e-JOURNAL
WORLD ENDOMETRIOSIS SOCIETY
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Professor Rodolphe Maheux
President WES

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World Endometriosis Society
89 Southgate Road
London N1 3JS
United Kingdom
t: +44 (0)77 1006 5164
f: +44 (0)20 7354 4708
www.endometriosis.ca
wes@endometriosis.org

President's message

The 9th World Congress on Endometriosis (WCE) is just over but its memory will be long lasting. The day before the official meeting started a pre-congress course on "Best practice in endometriosis: When support groups and physicians work together" was conducted. Organised and chaired by Andrew Prentice (UK), Axel Forman (UK) and Lone Hummelshoj (UK), the course focused on how support groups and physicians working together may achieve goals faster through better lobbying of legislators and supporting research. The conclusion was that a platform/global network for worldwide collaboration is necessary.

Johannes Evers, chairman of the Maastricht conference, and his close collaborators Gerald Dunselman, Patrick Groothuis and Ton de Goeij had the fantastic idea of organising the meeting around 11 seminars. Each seminar started with the moderator's lecture, followed by the presentation of the selected abstracts chosen by the organising committee and the respective moderators. They were summarised and discussed by the moderators at the end of each seminar giving the conference a very coherent aspect.

Topics went from epidemiology, genetics and quality of life to medical and surgical treatments, angiogenesis and fecundity.

Keynote lectures were presented at the end of the morning and afternoon sessions and featured the latest advances on important topics such as imaging in endometriosis, genomics, pain, cancer and evidence based guidelines. Stimulating discussions around the posters completed this excellent program.

On behalf of all the participants, congratulations to the organisers of this excellent meeting!

During the opening ceremonies Professor Maurice-Antoine Bruhat, from France, was honoured by the Society for his contribution to the field of endometriosis. He was named Emeritus Member of the World Endometriosis Society. Professor Bruhat has been a leader in the field of endoscopy and was the organiser of the first World Congress on Endometriosis.

We are pleased to inform you that the executive committee of the World Endometriosis Society has a new member: Robert Taylor MD, PhD, from Emory University (USA). Professor Taylor is well known around the world for his work on markers in endometriosis. He will help our Society to better integrate basic and clinical research, one of the goals of our Society for the next few years.

Finally, Bernard Hedon and the city of Montpellier (France) has won the bidding process to organise the 11th WCE in 2011.

In the meantime, be prepared! Our Australian colleagues are preparing a super meeting in Melbourne for the 10th WCE. So mark those dates in your calendar: March 11-14 2008 and don't forget to join the Society to stay informed on the recent advances in the field of endometriosis.

Sincerely yours,

Professor Rodolphe Maheux
President, World Endometriosis Society

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Editor's message

Dear colleagues and friends, members and non-members of the WES –

It is my pleasure to send this issue of the e-journal to each one of you, and to urge anyone who has not done so, to join the WES. Together we can make a stronger Society! It is easy to join online at http://wes.endometriosis.org/membership.htm.

It is only with your help that together we can make the e-journal an efficient channel of knowledge dissemination and the WES an interesting platform for interaction and exchange between researchers, clinicians and patients. It is our responsibility to communicate and join our efforts to expand knowledge and to improve endometriosis diagnosis and treatment for the patients' well-being.

Your contribution will, I believe, be very important in enriching the e-journal's content. We would greatly appreciate receiving relevant news, references, collaborative clinical essays, conference updates, images, comments/opinions and articles that you wish to have distributed through the WES e-journal. We welcome any suggestion. The deadline for input to the next e-journal is **1 March 2006**.

The WES e-journal is yours and is a service for our members. So your active collaboration is a *sine qua none* condition for its success.

Best wishes to Lone Hummelshoj for her new mission at the WES ...and a happy and successful 2006 to all of you!

I'm looking forward to working with and for you.

Cordially,

Professor Ali Akoum
Editor, WES e-journal

10 tips for avoiding jet lag

David Healy MD, President WCE 2008

There are less than 1,000 days to go before you arrive in Melbourne for the 10th World Endometriosis Congress, which takes place from 11-14 March 2008!

If there is one thing Australians know about, it is how to minimise jet lag.

