

2ND EUROPEAN CONGRESS ON ENDOMETRIOSIS

Deep-infiltrating endometriosis Prevention or eradication?



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EEL European Endometriosis League

Stiftung Endometriose-Forschung

Programme

BERLIN • GERMANY
28-30 NOVEMBER 2013





Endometriosis

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- Significant reduction of endometriotic lesions¹
- Favorable safety and tolerability profile suitable for long-term use^{1,2,3,4,5}

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history of depression, clinically significant hypertension, recurrence of cholestatic jaundice and/or pruritus. Dienogest may have a slight effect on peripheral insulin resistance and glucose tolerance. Chloasma may occasionally occur. In women with a history of extrauterine pregnancy or an impairment of tube function, the use of Visanne® should be decided on only after carefully weighing the benefits against the risks. Persistent ovarian follicles (often referred to as functional ovarian cysts) may occur during the use of Visanne®. Each Visanne® tablet contains lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption who are on a lactose-free diet should consider the amount contained in Visanne®. Treatment should be stopped at once if there are symptoms of an arterial or venous thrombotic event or suspicion thereof. Visanne® must not be administered to pregnant women because there is no need to treat endometriosis during pregnancy.

Treatment with Visanne® during lactation is not recommended. Based on the available data, ovulation is inhibited in the majority of patients during treatment with Visanne®. However, Visanne® is not a contraceptive. **Undesirable effects:** The most frequently reported undesirable effects under treatment with Visanne® are headache, breast discomfort, depressed mood, acne and changes in the menstrual bleeding pattern. Further details see package insert leaflet, valid 17 February 2010. **Bayer HealthCare Pharmaceuticals, 13342 Berlin, Germany. www.bayerpharma.com**

References: 1. Köhler G, et al, Int. J. Gynaecol Obstet 2010; 308:21-25 | 2. Strowitzki T, et al, Eur. J. Obstet Gynecol Reprod Biol 2010 | 3. Strowitzki T, et al, Hum Reprod 2010; 25:633-641 | 4. Strowitzki T, et al, Int. J. Gynaecol Obstet, 2012; 117(3): 228-33 | 5. Petraglia F, et al, Arch Gynecol Obstet, 2012. 285(1): 167-73.

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As determined as you are

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Venue and Date

Hilton Hotel Berlin
Mohrenstraße 30
10117 Berlin (DE)
28–30 November 2013

Congress Website

www.eel-congress.de

Hosting Society

European Endometriosis League (EEL) e. V.



Congress President and Organizer

Prof. Dr. med. Dr. phil. Dr. h. c. mult. Andreas D. Ebert
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Berlin-Brandenburg Academy of Sciences and Humanities



French Society for Gynecology (SFG)

German-Azerbaijani Society for Gynaecology and Obstetrics (DAGGG)



German Endometriosis Association (Endometriose-Vereinigung Deutschland e. V.)

German Endometriosis Research Foundation (SEF)



German Research Foundation (Deutsche Forschungsgemeinschaft, DFG)



German-Russian Society for Gynaecology and Obstetrics (DRGGG)



German Society for Gynaecology and Obstetrics (DGGG)



Italian Society for Gynaecology and Obstetrics (SIGO)

Koch-Metschnikow-Forum (KMF)



Polish Gynaecological Society

Russian Endometriosis Society

Society for Gynaecology and Obstetrics Berlin (GGGB)



Turkish Endometriosis and Adenomyosis Association



World Endometriosis Society (WES)



Scientific Programme Committee

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Felice Petraglia (Siena/IT)
Stefan P. Renner (Erlangen/DE)
Hans-Rudolf Tinneberg (Gießen/DE)

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Ludwig Wildt (Innsbruck/AT)
Monika M. Wölfer (Aachen/DE)
Errico Zupi (Siena/IT)

Ivo Brosens (Leuven/BE)

Ivo Brosens is the founder and director of the Centre for Reproductive Medicine and Microsurgery and co-founder of the Centre for Surgical Technologies at the University of Leuven. His main research interests include the placental bed, tubal infertility and endometriosis. At present he is Professor Emeritus of the Catholic University of Leuven and his clinical and research activities are based at the Leuven Institute for Fertility and Embryology.

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Gerhard Leyendecker (Darmstadt/DE)

Born in 1941, he was head physician of the Women's Hospital at the 'Klinikum Darmstadt'. After receiving his doctorate he became a fellow of the German Research Association, researching at New York Hospital – Cornell Medical College. After years of intense work and research and after completing his specialist training he took part, from 1977 on, at the 'Universitätsfrauenklinik' in Bonn. One of his major achievements over recent years he made in Darmstadt. After retiring from University with highest honor in 2006 Professor Leyendecker continues to work in the field of gynaecological endocrinology and reproductive medicine at his fertility clinic in Darmstadt.

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Sylvia Mechsner (Berlin/DE)

Born in Reinbek in 1972, Sylvia Mechsner grew up near Hamburg. Completing her residency in 2001, Mechsner is currently a senior physician in the Department of Gynaecology at the Charité's Benjamin Franklin Campus. The focus of her work is at the Endometriosis Research Center. Since 2002, she treated both in- and outpatients and since 2005 she leads the Endometriosis Research Lab.

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Marc Possover (Zurich/CH)

Prof. Possover, born on January 22nd, 1963 in France, completed his schooling at the age of fifteen. Immediately afterwards he began medical school at the University of Nancy. He qualified "Summa cum laude" at the age of 22 and began a specialist training as a heart surgeon. During this time he gained extensive experience and specialized skills in the areas of Visceral Surgery and Urology. In 1991 he began a second specialist training in the area of Obstetrics & Gynaecology at the University of Homburg/Saar, Germany. In this field he specialized in advanced laparoscopic surgery. Prof. Possover is one of the leader surgeons of the World.

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Welcome Note of the Congress President and the President of the European Endometriosis League (EEL) e. V.



Dear colleagues, dear delegates, dear friends,

In 2012 we already experienced the great interest and enthusiasm of more than 700 participants when the 1st European Congress was celebrated in Siena (Italy). In 2013, we want to take this unique opportunity to showcase our scientific and social expertise in the field of endometriosis in an international forum.

In order to attract more attention to endometriosis and the mostly related long history of suffering of the affected patients, we seek to set up a platform that can satisfactorily improve the treatment and achieve a significant progress in healing this insidious disease in the near future by an intense exchange of European and international colleagues.

The large number and high quality of the submitted abstracts – for which we would like to sincerely thank at this point – allowed us to put together a complex and exquisite programme. It offers a cross-section of current research areas and discusses treatment-relevant case studies. Embedded in the European Congress the 12th Berlin Endometriosis Symposium will take place. Additionally to the scientific programme, which will be enriched by transmissions of live surgeries, there will be an industry and a poster exhibition.

We would like to cordially welcome you to the 2nd EEL Congress and we are looking forward to spend exciting congress days with you!

As venue Berlin offers the best places to relax after “office hours”, to be astonished, to experience or to amuse oneself.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Andreas D. Ebert'.

Andreas D. Ebert

A handwritten signature in black ink, appearing to read 'Charles Chapron'.

Charles Chapron



Dear participants, dear guests,

The 2nd European Congress on Endometriosis is one of the highlights on Berlin's conference calendar this year. We are delighted that leading specialists will be meeting in Germany's capital city to discuss the latest research, developments and perspectives in the field of endometriosis and, at the same time, to draw public attention to a disease that is often underestimated.

In this spirit, I would like to extend a very warm welcome to all of the participants in the 2nd European Congress on Endometriosis.

As one of the world's leading trade show and congress venues, Germany's capital city offers ideal conditions for a successful conference. At the same time, Berlin is a renowned scientific and academic location and a center of cutting-edge life sciences.

That also includes the diagnosis and treatment of the disease that is your conference focus – You will find great expertise and many first-class specialists in endometriosis right here in Berlin. We not only have several different certified endometriosis centers at the venerable Charité and our municipal hospital corporation Vivantes, among other places, we also have many gynecologists in private practice who are working hard to ensure that patients suspected of having endometriosis receive the best possible treatment, in line with the latest medical findings.

Along with our expertise in health care, our city scores points with countless other attractions. Anyone attending a conference in Berlin should take advantage of the opportunity to visit one of our many museums, theaters or concert halls. Another good idea would be to take a stroll through one of the trendy neighborhoods in Mitte, Kreuzberg or Friedrichshain and enjoy the relaxed attitude towards life of our vibrant, diverse metropolis.

For those coming from outside the city – Once again, welcome to Berlin! I would like to wish you and, of course, your colleagues from Berlin a very productive 2013 European Congress on Endometriosis.

A handwritten signature in black ink, which appears to read "Klaus Wowereit". The signature is written in a cursive, flowing style.

Klaus Wowereit
Governing Mayor of Berlin



Dear participants, dear guests,

We are grateful that the European Endometriosis League has decided to hold its 2nd European Congress on Endometriosis in Berlin. Berlin is perfectly suited for congresses especially in the medical field, and in fact it has become in the recent years THE congress city for medical congresses in Europe. The quality of our medical institutions, be it research, be it clinical care, has regained world-class quality. The locations for congresses are excellent, and the city itself with its great opportunities for culture and leisure has made our city to one of the most attractive cities in Europe for tourists.

