with endometriosis Annemiek Nap (NL)</p> <p>S6-1 Nerve repellent factors affect the inflammatory condition of endometriosis Sylvia Mechsner (DE)</p> <p>S7-1 Personality correlates of endometriosis Yuval Kaufman (IL)</p>
16.12 - 16.24	<p>S4-2 The association of pycnogenol with oral contraceptives for the treatment of endometriosis-related pain Hugo Maia Jr. (BR)</p> <p>S5-2 Delay in clinical diagnosis or delay in referral for adequate treatment: Which has a greater impact on the management of endometriosis? David Soriano (IL)</p> <p>S6-2 Characterization of the subpopulations of topic endometriotic tissue – a putative endometriotic stem cell population? Adriana Invitti (BR)</p> <p>S7-2 Endometriosis impact questionnaire (Eiq): New questionnaire to measure long term impact of endometriosis on women's lives Maryam Moradi (AU)</p>
16.24 - 16.36	<p>S4-3 Update on changes in bone density in women with symptomatic endometriosis during and after treatment with leuprolide acetate and norethindrone acetate Pamela Stratton (US)</p> <p>S5-3 Communicating endometriosis with young women to decrease diagnosis time Melissa Parker (AU)</p> <p>S6-3 Regulatory T cells in endometriosis: Potential roles in pathogenesis Marina Berbic (AU)</p> <p>S7-3 The influence of dyspareunia and dysmenorrhea intensities on different domains of women's quality of life quantified through SF-36 and EHP-30 questionnaires Marlon de Freitas Fonseca (BR)</p>
16.36 - 16.48	<p>S4-4 An antiprogesterin, Cdb-4124, impacts cycling and hormones which may lead to alleviation of symptoms of endometriosis Ronald Wiehle (US)</p> <p>S5-4 Evaluation of the biomarker He4 as a differential tool in patients with different stages of endometriosis and ovarian cancer Dorthe Hartwell (DK)</p> <p>S6-4 The endometrial stem cell markers notch and numb are associated with endometriosis Martin Götte (DE)</p> <p>S7-4 Affected sexual functioning in women with endometriosis influences sexual functioning of their male partner and leads subsequently to uncertainty in their relationship Aisha de Graaff (NL)</p>

	 Medical therapy Chairs Vivian Ferreira do Amaral (BR) and Thomas D'Hooghe (BE)	 Diagnosis and screening Chairs Linda Giudice (US) and Antonio Setubal (PT)	 Immunology and stem cells Chairs Tasuku Harada (JP) and Louise Hull (AU)	 Quality of life Chairs Neil Johnson (NZ) and Carlos Calhaz-Jorge (PT)
16.48 – 17.00	S4-5 Protein kinase inhibitor vemurafenib controls the progression of endometriosis in vitro and in vivo Pietro Santulli (FR)	S5-5 Comparison between transvaginal ultrasound with bowel preparation and pelvic magnetic resonance imaging for the diagnosis of deep endometriosis Rosa Maria Neme (BR)	S6-5 Cytokine related to natural killer and T-regulatory cells have a different profile in deep endometriosis Patrick Bellelis (BR)	S7-5 Oral presentation - A long term prospective observational study of the impact of laparoscopic excision of endometriosis on quality of life parameters Kingshuk Majumder (UK)
17.00 – 17.12	S4-6 Long term treatment with letrozole after GnRha down regulation in premenopausal women with moderate and severe endometriosis. A safety and efficacy study Julia Bartley (DE)	S5-6 Three-dimensional rectosonography: Description and evaluation of a 3D transvaginal echography with contrast to assess colorectal endometriosis Gil Dubernard (FR)	S6-6 Dendritic cells, the menstrual cycle and endometriosis: Circulating and endometrial populations Alison Hey-Cunningham (AU)	S7-6 Differences in pain reporting and management between three geographical regions in a cross-sectional study in patients with endometriosis (feeling) Charles Chapron (FR)
17.12 – 17.24	S4-7 Evaluation of the efficacy of two different oral contraceptive formulations administered in a continuous fashion for moderate to severe dysmenorrhea: Preliminary results Thiago Pereira (BR)	S5-7 Evaluation of plasma micromas as diagnostic biomarkers for endometriosis Zhao Wang (AU)	S6-7 Expression of angiotensin receptors type1 (At1) ,type2 (At2) Mrna in local endometriosis lesions Takehiro Nakao (JP)	S7-7 Preoperative SF36 score to decide a surgical approach in patient with chronic pelvic pain Michel Canis (FR)
17.24 – 17.30	Poster session with refreshments			

