



SOCIETY OF CARDIOVASCULAR & INTERVENTIONAL RADIOLOGY

10201 Lee Highway, Suite 500, Fairfax, Virginia 22030 (703) 691-1805 [FAX]
(703) 691-1855 <http://www.scvir.org> [e-mail] info@scvir.org

Contact: Diane Shnitzler
703-460-5582

Patti Lucas
703-691-1805

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**WOMEN LARGELY UNAWARE OF A MAJOR ADVANCEMENT IN
WOMEN'S HEALTH. FOR MANY WOMEN, A MINIMALLY INVASIVE
PROCEDURE COULD MAKE HYSTERECTOMIES A THING OF THE PAST.**

***Society of Cardiovascular & Interventional Radiology Launches National Public
Education Campaign on Uterine Fibroid Embolization Treatment***

Fairfax, VA (March 5, 2002) -- While two-thirds of American women (66%) are generally knowledgeable about uterine fibroids – benign tumors that are one of the most common medical conditions experienced by women ages 35 - 50 and a leading cause of hysterectomy – only 1 percent of those women know about one of the most significant developments in the treatment of uterine fibroids, according to results of a national survey of women released today by the Society of Cardiovascular & Interventional Radiology (SCVIR). This treatment, called Uterine Fibroid Embolization (UFE), gives women an important, minimally-invasive treatment option to hysterectomy and other invasive surgeries. With less risk and less pain.

UFE is performed by interventional radiologists, doctors who specialize in targeted, image-guided treatments. By blocking the blood flow to the fibroids and causing them to shrink, the treatment is approximately ninety percent successful in alleviating the heavy bleeding and painful periods that are associated with them. “Uterine fibroid embolization is giving women choices. After proper consultation with physicians, now they can make that choice,” says Dr. James Spies, vice-chairman, department of radiology, Georgetown University Hospital.

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Hysterectomy, a surgical procedure performed by gynecologists to remove the uterus, historically has been the predominant therapy for fibroids. Sixty-two percent of the women who said they were familiar with uterine fibroids could correctly identify one or more of its symptoms and 62 percent identified surgery or hysterectomy as the treatment for fibroids. Only 1 percent named uterine fibroid embolization as a treatment.

Women turned to their gynecologist (OB-GYN) or primary care physician to seek treatment for fibroids with 71 percent reporting that the first physician they saw for the problem was an OB/GYN, 19 percent talked to their primary care physician and 4 percent to their internist. Among these women with fibroids, 49 percent did not seek treatment from any other physician. When asked what other types of physician they saw, 23 percent said they saw an OB-GYN, 6 percent saw a primary care physician, and 1 percent saw an interventional radiologist.

National Public Education Campaign to Raise Awareness

Although Uterine Fibroid Embolization is widely available throughout the United States and covered by most major insurance carriers, few women know about this treatment option. That is why the Society of Cardiovascular & Interventional Radiology is launching a national public education campaign to ensure that women know about their options. The print public service announcements will run in consumer publications, newspapers and medical journals. A radio announcement also will air.

“Most women with symptomatic fibroids are candidates for UFE and should obtain a consult with an interventional radiologist to determine whether UFE is a treatment option for them,” says Dr. Robert Vogelzang, chief of interventional radiology, Northwestern Memorial Hospital and professor of radiology, Northwestern University Medical School. “UFE is a major advancement in the treatment of fibroids that is widely available across the country and covered by most major insurance carriers. Because it is minimally invasive, it involves less risk, less pain and a shorter recovery time than open surgical procedures.”

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While the patient is conscious, but sedated, the interventional radiologist makes a tiny incision (less than one-eighth of an inch) in the groin and inserts a tiny catheter into the artery. The catheter is guided through the artery under x-ray imaging to the uterus. The interventional radiologist then injects tiny particles the size of grains of sand into the artery that is supplying blood to the tumor to cut off the blood flow, or embolize it.

UFE usually requires a hospital stay of one night. Many women resume light activities in a few days and the majority of women are able to return to normal activities within one week. This is dramatically shorter than the recovery time for open hysterectomy which includes 3 to 4 days in the hospital and a 6-week recovery time.

Between 10 to 20 percent of women who have fibroids require treatment because of symptoms ranging from heavy, prolonged menstrual periods that can lead to anemia, pain, pressure and an enlarged abdomen resembling pregnancy. Overall, 17 percent of the women familiar with fibroids said they have or have had fibroids. More than half of the women (57 percent) who reported having fibroids ranked them as highly problematic, giving them a 4 or 5 on a 5-point scale with 1 being the least and 5 being the most problematic.

Uterine Fibroids

Uterine fibroids are a major public health issue and the most frequent indication for hysterectomy in pre-menopausal women. Of the 600,000 hysterectomies performed annually in the United States, 1/3 of these are due to fibroids. 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 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. 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.

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Depending on the size, location and number of fibroids, they may cause:

- ? Heavy, prolonged menstrual periods and unusual monthly bleeding, sometimes with clots. This can lead to anemia.
- ? Pelvic pain and pressure
- ? Pain in the back and legs
- ? Pain during sexual intercourse
- ? Bladder pressure leading to a frequent urge to urinate
- ? Pressure on the bowel, leading to constipation and bloating
- ? Abnormally enlarged abdomen

For more information on uterine fibroids, UFE, or to find an interventional radiologist in your area, women can visit the SCVIR web site at www.uterinefibroids.org.

Note to reporters : For a fact sheet about uterine fibroid embolization, a survey fact sheet or a copy of the PSA, please visit the SCVIR press room at www.scvir.org.

SCVIR is the professional society of interventional radiologists -- physicians who specialize in minimally invasive, targeted treatments performed under guided imaging. Interventional radiology procedures are generally easier for the patient than open surgery because they involve less risk, less pain, and shorter recovery time and hospital stays.

The Uterine Fibroid Awareness Survey was conducted by Opinion Research Corporation, Princeton, N.J., on behalf of SCVIR, the professional society of interventional radiologists (IRs). The survey was fielded in early February 2002. The survey has a margin of error of ± 3 percent at the 95 percent confidence level.

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