The fact that the medical community is now prepared to hold the second meeting on Endometriosis shows that this disease, which for long time has almost been a neglected disease, is now receiving more and more scientific/medical awareness which is badly needed in order to improve the clinical care situation for the patients. We estimate that at least 10% of all women in their reproductive phase suffer from endometriosis. It is therefore fortunate that science has now provided new insights in the pathogenesis of endometriosis and hence also potentially towards better treatment options.

We do hope and we do expect that the 2nd EEL Congress will present new data on this chronic disease affecting so many women and even girls and will further help to expand our awareness and knowledge in this important medical field. And if there should be some time left for enjoying the city you will get a glimpse of what Berlin is – a city of science, culture and vitality.

A handwritten signature in black ink, appearing to read 'G. Stock'.

Günter Stock



Dear colleagues,

As the president of the German Society for Gynaecology and Obstetrics, I am happy to welcome you to the 2nd European Congress on Endometriosis held in Berlin, Germany.

Supporting training and education in our field has become one of the most important subjects to our society. It is a principle aim for our scientific society to communicate the importance of medical and health research as a necessary basis to every medical decision. To that end, we therefore promote the international perspective and approach of this congress, working for an exchange of knowledge and ideas together with practical skills.

The chosen motto “Deep-infiltrating endometriosis – Prevention or eradication?” evokes the range of decisions to be made in the treatment of endometriosis and is an invitation to the international community of endometriosis experts to discuss their opinions.

This year’s congress presidents, Prof. Andreas D. Ebert, Berlin, Germany and Prof. Charles Chapron, Paris, France, and their scientific committee, truly worked out a programme with many highlights regarding the international standards of diagnosis and treatment of endometriosis.

I hope you’ll enjoy an inspiring congress and a perfect stay in Berlin!

Yours sincerely,

A handwritten signature in black ink, which appears to read "Th. Dimpfl". The signature is written in a cursive, flowing style.

Thomas Dimpfl



Dear ladies and gentlemen, dear colleagues,

It is a great pleasure for me and all members of the German Endometriosis Research Foundation to support the 2nd European Congress on Endometriosis (ECE) which will take place in Berlin under the chairmanship of Prof. A. D. Ebert.

The scientific programme is impressive. The scientific programme committee has composed a wide spectrum of topics, focussing not only on deep infiltrating disease. Prof. Ebert and his co-workers are doing everything to guarantee that the congress will be a great success. This will attract scientists and clinicians to make the congress to an international important event with the major aim of shaping the public focus on endometriosis.

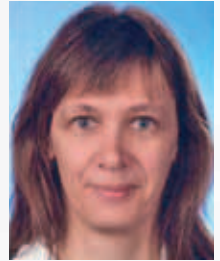
Twenty years after the fall of the Berlin Wall, Berlin has become one of the most attractive and fascinating cities not only in Europe but worldwide. I am confident that the ECE 2013 in Berlin will attract many participants and will left a lasting positive impression.

I wish Prof. Ebert and his team much success.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Karl-Werner Schweppe'. The signature is fluid and cursive.

Karl-Werner Schweppe



Dear colleagues,

The 2nd European Congress on Endometriosis takes place in November 2013 in Berlin after its premiere in Siena (Italy) one year ago.

Berlin belongs with its certified endometriosis centres already today to the prime locations in the field of Endometriosis research, diagnostics and therapy.

Networks are established to make sure that medical experts and researcher have the possibility to interact interdisciplinary at a high level together with patient's representatives.

There are still many challenges in the field of endometriosis.

We – as patients – long for a qualified, area wide provision through hospitals and medical practices at the high stage of certified endometriosis centres in Germany. It is not acceptable that it often takes an average of seven years from the first complains of sickness until the diagnosis. Faster diagnostics and better medical care of women with endometriosis would lead to a better quality of life for the affected women and their families.

At the same time we ask for intensive basic research of the causes of the origin of endometriosis and on new treatment approaches.

It is in our interest of our self-help organization, to support and to advance the national and international exchange in the field of endometriosis.

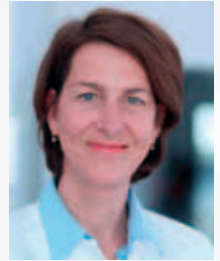
I'm confident that the cooperation of the societies, the associations and the organizing committees will be productive and bring a sustainable success to the European Congress on Endometriosis.

I wish the 2nd European Congress Endometriosis successfulness, with a proceeding research and practical implementation.

Yours sincerely,

A handwritten signature in black ink that reads "Heike". The signature is stylized and cursive.

Heike Matuschewski



Dear colleagues,

On behalf of the Berlin Society of Obstetrics and Gynaecology, we are delighted to invite you to Berlin.

After a successful 1st congress in Italy, it is now a great pleasure to welcome you to Berlin, one of the most attractive cities in Europe.

The 2nd European Congress on Endometriosis 2013 will be run under the theme of “Deep-infiltrating endometriosis – Prevention or eradication?”.

Thanks to the great efforts of the EEL Scientific Programming Committee and the local Scientific Committee, an outstanding programme is now ready, that covers many fields of endometriosis and its interesting, recent developments.

We believe that this meeting will present high level scientific knowledge with the contribution of leading surgeons, gynaecologists and many specialists who are experts in their fields.

We are looking forward to welcome you from all over Europe to Berlin, to witness an unforgettable scientific event and feel the fascinating atmosphere of this metropolis.

A handwritten signature in black ink that reads "A. Kleine-Tebbe". The signature is fluid and cursive.

Anke Kleine-Tebbe



HOW DEEP IS YOUR ENDO?

Dear colleagues,

Amidst so many economical, social, and political problems that characterize the European Union in these years, there is something that we, as European gynecologists, should be proud of – research on endometriosis coming from our countries.

Europe is second only to United States as a source of published reports on endometriosis, and in 2011 most of the ten top investigators in endometriosis, in terms of scientific production, were from the European Union.

Thus, there is much to expect from a European meeting on endometriosis, and even more so if the leading topic of the congress is deep disease. Our research centers have contributed a large amount of the available information on the pathogenesis, manifestation, diagnosis, and treatment alternatives for this severe endometriosis form. However, several questions still remain unanswered.

During the 2nd European Congress on Endometriosis, recognized authorities will try to clarify some important issues, such as the associations between deep endometriosis, pain, infertility, sexuality, and cancer, and define the best therapeutic options in different clinical conditions. Does deep endometriosis cause infertility, and if yes, how? When is it opportune to suggest surgery and when IVF/ICSI in order to increase the likelihood of conception? Is there an additional effect of uterine adenomyosis on fertility? Should we aim at radical extirpation of deep lesions, or should we tailor the surgical approach based on patients' preference? Is there a medical alternative? Can we reduce the risk of postoperative recurrences? You will have a chance to disentangle your doubts in November 2013. Join our scientific community remembering to keep a critical approach, to look only for robust data, to challenge opinions not supported by unequivocal evidence. Moreover, we are at the beginning of the patient-centered medicine era, when only outcomes that matter to women count.

See you all in Berlin, and don't forget that the next step of our medical journey will be in São Paulo, Brazil, at the end of April 2014, with the 12th World Congress on Endometriosis!

A handwritten signature in black ink that reads "Paolo Vercellini". The signature is fluid and cursive.

Paolo Vercellini

Programme Overview • Friday and Saturday, 29 and 30 November 2013

29 November 2013				30 November 2013	
	Humboldt	Durieux	Voltaire	Ballroom	Galery Foyer
08:00	Poster all day			Poster all day	
08:30–10:00	Open Session: Russian Endometriosis Society p. 24	Open Session: German Endometriosis Research Foundation (SEF) p. 24	Open Session: Polish Gynaecological Society p. 26	08:30–09:15 Plenary Lecture 3 p. 36	
09:00	Coffee break			09:15–10:45 Session 5 DIE – Is Medical Treatment Appropriate? p. 36	09:15–10:45 Poster Sessions 5 + 6 p. 48/51
10:00		10:30–12:00 SEF General Assembly p. 27	10:30–12:00 Round table meeting for self-help organizations p. 27	Coffee break	
11:00				11:00–12:30 Session 6 Surgical Treatment p. 36	11:00–12:30 Poster Sessions 7 + 8 p. 53/56
12:00	Break			12:30–13:15 Plenary Lecture 4 p. 37	
13:00	Lunch break		13:00 – 14:00 Editorial Board Meeting JEPPD p. 28	Closing Remarks	
14:00	14:15–16:15 Selected Papers 3 Diagnosis Developments and Treatment Strategies p. 32	14:30–17:30 12. Berliner Endometriose-Symposium (in German) p. 33			
15:00	Coffee break				
16:00	16:45–18:00 Debate C Surgery for Deep Endometriosis p. 34				
17:00					
18:00					
19:00	from 19:30 Social Evening p. 63				
20:00					

