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Few Women Hear About Uterine Fibroid Embolization Treatment Option Directly From Gynecologists

Washington, D.C. (March 18, 2008)—A study presented today at the Society of Interventional Radiology's 33rd Annual Scientific Meeting shows of 105 patients in the Atlanta metro area, only 18 percent of the women who saw a private practice gynecologist were told about uterine fibroid embolization (UFE), a minimally invasive treatment for uterine fibroids provided by interventional radiologists. UFE is a safe, effective established treatment that has been widely available for the past decade and is covered by insurance. The majority of women who sought treatment from their private practice gynecologists for uterine fibroids were only offered hysterectomy or myomectomy surgery, which is provided by gynecologists. However, Kaiser Permanente, which standardizes many medical protocols, has its gynecologists discuss all the treatment options with their patients, including UFE.

"The scientific evidence of the safety and efficacy of UFE is irrefutable. In medicine, we present the scientific proof at meetings like this in large groups, but we implement these results as individual physicians. Physicians need to incorporate UFE into the treatment algorithm for patients suffering with uterine fibroids. The patient should not have to be the one to suggest her treatment; that is the physician's responsibility. Gynecologists need to be the ones taking the lead on this, and I applaud Kaiser Permanente's gynecologists for being the only ones in our area to consistently do this," said John Lipman, M.D., director of interventional radiology at Emory-Adventist Hospital in Atlanta.

Of the women who self-referred to interventional radiologists, the majority found out about UFE on their own primarily through the Internet or through a media advertisement. In some cases, they obtained referrals from their gynecologists, but only after asking about the treatment.

"Women suffering with fibroids need to be given all of their options—not just the ones that gynecologists can offer. With UFE, my patients are treated as outpatients, with no hospital stay. They go home with a band-aid and on average recover in four to five days. Many of the surgical patients after hysterectomy are still in the hospital by the time my UFE patients have recovered, and these surgical patients still have six to eight weeks of additional recovery at home," noted Lipman.

Of the 600,000 hysterectomies performed annually in the United States, one-third of these are to relieve symptoms caused by benign fibroids. Uterine fibroids are benign tumors that can cause prolonged, heavy menstrual bleeding that can be severe enough to cause anemia or require transfusion; disabling pelvic pain and pressure; urinary

frequency; pain during intercourse; miscarriage; interference with fertility; and an abnormally large uterus—resembling pregnancy.

Despite the long-term safety and efficacy of UFE, the hysterectomy numbers in the United States have changed very little in the past decade. It is interesting to note that of all of the available treatment options for fibroids, the largest published series is the UFE National Fibroid Registry, which has published information on the UFE treatment of more than 3,000 women. The three-year data from this trial was recently published in the journal *Obstetrics & Gynecology*. Interventional radiology has consistently published in gynecology journals to increase awareness of the treatment.

Interventional radiologists can provide second opinions and assess whether UFE is a treatment option. Interventional radiologists 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. This cannot be determined by ultrasound imaging in the gynecologist's office; interventional radiologists can help gynecologists manage these patients.

Abstract 143, "*Community Awareness of UAE as a Treatment Option for Women Suffering With Symptomatic Fibroids*," can be found at www.SIRmeeting.org.

About Uterine Fibroid Embolization

Uterine fibroid embolization is performed by interventional radiologists, physicians who specialize in minimally invasive treatments and offer diagnostic and clinical experience across all specialties. Embolization is a common interventional radiology treatment for benign and cancerous tumors. With uterine fibroid embolization, an interventional radiologist makes a tiny nick in the skin, about the size of a pencil tip and inserts a catheter into the femoral artery. Using real-time imaging, the physician guides the catheter up the artery and then releases tiny particles, the size of grains of sand, into the blood vessels feeding the fibroid, cutting off its blood supply and causing it to shrink and die and symptoms to subside. Most women return home the next day and can resume normal activities. There is less risk of serious complication with UFE, and these complication rates are lower than those of hysterectomy and myomectomy.

About the Society of Interventional Radiology

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, usually in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine.

Today many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Visit www.SIRweb.org.

Local interviews, medical illustrations and broadcast-quality video footage are available by contacting SIR's communications department at MVerrillo@SIRweb.org. A UFE fact sheet and statistics can be found in the Media section at SIRweb.org.