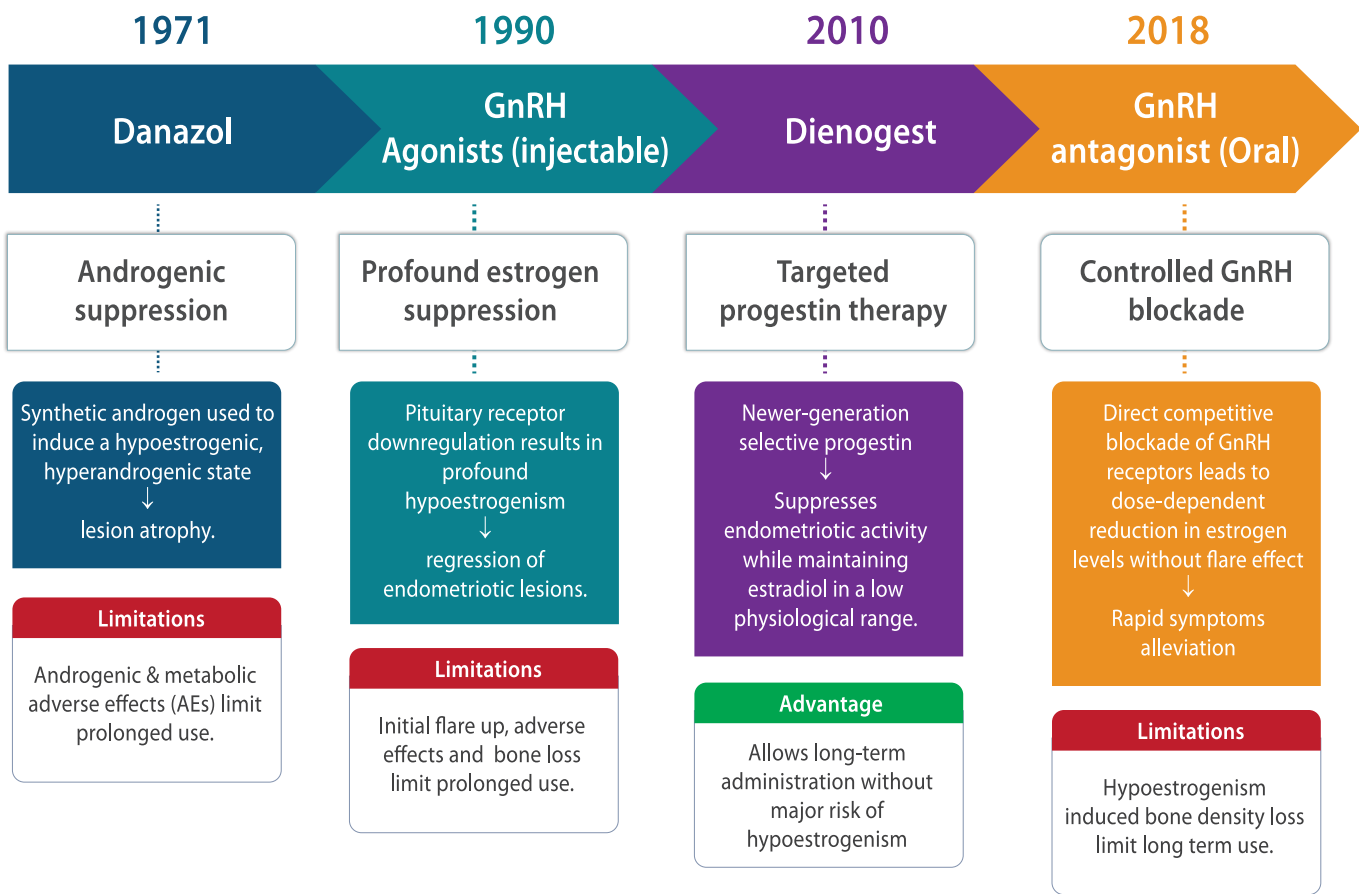


Endometriosis is a Chronic Disease, demanding a treatment that is proven with long term safety

Endometriosis¹

A chronic, recurrent, and progressive disease	Affects ~10% of reproductive-age women	Even after surgery 30–50% cases recur within 5 years	Requires a long-term, continuous therapy to stay painfree.
---	--	--	--

