

# Advancing NIH Research on the Health of Women: A 2021 Conference

# Fortifying Opportunities to Advance Female-Specific Chronic Disease Research

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### **Disclosures**

- President-Elect, World Endometriosis Society
- Trustee, World Endometriosis Research Foundation
- Member, Interdisciplinary Network on Female Pelvic Health, Society for Women's Health Research
- Past Chair, American Society for Reproductive Medicine Endometriosis Special Interest Group
- International Advisor, European Society of Human Reproduction and Embryology Special Interest Group for Endometriosis and Endometrial Disorders
- Member, International Endometriosis Advisory Committee, AbbVie
- Statistical Editor *Human Reproduction*
- Field Chief Editor Frontiers in Reproductive Health
- Research Grant Recipient NIH, DoD, AbbVie, Marriott Family Foundations

The views expressed in this presentation are the presenters and do not represent any private or public institution, professional society, or the US federal government.

# **Chronic Debilitating Conditions**

#### Female Specific

- Gyn Cancers
- Menstrual abnormalities
- Fibroids
- Endometriosis
- Adenomyosis
- Infertility
- Miscarriage
- PCOS
- Pelvic Floor d/o
- Menopause
- PID

#### <u>Female Prevalent</u>

- Depression
- Migraine
- Breast Cancer
- Autoimmune
- Rheumatoid Arthritis
- Multiple Sclerosis
- STIs
- Chronic Fatigue
- Fibromyalgia
- Osteoporosis
- Candidiasis

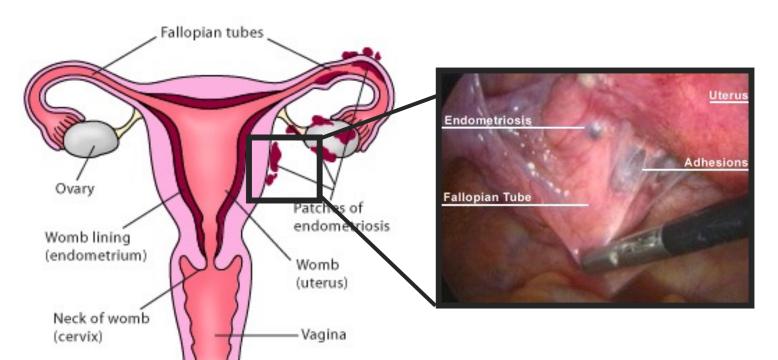
#### Poorly Understood in Women

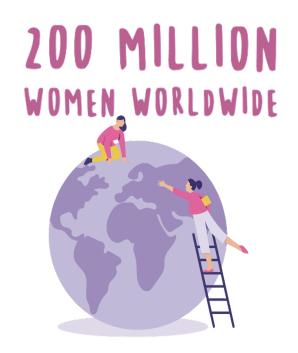
- Violence
- Dementia
- Osteoarthritis
- Endocrine d/o
- Metabolic d/o
- Blood d/o
- Immune d/o
- Recurrent UTIs
- HIV
- Neuropathy
- Incontinence
- Chronic pain

#### Morbid in Women

- Heart Disease
- Low back pain
- COPD
- Drug use d/o
- Stroke
- Diabetes
- Obesity
- Influenza
- Pneumonia

### What is Endometriosis?





Endometrial-like tissue (glands and stroma) growing outside of the uterus -- Peritoneal cavity, but also distal sites (e.g. lung, heart, brain)

Estrogen-dependent, progesterone-resistant, inflammatory disorder

Zondervan, Becker, Missmer. *NEJM* 2020 Shafrir A, et al. *Best Pract Res Clin Obstet Gynaecol* 2018 Simoens S, et al. *Hum Reprod* 2012