08.00 – 08.20	 <p>Endometriosis and cancer Chairs Ludwig Kiesel (DE) and Linda Griffith (US)</p> <p>M9-0 Endometriosis and cancer Bruno Borghese (FR)</p>	 <p>Prevention and management of recurrences Chairs Mette Moen (NO) and Johannes Evers (NL)</p> <p>M10-0 Prevention and management of recurrences Kaori Koga (JP)</p>
08.20 – 08.35	<p>M9-1 Clinical analysis of ovarian epithelial carcinoma with coexisting pelvic endometriosis Lin Qiu (CN)</p>	<p>M10-1 Endometriosis: An international health issue too big to ignore - preventive programs integral to a multi-disciplinary approach to treatment, a New Zealand model Deborah Bush (NZ)</p>
08.35 – 08.50	<p>M9-2 Endometriosis and cancer: How should we look to this association? Baf250A and cancer-related chemokines expression in endometriosis lesions and pelvic lymph nodes Giuliano Borrelli (BR)</p>	<p>M10-2 Occult endometriosis: An undetectable finding by laparoscopy in normal peritoneum Khaleque Khan (JP)</p>
08.50 – 09.05	<p>M9-3 Endometriosis and ovarian cancer: An international pooled analysis Roberta Ness (US)</p>	<p>M10-3 Endometriotic lesions recapitulate wound healing by recruiting platelets Sun-Wei Guo (CN)</p>
09.05 – 09.20	<p>M9-4 Mmp-3 mediated endometriotic signalling: Good or evil? Pramathes DasMahapatra (IN)</p>	<p>M10-4 The association between symptoms and surgical findings in women with suspected endometriosis Uche Menakaya (AU)</p>
09.20 – 09.35	<p>M9-5 Do Ovarian cancer and endometriosis – Sharing altered genetic pathways? Daniel Dentillo (BR)</p>	<p>M10-5 Anti-angiogenesis of green tea and potentials of prodrug of epigallocatechin-3-gallate (Pro-Egcg) as a novel anti-angiogenesis agent for endometriosis Chi Chiu Wang (HK)</p>
09.35 – 10.00	<p>Questions, answers and discussions on future research priorities Bruno Borghese (FR)</p>	<p>Questions, answers and discussions on future research priorities Kaori Koga (JP)</p>
10.00 – 10.30	<p>Refreshments, poster viewing and exhibits</p>	

