

**Missouri State Medical Association
House of Delegates**

Resolution # 18
(A-24)

Introduced by: Jasleen Sekhon, Hania Pawlowski, Bethany Baumgartner –
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Subject: Endometriosis Disparities and Research

Referred to:

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- 1 **WHEREAS**, Endometriosis is defined as a medical condition in which endometrial-like tissue is present
2 outside of the uterus often causing immense inflammatory responses¹; and,
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- 4 **WHEREAS**, Since endometriosis is benign², complex patient presentations are overlooked despite
5 patients suffering significant declines in quality of life impacting their social, psychological and physical
6 wellbeing due to debilitating chronic pelvic pain²⁻⁷; and,
7
- 8 **WHEREAS**, There is no widely accepted etiology for the development of endometriosis⁸ indicating a
9 need for further research; and,
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- 11 **WHEREAS**, The overall prevalence of endometriosis ranges from 2% to 18% of women², with the most
12 commonly reported prevalence of 10%^{1,4,5,9}, compared to 11% of women experiencing infertility, 5-10%
13 experiencing Polycystic Ovarian Syndrome, and 0.7% experiencing cervical cancer^{10-12,20}; and,
14
- 15 **WHEREAS**, diagnostic delays remain one of greatest obstacles to access adequate healthcare for
16 endometriosis patients⁷ with the average time from onset of symptoms to diagnosis of endometriosis
17 being 4 to 12 years^{6,13} which can be attributed to gaps in knowledge in both physician and patient
18 populations^{7,9}; and,
19
- 20 **WHEREAS**, Patients suffering from endometriosis face menstruation-related stigma and lack general
21 knowledge on what abnormal pain levels are deterring them from receiving appropriate care⁹, as many
22 patients are brushed off and told that pain with menstruation is normal; and,
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- 24 **WHEREAS**, The negative consequences of a delayed diagnosis are not limited to bowel obstruction,
25 ureteral obstruction leading to hydronephrosis^{14,15}, increased rates of ectopic pregnancy, rupture of an
26 endometrioma, infertility interstitial cystitis, higher rates of suicidal ideation, depression, anxiety^{9,16}, all
27 of which can be prevented with appropriate access to care; and,
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- 29 **WHEREAS**, Endometriosis patients require comprehensive care including psychosocial monitoring, pelvic
30 floor physical therapy which is out of the scope of many non-specialist physicians^{7,9}; and,
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- 32 **WHEREAS**, There is no cure for endometriosis with current treatment measures being inadequate for
33 symptom control with 5-59% of patients having no improvement in pain with medical therapy with
34 significant side effects such as bone loss, hot flashes and weight gain leading to discontinuation of
35 therapy⁹; and,
36

37 **WHEREAS**, Current AMA policy D-420.989 reports that most of the current practice guidelines for
38 endometriosis are based on consensus, expert opinion, and disease-oriented evidence rather than
39 research, indicating the need for additional endometriosis research to improve endometriosis guidelines
40 for physician practice^{5,17}; and,

41
42 **WHEREAS**, Government changes in 2022 have included an increase in NIH funding for endometriosis
43 research to \$16 Million which is 0.04% of the total NIH budget (\$2/person with endometriosis/year),
44 while Crohn's disease received \$90 Million (\$130/person with Crohn's/year)¹⁸; and,

45
46 **WHEREAS**, Current AMA policy D-420.989 reports on the lack of nationwide funding for endometriosis
47 with an emphasis on disparities faced by marginalized groups²⁰; and,

48
49 **WHEREAS**, Endometriosis is lacking in current research funding^{7,9} making it difficult to find valuable
50 statistics for its prevalence in Missouri indicating the dire need for further funding and resources to be
51 directed towards its study to improve physician and patient awareness of this disease in efforts of
52 bettering outcomes; therefore, be it,

53
54 **RESOLVED**, That our MSMA support endometriosis to be considered a chronic¹⁹ systemic disease that
55 requires life-long management⁵ with a goal of reducing pelvic pain and avoiding repeated surgical
56 procedures in Missouri; and, be it further,

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58 **RESOLVED**, That our MSMA recognize endometriosis as an area for health disparities research that
59 continues to remain critically underfunded, resulting in a lack of evidence-based guidelines for diagnosis
60 and treatment of this condition²⁰; and, be it further,

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62 **RESOLVED**, That our MSMA promote awareness of the negative effects of a delayed diagnosis
63 of endometriosis and the healthcare burden this places on patients, including health disparities among
64 patients from communities of color who have been historically marginalized²⁰; and, be it further,

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66 **RESOLVED**, That our MSMA advocate for increased endometriosis research addressing health disparities
67 in the diagnosis, evaluation, and management of endometriosis²⁰.

Fiscal Note: None

Current Policy:

References

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Relevant AMA Policy

20. Addressing Disparities and Lack of Research for Endometriosis D-420.989

Our American Medical Association will:

1. 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.
2. 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.
3. Advocate for increased **endometriosis** research addressing health disparities in the diagnosis, evaluation, and management of **endometriosis**.
4. Advocate for increased funding allocation to **endometriosis**-related research for patients of color, especially from federal organizations such as the National Institutes of Health.

21. An Expanded Definition of Women's Health H-525.976

Our AMA recognizes the term "women's health"

- 1.as inclusive of all health conditions for which there is evidence that women's risks, presentations, and/or responses to treatments are different from those of men, and encourages that evidence-based information regarding the impact of sex and gender be incorporated into medical practice, research, and training.