# Diagnostic Obstacles in Female-Specific Conditions

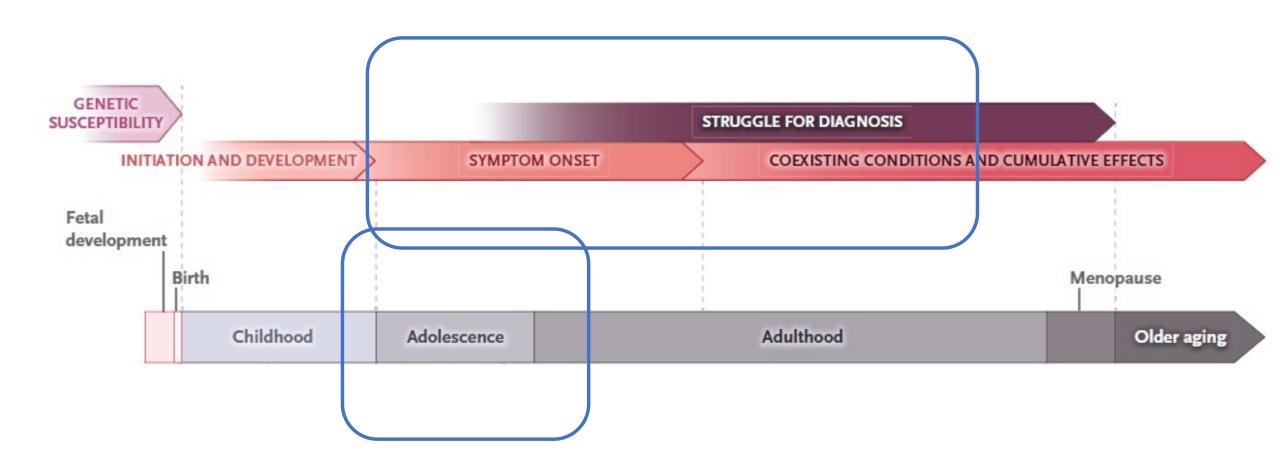
- Symptoms are nonspecific or associated with other disorders
  - Circuitous path
  - Mistakenly dismissed as "normal" menstrual pain
  - Embarrassment specific to menstruation and pelvic pa





65% Misdiagnosed Median see 5+ MDs before correct diagnosis

Zondervan, Becker, Missmer. *NEJM*Ballard K, et al. *Fertil Steril*Nnoaham K, et al. *Fertil Steril*Mihalyi A, et al. *Hum Reprod*WaterAid – No Shame Campaign 2017