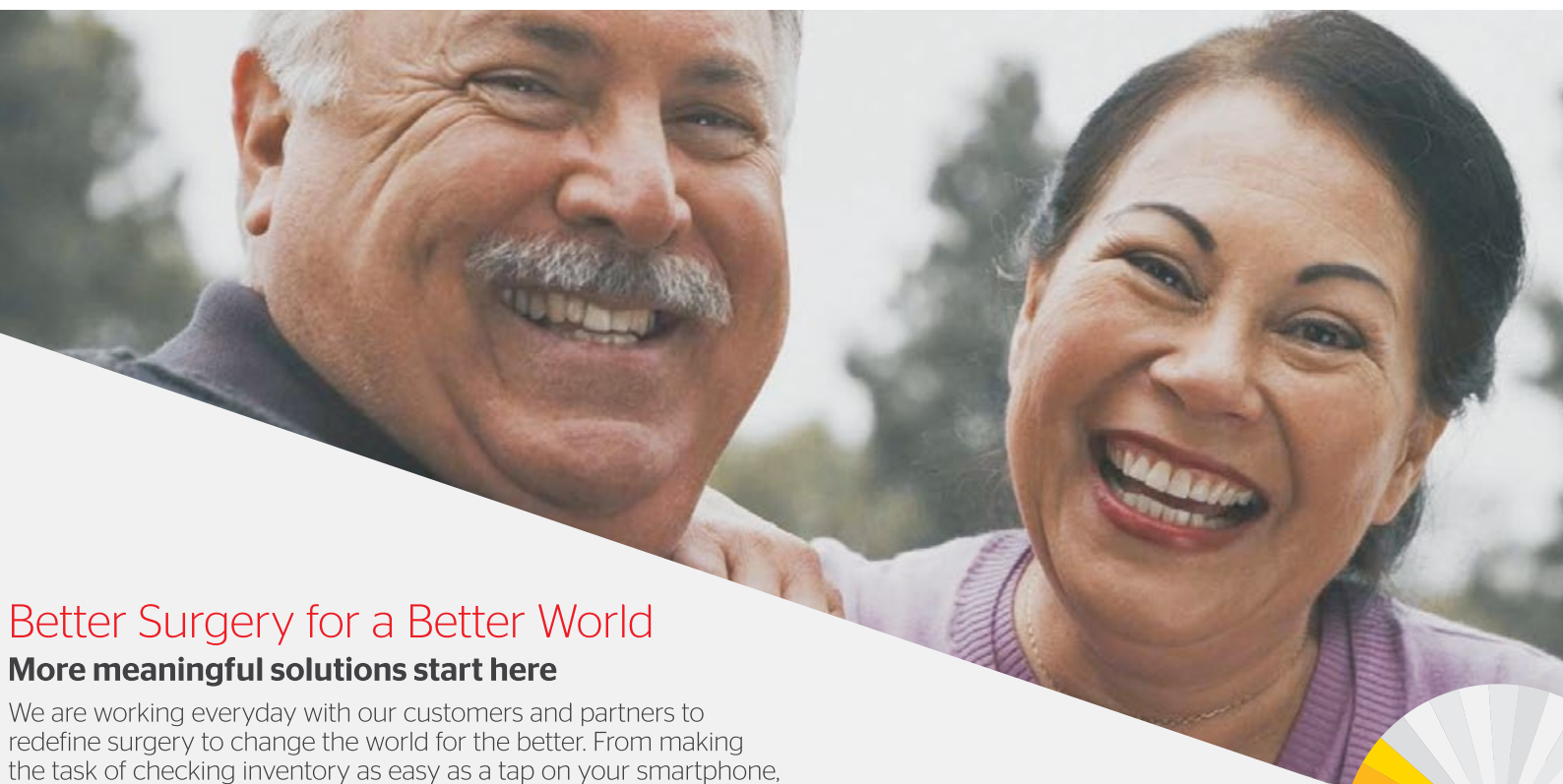
 Endometrium Chairs Hilary Critchley (UK) and Warren Notfnick (US)	 Epidemiology Chairs Stacey Missmer (US) and Michel Mueller (CH)	 Genetics, epigenetics, and hereditary aspects Chairs Andrew Hone (UK) and Sergio Podgaec (BR)	 Video Session 2 Chairs Reginaldo Lopes (BR) and Tamer Seckin (US)
10.30 – 10.42 S8-1 Rational design of synthetic extracellular matrix (Ecm) microenvironments that foster endometrial epithelial cell polarity, function, and stromal crosstalk for in vitro and in vivo use Linda Griffith (US)	S9-1 Endometriosis related quality of life outcomes are highly influenced by recruitment strategies Aisha de Graaff (NL)	S10-1 Overexpression of P27Kip1 in cultured endometrial cells from patients with endometriosis normalizes angiogenic factors expression Adriana Invitti (BR)	V2-1 A new excision procedure for low and mid rectal endometriosis nodules using combined transanal and laparoscopic approach Horace Roman (FR)
10.42 – 10.54 S8-2 Altered molecular phenotypes of eutopic endometrial mesenchymal stem cells and stromal fibroblasts in endometriosis Linda Giudice (US)	S9-2 Smoking effects on pain symptoms and fertility in patients with endometriosis Luciana Antonioli (BR)	S10-2 Epigenetic and genomic analyses of human fetal membranes from pregnant endometriosis-affected women Louis Marcellin (FR)	V2-2 Case report of abdominal wall endometriosis managed laparoscopically Rodrigo Fernandes (PT)
10.54 – 11.06 S8-3 The origins of progesterone resistance in endometriosis: silencing of progesterone action at menstruation Bruce Lessey (US)	S9-3 Incidence and cost of surgery for endometriosis in Canada identified using a national database Catherine Allaire (CA)	S10-3 Genome-wide analysis of methylome reveals large epigenetic alterations in endometriosis Bruno Borghese (FR)	V2-3 Surgical treatment of bladder endometriosis associated with external adenomyosis Patrick Belleis (BR)
11.06 – 11.18 S8-4 Microna Mir-142-3P regulates proinflammatory signaling in endometrial stroma cells Martin Götte (DE)	S9-4 Endometriosis health care: Disparities in access to care in women from Puerto Rico Jessica Fourquet (PR)	S10-4 Aberrant dna methylation profiles and patterns of human eutopic endometrium in endometriosis and its association with other regulatory elements Sahar Houshdaran (US)	V2-4 Robotic approach for the treatment of the ovarian endometrioma - The technique Duarte Ribeiro (BR)
11.18 – 11.30 S8-5 Decrease in notch 1 contributes to impaired decidualization associated with endometriosis Asgi Fazleabas (US)	S9-5 Pelvic inflammatory disease in women with endometriosis is more severe than in those without David Soriano (IL)	S10-5 Variability of genome-wide gene expression and dna methylation values across tissue samples from women with and without endometriosis Alexander W Drong (UK)	V2-5 Standardization of videolaparoscopic surgery for deep endometriosis by colorectal surgeon Univaldo Sague (BR)

