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**Research Shows Non-Surgical Treatment Relieves Uterine Fibroid
Symptoms in 92 Percent of Post-Menopausal Women**
First Study of Uterine Fibroid Embolization for Post-Menopausal Women

Toronto, Ontario (April 3, 2006) – The first study of uterine fibroid embolization to treat post-menopausal women shows that the non-surgical treatment was technically successful in 100 percent of patients, and improved bulk-related symptoms in 92 percent of the women. The research was presented today at the Society of Interventional Radiology's 31st Annual Scientific Meeting in Toronto. Uterine fibroid embolization (UFE) has been performed by interventional radiologists since 1995 to treat symptomatic non-cancerous tumors in the uterus. During the technique the physician makes a tiny nick in the skin to insert a catheter into the femoral artery at 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.

“Although uterine fibroids generally regress after menopause due to the change in hormone levels, there are many post-menopausal women who continue to suffer pain, constipation, urinary frequency and other symptoms caused by their uterine fibroids,” explained study author and interventional radiologist, Robert L. Vogelzang M.D., of Northwestern University Medical School, Chicago, IL. “This research shows that non-surgical uterine fibroid embolization effectively reduces fibroid-related symptoms in post-menopausal women and should therefore be offered as a treatment choice.”

Post-menopausal women have been included in previous UFE studies, but this was the first time the entire cohort had completed menopause. The 24 women in this study were identified as post-menopausal according to the Stages of Reproductive Aging Workshop (STRAW) criteria. The patients' average age was 52. The average follow-up was nine months.

Uterine fibroids are very common non-cancerous (benign) growths that develop in the muscular wall of the uterus. They can range in size from very tiny (a quarter of an inch) to larger than a cantaloupe. In most cases, there is more than one fibroid in the uterus. Most fibroids don't cause symptoms—only 10 to 20 percent of women who have fibroids require treatment.

“Women need to know their options and make treatment choices that are right for them. This research shows that post-menopausal women can add non-surgical uterine fibroid

embolization to their list of treatments to consider, right along with hysterectomy and myomectomy,” Vogelzang added.

Abstract 107 can be found at www.SIRmeeting.org.

Other UFE Facts

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. Uterine fibroids are the most frequent indication for hysterectomy in premenopausal women and, therefore, are a major public health issue. Of the 600,000 hysterectomies performed annually in the United States, one-third are due to fibroids.

About the Society of Interventional Radiology

Interventional radiologists are board-certified physicians who specialize in minimally invasive, targeted treatments. They use X-rays, MRI and other imaging to advance a catheter in the body, usually in an artery, to treat at the source of the disease non-surgically. They are certified in both Diagnostic Radiology and Vascular & Interventional Radiology. As the inventors of angioplasty and the catheter-delivered stent, interventional radiologists pioneered minimally invasive modern medicine, and provide treatments that offer less risk, less pain and less recovery time compared to open surgery. More information can be found at www.SIRweb.org.

Local interviews, medical illustrations and broadcast quality video footage are available by contacting SIR's Communications Department at Emily@SIRweb.org or (703) 691-1805.

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