Evolution of Endometriosis Therapy²⁻⁵



Brought to you by

Safety of Dienogest in Comparison to Other Therapies

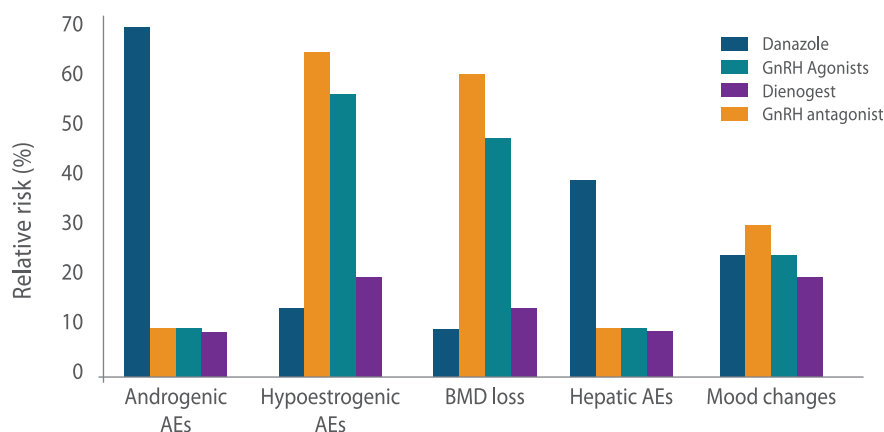


Fig: Adverse-effect profiles of major endometriosis treatments adapted from Becker et al, 2022; Zondervan et al., 2020; Taylor et al., 2021.

While all agents reduce pain, adverse effects profile restricts their suitability for prolonged therapy except dienogest.

Chronic Therapy Suitability Matrix²⁻⁷

Parameter	Danazol	GnRh agonist	GnRh antagonist	Dienogest
Pain control	Effective	Effective	Rapid and effective	Significant & sustained
Androgenic effects	Common	Minimal	Minimal	Minimal
Hepatic impact	Risk of hepatotoxicity	Minimal	Minimal	Rare
Hypoestrogenic impact	Moderate	Severe	Dose dependent	Minimal
Continuous use for Long-term	3 - 6 months	3 - 6 months	3 - 6 months	5 - 7 years ^{2,3}
Recurrence after surgery	Lacks current evidence	Limited evidence	Limited evidence	Reduced risk
Patient adherence	Low due to AEs	Poor due to initial flare up & AEs	Good	High
Fertility Preservation	Reversible but androgenic AEs limit the outcome	Reversible but hypoestrogenic AEs limit the outcome	Compatible with preconception	Fertility resumes within 1-43 days after stopping dienogest ⁷

Clinical Takeaway

In the long-term management of endometriosis, treatment choice should balance effective pain control with long term safety and tolerability. While Danazol and GnRH-based therapies effectively control pain, their androgenic or hypoestrogenic adverse effects often limit long-term use. Dienogest provides effective pain relief with a more favorable safety profile and better tolerability, making it a suitable option for long-term management and recurrence prevention in endometriosis.

Ref: 1. Zondervan KT et al. Endometriosis. Nat Rev Dis Primers. 2018; 2. Becker CM, Bokor A, Heikinheimo O, Horne AW, Jansen F, Kiesel L, et al. ESHRE guideline: endometriosis. Hum Reprod Open. 2022;2022(2); 3. American College of Obstetricians and Gynecologists. Management of Endometriosis. Obstet Gynecol. 2021;137(3):e157-e176; 4. Taylor HS, Kotlyar AM, Flores VA. Endometriosis is a chronic systemic disease: clinical challenges and novel innovations. Fertil Steril. 2021;115(4):787-794; 5. Zondervan KT, Becker CM, Missmer SA. Endometriosis. Lancet. 2020;395(10227):730-742; 6. Muzii L et al. Postoperative hormonal therapy for prevention of endometriosis recurrence: systematic review. 2023; 7. Lin J, et al. Efficacy and safety of different subsequent medical treatments for endometriosis. Medicine (Baltimore). 2023.

SCAN HERE



For full Prescribing Information