08³⁰–13⁴⁵

Live Surgeries

(live broadcast from the University of Tübingen)

Surgeons

F. Carmona (Barcelona/ES), H. Roman (Rouen/FR), G. Centini
E. Zupi (Siena/IT), S. Brucker, R. Rothmund
B. Krämer (Tübingen/DE), S. P. Renner (Erlangen/DE)
J. Keckstein (Villach/AT)



08³⁰–10³⁰

Live Surgery 1

Corinth

Moderation

R. L. de Wilde (Oldenbourg/DE), M. Mueller (Bern/CH)
B. Borghese (Paris/FR)

10⁴⁵–13⁴⁵

Live Surgery 2

Corinth

Moderation

D. Hornung (Karlsruhe/DE), E. Kučera (Prague/CZ), U. Ulrich (Berlin/DE)

10⁰⁰–13⁴⁵

Ballroom

Pre-Congress Course (Bayer HealthCare Pharmaceuticals)
Changing the landscape of endometriosis management:
an evidence-based treatment approach

Chairs

M. Abrão (São Paulo/BR), A. D. Ebert (Berlin/DE)



150 Years
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10⁰⁰

Introduction & welcome by the course chairs

10⁰⁵

MODULE 1 – Challenges in the management of endometriosis
today – insights and perspectives

Module Chair

L. V. Adamyan (Moscow/RU)

10⁰⁵

Considering current classification systems in endometriosis
K. Biberoglu (Ankara/TR)

10²⁰

Mechanisms of pain in endometriosis
K. Vincent (Oxford/GB)

10³⁵

A stepwise approach to management of endometriosis-associated pain
N. Leyland (Toronto/CA)

10⁵⁰

Questions and discussion
Moderated by L. V. Adamyan (Moscow/RU)

11⁰⁰–11¹⁵

Break

11¹⁵ MODULE 2 – Clinical experience and evidence-based treatment with Visanne®

Module Chair T. Römer (Cologne/DE)

11¹⁵ Pathophysiology of endometriosis & rationale for progestin therapy
F. Petraglia (Siena/IT)

11³⁰ Visanne® in the evidence-based medical management of endometriosis
T. Faustmann (Berlin/DE)

11⁴⁵ Anti-inflammatory effects of Visanne – new data
M. Mueller (Bern/CH)

11⁵⁵ Real-world experience with Visanne® – a Canadian perspective
N. Leyland (Toronto/CA)

12⁰⁵ Questions and discussion
Moderated by T. Römer (Cologne/DE)

12²⁰–12³⁵ Break

12³⁵ MODULE 3 – Debating current controversies in the medical management of endometriosis

Module Chair C. Chapron (Paris/FR)

12³⁵ Debate – The role of medical therapy in deep infiltrating endometriosis
R. Seracchioli (Bologna/IT), M. Mueller (Bern/CH)

13⁰⁵ Debate – Is a surgical diagnosis always necessary to treat endometriosis?
H.-R. Tinneberg (Gießen/DE), M. Abrão (São Paulo/BR)

13³⁵ Summary and close from chairs

13⁴⁵–14¹⁵ Lunch break

- 14¹⁵–14³⁰
Ballroom **Opening and Welcome Address**
Welcome note of the congress president
A. D. Ebert (Berlin/DE)
- Welcome note of the president of the European Endometriosis League
C. Chapron (Paris/FR)
- 14³⁰–16⁰⁰
Ballroom **Session 1**
Chairs **Endometriosis – Epidemiology and Classification**
G. Hudelist (Vienna/AT), K. Bühler (Saarbrücken/DE)
- 14³⁰
An epidemiological approach
R. Geirsson (Reykjavik/IS)
- 15⁰⁰
Delay in diagnosis – loss in kidney function
A. Langebrenne (Oslo/NO)
- 15³⁰
Endometriosis classification revisited
M. Abrão (São Paulo/BR)
- 14³⁰–16⁰⁰
Galery Foyer **Poster Session 1 (see page 38)**
Chairs **Basic Science and New Approaches**
H.-R. Tinneberg (Gießen/DE), J. Bodis (Pecs/HU)
- 14³⁰–16⁰⁰
Galery Foyer **Poster Session 2 (see page 40)**
Chairs **Diagnostic Developments and Treatment Strategies**
S. P. Renner (Erlangen/DE), F. Carmona (Barcelona/ES)
- 16⁰⁰–16³⁰
Coffee break

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- 16³⁰–18⁰⁰
Ballroom
Chairs
- Session 2**
Diagnosing Endometriosis – Problems and Challenges
F. Carmona (Barcelona/ES), I. Magalov (Baku/AZ)
- 16³⁰
- Morphology and inflammation – milestones of diagnostics
K.-W. Schweppe (Westerstede/DE)
- 17⁰⁰
- Preoperative imaging in endometriosis
C. Exacoustos (Rome/IT)
- 17³⁰
- Unusual manifestations of endometriosis
H.-R. Tinneberg (Gießen/DE)
- 16³⁰–18⁰⁰
Galery Foyer
Chairs
- Poster Session 3** (see page 43)
Biology of Endometriosis and Possible Consequences 1
C. Chapron (Paris/FR), R. Greb (Dortmund/DE)
- 16³⁰–18⁰⁰
Galery Foyer
Chairs
- Poster Session 4** (see page 45)
Biology of Endometriosis and Possible Consequences 2
M. Wölfler (Aachen/DE), E. Somigliana (Milan/IT)
- 18⁰⁰–18⁴⁵
Ballroom
Chairs
- Plenary Lecture 1**
U. Ulrich (Berlin/DE), F. Petraglia (Siena/IT)
- Endometriosis, nerves and pain**
S. Mechsner (Berlin/DE)
- 19⁰⁰
- Get Together** (see page 63)

08³⁰–10⁰⁰

Ballroom
Chairs

Session 3

Pain and Cancer

G. Pistofidis (Athens/GR), I. Gladchuk (Odessa/UA)

08³⁰

Is deep endometriosis a neurologic disease?

V. Anaf (Brussels/BE)

09⁰⁰

New strategies in adhesions research

E. Somigliana (Milan/IT)

09³⁰

Deep endometriosis – correlation with cancer

J. Bódis (Pecs/HU)

08³⁰–10⁰⁰

Corinth
Chairs

Open Session – Turkish Endometriosis and Adenomyosis Association



E. Oral (Istanbul/TR), E. Yüksel (Berlin/DE)

08³⁰

The effects of endometriosis on ovarian reserve

G. Uncu (Bursa/TR)

08⁴⁵

How to get the diagnosis earlier of endometriosis?

K. Biberoglu (Ankara/TR)

09⁰⁰

Pelvic Pain – What is the practical approach?

E. Attar (Istanbul/TR)

09¹⁵

Robotic Surger – is it a good indication for endometriosis

M. Gungor (Istanbul/TR)

09³⁰

Clinical significance of adenomyosis concomitant with endometriosis

B. K. Aygun (Istanbul/TR)

08³⁰–10⁰⁰
Humboldt
Chairs

Open Session – Russian Endometriosis Society

supported by: Koch Metschnikov Forum

L. V. Adamyan (Moscow/RU), A. Popov (Moscow/RU)



08³⁰

Clinic-morphological, molecular and therapeutic factors of genital endometriosis

M. M. Sonova (Moscow/RU)

08⁴⁵

Case-control study of different forms of endometriotic disease

A. Popov (Moscow/RU)

09⁰⁰

Prognosis of fertility and new therapeutic aspects of endometriosis

A. M. Gerasimov (Ivanovo/RU)

09¹⁵

Possibility of application of aromatase inhibitors in complex treatment of deep infiltrative endometriosis

V. F. Bezhenar (St. Petersburg/RU)

09³⁰

Differential surgical approach to treatment of bowel endometriosis

M. V. Melnikov (Moscow/RU)

09⁴⁵

Russian national guideline of management of endometriosis

E. N. Andreeva (Moscow/RU)

08³⁰–10⁰⁰

Durieux
Chairs

Open Session – German Endometriosis Research Foundation (SEF)

L. Mettler (Kiel/DE), K.-W. Schweppe (Westerstede/DE)



08³⁰

Contra sampson – mesenchymal stem cells as origin of different types of endometriosis, with special reference to deep infiltrating endometriosis

W. K pker, J. Bullerdiel (Rastatt/DE)

08⁴²

Diagnostic delay in patients with endometriosis in Europe – with special focus on deep infiltrating disease