#### Life Course Impact of Untreated Symptomatic Endometriosis

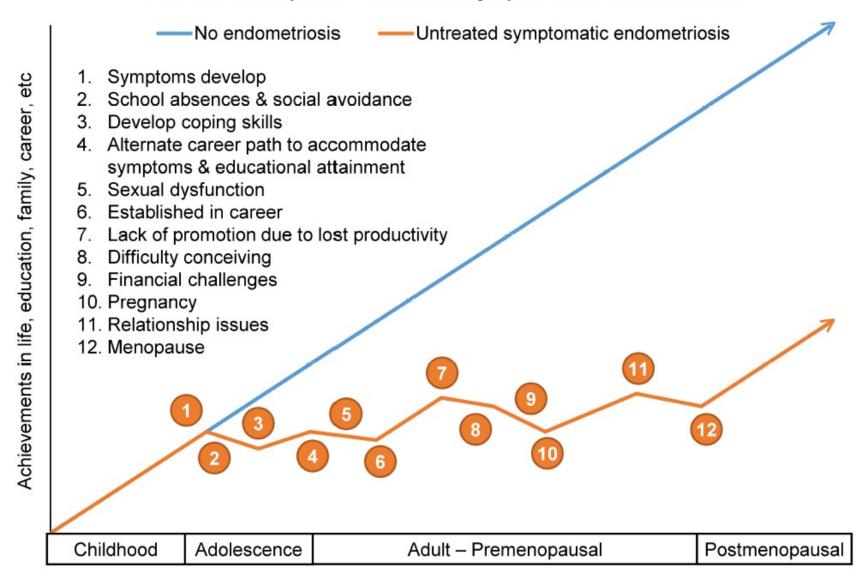
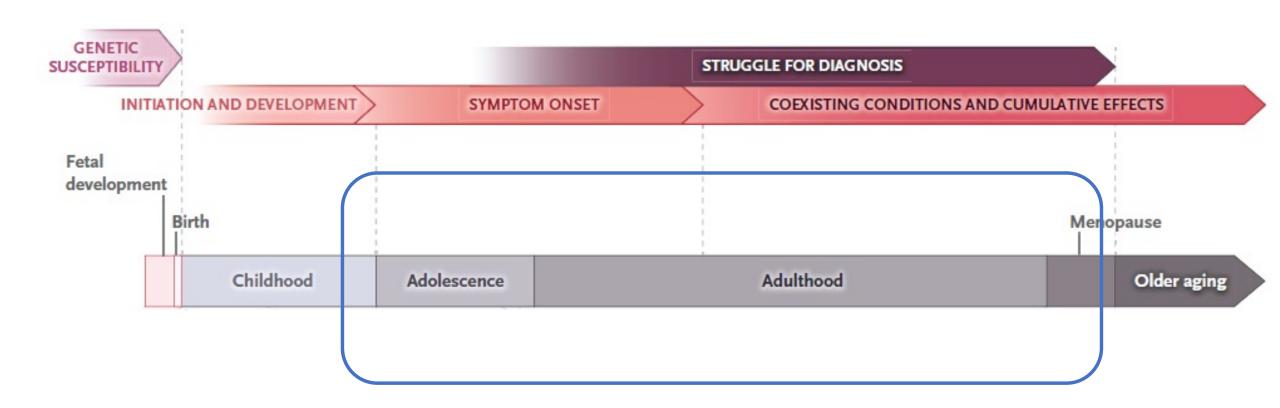


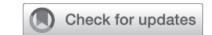
Figure 2 Theoretical effects of endometriosis on life-course trajectory. Life exposures and their influences on a patient's attainments in life, education, family, career, etc. A comparison of untreated or persistently symptomatic endometriosis vs no endometriosis.