Here are 10 hints from my mates to ease you into Melbourne relaxed, yet alert:

1. Fly direct to Melbourne. Do NOT fly through Sydney. There is nothing worse when you are tired. The change of airports in Sydney is complex. Sydney is fabulous - but see it after WCE 2008, not before!
2. Fly straight through. Do not break your journey. It is better to ARRIVE 2 DAYS EARLY in Melbourne and then recover. We will have Recovery Activities for you!
3. Fly as few stops as possible. See 1 and 2 above.
4. Aisle seat. These permit more exercise on the plane. Every hour or two is recommended.
5. Drink three times your normal amount of water on the plane. Dehydration is a major medical problem of long haul flights. The aisle seat also helps bathroom trips! Take your own plastic bottle of water on board.
6. Be tee total on the flight. If you want to drink alcohol on board, then drink four TIMES your usual amount of water.
7. Remove your contact lenses and use spectacles on board.
8. Use a skin moisturiser/spray to refresh your skin. DEHYDRATION is the reason for adhering to 5-7 above.
9. Get out into the sun as soon as you arrive.
10. Get out into the sun. No. It is not a mistake. It really is worth saying twice! Spend as much time in the MELBOURNE SUN as possible for the first two days. This will accelerate your time zones faster!

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EDITORIAL
Potential role of Chinese botanical remedies for endometriosis-associated pain

Fritz Wieser MD and Robert N. Taylor MD PhD***
** Division of Gynaecological Endocrinology and Reproductive Medicine, University of Vienna, Austria*
*** Department of Gynaecology and Obstetrics, Emory University School of Medicine, Atlanta, Georgia, USA*

Over the past decade, endometriosis scholars, health-care providers and women afflicted with this disease all have witnessed dramatic progress in our understanding of endometriosis pathophysiology. Our own laboratories have been actively engaged in defining the cellular, genomic and molecular underpinnings of endometriotic lesions. Despite this new knowledge, evidence-based medical trials and new treatment strategies with high efficacy and limited side-effects have been frustratingly slow to reach the clinical arena. In this editorial we hope to increase awareness that natural herbal drugs have potent anti-inflammatory and pain-alleviating properties and should receive more consideration for the treatment of women with endometriosis-associated symptoms.

Traditional Chinese medicine is based on a 3,000 year-old holistic model of individualised health maintenance using herbs, acupuncture, and other forms of therapy foreign to many Western-trained physicians. But in addition to its overwhelming acceptance in Asia, traditional Chinese medicine is used today by millions of women in the Americas, Europe, and Australasia. Surveys on complementary alternative medicine, conducted in the USA over the last 15 years, report that more than 38 million adults in this country use these modalities, with up to 18.6% of the population relying on herbal therapy for symptom relief [1].

In spite of their growing popularity in Western societies, limited formal data about the pharmacology of herbs exist because they are categorised by the FDA as traditional food supplements rather than drugs and are not subject to the same standards and regulation. While users of Chinese herbal therapy consider natural products to be safer and thus more beneficial alternatives to Western pharmaceuticals. their side effects and toxicity have not been tested rigorously. Formal controlled clinical trials to evaluate their toxicity, efficacy and mechanisms of action are needed [2].

Interestingly, Chinese herbal treatment also is receiving increasing attention by Western physicians for the treatment of certain infectious and inflammatory diseases. A recent meta-analysis of clinical trials showed that a six-dose regimen of artemether-lumefantrine was more effective than antimalarial regimens not containing the herbal derivate artemisinin [3]. Other Chinese herbs have been used for centuries for treating pain syndromes typically observed in women with endometriosis. Examples include Angelica root, Cinnamon twig, Corydalis rhizome extract, Frankincense, Myrrh, Salvia root, Licorice root, Persica, Sparganium, White peony root, and Zedoaria [2]. These Chinese herbs also are used for treatment of other chronic inflammatory diseases including eczema, colitis, rheumatoid arthritis and bronchial asthma.

Clinical evidence for the efficacy of these botanicals for endometriosis has only been reported in the Chinese literature to date.

Growing observations that medicinal Chinese herbs have anti-inflammatory, sedative and pain-alleviating properties led us and others to investigate these concoctions using in vitro models of endometriosis as a proof of principle for treatment of endometriosis-associated symptoms with natural compounds.