G. Hudelist (Vienna/AT)



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- 08⁵⁴ Lymphangiogenesis in deep infiltrating endometriosis
S. Mechsner (Berlin/DE)
- 09⁰⁶ The pattern of endometriosis recurrence assessed by rAFS stage
and ENZIAN stage
D. Hornung, A. Agic (Karlsruhe/DE), C. Silveira (Lübeck/DE)
- 09¹⁸ Management after surgery for deep infiltrating endometriosis
M. Sillem (Mannheim/DE)
- 09³⁰ Novel medical targets for deep infiltrating endometriosis
L. Kiesel, S. Schäfer, M. Götte (Münster/DE)
- 09⁴² Extragonadal endometriosis – associated malignancies
E. Drienko, A. Wunschel, F. Müller, U. Ulrich (Berlin/DE)
- 08³⁰–10⁰⁰ **Open Session – Polish Gynaecological Society**
Voltaire
Chair
- 08³⁰ Oxidative Stress in the peritoneal cavity of women with
endometriosis
G. Polak (Lublin/PL)
- 08⁴⁵ Peritoneal cytokines and adhesion formation in endometriosis
E. Barcz (Warsaw/PL)
- 09⁰⁰ Freely circulating DNA – A link to endometriosis?
M. Wolun-Cholewa (Poznan/PL)
- 09¹⁵ Possible role of proteases in peritoneal implantation of endometrial debris
J. Szamatowicz (Bialystok/PL)
- 09³⁰ Laparoscopic treatment of deep infiltrating endometriosis
K. Szyłło (Łódź/PL)
- 10⁰⁰–10³⁰ Coffee break



10³⁰-12⁰⁰
Ballroom
Chairs

Session 4
Infertility and Sexuality
G. Halis (Berlin/DE), G. Pados (Thessaloniki/GR)

10³⁰

How does deep endometriosis cause infertility?
A. Popov (Moscow/RU)

11⁰⁰

Treatment modalities and strategies
P. Santulli (Paris/FR)

11³⁰

Endometriosis, brain and sexuality
B. Leeners (Zurich/CH)

10³⁰-12⁰⁰
Durieux

SEF General Assembly



10³⁰-12⁰⁰
Voltaire

Endometriose-Vereinigung Deutschland e.V.
Self-help-exchange of experiences
Round table meeting for european self-help organizations
H. Matuschewski, A. Franke (Leipzig/DE)

12⁰⁰-12⁴⁵
Ballroom
Chairs

Plenary Lecture 2
D. de Ziegler (Paris/FR), L. V. Adamyan (Moscow/RU)

Can neonatal uterine bleeding be a cause of early-onset endometriosis?
I. Brosens (Leuven/BE)

12⁴⁵-13⁰⁰

Short break

13⁰⁰-14⁰⁰
Ballroom
Moderation

Lunch Symposium (Takeda Pharma GmbH)
State of the art in endometriosis therapy
A. D. Ebert (Berlin/DE)



Endometriosis and fertility
K. Bühler (Saarbrücken/DE)

Surgical strategies in endometriosis
H.-R. Tinneberg (Gießen/DE)

Role of GnRH-agonists in endometriosis treatment
K.-W. Schweppe (Westerstede/DE)

Case studies and discussion

13⁰⁰–14⁰⁰
Voltaire

Editorial Board Meeting of the EEL Journal (JEPPD)

13⁰⁰–14⁰⁵

Lunch break

14¹⁵–16¹⁵
Ballroom
Chairs

Selected Papers 1

Basic Science and New Approaches

L. Konrad (Gießen/DE), I. Streuli (Geneva/CH)

14¹⁵
SP 01

A novel mouse model of endometriosis mimics human phenotype and reveals insights into the inflammatory contribution of shed endometrium
E. Greaves, F. Cousins, A. Murray, A. Esnal-Zufiurre, A. Horne
P. Saunders (Edinburgh/GB)

14²⁷
SP 02

Activation of the PI3K/AKT-pathway appears to be crucial in ARID1A mutated endometriosis-associated ovarian carcinomas
E. P. Samartzis, K. Gutsche, A. Noske, K. J. Dedes, M. Stucki, D. Fink
P. Imesch (Zürich/CH)

14³⁹
SP 03

Wandering “pale cells” in the junctional zone of adenomyosis patients
M. G. Ibrahim, M. L. de Arellano, M. Sachtleben, V. Chiantera
S. Frangini, S. Younes, A. Schneider, J. Plendl, S. Mechsner (Berlin/DE)

14⁵¹
SP 04

Administration of compound BO-110 reduces neoangiogenesis and cellular proliferation and increases apoptosis in a heterologous mice model of endometriosis
I. Juárez-Pallarés, C. Garcia-Pascual, R. Gómez, P. Calvo, V. Paya, A. Abad
A. Pellicer (Valencia/ES)

15⁰³
SP 05

Resveratrol is a potent inhibitor of vascularization and cell proliferation in murine endometriotic lesions
J. Rudzitis-Auth, M. W. Laschke, M. D. Menger (Homburg/DE)

11.



ENDOMETRIOSEKONGRESS DEUTSCHSPRACHIGER LÄNDER

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- 15¹⁵
SP 06 Luminal epithelium in transplanted endometrial tissue fragments crucially affects their vascularization, growth and morphological development into endometriosis-like lesions
D. Feng, M. D. Menger (Homburg/DE), H. Wang (Wuhan/CN)
M. W. Laschke (Homburg/DE)
- 15²⁷
SP 07 MicroRNA miR-142-3p is a modulator of interleukin-6 signaling in endometrial stroma cells
C. Kästingschäfer, L. Kiesel, M. Götte (Münster/DE)
- 15³⁹
SP 08 Dinitrosyl iron complexes in treatment rat model of endometriosis
E. Burgova, L. V. Adamyan, A. F. Vanin (Moscow/RU)
- 15⁵¹
SP 09 Characterization of a murine endometriosis interna model toward its application for drug discovery
M. Fritsch, C. Otto, H. Seidel, H.-F. Ulbrich (Berlin/DE)
- 16⁰³
SP 10 CCN family deregulation in endometriotic tissues
L. Marcellin, P. Santulli (Paris/FR), J. C. Noel
I. Fayat (Brussels/BE), B. Borghese, J. Gogusev, D. Vaiman
C. Méhats, C. Chapron (Paris/FR)
- 14¹⁵–16¹⁵
Corinth
Chairs **Selected Papers 2**
Basic and Clinical Reproductive Biology
J. Bartley (Berlin/DE), M. M'Baye (Dakar/SN)
- 14¹⁵
SP 11 Endometriosis – What do the neighbours think?
L. Konrad, J. Gronbach, J. Kortum, E. Mecha
E. Berkes (Gießen/DE), C. Omwandho (Nairobi/KE)
H.-R. Tinneberg (Gießen/DE)
- 14²⁷
SP 12 Does endometriosis influence the outcome of IVF treatment?
Results from a meta-analysis and systematic review
M. Hamdan (Kuala Lumpur/MY), N. Macklon
Y. Cheong (Southampton/GB)

- 14³⁹
SP 13 ART with differed embryo transfer (ART-DET) – a new option in endometriosis (OSIS)?
A. Raggi, P. Santulli, C. Gauche-Cazalis, C. Maignien, V. Gayet
C. Chapron, D. de Ziegler (Paris/DE)
- 14⁵¹
SP 14 Reproductive outcomes after combined treatment of infiltrative endometriosis
A. Popov, T. Chanturia, B. Slobodyanyuk, T. Manannikova
M. Ramazanov, A. Fedorov, O. Machanskite
K. Abramyan (Moscow/RU)
- 15⁰³
SP 15 Dynamic Weight Bearing (DWB) employed as a new concept for quantification of pelvic pain in a pre-clinical model
J. Nagel, M. Grün, T. M. Zollner (Berlin/DE)
- 15¹⁵
SP 16 New options for non-invasive diagnosis of endometriosis by determining circulating endometrial cells
E. Kučera, J. Pavlásek (Prague/CZ)
- 15²⁷
SP 17 Menstrual blood tissues unmyelinated sensory C nerve fibers, and it's correlation with laparoscopy, CA125 as a sensitive marker for endometriosis
T. Hussien (Cairo/EG)
- 15³⁹
SP 18 Dienogest a new mechanism of action effect on Micro RNA, angiogenic factors the ephrephrin system, histon (Metabolism, DELTA Estrogen Receptor)
A. F. Ali, L. A. Farid, M. Fouad, M. A. Farid (Cairo/EG)
- 15⁵¹
SP 19 MicroRNA miR-145 – a potential novel diagnostic marker functionally associated with aberrant proliferation, invasiveness, and stem cell phenotype in endometriosis
A. Schuering, M. Adammek, J. Boeckenholt, N. Kaessens
C. Schneider, L. Kiesel, B. Greve, M. Götte (Münster/DE)
- 16⁰³
SP 20 Differences in fertility challenges and surgical interventions between three geographical regions in a prospective study on patients with endometriosis (FEELING)
C. Chapron (Paris/FR), P. Cabri (Boulogne-Billancourt/FR)