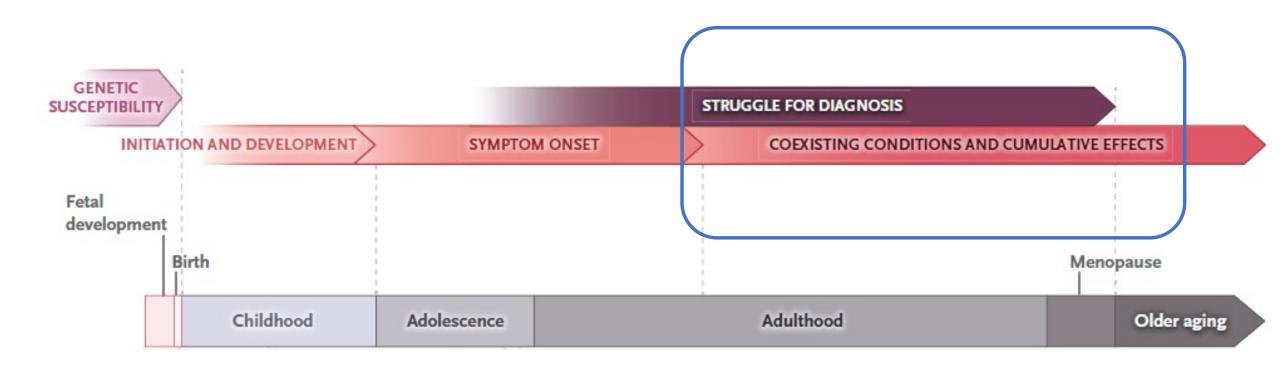


PERSPECTIVE AND CONTROVERSY

Moving Beyond Reflexive and Prophylactic Gynecologic Surgery



Elizabeth A. Stewart, MD; Stacey A. Missmer, ScD; and Walter A. Rocca, MD, MPH



#### Coexisting Conditions and Subsequent Disorders

Gynecologic Uterine fibroids, adenomyosis Pain Fibromyalgia, migraine Central sensitization Gastroenterologic Irritable bowel syndrome, ulcerative colitis Genitourinary Interstitial cystitis Mental health Depression, anxiety Immunologic Rheumatoid arthritis, systemic lupus erythematosus, multiple sclerosis, allergies, asthma Cancer Ovarian cancer, melanoma, thyroid cancer Cardiovascular disease

Figure 2. Multisystemic Endometriosis Phenome.

Zondervan, Becker, Missmer. *NEJM* 2020 Kvaskoff M, et al. *Hum Reprod Update* 2015 Missmer S. *Int J Epidemiol* 2009

### **Research Obstacles in Female-Specific Conditions**

Environmental / Behavioral exposures

### Requires:

Detailed clinical and phenotypic data Collected from many women Tied to critical lifecourse windows

Inflammatory indicators / markers

RARELY exist in biobanks or in eMR!

Exist in longstanding prospective cohorts

# NATIONAL CANCER INSTITUTE Division of Cancer Control & Population Sciences



#### NCI Cohort Consortium

Home / Research Resources / NCI Cohort Consortium

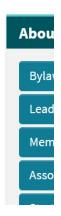
#### **Current Members**

The NCI Cohort Consortium membership is international in scope. It includes investigators responsible for more than 61 high-quality cohorts who are studying large and diverse populations in more than 15 different countries.

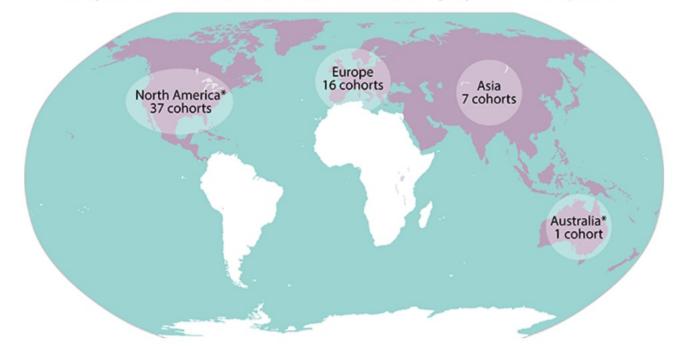
The purple regions on the map below represent the locations of populations that NCI Cohort Consortium members are currently studying.

#### **Overview**

The NCI Cohort Consortium is an extramural-intramural partnership formed by the National Cancer Institute (NCI) to address the need for large-scale collaborations to pool the large quantity of data and biospecimens necessary to conduct a wide range of cancer studies.



#### Map of NCI Cohort Consortium Membership by Continent, 2021



### **Research Obstacles in Female-Specific Conditions**

Environmental / Behavioral exposures

### Requires:

Detailed clinical and phenotypic data Collected from many women Tied to critical lifecourse windows