Examples of relevant Chinese herbs include Angelica root, which is known by the Chinese names: Bai Zhi, Dang Gui, and Du Huo. This root contains various coumarin and furocoumarin derivatives that are known to inhibit cycloxygenase (Cox)-2 activity and prostaglandin synthesis [2]. Another herbal compound is curcumin, which Cao et al. [4] have demonstrated can inhibit NF-kB induction of a proinflammatory and angiogenic cytokine, macrophage migration inhibitory factor (MIF). Our group has reported that extracts from a traditional combination of Chinese herbs inhibit endometriosis cell proliferation in vitro [5]

Presently there are no randomised, controlled trials to assess the safety and efficacy of Chinese herbs in the treatment of endometriosis symptoms. The establishment of a new NIH institute for complementary and alternative medicine (NCCAM) in 1998 is an important step toward the validation of popular and mechanistically plausible botanical treatments of endometriosis-associated pain.

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ARTICLE
Genomewide linkage study in 1,176 affected sisters

After 10 years of work and with a great deal of valued assistance from gynaecologists and hospitals in confirming diagnoses, the results of the first large-scale, full genome scan genetic linkage study on endometriosis were published in the September issue of the American Journal of Human Genetics.

The results were from 1,176 families with affected sister pairs included genetic data from 931 Australian and New Zealand families recruited by the Queensland Institute of Medical Research (Brisbane, Australia) and 245 families recruited by Dr. Stephen Kennedy, Department of Obstetrics & Gynaecology, Oxford University (Oxford, UK).

It is particularly important because, being one of the largest studies for any complex disease conducted worldwide, it had the power to effectively narrow down the key chromosomal regions for gene searching.

The study found that sisters with endometriosis shared gene variants at significantly more genetic loci than expected in a region on the long arm of Chromosome 10. The combined Australian and Oxford study also found a region "suggestive" of linkage on Chromosome 20, and several other chromosomal regions with a hint of linkage.

This means that the chromosome 10 region is harbouring an important susceptibility gene for endometriosis, with the chromosome 20 region also likely to harbour a susceptibility gene, but a less important one. The results were summarised as follows in the published paper:

"We seek to identify susceptibility loci [for endometriosis] using a positional cloning approach, starting with a linkage analysis to identify genomic regions likely to harbour these genes. We conducted a linkage study in 1,176 families (931 Australian, 245 UK), each with at least two members - mainly affected sister pairs (ASPs) - with surgically diagnosed disease. We have identified a region of significant linkage on chromosome 10q26 (MLS = 3.09, genome-wide P = 0.047) and another region of suggestive linkage on chromosome 20p13 (MLS = 2.09).

Minor peaks (MLS > 1.0) were found on chromosomes 2, 6, 7, 8, 12, 14, 15, and 17. This is the first report of linkage to a major locus for endometriosis. The findings will facilitate discovery of novel, positional genetic variants that influence the risk of developing this debilitating disease. Greater understanding of the aberrant cellular and molecular mechanisms involved in the aetiology and pathophysiology of endometriosis should lead to better diagnostic methods and targeted treatments."

AUTHORS AND PUBLICATION DETAILS

Susan A. Treloar [1,2], Jacqueline Wicks [1,2], Dale R. Nyholt [1,2], Grant W. Montgomery [1,2], Melanie Bahlo [2,3], Vicki Smith [4], Gary Dawson [4], Ian J. Mackay [4], Daniel E. Weeks [5], Simon T. Bennett [4], Alisoun Carey [4], Kelly R. Ewen-White [6], David L. Duffy [1,2], Daniel T. O'Connor [7], David Barlow [8], Nicholas G. Martin [1,2], Stephen H. Kennedy [8] Genomewide Linkage Study in 1,176 Affected Sister Pair Families Identifies a Significant Susceptibility Locus for Endometriosis on Chromosome 10q26. American Journal of Human Genetics 2005; 77: 365-376.