- 14¹⁵–16¹⁵
Humboldt
Chairs
- Selected Papers 3**
Diagnosis Developments and Treatment Strategies
A. Sharon (Haifa/IL), B. Meczekalski (Poznan/PL)
- 14¹⁵
SP 21
- Fertility treatment of aged endometriotic women by laparoscopic intra ovarian injection of peripheral blood mononuclear cells (PBMNC) – a new modality
A. F. Ali (Cairo/EG)
- 14²⁷
SP 22
- Three dimensional (3D) ultrasonography in the diagnosis of deep endometriosis
S. Guerriero, L. Saba, S. Ajossa, G. B. Melis (Cagliari/IT)
- 14³⁹
SP 23
- Importance of transvaginal ultrasound applying elastography for identifying deeply infiltrating endometriosis – a feasibility study
M.-L. Schiffmann, S. D. Schaefer, A. Schuering, L. Kiesel
C. Sauerland, M. Götte, R. Schmitz (Münster/DE)
- 14⁵¹
SP 24
- The role of ultrasound with color doppler in the diagnosis of posterior deep infiltrating endometriosis
O. Bilousov (Donetsk/UA)
- 15⁰³
SP 25
- Colorectal resection versus rectal conservative surgery in the management of rectal endometriosis – preliminary results of ENDORE randomized trial
H. Roman, J. J. Tuech (Rouen/FR)
- 15¹⁵
SP 26
- Complications of colorectal surgery for deep posterior endometriosis – arguments for a tailored eradication
F. Golfier, E. Cotte, C. Azzi, D. Raudrant (Lyon/FR)
- 15²⁷
SP 27
- Control of symptoms relapse after conservative surgery for endometriosis – advantages of using dienogest plus estradiol valerate
A. S. Laganà (Messina/IT), G. Cucinella, G. Calagna (Palermo/IT)
M. Pinelli (Messina/IT), G. Adile, A. Perino (Palermo/IT), R. Granese (Messina/IT)

- 15³⁹
SP 28 Impact of endometrioma surgery
L. Mettler, L. V. Maul (Kiel/DE)
- 15⁵¹
SP 29 Treatment of recurrent endometriosis induced pain combining psychotherapy and acupuncture (SART) – first results from a randomized controlled study with follow-up
A. Schweizer-Arau (Diessen/DE), R. Popoici, C. Preibisch (Munich/DE)
F. Beissner (Charlestown, MA/US), K. Meissner (Munich/DE)
- 16⁰³
SP 30 Pain management decisions amongst couples living with endometriosis
H. Mitchell (Leicester/GB), L. Culley, N. Nudson, C. Law (Leicester/GB)
E. Denny (Birmingham/GB), M. Baumgarten, N. Raine-Fenning (Nottingham/GB)
- 14³⁰–17³⁰
Durieux
Vorsitz **12. Berliner Endometriose-Symposium** (in German)
- 14³⁰ A. D. Ebert, G. Halis (Berlin/DE), H. Matuschewski (Leipzig/DE)
- 14³⁰ War es nun das Huhn oder das Ei? – Macht Endometriose wirklich unfruchtbar?
G. Halis (Berlin/DE)
- 15⁰⁰ Von der Wiege bis zur Bahre – Formulare, Formulare – Wie stelle ich bei welcher Indikation einen ReHa-Antrag für Endometriosepatientinnen?
C. P. Cornelius (Bad Schmiedeberg/DE)
- 15³⁰ Entsteht Endometriose durch Stammzellen?
M. Götte (Münster/DE)
- 16⁰⁰ Selbsthilfe bei Endometriose – Vorteile für die ärztliche Praxis!
H. Matuschewski (Leipzig/DE)
- 16³⁰ Sekt oder Selters – Hormontherapie und Libido
J. Bartley (Berlin/DE)
- 17⁰⁰ „Operation gelungen, Patientin...“ – Komplikationsmöglichkeiten bei der „erfolgreichen“ Endometriosechirurgie
A. D. Ebert (Berlin/DE)
- 16¹⁵–16⁴⁵ Coffee break



16⁴⁵–18⁰⁰

Ballroom
Chairs

Debate A – Adenomyosis

P. Vercellini (Milan/IT), G. Lotfi (Dubai/AE)

... associated with DIE

C. Chapron (Paris/FR)

... independent from DIE

F. Petraglia (Siena/IT)

16⁴⁵–18⁰⁰

Corinth
Chairs

Debate B – Infertility and Deep Endometriosis

V. F. Bezhenar (St. Petersburg/RU), C. Becker (Oxford/GB)

In favour of IVF/ICSI

A. Pellicer (Valencia/ES)

In favour of surgery

E. Zupi (Siena/IT)

16⁴⁵–18⁰⁰

Humboldt
Chairs

Debate C – Surgery for Deep Endometriosis – Radical or Conservative?

R. Seracchioli (Bologna/IT), A. Stepniewska (Warsaw/PL)

In favour of bowel resection

C. Meuleman (Leuven/BE)

In favour of conservative procedures

H. Roman (Rouen/FR)

18⁰⁰–19⁰⁰

EEL General Assembly



19³⁰

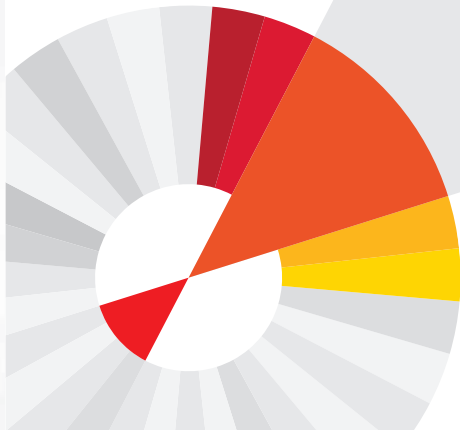
Social Evening (see page 63)

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08³⁰–09¹⁵

Ballroom

Chairs

Plenary Lecture 3

O. Heikinheimo (Helsinki/FI), M. Abrão (São Paulo/BR)

Surgical management of pelvic and spinal nerve involvement:
neurogynaecology

M. Possover (Zurich/CH)

09¹⁵–10⁴⁵

Ballroom

Chairs

Session 5

DIE – Is Medical Treatment Appropriate?

H. Critchley (Edinburgh/GB), O. N. Kharkevich (Kaliningrad/RU)

09¹⁵

A “medico-surgical” combination

S. P. Renner (Erlangen/DE)

09⁴⁵

New treatment options

F. Batteux (Paris/FR)

10¹⁵

Nutrition as a therapeutic approach?

R. Wenzl (Vienna/AT)

09¹⁵–10⁴⁵

Galery Foyer

Chairs

Poster Session 5 (see page 48)

Basic Science, Fertility and Open Questions

F. Reis (Belo Horizonte/BR), O. Buchweitz (Hamburg/DE)

09¹⁵–10⁴⁵

Galery Foyer

Chairs

Poster Session 6 (see page 51)

Interesting Cases and Open Questions

A. E. Schindler (Essen/DE), P. Oppelt (Linz/AT)

10⁴⁵–11⁰⁰

Coffee break

11⁰⁰–12³⁰

Ballroom

Chairs

Session 6

Surgical Treatment

K. Bansal (Ahmedabad/IN), B. Borghese (Paris/FR), T. D´Hooghe (Leuven/BE)

11⁰⁰

Surgical techniques for deep endometriosis

J. Keckstein (Villach/AT)

- 11³⁰ Adenomyosis as scientific challenge – the future of surgical approaches
L. V. Adamyan (Moscow/RU)
- 12⁰⁰ How to prevent DIE recurrences?
S. Luisi (Siena/IT)
- 11⁰⁰–12³⁰ **Poster Session 7** (see page 53)
Galery Foyer **Clinical Trends and Problems 1**
Chairs K. Bühler (Saarbrücken/DE), J. Kotarski (Lublin/PL)
- 11⁰⁰–12³⁰ **Poster Session 8** (see page 56)
Galery Foyer **Clinical Trends and Problems 2**
Chairs P. Vercellini (Milan/IT), T. Römer (Cologne/DE)
- 12³⁰–13¹⁵ **Plenary Lecture 4**
Ballroom
Chairs A. D. Ebert (Berlin/DE), M. Mueller (Bern/CH)
- Endometriosis between retrograde menstruation and tissue injury and repair**
G. Leyendecker (Darmstadt/DE)
- 13¹⁵–13³⁰ **Poster Prizes and Closing Remarks**
Ballroom C. Chapron (Paris/FR), A. D. Ebert (Berlin/DE)

Our suggestion

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14³⁰–16⁰⁰

Galery Foyer
Chairs

Poster Session 1

Basic Science and New Approaches

H.-R. Tinneberg (Gießen/DE), J. Bodis (Pecs/HU)

- P 01 Assessment of post Cesarean Section adhesions in a prospective, three-arm, double-blinded clinical study
M. Tahlak, G.Lotfi (Dubai/AE)
- P 02 Real-time methods of imaging for lymphocyte nuclei in diagnostics of endometriosis
S. Gasparyan, I. Vasilenko, G. Zemfira, V. Belyakov (Moscow/RU)
- P 03 3 news in endometriosis – gene, serum factor and a new estrogen receptor
A. F. Ali, L. A. Farid, M. Fouad, M. A. Farid (Cairo/EG)
- P 04 Dienogest block the WNT/Catenin signalling pathway in endometriosis
T. Hussien (Cairo/EG)
- P 05 Decidualization in human ectopic endometrial lesions in vivo is induced by hCG
R. Grümmer, R. Kimmig, Y. Koch (Essen/DE)
- P 06 The antibody-mediated targeted delivery of Beevenom inhibits endometriosis in mouse model (updated trend)
A. F. Ali (Cairo/EG)
- P 07 Morphological prove of size reduction of induced endometriosis in animal after treatment of intraperitoneal injection of monoclonal antibodies with anti-angiogenic effects of VEGF
V. Evdokimova (Odessa/UA)
- P 08 Focal and stromal forms of adenomyosis – differences in proliferative activity of epithelial and stromal cells
E. Lushnikova, L. Nepomnyashchikh, A. Pichigina (Novosibirsk/RU)
- P 09 BDNF Val66Met polymorphism is associated with the presence endometriosis
N. Pluchino, F. Elisa, P. Patrick, W. Jean-Marie (Geneva/CH)

