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Summary

When summarizing a symposium such as this, it is important to look at the primary objective of the meeting and see whether it has been met. In this instance I think we can all agree that the aim of updating the latest information on the GnRH-a leuporelin acetate in the management of common gynecological disorders was very well covered. As you know when we planned this session we wanted to provide the audience with a true and clear picture of the status of research in this field and how clinical studies can enhance and suggest the larger utilization of GnRH-a. This has certainly been achieved, with a look at the most significant clinical and preclinical information currently available.

The management of pelvic pain is a common and often difficult clinical problem faced by the gynecologist. Dr. Walker has clearly shown that immediate suppression of the menstrual cycle with leuporelin suppresses pelvic pain in many women. This strategy allows the clinician to assess whether the pelvic pain arises from an organic or functional cause. If the pain disappears with GnRH-a therapy, then it is organically based, but if the pain remains, the clinician has to consider functional disease and the need to move on to using laparoscopy and different therapeutic strategies.

Preclinical data presented by Prof. Vignali showed the capacity of endometriotic tissue to selectively metabolize steroids and the presence of the GnRH receptor in endometriotic tissue. This direct effect provides an additional therapeutic pathway by which GnRH-a can act, and enhances their indirect effects, due to their interference at higher levels, which ultimately results in inhibition of ovarian function leading to a hypoestrogenic state. This paper confirmed that GnRH-a can have a direct effect on the endometriotic tissues by changing steroid metabolism and acting on them by the GnRH receptor. Even if at this stage we do not know exactly what the direct clinical effect on the receptor is, the actual presence of the receptor is strongly suggestive that it could play an important additional role in the therapy of these conditions.

The benefits of pretreating patients with leuporelin prior to performing endometrial ablation was certainly made clear by Dr. Römer. His data were also very valuable in revealing the efficacy of GnRH-a pretreatment in the situation where we want to extend the possible number of myomectomies performed hysteroscopically. These data certainly demonstrated strong support for this.

The extensive studies and randomized trial on the use of GnRH-a for the treatment of endometriosis by Dr. Mayenga show the strong efficacy of leuporelin acetate – an efficacy which is not only clinical and symptomatic but also associated with an improvement in the period after stopping the treatment. It was confirmed that if there is a period of recurrence of the disease, this is shortened by using leuporelin acetate, and that women perceive that any symptoms recurring after stopping treatment are less severe than those prior to starting leuporelin therapy.

The last two sessions were on a new phase of GnRH-a therapy, the use of these drugs for longer periods by concomitant administration of add-back therapy. The first, by Prof. Freundl, demonstrated that efficacy of leuporelin therapy was maintained when used together with an oral contraceptive with low estrogens. He clearly showed that the majority of the woman's symptoms improve, and that the remaining symptoms may be overcome by postponing the administration of the add-back therapy until after 3 months of hypoestrogenization of the subject. In this way symptoms such as dyspareunia will most likely be effectively managed. Additional data was provided in the report from Dr. Surrey showing us that the administration of leuporelin together with gestagen alone or together with gestagen plus estrogen in small doses can offer the possibility of providing long-term therapy with GnRH-a. This strategy has all the advantages of treatment with leuporelin, while at the same time correcting the disadvantages associated with GnRH-a therapy, which are linked to the hypoestrogenic effects such as bone loss.

I would like to thank all speakers for giving such informative and thought-provoking presentations, and also extend my thanks to all of the participants for their interesting discussions. This symposium proved to be a great success due to both the excellent speakers and participants. The important role of leuporelin in gynecology was confirmed and can only continue to grow with continuing advances in add-back therapy. Further research into the indications and applications of this very useful drug will help to continue the development of improved therapies against gynecological disorders.