AUTHORS' AFFILIATION

[1] Queensland Institute of Medical Research, Brisbane, Australia; [2] Cooperative Research Centre for Discovery of Genes for Common Human Diseases, Australia; [3] Walter and Eliza Hall Institute, Melbourne, Australia; [4] Oxagen Ltd., Abingdon, UK; [5] Department of Human Genetics, Graduate School of Public Health, University of Pittsburgh, Pittsburgh PA, USA; [6] Australian Genome Research Facility, Melbourne, Australia; [7] Queensland Endometriosis Research Institute, Brisbane, Australia; [8] Nuffield Department of Obstetrics & Gynaecology, University of Oxford, UK

NOTES from Maastricht

1.
Among the many interesting news items to come out of Maastrich was information about a new non-invasive diagnostic test for endometriosis. Researchers at Vanderbilt University have discovered an antigen and its antibody which are common to women with endometriosis but not found in healthy women. Based on this Valeo Medical Inc has developed a simple blood test and validated its assay on more than 600 human clinical samples.

2.
Currently endometriosis can only be diagnosed through surgery and recent studies have indicated that it may take as long as 8 years for a diagnosis to be established. A study by Matsuzaki and Canis et al examined the relationship between delay before surgical diagnosis and severity of the disease in patients with symptomatic deep infiltrating endometriosis. It was concluded that delay between onset of pain symptoms and surgical diagnosis may be associated with the severity of disease in patients with DIE.

Professor Hans Evers, president of the World Congress on Endometriosis in Maastricht, Professor Robert Shaw, past president of the WES, and Professor Rodolphe Maheux, executive-secretary and current president of the WES.

3.
Also of interest were the findings reported by Sue Treloar et al in a study of 3895 Australian women that almost two thirds of the women who smoked indicated that starting to smoke coincided with the onset of endometriosis symptoms.

4.
Previous studies have linked exposure to dioxin with endometriosis. A poster presentation by MS Sugamata et al of Japan examined the link between endometriosis and the common urban pollutant diesel fuel. Findings concluded that diesel exhaust exposure accelerates the development of endometriosis in rats.

5.
Finally, many patients now turn to the internet for information about medical problems. In Germany FS Suwandinata *et al* developed a site where patients, health workers and other interested individuals could inform themselves and obtain counsel free of charge about endometriosis-related symptoms. By filling out a computerised questionnaire called "Endotest" patients received a computerised score indicating the likelihood of endometriosis. Specific questions could also be asked within a forum called “Expert Consultation”.

From January 2002 to January 2005, 2627 consultations were received; between July 2003 and January 2005, 14,829 questionnaires were filled out. Additionally data collected from the website provided valuable information for health insurances companies, politicians and doctors. The findings indicate that health care professionals must be prepared to offer information about internet-related resources.

Patrick Groothuis presents Luca Fusi from the United Kingdom (left) with the Best Abstract Award for "Therapeutic targeting of steroid sulfatase activity in endometriosis", and Melissa Parker from Australia (right) with the Best Poster Award for "The prevalence of menstrual disorders in teenagers".

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ASRM/ESHRE/APEA meeting, 16 September 2005 in Maastricht

About 30 people were present at the meeting chaired by Agneta Bergqvist (Coordinator ESHRE SIG Endometriosis and Endometrium) and Robert Taylor (Chairman ASRM SIG Endometriosis).

The welcome was by Agneta Bergqvist, who explained the background for the meeting, which aimed to foster global collaboration in the field of endometriosis.

The following items were discussed:

1. Guideline for the diagnosis and treatment of endometriosis (Gerard Dunselman)

The ESHRE guideline has been developed and published in Human Reproduction in the October issue and is now available at http://guidelines.endometriosis.org. This has been adopted by the Dutch Society for Obstetrics and Gynaecology, and the Royal College in the UK will most likely do the same.

The ASRM practice committee receives input from members, and a guideline cannot be published unless it is approved by the practice committee and the board of directors. Guidelines are in the process of being developed for various aspects of endometriosis. It was noted that there are legal implications to guidelines in the USA.

It was agreed to evaluate what is available at the moment and compare it to the ESHRE guideline to determine to what extent these can be combined.

ACTION:
Robert Taylor to review the ESHRE guideline, and subsequently discuss with Robert Rebar, who will send recommendations to the practice committee.

2. Research initiatives

(Martyn Stafford Bell and Thomas D'Hooghe)

The issue of prospective trials where large numbers of patients are required also require collaboration between multiple centres, but there is always the issue of funding of these. The type of collaboration that would be needed between SIGs and WES in order to address this needs to be discussed, especially in the context of funding and structure.