- P 10 The assessment of immature dendritic cells in endometriotic implants
R. Tarkowski (Lublin/PL), M. Korell (Neuss/DE), I. Wertel, G. Polak, M. Sobstyl
J. Kotarski (Lublin/PL)
- P 11 Evaluation of the anti-inflammatory properties of an association of N-acetyl cystein, alpha-lipoic acid and bromelain (Naxend®) in a model of endometriosis
C. Agostinis, R. de Leo, F. Gelleni, C. Giuliani, S. Zorzet, R. Bulla, F. de Seta (Trieste/IT)
- P 12 Human umbilical cord wharton's jelly derived mesenchymal Stem cells (HUMSCs) a new modality of treatment of endometriosis
A. F. Ali (Cairo/EG)
- P 13 Complementary roles of NFkB and mTOR in the inflammatory reaction and viability of endometrial stromal cells
B. McKinnon, N. Bersinger, M. Mueller (Bern/CH)
- P 14 miRNA-based molecular test for diagnosing endometriosis – a possible new alternative for routine histological examination?
M. Saare, K. Vaidla, T. Laisk-Podar, D. Sõritsa (Tartu/EE), J. Simm
A. Velthut-Meikas (Tallinn/EE), K. Samuel, H. Karro, A. Sõritsa, A. Salumets
M. Peters (Tartu/EE)
- P 15 Treg cells inside ectopic endometrium of endometriosis lesions – correlation with Fas-Ligand expression
M. Sbracia, F. Scarpellini (Rome/IT)
- P 16 Rhesus negative group is associated with a higher risk of endometriosis in a Caucasian population of 633 patients
B. Borghese, M. Chartier, C. Souza, P. Santulli, I. Streuli, M.-C. Lafay-Pillet, D. de Ziegler
C. Chapron (Paris/FR)
- P 17 Genome-wide analysis of methylome reveals large epigenetic alterations in endometriosis
B. Borghese, L. Campin, A. Vincent, C. Méhats, C. Chapron, D. Vaiman (Paris/FR)
- P 18 Alterations in the expression of CBI seem to be involved in the chronic inflammation in endometriosis
M. L. Barcena de Arellano, N. Pauly, S. Mechsner (Berlin/DE)

14³⁰–16⁰⁰

Galery Foyer
Chairs

Poster Session 2

Diagnostic Developments and Treatment Strategies

S. P. Renner (Erlangen/DE), F. Carmona (Barcelona/ES)

- P 19 Neutrophil defensins (HNP 1-3) are differentially expressed between endometriosis patients and controls in the peritoneal fluid but probably not in eutopic endometrium
N. Bersinger, B. McKinnon, S. Imboden, M. Mueller (Bern/CH)
- P 20 Serum hs-CRP levels are irrelevant to the diagnosis and staging of endometriosis: a prospective study of 834 patients
P. Santulli, T. Thibault, L. Marcellin, S. Menard, M. M'Baye, I. Streuli, B. Borghese
D. de Ziegler, C. Chapron (Paris/FR)
- P 21 Ultra sound guided injection of peripheral blood mononuclear cell a new modality for treatment of hepatic endometriosis case report and review of the literature
A. F. Ali (Cairo/EG)
- P 22 Previous history of surgery for endometriosis is a marker for presence and severity of deep infiltrating endometriosis
P. Santulli, J. Sibiude, L. Marcellin, B. Borghese, B. Dousset, M. Leconte, I. Streuli
D. de Ziegler, C. Chapron (Paris/FR)
- P 23 Coexistence of adenomyosis with endometriosis or myoma – a comparative study
A. Mohazzab, M. Aminlou, A. Ghoojani, P. Jaber Pour, A. H. Zamani
A. Shervin (Tehran/IR)
- P 24 Functional study with magnetic resonance imaging defecography in patients suffering from deep infiltrating endometriosis
M. G. Porpora, D. Yazdanian, S. Resta, A. Ticino, A. Guarino, L. Manganaro, V. Vinci
P. Sollazzo, P. Lodise (Rome/IT)
- P 25 Urinary tract endometriosis – operations and pregnancies
L. Saavalainen, P. Härkki, O. Heikinheimo, A. Tiitinen (Helsinki/FI)
- P 26 Adenomyosis in patients affected by deep infiltratin endometriosis – Does it worsen the pain symptoms and/or has a negative impact on fertility?
J. Munros Feliu, M. A. Martinez-Zamora, C. Ros, L. Bunesch, J. Balasch
F. Carmona (Barcelona/ES)

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- P 146 Evaluation of sacral nerve root abnormalities with diffusion tensor imaging and tractography in endometriosis-related pain
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I. Ota, T. Yoshioka (Kurashiki City/JP)

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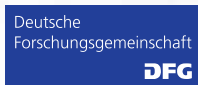
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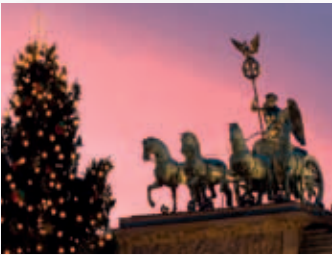
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Berlin is the capital city of Germany. With a population of 3.5 million people, Berlin is Germany's largest city and is the second most populous city proper and the eighth most populous urban area in the European Union. Located in the European Plains, Berlin is influenced by a temperate seasonal climate. Around one third of the city's area is composed of forests, parks, gardens, rivers and lakes.

Berlin is a world city of culture, politics, media, and science. Its economy is primarily based on the service sector, encompassing a diverse range of creative industries, media corporations, and convention venues. Berlin also serves as a continental hub for air and rail transport, and is a popular tourist destination.

Berlin's culture offers a variety of world-renowned museums like the "Pergamon Museum" and the Old National Gallery; names like Katharina Thalbach, Daniel Barenboim, and the Berlin Philharmonic with its chief conductor, Simon Rattle; and a young and creative alternative scene. This mix of cultural institutions rich in tradition and an independent experimental scene is what makes Berlin's cultural landscape so appealing. With the "Staatsoper Unter den Linden", the "Deutsche Oper", and the "Komische Oper", Berlin boasts three large opera houses of international renown.

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Get Together

The Get Together will take place following the first sessions of the congress on Thursday, 28 November 2013 in the Panorama Foyer. Everyone is invited to come together for snacks and drinks to meet and greet with colleagues and exhibitors.

Date	Thursday, 28 November 2013
Begin	19 ⁰⁰
Place	Panorama Foyer of the congress venue
Fee	Free of charge



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Social Evening

The restaurant “Nolle” is located in the heart of Berlin, directly under the historic S train arch and offers an impressive original atmosphere of a typical 1920’s restaurant, giving a perfect ambience for our Berlin dinner. “Nolle” is where the first beer palace, “Der Franziskaner”, was opened a hundred years ago. It is a place of traditional hospitality, showing Berlin as it was in the past and as it continues to be in the present.



© Restaurant Nolle Berlin

Join us for a unique evening, only a few steps away from the most famous sightseeings of Berlin – the “Fernsehturm” (Television Tower) and “Alexanderplatz” to your left, “Brandenburger Tor” (Brandenburg Gate) and “Reichstag” (German Parliament) to your right.

© Restaurant Nolle Berlin

Date	Friday, 29 November 2013
Begin	20 ⁰⁰
Place	Restaurant Nolle
Fee	60 EUR
Address	Georgenstraße/S-Bahnbogen 203 • 10117 Berlin

City Tour – “Christmas market”

This walking tour through the historic city centre will take you to the liveliest places in Berlin. You will see the Brandenburg Gate, the “Friedrichstadtpassagen” as well as Berlin’s most beautiful Christmas market „Weihnachts Zauber Gendarmenmarkt” which is a unique seduction of culinary art in an enchanting Christmas atmosphere.

Date	Friday, 29 November 2013
Duration	17 ⁰⁰ –19 ⁰⁰
Minimum participants	10
Fee	12 EUR excl. entrance fee Christmas market
Meeting point	Reception Hilton Hotel

City Tour – The boulevard “Unter den Linden”

For those who have less time but still want perfect coverage of the major sites in the city centre. The tour will take you to the Berlin Cathedral, the Museum Island, the oldest university in town and you stroll along the historic “Unter den Linden” boulevard to the beautiful “Pariser Platz” at the Brandenburg Gate.

