SOCIETY OF INTERVENTIONAL RADIOLOGY
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UFE Highly Effective in Cases Where Focused Ultrasound to Treat Uterine Fibroids Failed

Significant Relief of Symptoms Noted From Uterine Fibroid Embolization

Washington, D.C. (March 18, 2008)—Uterine fibroid embolization (UFE), a minimally invasive interventional radiology treatment for uterine fibroids, provides significant relief of symptoms for women whose focused ultrasound (FUS) treatment failed, according to a study released today during the Society of Interventional Radiology's 33rd Annual Scientific Meeting in Washington, D.C. Primary care physicians and gynecologists can feel confident in informing patients that a failed FUS treatment does not require subsequent gynecological surgery. Those women can be successfully treated with UFE. Patients with a single large fibroid are candidates for FUS; patients with many fibroids, which is more often the case, would be better treated with UFE. There is limited long-term follow-up data for FUS and limited information on fibroid recurrence rates. In this retrospective study from Boston's Brigham and Women's Hospital, seven post-FUS patients who experienced therapeutic failure and were subsequently re-treated with UFE were reviewed. In all patients, their symptoms—such as heavy menstrual bleeding and the sensation of fullness or pressure in the lower abdomen—improved.

"FUS is a newer procedure for uterine fibroids and whether it provides sustained symptom relief is still being evaluated. My research shows that when FUS fails, these women could benefit from uterine fibroid embolization," said Alisa Suzuki, M.D., interventional radiologist at Brigham and Women's Hospital.

Uterine fibroids are noncancerous (benign) growths that develop in the muscular wall of the uterus and are treated only if they are causing bothersome symptoms. With UFE, an interventional radiologist inserts a catheter into the femoral artery and using real-time imaging, guides the catheter up 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 and causes it to shrink and die. FUS focuses high-frequency, high-energy sound waves to generate heat at a specific point within the fibroid tissue to shrink the fibroid and relieve symptoms. FUS has been approved by the Food and Drug Administration (FDA) for several years. Due to the limited number of institutions providing FUS, the number of procedures performed is still limited.

"Today, women have more options. Fibroids will not kill a patient, but they could ruin her lifestyle. UFE is widely available; patients can easily obtain information about this interventional radiology treatment on the Internet. Women should ask for a consult with

an interventional radiologist who can determine from MRI imaging whether they are candidates for either procedure. We have experience in treating fibroids, access to exciting new technologies and are happy to discuss various options with patients," said Suzuki.

Abstract 142, *"When Sound Fails: Efficacy of Uterine Artery Embolization for Focused Ultrasound Surgery Therapeutic Failures,"* can be found at www.SIRmeeting.org.

About Uterine Fibroid Embolization
Uterine fibroids are very common noncancerous (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. Occasionally, they can cause the uterus to grow to the size of a five-month pregnancy. In most cases, there is more than one fibroid in the uterus. Uterine fibroids 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.

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 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 for UFE 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.

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