				
	Endometriosis Chairs Hilary Critchley (UK) and Warren Nofhnick (US)	Epidemiology Chairs Stacey Missmer (US) and Michel Mueller (CH)	Genetics, epigenetics, and hereditary aspects Chairs Andrew Horne (UK) and Sergio Podgaec (BR)	Video Session 2 Chairs Reginaldo Lopes (BR) and Tamer Seckin (US)
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12.15 – 13.15	The importance of amenorrhea in the management of endometriosis 			
12.15 – 12.35	The role of menstrual inflammation in the pathogenesis of endometriosis symptoms and the efficacy of continuous regimens of oral contraceptives to induce amenorrhea Hugo Maia (BR)			
12.35 – 12.55	The impact of amenorrhea on the quality of life of endometriosis patients Eliano Pellini (BR)			
12.55 - 13.15	Questions and answers			
13.30 – 14.00	Keynote lecture 5 Chairs David Adamson (US) and Luk Rombauts (AU) WERF EPHect: global harmonisation of research Stacey Missmer (US)			
14.00 – 14.30	Keynote lecture 6 Chairs Paulo Ayroza Galvao Ribeiro (BR) and Ronald Batt (US) Definitive surgery: why, when, and how? Tommaso Falcone (US)			
14.30 - 15.15	Closing Ceremony 			
				Libbs Sponsored by  <i>A light lunch will be served</i> 

Closing ceremony

CHAIRS | Neil Johnson (NZ), Mauricio Abrao (BR) and Linda Giudice (US)

14.30	Summary of the highlights of WCE2014 and presentation on behalf of SBE of the award for best video presentation Rui Ferriani (BR)
14.45	Presentation of the Rodolphe Maheux and David Healy Awards Linda Giudice (US)
14.55	Thank you Mauricio Abrao (BR)
15.00	Turning over a new leaf: welcome to the 13th World Congress on Endometriosis in 2017 Catherine Allaire (CA)
15.15	Close

