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One-Year Registry Data from 1,701 Women Shows High Rate of Significant Symptom Improvement and Patient Satisfaction with Non-Surgical Uterine Fibroid Embolization

Society of Interventional Radiology Foundation Data Published in Obstetrics & Gynecology

Fairfax, Virginia (December 30, 2005) – One-year data from the largest, multi-center, prospective voluntary registry on any procedure for benign uterine fibroids showed that over 85 percent of women had significant improvement in symptoms, with 82 percent satisfied with their level of improvement. The Registry, designed to follow the “real world” outcomes for uterine fibroid embolization as it became a mainstream treatment widely available across the country, collected data on symptom relief, quality of life, subsequent care, satisfaction with outcome, and menstrual status on 1,701 women who had non-surgical uterine fibroid embolization (UFE). The Fibroid Registry for Outcomes Data (FIBROID) also showed women’s quality of life scores improved significantly, and only 2.9 percent of patients required a hysterectomy within a year of having UFE. UFE is a minimally invasive interventional radiology treatment that blocks the blood supply to the fibroid tumors, causing them to shrink and die, and symptoms to subside.

“The Registry outcomes are important not only because of its size, but also because of the diversity of sites that participated. These results demonstrate that uterine fibroid embolization can be safe and very effective beyond the academic or specialized centers. It shows a high rate of efficacy, even when performed in a wide variety of practice settings by interventional radiologists with differing levels of experience in performing the procedure,” says James Spies, M.D., study author and vice-chair of the Society of Interventional Radiology Foundation. “The Registry is also important as it is one of the few efforts ever undertaken to study the efficacy of a procedure as it disseminates into broad practice, and this is the first such effort for a fibroid therapy.”

Twenty to 40 percent of American women 35 and older have uterine fibroids, and nearly 50 percent of pre-menopausal African American women have fibroids of a significant size. These benign tumors can cause prolonged, heavy menstrual bleeding that can lead to anemia, disabling pelvic pain and pressure, urinary frequency, pain during intercourse, miscarriage, interference with fertility, and an abnormally large uterus resembling pregnancy. Of the 600,000 hysterectomies performed annually in the United States, one-third of these are to relieve symptoms caused by fibroids.

About Uterine Fibroid Embolization

Uterine fibroid embolization is performed by interventional radiologists, physicians who are fellowship trained in minimally invasive treatments. Embolization is a common interventional radiology treatment for benign and cancerous tumors. In uterine fibroid embolization, the interventional radiologist makes a tiny nick in the skin, about the size of a pencil tip, and inserts a catheter into the femoral artery. Using real-time imaging, the physician guides the catheter up the artery and then releases tiny particles, the

size of grains of sand, into the blood vessels feeding the fibroid, cutting off its blood supply, causing it to shrink and die, and symptoms to subside.

About the Society of Interventional Radiology Foundation

The SIR Foundation is a scientific foundation dedicated to fostering research and education in interventional radiology for the purposes of advancing scientific knowledge, increasing the number of skilled investigators in interventional radiology, and developing innovative therapies that lead to improved patient care and quality of life.

Interventional radiologists are vascular experts who specialize in minimally invasive, targeted treatments performed using imaging to guide them. These physicians are board-certified in both Vascular & Interventional Radiology and Diagnostic Radiology.

***Local interviews, medical illustrations and broadcast quality video footage are available.
More information can be found at www.SIRweb.org.***

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