Date	Saturday, 30 November 2013
Duration	10 ⁰⁰ –12 ⁰⁰
Minimum participants	10
Fee	12 EUR
Meeting point	Reception Hilton Hotel



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Suggestions for individual sightseeing

Berlin-City-Tour with a double-decker bus

The city tour with the Berlin double-decker bus starts daily at 10⁰⁰ every 15 and 20 minutes on a defined route and takes approximately 2 hours. You can hop on and off at any bus stop you prefer. The main bus stops are "Kurfürstendamm", "Potsdamer Platz", "Berlin Central Station", "Unter den Linden" and "Alexanderplatz". A guide will join you to tell details about the sights in German and English language.



© berlintourist.de

Time	every 15–20 minutes (daily from 10 ⁰⁰)
Fee	approx. 15 EUR

Berliner Fernsehturm (Television Tower)

With 368 m height, the tower is the highest accessible building throughout Europe and an emblem of Berlin. It is a must for every trip to Berlin!



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Time	10 ⁰⁰ –24 ⁰⁰
Address	Alexanderplatz • 10178 Berlin (Mitte)
Fee	approx. 12.50 EUR

Jüdisches Museum (Jewish Museum)

The Jewish Museum in Berlin is the biggest museum in Europe of its kind and shows the German-Jewish history of two centuries. The zig-zag pattern of the building symbolizes a bursting Star of David.

Time 10⁰⁰–20⁰⁰
Address Lindenstraße 9–14 • 10969 Berlin (Kreuzberg)
Fee approx. 7 EUR



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Zeughaus

It is the oldest maintained building at the Boulevard "Unter den Linden" and a famous baroque construction at the same time. It was built to be an armory, but since 2006 it belongs to the German Historic Museum (Deutsches Historisches Museum). The permanent display is very popular and is supported by variable special displays.

Time 10⁰⁰–18⁰⁰
Address Unter den Linden 2 • 10117 Berlin (Mitte)
Fee approx. 8 EUR



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Venue and Date

Hilton Hotel Berlin
 Mohrenstraße 30
 10117 Berlin (DE)

28–30 November 2013

Congress Website

You will find current information on our website www.eel-congress.de.

Registration and Registration Fees

Please register online at www.eel-congress.de. For registrations via fax or postal mail, please use the registration form in the middle of this brochure.

Congress Fee	to 25 November 2013	on-site
Member EEL	360 EUR	390 EUR
Non member*	420 EUR	450 EUR
In training participants**	240 EUR	250 EUR
Students**	0 EUR	0 EUR

Day Ticket

Member EEL	180 EUR	190 EUR
Non member*	210 EUR	220 EUR
In training participants**	120 EUR	130 EUR
Students**	0 EUR	0 EUR

Social Programme

Get Together, Thursday, 28 November	included in congress fee
Social Evening, Friday, 29 November	60 EUR

Cultural Programme

City Tour – “Christmas market”	12 EUR
City Tour – The boulevard “Unter den Linden”	12 EUR

* All EEL membership applicants take advantage of the reduced congress fees for EEL members.

** Confirmation required

General Information

The congress fee includes:

- Admission to the congress, pre-congress course, live surgery and the industrial exhibition
- Congress programme and material
- Get Together

Payment/Confirmation of Payment

An invoice or confirmation of registration will be sent to you via postal or electronic mail within 14 days after online or paper registration. This invoice is a valid invoice which may be submitted to the local tax and revenue office. All fees are due upon receipt of invoice/registration confirmation. Payment transfers must include participant's name and invoice number. Payment is also accepted by credit card (Master-/Eurocard, American Express, VISA). Should you transfer your invoice amount within 10 days of the start of the event, please present your transfer remittance slip at the check-in desk as proof of payment.

General Terms and Conditions

The general terms and conditions can be found at the congress website www.eel-congress.de.

Hotel Reservation/Accommodation

We have allocated a contingent of rooms from 27–30 November 2013 in the Hilton Hotel Berlin. Further information can be found on the congress website.

Please note: Conventus GmbH acts as an intermediary party and assumes no liability for reservations made. Changes and cancellations have to be addressed to the appropriate hotel directly.

Arrival

Address for Navigation Systems

Hilton Hotel Berlin
Mohrenstraße 30
10117 Berlin (DE)

... from Berlin International Airport Tegel

By public transportation

Take the Bus 128 in the direction of "Osloer Straße" to "Kurt-Schumacher-Platz" and switch to metro U6 in the direction of "Alt-Mariendorf" to "Stadtmitte" (approx. 30 minutes, costs 2.20 EUR per person) or take the Bus X9 in the direction of "Zoologischer Garten" to "Ernst-Reuter-Platz" and then switch to metro U2 in the direction of "Pankow" to "Stadtmitte" (approx. 30 minutes, costs 2.20 EUR per person).

By taxi

Taxis are available 24 hours a day. The journey time is approximately 30 minutes, costs 25 EUR per way.

By car

Follow the signs "City Centre/Potsdamer Platz". At "Potsdamer Platz" turn left onto "Leipziger Straße". At the third traffic light turn left onto "Friedrichstraße". Then take the second right where you will see the Hilton Hotel Berlin on your right. The drive should take approximately 30 minutes.

... from Berlin Brandenburg Airport Schoenefeld

By public transportation:

Take the train RB14 or RB7 in the direction of "Nauen" or S9 to "S+U Friedrichstraße" and switch to metro U6 in the direction of "Alt-Mariendorf" to "Stadtmitte" (approx. 45 minutes, costs 2.20 EUR per person).

By taxi:

The journey normally takes around 50 minutes, costs are 35–40 EUR per way.

By car:

Take the B179, then turn onto the A100 signposted "Tempelhof". Take exit 20, signposted "Tempelhof", then follow the B96 to "Mehringdamm". Turn right onto "Kochstraße"; after about 400 metres, turn left onto "Friedrichstraße". Turn right onto "Leipzigerstraße", then take the first left onto "Charlottenstraße" and afterwards turn right onto "Mohrenstraße" where you will find the Hilton Hotel Berlin. The drive should take approximately 50 minutes.

© Hilton Hotel Berlin

Parking

Parking for 400 vehicles is available in the hotel's garage.

Environmental Badge

The environmental badge is obligatory for the green zone in Berlin, also for foreigners! Vehicles with no environmental badge may not pass through the green zone; otherwise there will be a penalty of 40 EUR and a penalty point in penal record Flensburg impend, even if the vehicle would be allowed to pass through the zone based on its emission value. This is also valid for all vehicles registered in foreign countries, as well as for business travellers and for tourists.

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The price for your congress event ticket for round trip* to Berlin is:

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- 1st class 159 EUR (for defined train connection)

- 2nd class 129 EUR (for all trains)
- 1st class 189 EUR (for all trains)

- international connections available on request

Your ticket is valid from 26 November to 2 December respectively for a travel period of maximum 14 days for your round trip.

Please call our service number +49 1806 31 11 53** to book your ticket and quote "Conventus" as reference. Please have your credit card ready.

Conventus Congressmanagement & Marketing GmbH and Deutsche Bahn wish you a pleasant journey!

* Changes and reimbursement before the first day of validity are 15 EUR excluded from the first day of validity onwards. Passengers restrict themselves to a particular train and travel times. For a supplement of 30 EUR in 2nd class resp. 20 EUR in 1st class full flexible tickets are also available.

** The booking line is available from Monday to Saturday 07⁰⁰-22⁰⁰. Calls will be charged at 0.20 EUR per minute, the expenses from cell phones max. 0.60 EUR per minute.

*** Prices are subject to change.

Education Credits and Certification

Certification by the Berlin Chamber of Physicians (Ärztekammer Berlin)

The congress will be certified with 15 CME points category B.

... for attendants from Austria

DFP points are awarded in a ratio of 1:1. It is necessary to hand in a certificate of participation from Germany to the corresponding medical chamber to receive the points from the Austrian Medical Chamber.

... for attendants from Switzerland

The certificate of participation from Germany can be submitted to the corresponding Swiss Society. They decide individually about the amount of recognized points.

Please remember to sign the list of attendants (with barcode, if required or applicable) which is available at the check-in.

Certificates of attendance are available on the last day of the congress at the check-in.

Name Tag

Attendants will receive a name tag after registration. Admittance to the congress and industrial exhibition is only allowed for those with a name tag. Name tags should be worn at all times. Name tags for exhibitors will be given to the exhibit personnel.

Evaluation

We are always striving to provide a high congress quality. This goal can only be reached with your help, your active participation and constructive criticism. Therefore please turn in your completed and legible evaluation form to the check-in on the last day.


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General Information

Poster Prizes

All posters will be rated according to scientific basis and visual appearance. The three best posters will be awarded. The first place winner will also be invited to the 3rd EEL-Congress 2015 in Moscow. The prizes will be awarded on Saturday, 30 November 2013, 13¹⁵–13³⁰.

Abstract Volume

Abstracts will be published in the “Journal of Endometriosis and Pelvic Pain Disorders” which will be handed out on-site.

