AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution 1 (I-23)

Introduced by: Sara Kazyak, Wayne State University School of Medicine; Arelys Hernandez,

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Subject: Addressing Disparities and Lack of Research for Endometriosis

Whereas, Endometriosis is defined as a medical condition in which endometrial-like tissue from the uterus grows in a location outside of the uterus¹; and

Whereas, An estimated 11% of women in the United States have endometriosis, though this was noted to be a conservative estimate, as the actual percentage of patients with this condition would likely increase when considering individuals with symptoms below the clinical threshold or a patient population containing of all individuals with uteruses²; and

Whereas, Endometriosis is the third most common cause of gynecological-related hospitalization and when patient populations are stratified by diagnostic indicators, the incidence of endometriosis were found to be as high as 71.4%^{4,3}; and

Whereas, Endometriosis is one of the most common reproductive conditions among women compared to 11% of women of reproductive age experience infertility, 5-10% experiencing Polycystic Ovarian Syndrome (PCOS), and 0.7% experiencing cervical cancer⁵⁻⁷; and

Whereas, Although novel mechanisms contributing to the development of endometriosis have been suggested, there is currently no single, widely accepted etiology for endometriosis⁸⁻¹⁰; and

Whereas, Symptoms of endometriosis vary from asymptomatic to severe pelvic pain, and bleeding, many symptoms of endometriosis can have multiple causes, making endometriosis difficult to diagnose¹¹; and

Whereas, The most common classification system of endometriosis, the revised American Society of Reproductive Medicine (rASRM) classification system, was created in 1968 and considers endometriosis involvement of the peritoneum, fallopian tubes, ovaries, and cul-desac, but has been found to have numerous disadvantages, indicating the need for additional research to improve this system^{12,13}; and

Whereas, The length of time for a patient to receive an endometriosis diagnosis appears to have decreased in recent years, a diagnosis of endometriosis typically takes an average of 4-11 years, and the amount of time for diagnosis in Black and Hispanic women is considerably higher ^{14,15, 31}; and

Whereas, Multiple studies have suggested that diet may play an important role in alleviating endometriosis symptoms, however, the studies are limited with small sample sizes, which further points to the growing need for additional endometriosis research and awareness¹⁶⁻¹⁸; and

Whereas, In the current endometriosis research that does exist, small sample sizes are common, which prevents the creation of evidence-based guidelines for practitioners¹⁶⁻¹⁸; and

Whereas, Endometriosis has been found to have a significant negative impact on the quality of life of those diagnosed, including increased cost of healthcare, higher healthcare resource utilization, and decreased productivity at both home and workplace¹⁹⁻²¹; and

Whereas, Black and Hispanic patients are less likely to receive a diagnosis of endometriosis than their White or Asian counterparts, further contributing to a delay in diagnosis and placing a disproportionate healthcare burden on these patients²²; and

Whereas, The American Journal of Obstetrics and Gynecology has previously noted the prolonged period between presentation of endometriosis symptoms and treatment for or diagnosis of endometriosis, as well as the health disparities this may cause¹⁵; and

Whereas, A majority of recommendation for practice regarding endometriosis from the American Academy of Family Physicians are based on consensus, expert opinion, and disease-oriented evidence rather than research, indicating the need for additional endometriosis research to improve endometriosis guidelines for physician practice²³; and

Whereas, The American College of Obstetricians and Gynecologists has multiple practice guidelines based on scientific evidence that outline different combinations of medication and surgical intervention as treatment options for endometriosis, but many are dependent on a prior diagnosis of endometriosis²⁴; and

Whereas, The American Society of Reproductive Medicine has multiple fact sheets on endometriosis available for patients, but no practice documents for practitioners specifically dedicated to endometriosis²⁵: and

Whereas, It is clear that additional research is needed to understand symptoms, causes, and treatment of endometriosis, however the National Institute of Health (NIH) dedicates only 0.038% of the overall NIH budget to endometriosis research²⁶; and

Whereas, Endometriosis research continues to remain an extremely underfunded area of women's health research, even after recent legislation increased endometriosis research funding from \$13 million to \$26 million in 2020²⁷; and

Whereas, In 2022, endometriosis, a condition affecting approximately 11% of women, is allocated only \$27 million of the \$45 billion NIH research budget, while inflammatory bowel disease, a condition affecting 1.3% of all patients, is allocated \$195 million dollars for research²⁸⁻³⁰; and

Whereas, Current AMA Policy H-525.988 currently supports increased funding for women's health research, but fails to specifically highlight the dire need for endometriosis research and does not take measurable action or advocacy to achieve these increases in research; and

Whereas, Endometriosis research continues to remain significantly underfunded since the passage of this H-525.988 and its subsequent modification in 2010, indicating a persistent policy gap and the need for an additional resolution to specifically address this gap for patients with endometriosis; therefore be it

RESOLVED, Our AMA collaborate with stakeholders to recognize endometriosis as an area for health disparities research that continues to remain critically underfunded, resulting in a lack of evidence-based guidelines for diagnosis and treatment of this condition amongst people of color (Directive to Take Action); and be it further

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RESOLVED, Our AMA collaborate with stakeholders to promote awareness of the negative effects of a delayed diagnosis of endometriosis and the healthcare burden this places on patients, including health disparities among patients from communities of color who have been historically marginalized (Directive to Take Action); and be it further

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- 11 RESOLVED, Our AMA advocates for increased endometriosis research addressing health
- disparities in the diagnosis, evaluation, and management of endometriosis (Directive to Take
- 13 Action); and be it further

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- 15 RESOLVED, Our AMA advocates for increased funding allocation to endometriosis-related
- research for patients of color, especially from federal organizations such as the National
- 17 Institutes of Health. (Directive to Take Action)

Fiscal Note: TBD

Relevant AMA Policy:

- 1. Sex and Gender Differences in Medical Research H-525.988
- 2. An Expanded Definition of Women's Health H-525.976
- 3. Racial and Ethnic Disparities in Health Care H-350.974
- 4. Reducing Racial and Ethnic Disparities in Health Care D-350.995
- 5. <u>8.5 Disparities in Health Care</u>

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