Is hormone treatment effective and safe for relief of menopausal symptoms in women with a history of endometriosis?

Clinicians may consider combined menopausal hormone therapy for the treatment of postmenopausal symptoms in women (both after natural and surgical menopause) with a history of endometriosis (Matorras *et al.*, 2002; Gemmell *et al.*, 2017).	Weak recommendation ⊕⊕◯◯
Clinicians should avoid prescribing oestrogen-only regimens for the treatment of vasomotor symptoms in postmenopausal women with a history of endometriosis, as these regimens may be associated with a higher risk of malignant transformation (Gemmell *et al.*, 2017).	Strong recommendation ⊕⊕◯◯
The GDG recommends that clinicians continue to treat women with a history of endometriosis after surgical menopause with combined oestrogen–progestogen at least up to the age of natural menopause.	GPP

Are women with endometriosis at higher risk of experiencing menopause-related major health concerns?

Clinicians should be aware that women with endometriosis who have undergone an early bilateral salpingo-oophorectomy as part of their treatment have an increased risk of diminished bone density, dementia and cardiovascular disease. It is also important to note that women with endometriosis have an increased risk of cardiovascular disease, irrespective of whether they have had an early surgical menopause *(conclusion, not recommendation)*.

Extrapelvic endometriosis

How reliable is imaging for diagnosing extrapelvic endometriosis?

Clinicians should be aware of symptoms of extrapelvic endometriosis, such as cyclical shoulder pain, cyclical spontaneous pneumothorax, cyclical cough or nodules which enlarge during menses.	GPP
It is advisable to discuss diagnosis and management of extrapelvic endometriosis in a multidisciplinary team in a centre with sufficient expertise.	GPP

Does treatment for extrapelvic endometriosis relieve symptoms?

For abdominal extrapelvic endometriosis, surgical removal is the preferred treatment, when possible, to relieve symptoms. Hormone treatment may also be an option when surgery is not possible or acceptable (Horton *et al.*, 2008; Zhu *et al.*, 2017; Andres *et al.*, 2020; Hirata *et al.*, 2020).	Weak recommendation ⊕◯◯◯
For thoracic endometriosis, hormone treatment can be offered. If surgery is indicated, it should be performed in a multidisciplinary manner involving a thoracic surgeon and/or other relevant specialists (Joseph and Sahn, 1996; Ceccaroni *et al.*, 2013; Nezhat *et al.*, 2014; Gil and Tulandi, 2020; Andres *et al.*, 2020; Vigueras Smith *et al.*, 2021; Ciriaco *et al.*, 2022).	Weak recommendation ⊕◯◯◯

Asymptomatic endometriosis

Is treatment beneficial for incidental finding of asymptomatic endometriosis?

The GDG recommends that clinicians should inform and counsel women about any incidental finding of endometriosis.	GPP
Clinicians should not routinely perform surgical excision/ablation for an incidental finding of asymptomatic endometriosis at the time of surgery (Moen and Stokstad, 2002).	Strong recommendation ⊕◯◯◯
Clinicians should not prescribe medical treatment in women with incidental finding of endometriosis.	Strong recommendation ⊕◯◯◯

Is long term monitoring of women with asymptomatic endometriosis beneficial in preventing adverse outcomes?

Routine US monitoring of asymptomatic endometriosis can be considered (Maouris, 1991; Alcázar *et al.*, 2005; Pearce *et al.*, 2012; Serati *et al.*, 2013).	Weak recommendation ⊕◯◯◯

Primary prevention of endometriosis

Is there a role for primary prevention of endometriosis?

Although there is no direct evidence of benefit in preventing endometriosis in the future, women can be advised of aiming for a healthy lifestyle and diet, with reduced alcohol intake and regular physical activity (Hansen and Knudsen, 2013; Parazzini *et al.*, 2013a,b; Bravi *et al.*, 2014; Ricci *et al.*, 2016; Harris *et al.*, 2018; Nodler *et al.*, 2020; Qiu *et al.*, 2020).	Weak recommendation ⊕⊕◯◯
The usefulness of hormonal contraceptives for the primary prevention of endometriosis is uncertain (Vercellini *et al.*, 2011).	Weak recommendation ⊕⊕◯◯
Genetic testing in women with suspected or confirmed endometriosis should only be performed within a research setting.	RESEARCH-ONLY

Endometriosis and cancer

Are patients with endometriosis at increased risk of cancer?

Clinicians should inform women with endometriosis requesting information on their risk of developing cancer that endometriosis is not associated with a significantly higher risk of cancer overall (Fig. 6). Although endometriosis is associated with a higher risk of ovarian, breast and thyroid cancers in particular, the increase in absolute risk compared with women in the general population is low (Kvaskoff *et al.*, 2021).	Strong recommendation ⊕⊕◯◯