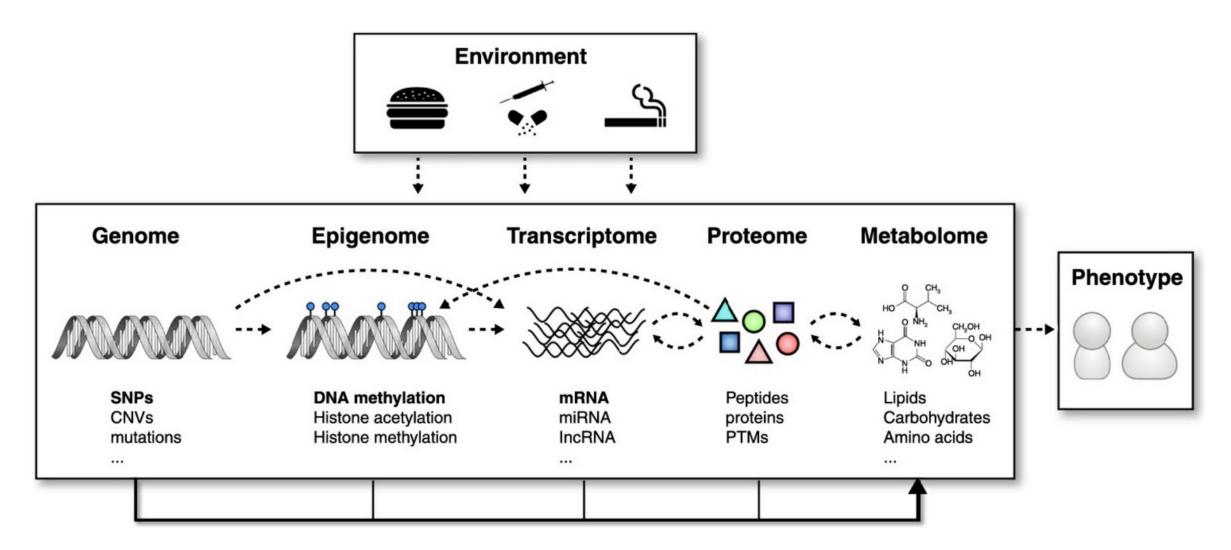
Inflammatory indicators / markers

RARELY exist in biobanks or in eMR!

Exist in longstanding prospective cohorts

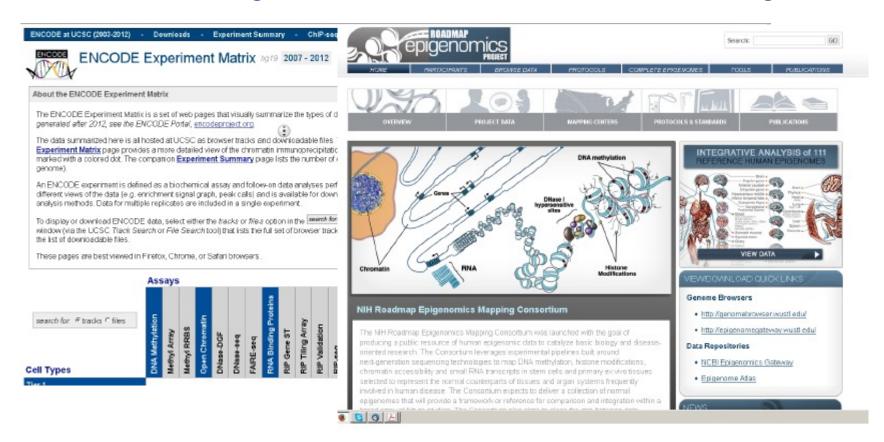
BUT Don't have pain or endometriosis data

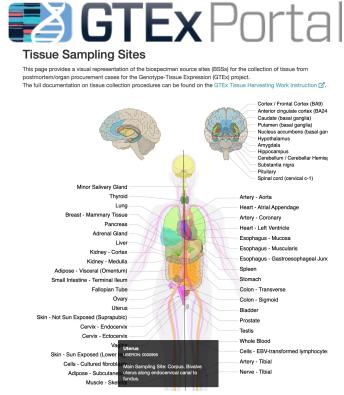
# **Research Obstacles in Female-Specific Conditions**

