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Long-Term Data Show Uterine Fibroid Embolization Is Effective Treatment for Uterine Fibroids

Five-Year Follow Up Shows Interventional Radiology Procedure Is Durable

NEW ORLEANS, Louisiana (April 1, 2005) – Data presented today at the 30th Annual Scientific Meeting of the Society of Interventional Radiology found that the nonsurgical embolization treatment for uterine fibroids had a 73 percent success rate at five years. Uterine fibroid embolization (UFE) is a minimally invasive interventional radiology treatment that blocks the blood supply to the fibroid tumors, causing them to shrink and die, alleviating symptoms. Because it is minimally invasive, has a much quicker recover time than open surgery, and preserves the uterus, this newer treatment has become increasing popular among women. Uterine fibroids are very common noncancerous (benign) growths that develop in the muscular wall of the uterus in up to 40 percent of women age 35 and older and the cause of approximately 200,000 hysterectomies in the United States annually. Most women with symptomatic fibroids are candidates for UFE.

“Some gynecologists have been waiting for long-term data before being comfortable recommending the UFE procedure, and now that we have that data, I think women will be hearing more about UFE as a nonsurgical option. The results are comparable to myomectomy, a procedure in which the fibroids are surgically removed, but UFE is less invasive, and women recover from it more quickly,” says James B. Spies, M.D., professor of interventional radiology at Georgetown University Medical Center and the study’s principal investigator. “With any of the uterine-sparing treatments, growth of new fibroids is possible, and we saw this occurring in some patients during the later part of follow-up in this study. The same phenomenon is seen with myomectomy, with reintervention rates in the same range.” Spies added, “The next step in fibroid research is to design direct comparative studies between the various therapies to provide data as to which patients are best suited for each treatment.”

Long-Term Outcome from Uterine Embolization for Fibroids (Abstract 15)

In this study, 182 of 200 patients completed five-year follow-up with data available for analysis, and 18 were lost to follow-up. Outcomes were assessed by a questionnaire and patient symptom status, interval interventions, and menstrual cycle regularity. Treatment failure was defined as hysterectomy, myomectomy (surgical removal of the fibroids) or repeated embolization or failure of symptom control for two follow-up intervals. Using this measure, 20 percent of patients had either failed or recurred with new fibroids at 5

years after treatment. Among this group, there were 25 hysterectomies (4 were non-fibroid related), 6 myomectomies and 3 repeated embolizations. Seventy-three percent of patients had continued symptom control at the 5-year follow-up interval.

About Uterine Fibroid Embolization

An estimated 13,000-14,000 UFE procedures are performed annually in the U.S. During uterine fibroid embolization, the interventional radiologist makes a tiny nick in the skin and inserts a catheter into the femoral artery in the groin. Using real-time imaging, the physician guides the catheter through the artery and then releases tiny particles, the size of grains of sand, into the uterine arteries that supply blood to the fibroid tumor. This blocks the blood flow to the fibroid tumor, causing it to shrink and die, and symptoms to subside. The embolic particles are approved by the FDA with a specific indication to treat uterine fibroid tumors.

UFE usually requires a hospital stay of one night. Many women resume light activities in a few days and the majority of women are able to return to normal activities within seven to 10 days.

About Uterine Fibroids

Uterine fibroids are one of the most common medical conditions experienced by women ages 35-50. These benign tumors can cause prolonged, heavy menstrual bleeding that can lead to anemia and transfusions, disabling pelvic pain and pressure, urinary frequency, pain during intercourse, and an abnormally large uterus resembling pregnancy. Twenty to 40 percent of American women 35 and older, and nearly 50 percent of African-American women, have uterine fibroids of a significant size.

About Interventional Radiology

An estimated 5,000 people are attending the Society of Interventional Radiology's 30th Annual Scientific Meeting in New Orleans. Interventional radiologists are board-certified physicians who specialize in minimally invasive, targeted treatments performed using imaging for guidance to treat diseases nonsurgically through the blood vessels or through the skin. By combining diagnostic imaging expertise with advanced procedural skills, interventional radiologists perform minimally invasive treatments that have less risk, less pain, and less recovery time than open surgery. Interventional radiologists pioneered minimally invasive modern medicine with the invention of angioplasty and the catheter-delivered stent, which were first used to treat peripheral arterial disease. More information can be found at www.SIRweb.org.

Interviews, medical illustrations and broadcast quality video footage are available. Abstracts can be found at www.SIRmeeting.org in the program section and click on scientific sessions.

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