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## **Society of Interventional Radiology Applauds Report's Uterine Fibroid Embolization Recommendations**

***Practice Bulletin for Obstetrician-Gynecologists States UFE Meets Level A Evidence for Clinical Practice Change—Minimally Invasive Interventional Radiology Treatment Is Safe, Effective Option for Women With Uterine Fibroids***

FAIRFAX, Va.—The Society of Interventional Radiology, a national organization of nearly 4,500 doctors, scientists and allied health professionals dedicated to improving health care through minimally invasive treatment interventions, applauds the recommendations of the American College of Obstetricians and Gynecologists that uterine fibroid embolization “is a safe and effective option” for women. “This finding fully opens the door to women’s choice. It will prompt gynecologists to discuss all treatment options for symptomatic uterine fibroids—including UFE—if they are not already doing so,” said interventional radiologist John Kaufman, M.D., SIR president.

In its August practice bulletin, “Alternatives to Hysterectomy in the Management of Leiomyomas,” ACOG listed UFE among Level A treatment options, meaning that the minimally invasive treatment is considered safe and effective based on long- and short-term outcomes data. Level A evidence is the highest grade possible. The ACOG practice bulletin is used by doctors to aid in making decisions about appropriate patient care. “This is especially significant news for the 200,000 women who have hysterectomies performed annually in the United States to treat symptomatic uterine fibroids. Many of these women can confidently choose UFE,” noted Kaufman.

“Women seeking treatment for their fibroids should be aware of all of their treatment options. UFE may be one of those options, and the best way to determine this is to for the woman and her gynecologist to consult with an interventional radiologist,” said Kaufman. “The procedure is widely available, and finding an interventional radiologist who performs UFE is easy. The online SIR physician directory specifically identifies interventional radiologists with expertise in this area,” he added. Interventional radiologists often use imaging tests such as MRI to help determine whether a woman is a candidate for UFE. Sometimes additional important information about the pelvic organs is found that helps the woman choose her best treatment option.

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; and miscarriage. Twenty to 40 percent of women age 35 and older have uterine fibroids of a significant size; African-American women are at a higher risk for fibroids (as many as 50 percent have fibroids of a significant size).

Pioneered and performed by interventional radiologists, UFE blocks tiny blood vessels that feed fibroids, causing the tumor to die and symptoms to subside. An interventional radiologist uses imaging to guide a thin catheter to the uterine artery to treat the source of the disease internally, avoiding open surgery. The procedure offers less risk, less pain and a shorter recovery time compared to open surgery.

The ACOG practice bulletin notes, “Based on long- and short-term outcomes, uterine artery embolization (UAE) is a safe and effective option for appropriately selected women who wish to retain their uteri.” It compares UAE, also referred to as UFE, to other treatment methods and favorably points out the large amount of peer-reviewed literature illustrating its effectiveness. It indicates that women who want to choose UFE “should have a thorough evaluation with an obstetrician-gynecologist to help facilitate

optimal collaboration with the interventional radiologist and to ensure the appropriateness of therapy, taking into account the reproductive wishes of the patient.”

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### **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, interventional radiology treatments are first-line care for many conditions that once required surgery. Interventional radiology treatments generally offer less risk, less pain and less recovery time compared to open surgery. In 2008, the Society of Interventional Radiology (SIR) celebrates 35 years of quality patient care innovation. Visit [www.SIRweb.org](http://www.SIRweb.org).

*Local interviews, medical illustrations and broadcast-quality video footage are available by contacting SIR's communications department at [mverrillo@SIRweb.org](mailto:mverrillo@SIRweb.org).*