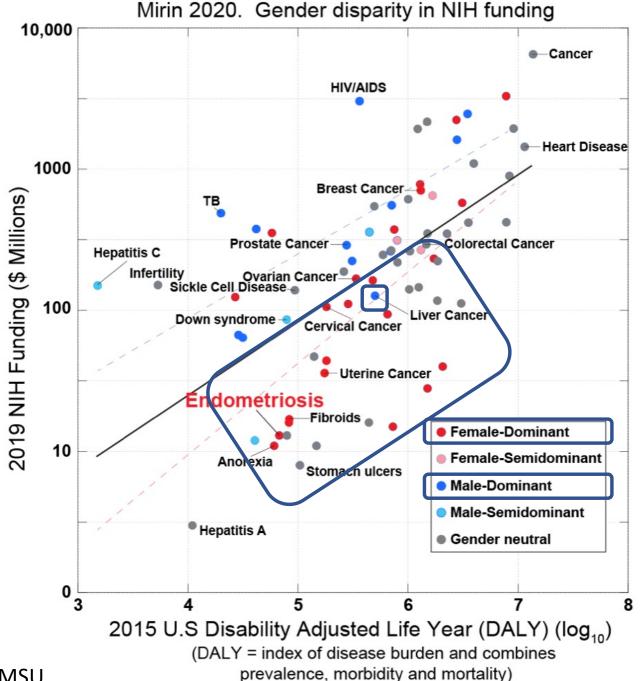


### Publicly available datasets... No endometrium

- Link genetic results to levels of gene and protein expression
- Examine the environment's impact on this ('epigenetics')
- Target tissue: endometrium and constituting cells







Courtesy of Dr. Ron Chandler, MSU

### **Need to Advance Female-specific Chronic Disease Research**

- Adding women to a study is not the same as studying women
- Intermittent research in women's health insufficient
- Female-specific (and female-dominant) conditions result in life-long disability
- Recommendations:
  - Establish a National Institute of Women's Health
  - Specifically address female-specific and female-dominant disorders across the lifecourse
  - Collaborate with other institutes whose missions involve exposures or diseases that impact women
    - Build female-specific foundational normative and chronic condition databases
    - Design trials directly related to the disease and symptom experience in women

# Following are extra slides for potential questions

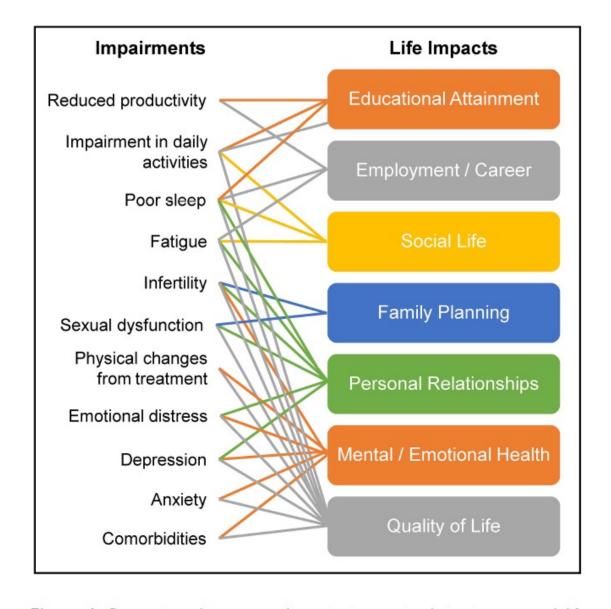


Figure I Connections between endometriosis-associated impairments and life impacts.

# **Impact Factors by Field**

• Reproductive Medicine

<ul><li>AJOG (Gray)</li></ul>	6.50
<ul> <li>Fertility and Sterility</li> </ul>	6.31
<ul> <li>Human Reproduction</li> </ul>	5.73
<ul> <li>Ultrasound in ObGyn</li> </ul>	5.57
<ul> <li>Obstetrics and Gynecology (Green)</li> </ul>	5.52

# **Impact Factors by Field**

• Cancer (173)

<ul> <li>Lancet Oncology (4)</li> </ul>	33.75
<ul> <li>Journal of Clinical Oncology (5)</li> </ul>	32.96
• JNCI (12)	11.58
<ul> <li>Cancer Research</li> </ul>	9.73
<ul> <li>European Journal of Cancer</li> </ul>	7.28
<ul> <li>British Journal of Cancer (45)</li> </ul>	5.79