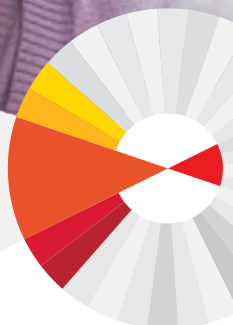


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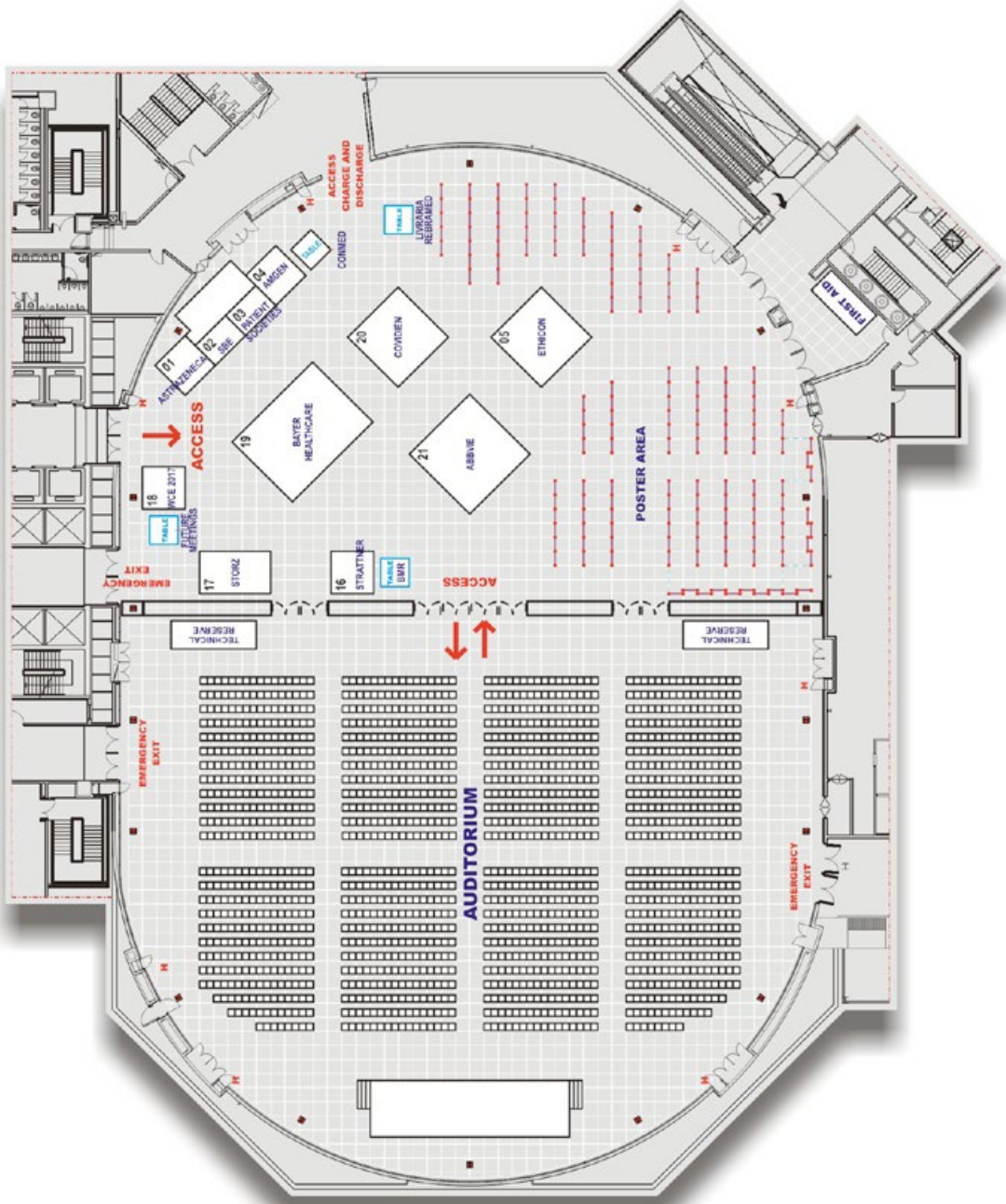
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Exhibitor / poster floor plan



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- **Fast Food:**

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- **Restaurants:**

Andiamo, Badaró, Barbacoa Grill, Bon Restô and Sweet Pimenta.



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São Paulo has many great museums, but MASP is the city's best art museum. It holds the finest collection of Western art in Latin America and hosts fantastic temporary exhibitions. Tuesdays are free to the public.

- **Pinacoteca do Estado**

Another lovely museum in São Paulo, the Pinacoteca houses a huge collection of Brazilian art that serves as a visual story of the country's history and cultural evolution, as well as a nice

collection of 19th century French sculpture. The museum has a beautiful café downstairs and is connected to Parque da Luz, a public park that includes outdoor sculptures and a European-style garden area (that are shared with some unusual characters).

- **Soccer Museum**

The Museu de Futebol is located in Estadio Pacaembu, one of the city's largest soccer stadiums. If you love soccer, you will enjoy the vintage soccer displays, interactive exhibits, and celebrations of World Cup history and Brazilian soccer stars. As you exit, there is a nice gift shop and a café with live music on most weekends. Admission is about \$3 and the museum is open Tuesday to Sunday.

- **Benedito Calixto all-day market on Saturdays**

The Calixto outdoor market goes all day on Saturdays, with antiques and handicrafts vendors starting in the morning and live music and dancing starting around noon in the market's central food court. The live music is chorinho, a very Brazilian style of music that is samba-influenced, and many people go to the market just for this.

