Multicentre, prospective, non-interventional study of the efficacy of 24 weeks of treatment with triptorelin following conservative surgery in deep infiltrating endometriosis: a 24-month analysis

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Introduction: Women with deep infiltrating endometriosis (DIE) frequently undergo conservative surgery, although symptom recurrence is common. Adjuvant use of gonadotropin-releasing hormone agonists, such as triptorelin, can improve post-operative pain and prolong the asymptomatic period. Although gonadotropin-releasing hormone agonist therapy after surgery is advocated in China, the duration and effectiveness of treatment are debated. This study evaluated the effectiveness of triptorelin in DIE following conservative surgery.

Patients and methods: This multicentre, non-interventional, observational study aimed to assess the effectiveness of triptorelin in 400 premenopausal Chinese women 18 years or older with DIE (NCT01942369). Patients had undergone surgery and then received triptorelin 3.75 mg intramuscular injections (every 28 days for ≤24 weeks; ≤6 injections). Data were obtained during 3-monthly (the first-year follow-up) and 6-monthly (second-year follow-up) routine post-operative hospital visits. The primary objective was to describe changes from baseline (pre-operation) in specific endometriosis symptom intensity (at 3, 6, 9, 12, 18 and 24 months with ≤24 weeks' triptorelin treatment), and by treatment duration. The key secondary objective was to describe DIE recurrence in patients with mild/null symptoms following surgery and triptorelin treatment. Symptom recurrence was defined as an increase of at least 3 cm on the 10-cm visual analogue scale following surgery and triptorelin treatment. All spontaneous related adverse events were recorded and collated until 1 month after the last triptorelin injection.

Results: In total, 384/399 women enrolled in the study (96.2%) received at least one injection of triptorelin and had follow-up data available; mean (standard deviation [SD]) age was 33.4 (6.2) years and mean (SD) body mass index was 21.0 (2.8) kg/m2. At baseline, the proportions of women reporting pelvic pain, dysmenorrhoea, ovulation pain or dyspareunia were 58.1% (223/384), 84.1% (323/384), 35.9% (138/384) and 42.4% (163/384), respectively; these symptoms were severe in 15.1%, 41.4%, 4.4% and 6.0% of patients, respectively. At 24 months, the proportions of women reporting pelvic pain, dysmenorrhoea, ovulation pain or dyspareunia were 16.0% (34/213), 23.0% (49/213), 6.6% (14/213) and 5.6% (12/213), respectively. Overall, the proportions of women reporting an improvement in these symptoms at 24 months were 43.2% (166/384), 70.3% (270/384), 19.8% (76/384) and 28.4% (109/384), respectively. At 12 and 24 months, the recurrence rates were: pelvic pain 2.6% (8/306) and 3.6% (11/306); dysmenorrhoea 9.5% (29/306) and 15.4% (47/306); ovulation pain 1.3% (4/306) and 2.0% (6/306) and dyspareunia 0.7% (2/306) and 1.3% (4/306), respectively.

Conclusion: Treatment with triptorelin following conservative surgery for DIE had a beneficial impact on pelvic pain, dysmenorrhoea, ovulation pain and dyspareunia. At 24 months, the recurrence rate of symptoms was low.

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