

FOR IMMEDIATE RELEASE, November 14, 2005

Journal of Vascular and Interventional Radiology

Research Shows MRI Improves Patient Selection For Treating Uterine Fibroids Non-Surgically

Imaging Expertise Enables Interventional Radiologists to Provide Gynecologists and Their Patients Better Diagnosis and Non-Surgical Treatment Options

Fairfax, Virginia (November 14, 2005) – Research of 100 women suffering from uterine fibroids showed that magnetic resonance imaging (MRI) improves the patient selection for who should receive non-surgical uterine fibroid embolization (UFE) to kill their tumors. Uterine fibroids are very common benign (non-cancerous) growths that develop in the muscular wall of the uterus in up to 40 percent of women age 35 and older. Research also showed interventional radiologists can use MRIs to determine if a tumor can be embolized, detect alternate causes for the symptoms, identify pathology that could prevent a women from having UFE and avoid ineffective treatments.

Women typically undergo an ultrasound at their gynecologist's office as part of the evaluation process to determine the presence of uterine fibroids. It is a rudimentary imaging tool for fibroids that often does not show other underlying diseases or all the existing fibroids. For this reason, MRI is the standard imaging tool used by interventional radiologists.

"Using an MRI rather than ultrasound is like listening to a digital CD rather than a record – the quality is better in every way," stated interventional radiologist and study author Howard B. Chrisman, M.D., M.B.A., of Northwestern University Medical School, Chicago, IL. "With an MRI we can clearly delineate the location of each fibroid, determine if it's viable for treatment nonsurgically, rule out misdiagnosis, identify which treatments are best suited for each patient and avoid ineffective treatments."

Chrisman added that MRIs are excellent education tools for patients because the fibroids are even visible to an untrained eye, so women can see exactly what is happening inside their uterus. "By working with a patient's gynecologist, interventional radiologists can use MRIs to enhance the level of patient care through better diagnosis, better education, better treatment options and better outcomes."

About The Study

One hundred consecutive women referred to Northwestern University Feinberg School of Medicine for the treatment of symptomatic uterine fibroids were studied. All patients previously had completed both a gynecologic and clinical exam. Of these women, 94 underwent MR imaging examinations which revealed 381 leiomyomas (fibroids). Based on their MRI results, 21 patients did not undergo embolization to treat the uterine fibroids. In these cases, interventional radiologist used MR images to determine embolization would not be appropriate for the patient, due to biological factors such as nonviable tumors (tumor lacking

adequate blood flow for an embolization), uterus size, presence of isolated adenomyosis and endometrial lesions. Sixty-eight patients (72%) underwent uterine fibroid embolization.

About Uterine Fibroid Embolization

Uterine fibroid embolization (UFE), also known as uterine artery embolization, is performed by an interventional radiologist, a physician who is trained to perform this and other types of embolization and minimally invasive procedures. Interventional radiologists use imaging to initially understand, visualize, and diagnose the full scope of the disease's pathology and to map out the procedure, tailoring it to the individual patient. Then during the procedure, they image as they go, literally watching and guiding their catheter inside an artery to the site of the problem. This technique allows interventional radiologists to deliver targeted treatments directly to the disease non-surgically.

For UFE, the interventional radiologist makes a tiny nick in the skin in the groin and inserts a catheter into the femoral artery. 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.

“For the women who come to us suffering from uterine fibroids and don’t want surgery or a hysterectomy, an MRI lets us see if she is a candidate for minimally invasive embolization—a procedure that would have her treated and at home the next day,” said Chrisman.

Interventional Radiologists

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 stenting, interventional radiologists pioneered minimally invasive modern medicine, and provide treatments that offer less risk, less pain and less recovery time compared to open surgery.

Local interviews, medical illustrations and broadcast quality footage are available by contacting the SIR Communications Department at (703) 691-1805, or Comm@SIRweb.org. More information can be found at www.SIRweb.org.

###