ACTION:
A working party was convened to address these issues and come up with suggestions/a report to this group by the end of the year, resulting in a proposal to the ESHRE SIG business meeting on 18 June 2006 in Prague. The working party consists of: Martyn Stafford Bell, Thomas D'Hooghe, Luk Rombauts, David Adamson, Robert Taylor, and Lone Hummelshoj.

3. Relationship with industry

(Robert Rebar)

Industry is really only interested in product-related research, though occasionally there are opportunities for small funding for medical liaisons (outside of the traditional remit of it being product-related). It was agreed that people around this table ideally are the ones who should be designing studies. If studies were designed in parallel and/or with similar structures this would be very helpful.

It was suggested that it may be an idea to write a protocol and get it approved by the various scientific bodies around the world.

The NIH will fund a meeting on Friday 20 October 2006 to achieve consensus regarding the best way to measure pain in clinical trials, where all stakeholders will be represented (clinicians, scientists, patients, and industry). Regulatory representatives (FDA, EU) should be included as well. The meeting will be organised by Pam Stratton (NIH) and Stephen Kennedy (University of Oxford). With representatives from industry there it is an opportunity to get the message across on what needs to be done and how it needs to be done.
The challenge is that enthusiastic ideas and groups convene, but it can be discouraging to have to wait for funding.

It was raised that we should look at ways in which to decrease costs – and then go to the health authorities to ask them for funding if we can prove that we are saving money in health care. There may also be opportunities to follow this approach with insurance companies.

ACTION:
Stephen Kennedy to keep everyone abreast of the NIH meeting.

4. Classification system for endometriosis

(Agneta Bergqvist)

There was little time for discussion, but it was clear that the current staging system is not working as it does not take into consideration all the factors affecting endometriosis, including active/inactive disease, progression, etc. It was suggested, however, that if we keep the current system, all that would

needed to be added is symptoms and a note on whether the disease is subtle or deep infiltrating endometriosis. David Adamson will be publishing a validated and robust staging system for infertility, which is created out of raw data.

ACTION:
David Adamson needs to circulate this to the group once it is published, and then this issue needs to be addressed further at future meetings.

5. Cooperation/differentiation between WES and SIGs
(Agneta Bergqvist)

With the emergence of an alliance between the ASRM/ESHRE SIGs it was asked whether the WES still has a role to play.

Whilst ASRM and ESHRE are large organisations, with many members, the benefit of the WES is that it is a global organisation.

It was agreed that mechanisms to co-exist needs to be developed, including not organising meetings in too close proximity to each other. Joint meetings are also an option. Due to a lack of time, this was not addressed further, but will be dealt with in future meetings.

6. Asia Pacific Endometriosis Alliance
(Susan Evans)

During this World Congress the inaugural meeting of the Asia Pacific Endometriosis Alliance (APEA) took place, and they were welcomed into the collaboration. Contact Susan Evans for more information or to join the APEA, at sfe@internode.on.net.

Upcoming meetings

15th International Meeting of the International Society for Gynecological Endoscopy
29 March 29-1 April 2006
Buenos Aires, Argentina
www.isge2006.com.ar

World Meeting on Gynaecological Pelvic Pain and Endometriosis
10-14 May, 2006
Milano, Italy
www.milan2006.it/

2nd Nordic Congress on Endometriosis
25 - 27 August 2006
Svendborg, Denmark
http://www.nce06.com/

ESHRE Campus 2006: Elective single embryo transfer: why, when and how?
2 -3 March 2006
Helsinki, Finland
www.eshre.com/emc.asp?pageId=705

AGES 2006: Managing common gynaecological challenges
4 - 6 May 2006
Adelaide, Australia
www.ages.com.au/events.htm

VIIth PAX meeting
28-30 September 2006
Leuven, Belgium
www.gynsurgery.org/pax/index.html

The PAX Society has recently been established in order to provide a forum for surgeons, researchers and gynaecologists interested in adhesion formation, tumour implantation and mesh biology. The group is headed by Professor Philippe Koninckx, Head Division of Endoscopic Surgery, Centre for Surgical Technologies, Leuven, Belgium. Anyone wishing to become a founding member of PAX or wishing to be kept informed about the society should register at www.paxsociety.org

For a full congress schedule please see www.endometriosis.org/congress.html

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Scientific Director, Professor Jacques Donnez, and WES President, Professor Rodolphe Maheux wish everyone a happy and prosperous New Year!

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