Hello ***Doctor name/contact name*,**

I am reaching out to discuss the information provided by ***organization name, website, etc*** regarding endometriosis. As a member of the Endometriosis community who actively works to correct stigma and misinformation about this enigmatic disease, ensuring well-respected medical entities are properly defining Endometriosis is a top priority.

***On the description page/about page/in the podcast***, the definition of endometriosis is stated as, ***"tissue that normally lines the inside of your uterus — the endometrium — grows outside your uterus."*** Fortunately, we have now confirmed via substantial research that endometriosis tissue is not the same as native-endometrial tissue. This has become an important distinction as it relates to the origin, and ultimately the treatment, of endometriosis.

The community has successfully worked with other resources to ensure we update the description to its current definition as, "endometrium-like tissue,” rather than misplaced uterine tissue – the most current, accurate definition utilized is, “**Endometriosis is defined as an inflammatory disease process characterized at surgery by the presence of endometrium-like epithelium and/or stroma outside the endometrium and myometrium, usually with an associated inflammatory process."** *(PMID:*[*34693033*](https://pubmed.ncbi.nlm.nih.gov/34693033)*)*

Using the incorrect definition perpetuates the myth that Endometriosis is a menstrual disease that can be treated with continuous hormone suppression or unnecessary hysterectomies. Utilizing this incorrect definition also inhibits productive research as much of it today focuses on studying uterine tissue from mice, rather than actual Endometriosis lesions from patients.

Please help be a leader in changing outdated misinformation throughout the medical community; you have the ability to make a significant impact. The Endometriosis community will be anxiously awaiting this change.

Sources and further reading attached.

Best,
***Your Name
Your Title
Email/Contact***

**“Endometriosis is a common, benign, inflammatory, generally gynecologic disease that includes the presence and growth of dysfunctional endometrial-like glands and stroma often with reactive fibrosis and muscular metaplasia outside the uterus.”** (*Laganà et al. 2019)*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6888544/

**“Given the abundance of differential invasive, adhesive and proliferative behaviors between the native endometrium and the lesions of endometriosis** (Delbandi et al., 2013**), it is not merely just ‘rogue’ endometrium. The ectopic lesions of the disease resemble, but are not identical, to their eutopic counterparts** (Ahn et. al., 2016). **Studies have demonstrated that the tissues are functionally dissimilar** (Zanatta 2010; Freger et al., 2021).**”**

**Guidone, Heather C. “The Womb Wanders Not: Enhancing Endometriosis Education in a Culture of Menstrual Misinformation.” The Palgrave Handbook of Critical Menstruation Studies (2020)**:**269-286.**
[**https://library.oapen.org/bitstream/handle/20.500.12657/41299/2020\_Book\_ThePalgraveHandbookOfCriticalM.pdf?sequence=1#page=305**](https://library.oapen.org/bitstream/handle/20.500.12657/41299/2020_Book_ThePalgraveHandbookOfCriticalM.pdf?sequence=1#page=305)

**Delbandi AA, Mahmoudi M, Shervin A, Akbari E, Jeddi-Tehrani M, Sankian M, Kazemnejad S, Zarnani AH. Eutopic and ectopic stromal cells from patients with endometriosis exhibit differential invasive, adhesive, and proliferative behavior. Fertil Steril. 2013 Sep;100(3):761-9. doi: 10.1016/j.fertnstert.2013.04.041. Epub 2013 May 28. PMID: 23721717.**
[**https://pubmed.ncbi.nlm.nih.gov/23721717/**](https://pubmed.ncbi.nlm.nih.gov/23721717/)

**Bulun, Serdar E., et al. “Role of estrogen receptor-β in endometriosis.” Seminars in reproductive medicine. Vol. 30. No. 01. Thieme Medical Publishers, 2012.**
[**https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0031-1299596**](https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0031-1299596)

**Bulun SE, Cheng YH, Pavone ME, et al. Estrogen receptor-beta, estrogen receptor-alpha, and progesterone resistance in endometriosis. Semin Reprod Med. 2010;28(1):36-43. doi:10.1055/s-0029-1242991**
[**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3073375/#R13**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3073375/#R13)

**E. Attar, S.E. Bulun, Aromatase and other steroidogenic genes in endometriosis: translational aspects, Human Reproduction Update, Volume 12, Issue 1, January/February 2006, Pages 49–56,**
[**https://academic.oup.com/humupd/article/12/1/49/607182**](https://academic.oup.com/humupd/article/12/1/49/607182)

**Redwine DB. Was Sampson wrong? Fertil Steril. 2002 Oct;78(4):686-93. doi: 10.1016/s0015-0282(02)03329-0. PMID: 12372441.**
[**https://www.fertstert.org/article/S0015-0282(02)03329-0/fulltext**](https://www.fertstert.org/article/S0015-0282%2802%2903329-0/fulltext)

**Metzger, Deborah A., Cheryl A. Szpak, and A. F. Haney. “Histologic features associated with hormonal responsiveness of ectopic endometrium.” Fertility and sterility 59.1 (1993): 83-88.**[**https://www.sciencedirect.com/science/article/abs/pii/S0015028216556192**](https://www.sciencedirect.com/science/article/abs/pii/S0015028216556192)