

Depo Lupron for Endometriosis



**Southern Ontario
Fertility Technologies**

Introduction

Endometriosis is the medical term the occurrence of endometrial tissue (the tissue that lines the uterus) outside the uterus.

An information sheet is available on endometriosis. This is very common in menstruating women (we think about 5 to 7%) and is much more common in women with infertility (30 to 50% in most studies).

Endometriosis can only be diagnosed by directly visualizing the pelvis, usually by **laparoscopy**. An information sheet is available on laparoscopy. At S.O.F.T., if we decide to perform a laparoscopy, we have over a 50% chance of finding endometriosis (64% of laparoscopies performed for all indications from 2001 to 2004).

Endometriosis can be treated very effectively by laparoscopy giving about a 70% chance of significant pain relief and a doubling to tripling of the spontaneous pregnancy rate. However, endometriosis cannot be cured. The average recurrence rate is 40% in 18 months. No study, that I am aware of, demonstrates a faster **recurrence rate** in women undergoing infertility treatment. However, it is my distinct clinical impression that endometriosis does recur faster in women undergoing ovarian stimulation to treat their infertility.

Unfortunately, sometimes re-treatment of endometriosis is required. A repeat laparoscopy is one option. We have employed this on a number of occasions. Often a combination of medical and surgical treatments can be very effective at controlling endometriosis. Depo Lupron treatment is the most effective medical treatment in our hand and has often been employed to effectively control endometriosis at S.O.F.T.

This information sheet outlines our approach to the use of Depo Lupron.

GnRH Agonists

GnRH agonists are the newest and most effective medical treatment available. These drugs produce a profound menopause, usually stopping ovulation and menstruation during their use. They cannot be taken orally, therefore injectable and nasal spray forms are available. They too are very expensive but very effective, Up to 90% of users obtaining significant improvement in pain. Side effects include hot flashes, dryness of the vagina, decreased libido, and headaches. Most studies indicate about 1-2% bone loss / month during use. Sometimes GnRH agonists are combined with “addback” hormone replacement. This alleviates the hot flashes, vaginal symptoms and bone loss while maintaining the effectiveness.

GnRH agonists have received some “bad press” as far as their side effects. Certainly, a medicine like Depo-Lupron, which is the type most often used at S.O.F.T., can cause severe symptoms if used without add-back. However, the way it is prescribed at S.O.F.T., **80% of the women taking it will comment that they have “never felt as well!”**

The S.O.F.T. Depo Lupron Protocol

A very effective treatment is “Depo-Lupron with estrace add-back”. I have found over a 90% response rate to this treatment and that 80% of women who are taking it to relieve endometriosis pain state that they “have never felt so well!”

Depo Lupron comes in a vial that contains 3.75 mg of Depo Lupron for IM injection. Depo Lupron is not usually stocked by pharmacies as it is very expensive. All three doses, which is the standard course of therapy, will cost over \$1,000.00.

For your convenience, S.O.F.T. carries a supply of most of the drugs that we use for infertility or endometriosis treatment. These can be sold to you at our cost plus a very small handling charge with no dispensing fee. In most cases this will make them less expensive than from pharmacies. A receipt will be given for tax purposes or for reimbursement from your insurance company. Procedures or drugs can be paid for with VISA, MasterCard or Debit. The small “profit” we make on these drugs is used to keep other fees at a minimum. You can use your prepaid drug coverage for medications at any pharmacy. We often recommend Commissioners Pharmacy as it is close, works closely with us and is knowledgeable about our drugs and procedures.

Detailed Protocol

The first Depo-Lupron is given on approximately **day 21 of the menstrual cycle**. Modifications of this may be made and will be discussed with you. Sometimes if your cycles are extremely irregular we will just give the first injection right away. If your cycles are regular, day 21 is the average but anytime from day 15 to menstruation can be used. The first injection is given in the last part of the cycle because an initial stimulation occurs as a result of the medication. Starting in the last half of the cycle minimizes this. However, the first injection causes a period and it still may cause some aggravation of the pain. The first period (precipitated by the Depo Lupron injection) will be similar to most of your previous periods. The drug has not had a chance to work yet. If you will require pain killers, this should be discussed at the time of your visit.

