

**JESSICA** So our UCSF Endometriosis Center just opened last month, and the goal is really to try to both answer some of  
**OPOKU-ANANE:** these unknown questions that are really in our model for endometriosis and to improve our patients' experience for endometriosis.

And the motivation is based on all of these different areas of questions that were mentioned in the study before. The care of these women is really challenging for health care providers. They see way too many providers before they get to the right treatment that they need to get to.

They're frustrated. And my patients come all the way from Eureka, 4 and 1/2, five hours, to come all the way down here multiple times to get their care, and it would be nice if we could help to coordinate care, come up with a treatment model that we send back to their primary care doctor who can then take care of them back where they live. We would like to be able to delay the time for a diagnosis for patients.

And then the great thing that we have for UCSF is tons of services here. So if we can coordinate all the different things that are needed for their care, maybe we can improve the care for patients.

UCSF is very unique. We have Osher Integrative Medicine, which is-- we send patients there for acupuncture or yoga or for biofeedback. Those are great resources that we have.

Our pelvic floor physical therapy are wonderful. Not all physical therapists know how to do pelvic floor physical therapy for pelvic pain. And if you send them to the wrong person, they can actually make the pain worse. Like, physical therapists that only are doing more kegels for women who are leaking urine, that's kind of the opposite thing of what you want your patients with pelvic pain to do.

We have a great pain service that knows how to wean people off the narcotics and treat pain with other pain mechanisms that can do things like nerve blocks to improve pain. We have a really expert radiologist, Liina Poder, who can diagnose endometriosis by far more than a lot of other radiologists can. We have Linda Giudice, who is a world-renowned endometriosis expert, and she's actually one of the presidents of the World Endometriosis Society currently. I'm a minimally-invasive trained endometriosis surgeon, so I'm comfortable getting around all those big structures and the dangerous stuff.

And then we have other things, like Tami Rowen, who is an expert in sexual health. And we're continuously adding other people to our model to try to improve our outcomes for our patients.

And then, also, more importantly, more than just we have all these great services, we're really trying to collaborate with research to come up with new questions, to come up with new models, to come up with new treatments. And so we've been doing things like journal clubs to get everybody in the same room so we can come up with new ideas of ways to think about endometriosis, and that's actually the most fun part of our center. So we're hoping that long term we're going to have better diagnostic measures and better treatment outcomes and improve with our multidisciplinary model.

And all of these things are a collaborative effort. We have a patient advisory board and a patient navigator, and I actually think that they're sometimes more effective than the health care providers because they bring up things that we don't even think are really issues in taking care of our patients, in addition to all these different specialties. It's really nice to have patients say, I wish that I would've had this when I was 20 years old and had pelvic pain. And if they say that, enough people say that, then I add that in to the multidisciplinary model. So it's been quite a fun experience, as well as a lot of patients are really excited about the center.

This is just how-- our center is located both at Mission Bay and at Mount Zion. And we just uploaded a website in case. It's [endometriosis.ucsf.edu](http://endometriosis.ucsf.edu). Thank you.