

WHY IS THIS IMPORTANT?

Clinicians

- symptom severity
- treatment effectiveness

Academics

- accurate phenotyping

Pharmaceutical industry

- new product development
- regulatory authorities

Patients

- communication
- faith in clinicians + industry

Endometriosis severity profile scoring system based upon the Biberoglu & Behrman Scale (1981)

Dysmenorrhea	Absent	(0) No discomfort
	Mild	(1) Some loss of work efficiency
	Moderate	(2) In bed part of one day, occasional loss of work
	Severe	(3) In bed one or more days, incapacitation
	Not applicable	(4) Amenorrhea
Dyspareunia	Absent	(0) No difficulty or pain
	Mild	(1) Tolerated discomfort
	Moderate	(2) Intercourse painful to point of interruption of intercourse
	Severe	(3) Avoids intercourse because of pain
	Not applicable	(4) Not sexually active, or prefers not to answer
Pelvic pain	Absent	(0) No discomfort
	Mild	(1) Occasional pelvic discomfort
	Moderate	(2) Noticeable discomfort for most of cycle
	Severe	(3) Requires strong analgesics, persistent during cycle other than during menstruation
Pelvic tenderness	Absent	(0) No tenderness
	Mild	(1) Minimal tenderness on palpation
	Moderate	(2) Extensive tenderness on palpation
	Severe	(3) Unable to palpate because of tenderness
Induration	Absent	(0) No induration
	Mild	(1) Uterus freely mobile, induration in the cul-de-sac
	Moderate	(2) Thickened and indurated adnexa and cul-de-sac, restricted mobility
	Severe	(3) Nodular adnexa and cul-de-sac, uterus frequently frozen

CONSENSUS NEEDED

- More of the same?
- Adapt existing pain scale(s)?
- Develop new (patient-derived) pain scale?
- Single or separate pain assessments?

- Role of quality of life instruments?

- What is a clinically meaningful effect?

‘One feature of the health sciences literature devoted to measuring subjective states is the daunting array of available scales. Whether one wishes to measure depression, pain, or patient satisfaction, it seems that every article published in the field has used a different approach to the measurement problem. This proliferation impedes research, since there are significant problems in generalizing from one set of findings to another...

...perhaps the most common error committed by clinical researchers is to dismiss existing scales too lightly, and embark on the development of a new instrument with an unjustifiably optimistic and naïve expectation that they can do better.’

Streiner & Norman (2003) Health Measurement Scales
- a practical guide to their development and use. 3rd ed.

Unrestricted educational grants to University of Oxford:

Ferring Pharmaceuticals

Neurocrine Biosciences

Pfizer

Schering AG

Takeda

TAP Pharmaceuticals



MELBOURNE AUSTRALIA 11-14 MARCH 2008

ART & SCIENCE OF ENDOMETRIOSIS

WCE 2008

10TH WORLD CONGRESS ON ENDOMETRIOSIS



World
Endometriosis
Society



Australian
Gynaecological
Endoscopy
Society

Artwork: Fiona Hall Iron & steel 1953 | Paradox: Terence Gifford, Aboriginal (Ngan'jirrnggarr) /
Nokumbo aculeata / Photos (1996) | Glass sculpture and tin 24.6 x 12.1 x 3.6 cm | Purchased through The Art Foundation
of Victoria with the assistance of the Rody Korman Fund, Government, 1997 | National Gallery of Victoria, Melbourne.
| Fiona Hall is a leading Australian contemporary artist with a formidable career spanning three decades.



QUESTIONS

1. Persist with B&B?
Adapt existing pain scale(s)?
Develop new (patient-derived) pain scale?
2. Take clinical signs into account or not?
3. What about co-morbidity?
4. Single or separate pain assessments?
5. Measure QoL as well? Adverse events?
6. How often to measure?
7. How to address cyclicity?
8. Which rescue medication?
9. How to define a responder?
10. What is a clinically meaningful effect?

QUESTIONS

1. How to define 'endometriosis' for clinical trials?
2. What are appropriate entry criteria?
3. What are baseline pain measurements?