Opening Hours

	Wednesday 27 Nov	Thursday 28 Nov	Friday 29 Nov	Saturday 30 Nov
Industrial Exhibition		08 ³⁰ –21 ⁰⁰	08 ³⁰ –18 ⁰⁰	08 ³⁰ –13 ³⁰
Check-In	18 ⁰⁰ –21 ⁰⁰	07 ³⁰ –19 ⁰⁰	07 ³⁰ –18 ⁰⁰	07 ³⁰ –13 ³⁰
Speakers Preview Area		07 ³⁰ –19 ⁰⁰	07 ³⁰ –18 ⁰⁰	07 ³⁰ –12 ³⁰

Internet

WLAN is accessible at the ground floor of the congress venue. Furthermore, there are computers with internet access available at the speakers preview area.

Wardrobe

The unguarded wardrobe is situated in the Panorama Foyer.

Language

The official congress language is English.

Note: The 12th Berlin Endometriosis Symposium will be held in German.

Catering

Catering will be provided during the official programme breaks in the industrial exhibition.

Smoking

Smoking is prohibited inside the entire congress venue.

Submitting your Presentation/Technical Information

Please prepare your presentation in 4:3 aspect ratio.

A presentation notebook with a PDF reader and MS Office PowerPoint 2010/2007 will be provided. The use of personal notebooks is possible upon agreement. However, it may interrupt the flow of the programme in the lecture hall. A notebook, presenter and laserpointer are available at the speaker's podium in the lecture hall. A technical supervisor can help you.

Presentation Times

Please prepare your presentation for the allotted amount of time. Chairs and moderators may interrupt should you overrun your time limit.

Plenary lecture	40 + 5 minutes
Invited lecture	25 + 5 minutes
Open lecture	13 + 2/10 + 2 minutes
Selected paper	10 + 2 minutes
Poster presentation	3 + 2 minutes

Please note: Certain encodings for video and audio files could lead to problems. Please visit our speakers preview area in advance.

Should you wish to use non-digital equipment, please contact us (eel2013@conventus.de).

Speakers Preview Area

The speakers preview area is located in the room Schinkel of the congress venue. Please follow the signage on-site or ask at the check-in.

Please submit your presentation at the speakers preview area on the day before your presentation, but no later than 2 hours before the presentation should begin. You may view and/or edit your presentation. For submission, please use a USB flash drive, CD or DVD disc and do not protect it with software.

Poster Sessions

Posters should be no larger than DIN A0 (84.1 cm x 118.9 cm). The poster pinboards are only to be used with the designated pins. Pinboards will be numbered. You will find your poster number in the programme book on pages 38–58.

Posters should be hanging on Thursday, 28 November 2013, until 14¹⁵ and should be removed by Saturday, 30 November 2013, until 13³⁰. Poster presenters are asked to be present during the poster sessions.

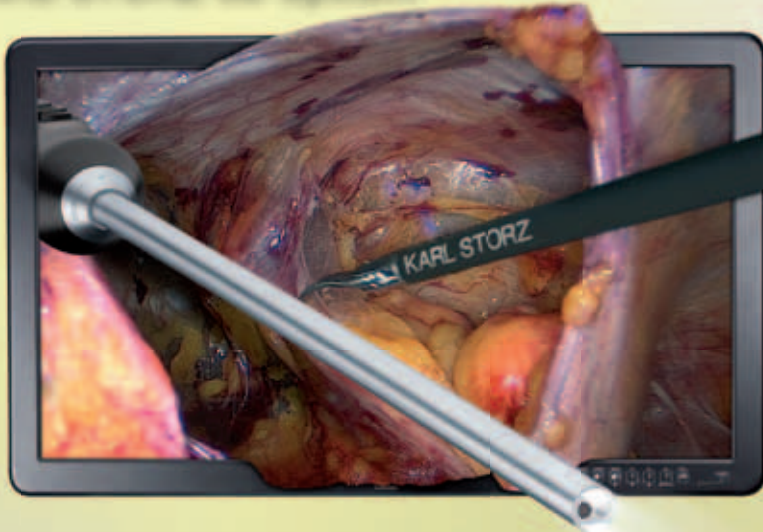
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Zusammensetzung: 1 Zweikammerspritze mit 130,0 mg Retardmikrokapseln und 1 ml Suspensionsmittel enthält: Arzneilich wirksamer Bestandteil: 11,25 mg Leuprolinacetat (entspr. 10,72 mg Leuprorelin). Sonstige Bestandteile: 99,3 mg Polymilchsäure, Mannitol (Ph.Eur.), Suspensionsmittel: Mannitol (Ph.Eur.), Carmellose-Natrium, Polysorbat 80, Wasser f. Injektionszwecke. **Anwendungsgebiete:** Symptomatische, laparoskopisch gesicherte Endometriose, wenn eine Unterdrückung der Hormonbildung in den Eierstöcken angezeigt ist, sofern die Erkrankung nicht primär einer chirurgischen Therapie bedarf. Symptomatischer Uterus myomatosus, wenn eine Unterdrückung der Hormonbildung in den Eierstöcken angezeigt ist, als präoperative Maßnahme zur Volumenreduktion einzelner Myome bei vorgesehener Myomenukleation oder Hysterektomie. **Gegenanzeigen:** Schwangerschaft und Stillzeit, Überempfindlichkeit gegen Leuprorelin oder andere GnRH-Analoga gegen Polymilchsäure oder einen der Bestandteile des Suspensionsmittels. Orale Kontrazeptiva vor Behandlungsbeginn absetzen. Bei bestehender Osteoporose oder Risikofaktoren hierfür ist eine schädliche Auswirkung auf die Knochendichte wahrscheinlich, daher hier sorgfältige Nutzen-/Risikoabwägung der Behandlung erforderlich. **Nebenwirkungen:** Initial kurzfristiger Anstieg des Serumöstradiols mit nachfolgendem Abfall auf postmenopausale Werte. Durch diesen kurzfristigen Anstieg des Serumöstradiols Auftreten von Ovarialzysten möglich. In den meisten Fällen kommt es in den ersten Behandlungswochen zu einer Blutung und nachfolgend zu einer Amenorrhoe. Häufig treten Zwischenblutungen auf. Aufgrund des Entzugs der Geschlechtshormone sehr häufig: Erhöhter Appetit, Hitzeavallungen, Schwitzen, Stimmungsschwankungen, depressive Verstimmung, Schmierblutungen, Veränderung/Abnahme der Libido, trockene Vagina, Größenab- oder -zunahme der Brust, Kopfschmerz. Häufig: Übelkeit/Erbrechen, Müdigkeit, Benommenheit, Juckreiz, Rückenschmerzen, Appetitverminderung, Muskelschwäche, Lymphödem/Ödeme, Veränderungen der Kopf- oder Körperbehaarung (Abnahme/Zunahme), Vaginitis, Ausfluss, Akne, trockene Haut, Rötungen oder Lokalreaktionen an der Einstichstelle (die sich i.d.R. auch bei fortgesetzter Behandlung zurückbilden). Gelegentlich: migräneartige Kopfschmerzen, Gedächtnisstörungen, Schlafstörungen, Nervosität, Schwindel, Gewichtszu- oder -abnahme, Durchfall, Verstopfung, abdominelle Beschwerden, Flatulenz/Blähungen, Parästhesien/Faiblesgefühl, Sehstörungen, Herzklopfen, Kreislaufschwäche, Atembeschwerden, Schwächegefühl oder Asthenie. Sehr selten: Glieder-, Gelenk-, Brustkorb- oder Muskelschmerzen, übergehende Geschmacksveränderungen, Blutdruckerhöhung bzw. -senkung sowie allgemein allergische Reaktionen (Fieber, Hautausschlag, z. B. Urtikaria; anaphylaktische Reaktionen). Wie auch bei anderen Arzneim. dieser Stoffklasse nach d. ersten Verabreichung b. Patientinnen mit Hypophysenadenom in sehr seltenen Fällen Hypophyseninfarkt. Laborwertveränderungen: Anstieg des Serumcholesterins sowie Anstieg von Enzymen wie Laktatdehydrogenase (LDH), alkalische Phosphatase (AP) oder Transaminasen wie ALT (SGPT), AST (SGOT) oder g-GT. Hinweis: Unter der Behandlung kann ein Verlust von Knochenmasse auftreten, der sich 6 Monate nach Behandlungsende nicht in allen dokumentierten Fällen zurückgebildet hat. **Wechselwirkungen:** Sind nicht bekannt. **Dosierung:** Soweit nicht anders verordnet, einmal dreimonatlich 130,0 mg Retardmikrokapseln mit 11,25 mg Leuprolinacetat nach vorgeschriebener Suspendierung in 1 ml Suspensionsmittel i.m. oder s.c. applizieren. **Darreichungsformen und Packungsgrößen:** 1 Zweikammerspritze mit 130,0 mg Retardmikrokapseln und 1 ml Suspensionsmittel (PZN:0315347); 2 Zweikammerspritzen mit je 130,0 mg Retardmikrokapseln und je 1 ml Suspensionsmittel (PZN: 0315399). Verschreibungspflichtig. Stand: Dezember 2012

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