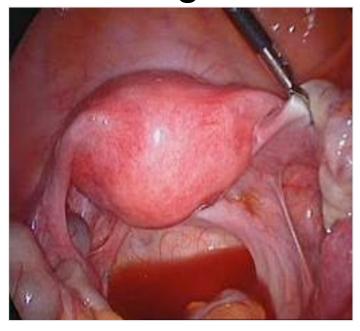
# **Impact Factors by Field**

• Cardiology (139)

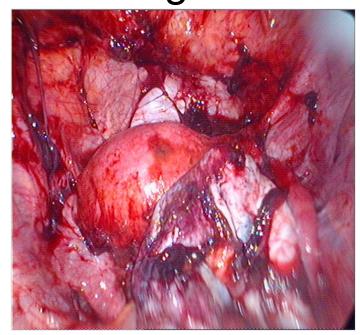
<ul> <li>Circulation</li> </ul>	23.60
<ul> <li>European Heart Journal</li> </ul>	22.67
<ul> <li>Circulation Research (5)</li> </ul>	14.47
<ul> <li>Hypertension</li> </ul>	6.29
<ul> <li>J Am Soc Echocardiography (21)</li> </ul>	5.51

### **Endometriosis rASRM Staging**

Stage I



Stage IV

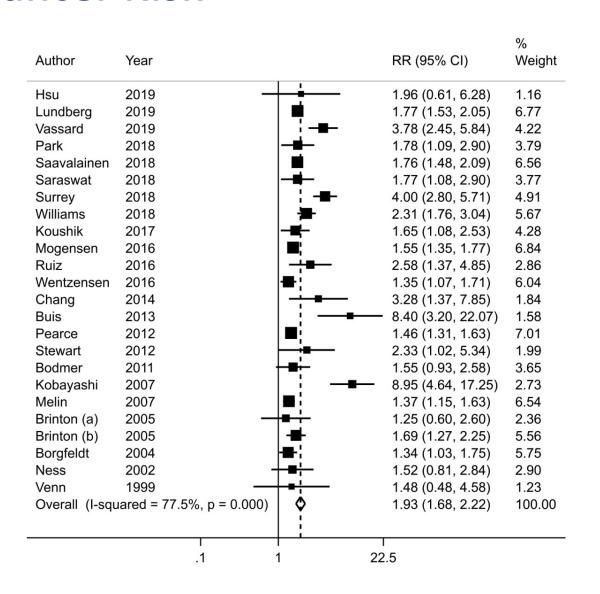


### Surgically visualized disease:

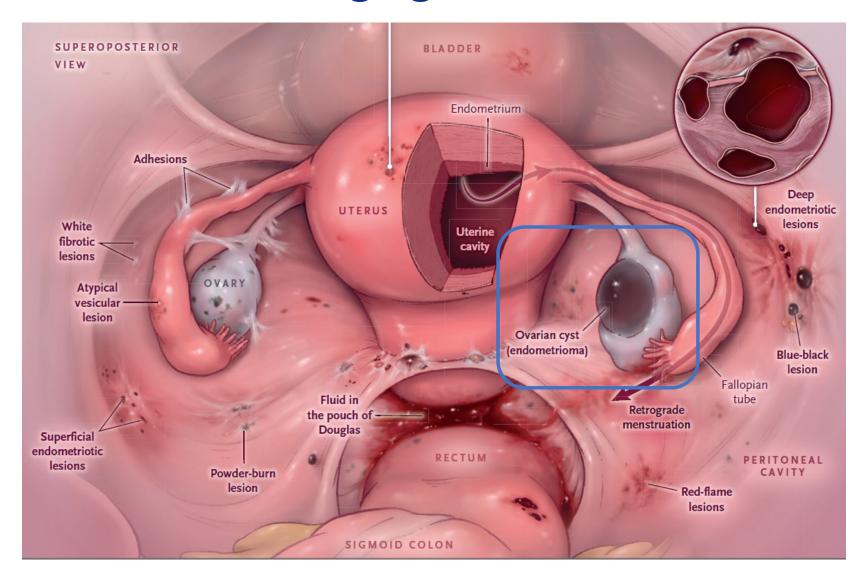
- Does NOT correlate with symptoms
- Does not predict treatment response