Emergency telephone numbers

Therefore please ensure you keep your belongings with you at all times and refrain from carrying laptops, cameras and electronic devices whilst outside. Emergency numbers as follows:

- 11 - Area code (São Paulo City and metropolitan area)
- 192 – Health Emergency
- 190 – Military Police
- 147 – Civil Police
- 193 – Fire Department



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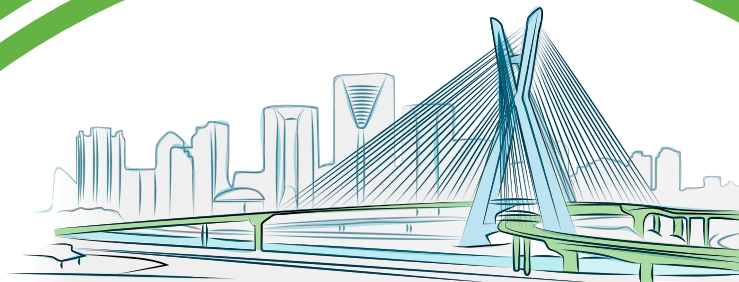
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Bayer welcomes you to São Paulo for



The World Congress on Endometriosis

Lunchtime Symposium

Golden Hall

11h45–13h15, Thursday 01 May 2014

Endometriosis management: individualization and the role of Allurene®/Visanne®* (dienogest, 2mg)

Faculty: Carlos Petta (Brazil), Aleksandr Popov (Russia), Krina Zondervan (UK), Charles Chapron (France), Michael Mueller (Switzerland), Sony Singh (Canada)

*Visanne® is the international commercial name for Allurene®

Breakfast Symposium

Ballroom

7h00–8h00, Friday 02 May 2014

Innovation in endometriosis: perspectives from academia & industry

Faculty: Charles Chapron (France), Oliver Martin Fischer, Bayer (Germany), Katy Vincent (UK), Thomas Zollner, Bayer (Germany)

