ESC Virtual Seminar

Medical therapies in endometriosis: after surgery or in place of surgery? Felice Petraglia, Italy

Questions & answers (answers by Giovanni Grandi, Italy)

- **Can dienogest be used as a contraceptive pill too?**
  Dienogest 2 mg daily is not approved for hormonal contraception therefore additional contraceptive methods must be used, although its antiovulatory efficacy has been well documented (Klipping C et al, J Clin Pharmacol 2012;52:1704-13).

- **What is the evidence: Is dienogest 2 mg per day significantly more effective than desogestrel 75 mg per day?**
  There are no population studies with validated outcomes such as Pearl Index that demonstrate contraceptive efficacy (to avoid unintended pregnacies in fertile women) for dienogest 2 mg/daily, while there are many for desogestrel 75 mcg/daily.
- **Dienogest treatment in a combined setting increases the VTE risk. What is the relative risk in dienogest only use?**
  Dienogest alone is not associated with an increased risk of VTE.
- **Is dienogest enough to prevent pregnancy?**
  Dienogest 2 mg daily is not approved for hormonal contraception therefore additional contraceptive methods must be used during its administration, although its antiovulatory efficacy has been well documented (J Clin Pharmacol 2012;52:1704-13).
- **What about cycle control with POP (dienogest) on women with endometriose?**
  It is likely that the circulating plasmatic levels of E2 (the so-called “window of opportunity”) induced by each preparation (progestin only, E2-based, EE-based) are crucial in counterbalancing the potent effect of synthetic progestins on endometriotic lesions. Unfortunately, it is still unknown if the administration of estrogens should be completely avoided or it could be permitted in low dosages (how much? natural estrogens?) in subjects with symptomatic endometriosis: indeed the presence of the low dose estrogen component could represent an advantage in terms of bleeding control and therapy adherence, promoting compliance (Eur J Contracept Reprod HealthCare 2019;21:61-70).
- **I want to know if you have any experience in drospirenona 4 mgr per day?**
  The CHCs combined with drospirenone are very effective in endometriosis treatment (Fertil Steril. 2017;108:798–805), so why not drospirenone alone, even if there are no specific studies on the topic yet.
- **For how long continual COC?**
  Possibly life-long. The most important aspect in endometriosis is to promote the

woman's compliance to medical treatments with all the necessary means, to avoid repeated and damaging surgical procedures during the reproductive lifespan.

- **What about drosperinona only pill?**
  The CHCs combined with drospirenone are very effective in endometriosis treatment (Fertil Steril. 2017;108:798–805), so why not drospirenone alone, even if there are no specific studies on the topic yet.
- **Is there an add on effect of LNG-IUD plus peroral progestogen?**
  No studies published on this interesting topic but I have a lot of experience in this field, especially when you have to treat adenomyosis + endometrioma. You can add dienogest or norethisterone acetate per oral to a LNG-IUS 52 mg.
- **Here in argentina dienogest alone is expensive and we can´t use as a contraceptive pill. what do you think about the estradiol valerato and dienogest COC?**
  The circulating plasmatic levels of E2 (the so-called “window of opportunity”) induced by each preparation (progestin only, E2-based, EE-based) are crucial in counterbalancing the potent effect of synthetic progestins on endometriotic lesions. Unfortunately, it is still unknown if the administration of estrogens should be completely avoided or it could be permitted in low dosages (natural estrogens?) in subjects with symptomatic endometriosis: indeed the presence of the low dose estrogen component could represent an advantage in terms of bleeding control and therapy adherence, promoting compliance. The prelimiary experience with quadripahsic E2V/DNG in endometriotic patients is very promising (Acta Obstet Gynecol Scand. 2015;94:637–645, Reprod Sci. 2015;22:626–632).