### **Endometriosis and Ovarian Cancer Risk**

- 24 studies
- All studies: 1.93 (1.68-2.22)
- High level of heterogeneity: I<sup>2</sup>=78%, P<0.0001



# **Endometriosis rASRM Staging**



### **Endometriosis x Ovarian Cancer Subtypes**

Cancer Type or Site	Type of Endometriosis								
	Ovarian (n=23,210)			Peritoneal (n=20,187)			Deep (n=2,372)		
	Observed	SIR	95% CI	Observed	SIR	95% CI	Observed	SIR	95% CI
Cervix uteri*	15	0.96	0.54-1.58	9	0.53	0.24-1.00	3	1.80	0.37-5.25
Adenocarcinoma	4	0.91	0.25 - 2.32	5	1.05	0.34 - 2.45	1	2.17	0.05 - 12.1
Invasive squamous cell carcinoma	4	0.55	0.15-1.41	2	0.25	0.03-0.90	2	2.75	0.33-9.93
Other	7	1.80	0.72 - 3.70	2	0.47	0.06 - 1.68	0	0.00	0.00 - 7.69
Corpus uteri*	33	1.12	0.77 - 1.57	29	1.04	0.70 - 1.49	1	0.74	0.02 - 4.12
Endometrioid	27	1.12	0.74-1.62	24	1.06	0.68 - 1.58	1	0.95	0.02 - 5.26
Other	6	1.13	0.41 - 2.46	5	0.96	0.31 - 2.24	0	0.00	0.00 - 12.7
Ovary <sup>†</sup>	64	2.56	1.98-3.27	54	1.32	0.99 - 1.72	3	1.41	0.29 - 4.10
Serous	20	1.62	0.99 - 2.49	25	1.21	0.79 - 1.79	2	2.05	0.25 - 7.41
Mucinous	5	1.29	0.42 - 3.01	5	0.80	0.26 - 1.86	0	0.00	0.00 - 9.58
Endometrioid	17	4.72	2.75-7.56	12	2.03	1.05 - 3.54	1	3.35	0.08 - 18.7
Clear cell	14	10.1	5.50-16.9	6	2.67	0.98 - 5.81	0	0.00	0.00 - 28.2
Other	8	2.16	0.93 - 4.26	6	1.02	0.37 - 2.21	0	0.00	0.07 - 10.5
Other female genital organs <sup>‡</sup>	21	1.09	0.68-1.67	12	0.78	0.40-1.36	2	0.89	0.27-8.14
Vulva	7	0.87	0.35 - 1.78	4	0.61	0.17 - 1.57	1	2.62	0.07 - 14.6
Vagina	4	1.92	0.52 - 4.90	1	0.58	0.01 - 3.24	0	0.00	0.00 - 33.6
Other	10	1.11	0.53 - 2.03	7	0.99	0.40 - 2.04	1	2.50	0.06-13.9
Not included above§									
Cervix uteri, noninvasive neoplasms* <sup>§  </sup>	82	0.75	0.60-0.92	109	0.88	0.72-1.05	12	0.78	0.40–1.36
Borderline tumor of ovary <sup>†§</sup>	20	1.63	1.00-2.52	24	1.25	0.80-1.85	0	0.00	0.00-2.65

- Endometrioma ↑ OvCa risk, clear-cell, endometrioid, serous
- SPE ↑ OvCa risk, endometrioid, clear-cell
- Deep **\***OvCa risk