Symposia sponsored by Bayer HealthCare

ALLURENE®. DIENOGESE. REG. MS – 1.7056.0088. INDICAÇÃO: TRATAMENTO DA ENDOMETRIOSE. **CONTRAINDICAÇÕES:** DISTÚRBO TROMBOEMBÓLICO VENOSO EM ATIVIDADE, PRESENÇA OU HISTÓRICO DE DOENÇA CARDIOVASCULAR E ARTERIAL, DIABETES *MELLITUS* COM ENVOLVIMENTO VASCULAR, PRESENÇA OU HISTÓRICO DE DOENÇA HEPÁTICA GRAVE ENQUANTO OS VALORES DA FUNÇÃO HEPÁTICA NÃO RETORNAREM AO NORMAL, PRESENÇA OU HISTÓRICO DE TUMOR HEPÁTICO (BENIGNO OU MALIGNO), SUSPEITA OU DIAGNÓSTICO DE NEOPLASIAS DEPENDENTES DE HORMÔNIOS SEXUAIS, SANGRAMENTO VAGINAL NÃO DIAGNOSTICADO, HIPERSENSIBILIDADE À SUBSTÂNCIA ATIVA OU A QUALQUER UM DOS COMPONENTES DA FORMULAÇÃO. **ADVERTÊNCIAS E PRECAUÇÕES:** ANTES DE INICIAR O TRATAMENTO COM ALLURENE®, DEVE-SE EXCLUIR A POSSIBILIDADE DE GRAVIDEZ. DURANTE O TRATAMENTO COM ALLURENE® A OVULAÇÃO É INIBIDA NA MAIORIA DAS PACIENTES. ENTRETANTO, ALLURENE® NÃO É UM CONTRACEPTIVO E CASO SEJA NECESSÁRIO PREVENIR A GRAVIDEZ, AS PACIENTES DEVEM SER ORIENTADAS A UTILIZAR MÉTODOS CONTRACEPTIVOS NÃO HORMONAIS (POR EXEMPLO, MÉTODO DE BARREIRA). COM BASE NOS DADOS DISPONÍVEIS, O CICLO MENSTRUAL RETORNA AO NORMAL DENTRO DE 2 MESES APÓS O TÉRMINO DO TRATAMENTO COM ALLURENE®. EM MULHERES COM HISTÓRICO DE GRAVIDEZ EXTRAUTERINA OU DE ALTERAÇÃO DA FUNÇÃO DAS TUBAS UTERINAS, O USO DE ALLURENE® DEVE SER DECIDIDO APENAS APÓS CUIDADOSA AVALIAÇÃO DA RELAÇÃO RISCO/BENEFÍCIO. COMO ALLURENE® É UM MEDICAMENTO QUE CONTÉM SOMENTE PROGESTÓGENO, DEVEM SER CONSIDERADAS AS PRECAUÇÕES E ADVERTÊNCIAS DE TODOS OS MEDICAMENTOS QUE CONTÊM SOMENTE PROGESTÓGENO, EMBORA NEM TODAS ESTEJAM BASEADAS EM ACHADOS DOS ESTUDOS CLÍNICOS REALIZADOS COM ALLURENE®. CASO QUALQUER UMA DAS CONDIÇÕES/FATORES DE RISCO DESCRITAS A SEGUIR ESTEJA PRESENTE OU SE AGRAVE, DEVE-SE REALIZAR UMA ANÁLISE INDIVIDUAL DA RELAÇÃO RISCO/BENEFÍCIO ANTES DE INICIAR OU CONTINUAR O USO DE ALLURENE®. DISTÚRBIOS CIRCULATÓRIOS, TUMORES, ALTERAÇÕES NO PADRÃO DE SANGRAMENTO, HISTÓRICO DE DEPRESSÃO, DESENVOLVIMENTO DE HIPERTENSÃO CLINICAMENTE SIGNIFICATIVA DIABETES *MELLITUS* (SOBRETUDO HISTÓRICO DE DIABETES *MELLITUS* GESTACIONAL), E OCORRÊNCIA FOLÍCULOS OVARIANOS PERSISTENTES (CISTOS OVARIANOS FUNCIONAIS), RECORRÊNCIA DE ICTERICIA COLESTÁTICA E/OU PRURIDO OCORRIDO ANTERIORMENTE DURANTE UMA GRAVIDEZ OU DURANTE O USO ANTERIOR DE ESTEROIDES SEXUAIS REQUER A DESCONTINUAÇÃO DE ALLURENE®. MULHERES COM TENDÊNCIA A MELASMA/CLOASMA DEVEM EVITAR EXPOSIÇÃO AO SOL OU RADIAÇÃO ULTRAVIOLETA DURANTE O TRATAMENTO COM ALLURENE®. RECOMENDA-SE ACOMPANHAMENTO REGULAR, COM ATENÇÃO ESPECIAL À PRESSÃO ARTERIAL, MAMAS, ABDOME E ÓRGÃOS PÉLVICOS, INCLUINDO CITOLOGIA CERVICAL. ALLURENE® NÃO DEVE SER ADMINISTRADO A MULHERES GRÁVIDAS UMA VEZ QUE NÃO HÁ NECESSIDADE DE TRATAR A ENDOMETRIOSE DURANTE A GRAVIDEZ - CATEGORIA B: "ESTE MEDICAMENTO NÃO DEVE SER UTILIZADO POR MULHERES GRÁVIDAS SEM ORIENTAÇÃO MÉDICA OU DO CIRURGIÃO-DENTISTA". A ADMINISTRAÇÃO DE ALLURENE® DURANTE A LACTAÇÃO NÃO É RECOMENDADA. **REAÇÕES ADVERSAS:** FREQUENTES: