



UFE REGISTRY FINDS 85% OF WOMEN SHOW SUBSTANTIAL IMPROVEMENT

Data from the largest multicenter, prospective, voluntary registry on uterine fibroid embolization (UFE) show that 90% of participating women avoided a hysterectomy and 85% reported a substantial improvement in symptoms and quality of life. UFE is a minimally invasive treatment that blocks the blood supply to the fibroid tumors, causing them to shrink and die.

"This registry data is great news for women. With uterine fibroid embolization, we could significantly decrease the hysterectomy rate in the United States," says Scott Goodwin, MD, an interventional radiologist and lead author of the study.

The Fibroid Registry for Outcomes Data (FIBROID Registry) included three-year data about 1,278 patients from 26 sites who had the minimally invasive interventional treatment for symptomatic fibroids.

Twenty percent to 40% of American women aged 35 and older and nearly one half of premenopausal African American women have uterine fibroids. Of the 600,000 hysterectomies performed annually in the United States, one third of these are to relieve symptoms caused by fibroids.

Uterine fibroids are benign tumors that can cause prolonged and heavy menstrual bleeding severe enough to cause anemia that requires transfusions, disabling pelvic pain and pressure, urinary frequency, pain during intercourse, miscarriages, fertility problems, and an abnormally large uterus resembling pregnancy.

In UFE, the physician inserts a catheter into the femoral artery through a small incision. Using real-time imaging, the physician

guides the catheter up the artery and then releases embolic particles the size of grains of sand into the blood vessels feeding the fibroid. Those particles cut off the tumor's blood supply, causing it to shrink and die and symptoms to subside. Most women return home the next day and can soon resume normal activities, with an average full recovery time of seven to 10 days.

The FIBROID Registry was designed to follow the outcomes for UFE, which is becoming increasingly available in the United States. Researchers established the registry to assess the procedure's effectiveness in improving fibroid-related symptoms, determine the durability of those improvements, and assess the procedure's safety in broad practice. The 1,278 women who completed the three-year follow-up had significant improvement in symptoms and quality of life, moving them into the normal range on this validated survey instrument. The mean symptom scores before embolization were

58.61 and postprocedure at three years were 16.54. Mean quality of life scores preembolization were 46.95 and 89.55 at three years. Among the study's participants, 85% said they would recommend the procedure to a family member or friend. The study also identified the patients who appeared to have a greater likelihood of improvement.

The data show that the long-term clinical outcomes of UFE are consistent when the procedure is performed in any experienced community or academic interventional radiology practice.

"The registry's outcomes are important not only because of its size but also because of the diversity of sites that participated," Goodwin says. "These results demonstrate that uterine fibroid embolization is safe and very effective beyond the academic or specialized centers."

The registry is one of the few efforts ever undertaken to study the efficacy of a procedure as it disseminates into broad practice, and this is the first such effort for a fibroid therapy by any specialty.

"It is important for women to know all of their treatment options in order to make an informed decision," Goodwin says. "Interventional radiologists can provide a second opinion and assess whether UFE is a treatment option. The vast majority of women are eligible for this treatment."

Physicians use MRI to delineate the location of each fibroid, determine if a tumor can be embolized, detect alternate causes for the symptoms, identify pathology that could prevent a woman from having UFE, and avoid ineffective treatments. The number of women in the registry requiring retreatment after UFE is similar to the surgical reintervention rates of approximately 5% per year following myomectomy.

— SOURCE: SOCIETY OF INTERVENTIONAL RADIOLOGY