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Avoiding Hysterectomy: Major Interventional Radiology E-collection Info Available

Journal of Vascular and Interventional Radiology Assembles Major Studies of Uterine Artery Embolization Over Past Two Years; Treatment Replaces Need for Traditional Surgery

FAIRFAX, Va.—For the first time, the Society of Interventional Radiology has assembled a major electronic collection of professional articles about uterine artery embolization, a treatment directed toward a number of conditions involving the uterus—most often adverse health effects that may occur due to the presence of uterine fibroids. The Journal of Vascular and Interventional Radiology “virtual” collection allows health care providers and the public to view the abstracts on current research on this topic in one place, eliminating the need to search topics individually.

Uterine fibroids are very common noncancerous growths that develop in the muscular wall of the uterus. Hysterectomy, surgical removal of the uterus performed by a gynecologist, is the most common treatment for symptomatic uterine fibroids. In fact, more than 200,000 women in the United States have hysterectomies for fibroids each year; it is the second most common surgery among women. However, most women are candidates for uterine artery embolization (also called uterine fibroid embolization). “Uterine artery embolization is a treatment method for fibroids that is relatively noninvasive and has high success rates. Women with fibroids and their health care providers should be aware of this therapy. This collection assembles relevant information about the interventional radiology treatment in one convenient place,” explained Albert A. Nemcek Jr., M.D., FSIR, editor of JVIR, a peer-reviewed, monthly publication long recognized for its exceptional quality and influence as an academic and professional resource.

“The value for physicians and patients is the convenience of having all the recent articles from a major journal in one place. While it is not a comprehensive list of all recent uterine artery embolization articles, many of the major studies are included, particularly those that relate to the technical aspects of the procedure,” said James B. Spies, M.D., FSIR, JVIR section editor for women’s health. “Nearly all the new innovations in the procedure have been reported in JVIR first. The collection has particular value to physicians who are just entering the field or who are in training, as it provides a continuum of the recent innovations in the procedure and is a good example of how medical research progresses over time,” added Spies, professor of radiology and chair of the Department of Radiology at Georgetown University Medical Center in Washington, D.C.

Uterine artery embolization, a minimally invasive, targeted treatment, offers less risk, less pain and less recovery time than traditional surgery. Interventional radiologists use expertise in imaging to deliver treatment directly to a fibroid, blocking the flow of blood to the tumor and causing it to shrink. “With these modern treatments, hopefully the trend to offer traditional surgery first will be reversed. It’s important for patients to ask questions, obtain consults with different types of doctors and know all their treatment options,” added Nemcek, an interventional radiologist and professor of radiology and surgery at Northwestern Memorial Hospital in Chicago, Ill.

The 46-article collection of previously published articles and abstracts—with some of the leading researchers in the field—is divided into nine sections: indications, uterine imaging, technique, outcomes, other indications for embolization, economics, radiation exposure, other procedures and animal studies.

According to Spies, the collection includes an important article, “Leiomyoma Infarction After Uterine Artery Embolization: A Prospective Randomized Study Comparing Tris-acryl Gelatin Microspheres Versus Polyvinyl Alcohol Microspheres,” a randomized study by Gary P. Siskin, M.D., FSIR, and colleagues at Albany Medical College, that answers a key technical question regarding choice of embolic material. Also important are “Economic Evaluation of Uterine Artery Embolization Versus Hysterectomy in the Treatment of Symptomatic Uterine Fibroids: Results From the Randomized EMMY Trial” and “Payer Costs in Patients Undergoing Uterine Artery Embolization, Hysterectomy or Myomectomy for Treatment

of Uterine Fibroids.” These latter two articles provide strong evidence—obtained in two different ways—that uterine artery embolization is less costly than traditional surgery, said Spies.

Currently, this virtual collection is freely accessible to SIR members and JVIR subscribers and is accessible to the public on an article pay-per-view basis at www.jvir.org. SIR is a national organization of physicians, scientists and allied health professionals dedicated to improving public health through disease management and minimally invasive, image-guided therapeutic interventions. For more information, contact Noemi C. Arthur, SIR director of publications and JVIR managing editor, by sending an e-mail to narthur@SIRweb.org or by calling (703) 460-5593. A yearly subscription to the journal is \$404 for individuals and \$561 for institutions. A free journal subscription is a benefit of SIR membership. More information about the Society of Interventional Radiology, interventional radiologists and how to find an interventional radiologist in your area can be found online at www.SIRweb.org.

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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, such as 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 oncology is a growing specialty area of interventional radiology. Interventional radiologists can deliver treatments for cancer directly to the tumor without significant side effects or damage to nearby normal tissue.

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 are available by contacting SIR's communications department by phone at (703) 460-5572 or via e-mail to mverrillo@SIRweb.org.