CEFALEIA, DESCONFORTO NAS MAMAS, HUMOR DEPRIMIDO, ACNE, NÁUSEA, AUMENTO DE PESO, DOR ABDOMINAL, CISTO OVARIANO, CONDIÇÕES ASTÊNICAS, FLATULÊNCIA, FOGACHOS, DISTÚRBIOS DO SONO, IRRITABILIDADE, SANGRAMENTO UTERINO/VAGINAL INCLUINDO GOTEJAMENTO, NERVOSISMO, PERDA DE LIBIDO, ALOPECIA, DOR NAS COSTAS, DISTENSÃO ABDOMINAL, VÔMITO, ENXAQUECA, HUMOR ALTERADO. POUCO FREQUENTES: RESSECAMENTO VULVOVAGINAL, Desequilíbrio do sistema nervoso autônomo, candidíase vaginal, pele seca, ansiedade, depressão, distúrbio da atenção, constipação, desconforto abdominal, inflamação gastrintestinal, hiperidrose, prurido, diarreia, infecção do trato urinário, corrimento genital, dor pélvica, edema, anemia, diminuição de peso, aumento de apetite, olho seco, zumbido, distúrbios inespecíficos do sistema circulatório, palpitações, hipotensão, dispnéia, humor alterado, gengivite, hirsutismo, onicólise, caspa, dermatite, crescimento anormal de pelos, reação de fotossensibilidade, distúrbio de pigmentação, dor nos ossos, espasmos musculares, dor na extremidade, peso nas extremidades, vulvovaginite atrófica, massa mamária, doença fibrocística da mama, endurecimento da mama. **INTERAÇÕES MEDICAMENTOSAS:** INDUTORES OU INIBIDORES ENZIMÁTICOS INDIVIDUAIS (CITOCROMO P450), SUBSTÂNCIAS COM PROPRIEDADES DE INDUÇÃO ENZIMÁTICA (FENITOÍNA, BARBITÚRICOS, PRIMIDONA, CARBAMAZEPINA, RIFAMPICINA E POSSIVELMENTE TAMBÉM OXCARBAZEPINA, TOPIRAMATO, FELBAMATO, GRISEOFULVINA, NEVIRAPINA E ERVA-DE-SÃO-JOÃO), SUBSTÂNCIAS COM PROPRIEDADES DE INIBIÇÃO ENZIMÁTICA (ANTIFÚNGICOS AZÓLICOS, CIMETIDINA, VERAPAMIL, MACROLÍDEOS, DILTIAZEM, INIBIDORES DA PROTEASE, ANTIDEPRESSIVOS E SUCO DE TORONJA). COM BASE EM ESTUDOS DE INIBIÇÃO IN VITRO, É IMPROVÁVEL QUE HAJA INTERAÇÃO CLINICAMENTE RELEVANTE ENTRE ALLURENE® E O METABOLISMO DE OUTROS MEDICAMENTOS MEDIADO PELA ENZIMA DO CITOCROMO P450. O USO DE PROGESTÓGENOS PODE INFLUENCIAR OS RESULTADOS DE CERTOS EXAMES LABORATORIAIS, INCLUINDO PARÂMETROS BIOQUÍMICOS DO FÍGADO, TIREÓIDE, FUNÇÃO RENAL E ADRENAL, NÍVEIS PLASMÁTICOS DE PROTEÍNAS (CARREADORAS), POR EXEMPLO, FRAÇÕES LIPOPROTEICAS/LIPÍDICAS, PARÂMETROS DO METABOLISMO DE CARBOIDRATOS E PARÂMETROS DA COAGULAÇÃO E FIBRINÓLISE. DE MODO GERAL, AS ALTERAÇÕES PERMANECEM DENTRO DA FAIXA LABORATORIAL NORMAL. **POSOLOGIA:** UM COMPRIMIDO POR DIA SEM INTERVALO DE PAUSA, TOMADO, PREFERENCIALMENTE, NO MESMO HORÁRIO TODOS OS DIAS, COM UM POUCO DE LÍQUIDO, SE NECESSÁRIO, INDEPENDENTEMENTE DE SANGRAMENTO VAGINAL. AO TÉRMINO DE UMA CARTELA, A PRÓXIMA DEVE SER INICIADA, SEM INTERRUÇÃO. A INGESTÃO DOS COMPRIMIDOS PODE SER INICIADA EM QUALQUER DIA DO CICLO MENSTRUAL. **VENDA SOB PRESCRIÇÃO MÉDICA.** **CONTRAINDICAÇÕES:** DISTÚRBIOS CARDIOVASCULARES, DIABETES *MELLITUS* COM ENVOLVIMENTO VASCULAR. **INTERAÇÕES MEDICAMENTOSAS:** ANTICONVULSANTES, ANTIFÚNGICOS AZÓLICOS, ANTIDEPRESSIVOS. **CONTRAINDICATIONS:** CARDIOVASCULAR DISORDERS, DIABETES *MELLITUS* WITH VASCULAR DAMAGE. **DRUG INTERACTIONS:** ANTICONVULSANTS, AZOLE ANTIFUNGALS, ANTIDEPRESSANTS