Often, if the timing is right, the first injection can be given at S.O.F.T. The first and other injections can be done by your family doctor or you are welcome to have them done at S.O.F.T. Our nurses are very knowledgeable about Depo Lupron and will be happy to give your injection. You do not need an appointment unless you need to see one of the physicians.

“Down-regulation” or a menopausal like state occurs in the majority of patients in 7 to 10 days and **estrace 0.5 mg / day is then begun usually 7 days after the first injection** to minimize this. This alleviates most of the hot flashes (70%) and bone loss associated with this treatment. However, the estrace dose can be individualized to minimize any side effects. If you experience severe hot flashes or any other severe symptom you attribute to this artificial menopause, please let us know. Most of the bad press Depo Lupron has got is because of severe menopausal symptoms. These do not have to occur for the Depo Lupron to be effective.

The injection is given monthly for 3 months (every 28 days). More than 3 months treatment does not improve the response or the recurrence rate in 90 % of patients so this is the usual length of the planned treatment. Ten percent of patients do not respond to just three months of treatment and special adjustments to the protocol are made for them. These special adjustments are covered in a separate section.

Some bleeding can occur with each injection but usually does not. If it does, it does not decrease the effectiveness of the treatment. The bleeding is because the estrace given to relieve the majority of the menopausal symptoms may allow very slight growth of the endometrium (lining of the uterus) which sheds with each new injection. Bleeding after the initial withdrawal bleed from the first injection occurs only in 10% of patients.

Estrace is continues approximately 30 days (28 to 35) after the last injection. When it is stopped, some women will have a period but most (80%) will not. It doesn't matter. After stopping the estrace, a period should occur within 35 days. If it does not, a pregnancy test if performed and a period can be brought on if it is negative. It is with this period that infertility treatment can be re-started.

Follow-up

Your first and second injection can be given by your family doctor. Usually we will ask you to have an appointment with one of our physicians **at the time of the third injection**. The purpose of this visit is to review you response to treatment so far and to plan for the next steps.

Usually by the time of the third scheduled injection most of the symptoms of endometriosis has been relieved. If not, alternate plans will be made. These options are covered the section of this name. However, 90% of patients do get relief and an exit plan if devised.

Usual Exit Plans

The exit strategy depends on the goals. If the **goal is pain relief** we can consider no treatment or oral contraceptives. An information sheet is available on continuous oral contraceptives. We have found this an excellent way to prolong the comfortable time after the Depo Lupron treatment. If continuous oral contraceptives are going to be used they can be started the day after the last estrace is taken.

Usually, the plan is to **continue infertility treatment**. The spontaneous pregnancy rate is doubled to tripled after treatment of endometriosis by laparoscopy. An improvement in pregnancy rates after medical treatment of endometriosis has never been documented but it is our clinical impression that it is improved.

Infertility treatment can be started with the first spontaneous menstruation. If after 35 days from stopping the estrace at menstruation has not started, a pregnancy test is performed and if it is negative the menstruation can be medically induced. Testing for pregnancy is important as we have had a number of pregnancies in this situation, even after many years of infertility. Once the menstruation comes, a pre-arranged fertility treatment can begin.

Alternate Plans

Ten percent of patients do not get significant pain relief after three Depo Lupron injections. Some of these patients have very aggressive endometriosis which will respond to continued Depo Lupron. Some have endometriomas which will only respond to surgical treatment and others have residual scarring (perhaps as a result of the endometriosis).

Usually we will continue the Depo Lupron and plan for a second look laparoscopy.

Conclusion

Treatment, although it cannot cure endometriosis is usually very effective. Most women can obtain good control of their endometriosis using combinations of conservative surgery (laparoscopy) and medical treatment like Depo Lupron. Most women with endometriosis will be able to have children.

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