

WES and WERF global endometriosis research priorities 2025

Since 2008, the World Endometriosis Society (WES) and the World Endometriosis Research Foundation (WERF) have convened workshops to establish global endometriosis research priorities at the now biennial World Congress of Endometriosis (WCE). The last publication of research priorities was in 2017,¹ which described 107 research priorities. These 107 research priorities were discussed at the fourth international consensus workshop in 2017. Prior to the fifth international consensus workshop in 2025, we initiated a structured, five-phase research prioritisation methodology that was used to review, revise, and formulate the priorities (appendix 1 pp 2–86).² The final result of this process, following the fifth consensus workshop in 2025 is a list of 50 research priorities (appendix 2).

The final list of priorities is cross-referenced to four domains: pathophysiology (including symptom presentation) and pathogenesis (including risk factors and disease origin, maintenance, and progression); diagnosis and classification; treatment development and evaluation (including clinical trials); and global policy, engagement, and education (including collaboration between stakeholders). Cross-referencing with the 2017 UK and Ireland James Lind Alliance top ten endometriosis research priorities, which reflect clinician and patient perspectives (appendix 2), was also done. Most of the WES and WERF priorities mapped to at least one James Lind Alliance priority.³

For pathophysiology and pathogenesis, studies should collect detailed pain data in addition to biological correlates. There is an ongoing need to elucidate fundamental biological mechanisms in endometriosis, which includes multiomic data from the single cell to the whole-body level,

integrated mechanistic studies, cell-type processing protocols, and physiologically relevant in-vitro and in-vivo models (prioritising in vitro where possible due to inter-species differences), such as organoid and three dimensional co-culture models. Underlying mechanisms of phenotypic risk factors should be investigated, with consideration of environmental factors and windows of susceptibility during the life cycle. Research on the life cycle will be supported by robust lifetime electronic medical record data, with the need for data collection on fertility and pregnancy. To facilitate this work, robust clinical definitions are required (eg, for the concept of recurrence).

To advance diagnosis and classification, progress should be made on disease subtyping in endometriosis—which requires deeply phenotyped cohorts (ie, clinically annotated) with biomarkers, validated in diverse patient samples. Review of medical history and examination should continue to be explored as a screening tool, and diagnostic accuracy studies should adhere to international standards. New diagnostics should be accompanied by cost-benefit analyses. Identifying and addressing barriers to diagnosis and care in historically marginalised groups is a high priority. Additionally, diagnosis and prevalence studies are needed in low-income and middle-income countries.

Regarding treatment development and evaluation, ongoing advancement of patient reported outcome measures in endometriosis is important to capture pain types and underlying mechanisms and to tailor these measures to the needs of historically marginalised groups. Well designed and adequately powered clinical trials that prioritise trial outcomes that matter to people across the life course (eg, from adolescence to menopause) and integrate clinical (eg, patient reported) and molecular stratifiers (eg, genomic) are crucial to developing new treatments.

Additionally, clinical trials can involve drug repurposing, as well as adjunctive care (eg, physiotherapy and psychological therapy).

To improve global policy, engagement, and education, multidisciplinary approaches to endometriosis research are encouraged, including the full range of social science methodologies (eg, qualitative research). Investigators should continue to build biobanks and clinical databases to enable large-scale multicentre studies, with these biobanks and databases needing monitoring for adherence to international standards. The concept of endometriosis centres of expertise would benefit from established criteria and outcome-based quality indicators. International societies should create stakeholder-informed task forces to enable global endometriosis research. Additionally, international support is necessary to promote endometriosis research programmes in low-income and middle-income countries. Implementation of effective knowledge translation strategies is key to improve health-care professionals' practice, knowledge, and skills.

The updated list of 50 global endometriosis research priorities provides a valuable framework to guide all stakeholders (including patients and advocates, health-care professionals, researchers, academic institutions, educators and policy makers, industry partners, and funders) in identifying and aligning areas of focus for future research and investment in endometriosis. A methodology should be developed to monitor the use and effect of these research priorities. Particular attention is needed to facilitate use and assess the impact of the research priorities in diverse countries and settings. We hope that these 50 priorities will catalyse novel research in endometriosis that is patient centred, equitable, and impactful for the approximately 200 million individuals affected by this condition worldwide.⁴



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See Online for appendix 1

See Online for appendix 2

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and edited the content as needed and take full responsibility for the content of the publication.

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- 1 Rogers PA, Adamson GD, Al-Jefout M, et al, and the WES/WERF Consortium for Research Priorities in Endometriosis. Research Priorities for Endometriosis. *Reprod Sci* 2017; **24**: 202-26.
- 2 Gottlieb SL, Spielman E, Abu-Raddad L, et al. WHO global research priorities for sexually transmitted infections. *Lancet Glob Health* 2024; **12**: e1544-51.
- 3 Horne AW, Saunders PTK, Abokhras IM, Hogg L, and the Endometriosis Priority Setting Partnership Steering Group (appendix). Top ten endometriosis research priorities in the UK and Ireland. *Lancet* 2017; **389**: 2191-92.
- 4 WHO. Endometriosis. World Health Organization, Oct 15, 2025. <https://www.who.int/news-room/fact-sheets/detail/endometriosis> (accessed June 30, 2026).