

UAE Shows Some Advantage Over Myomectomy

BY KERRI WACHTER
Senior Writer

CHICAGO — Uterine artery embolization appears to have a slight edge over myomectomy in terms of recovery after treatment of uterine fibroids, according to data presented at the annual meeting of the Radiological Society of North America.

Uterine artery embolization (UAE) was "superior in terms of adverse events, time off from work, time until the resumption of normal activities, and hospital stay," said Scott C. Goodwin, M.D., chief of imaging services at Greater Los Angeles Veterans Affairs Medical Center. UAE was superior for hospital stay, time off, and time to resume activities by a roughly three to one margin.

In the prospective study, 149 patients underwent UAE and 60 underwent myomectomy. Embolization was performed with Contour PVA particles.

Patients were included in the study if they were older than 30 years and had symptomatic fibroids. Women in the UAE group did not desire to become pregnant. The researchers collected overall and fibroid-specific quality of life scores (QOLs) before the procedures were undertaken.

Women in the UAE group

were older, more likely to have been previously pregnant, and to have had longer periods than those in the myomectomy group. Myomectomy patients were more likely to have a miscellaneous pelvic abnormality or a tubal ligation and to have had more fibroids than UAE patients.

"In terms of the QOLs, we did not find an overall difference [between the two groups], though if you look specifically at the 36-40 age group, there were some differences in terms of sleep, mental health, and restricted activity in favor of the UAE group," Dr. Goodwin said. There was also no significant difference in terms of reduction of uterine volume or in bleeding score reduction.

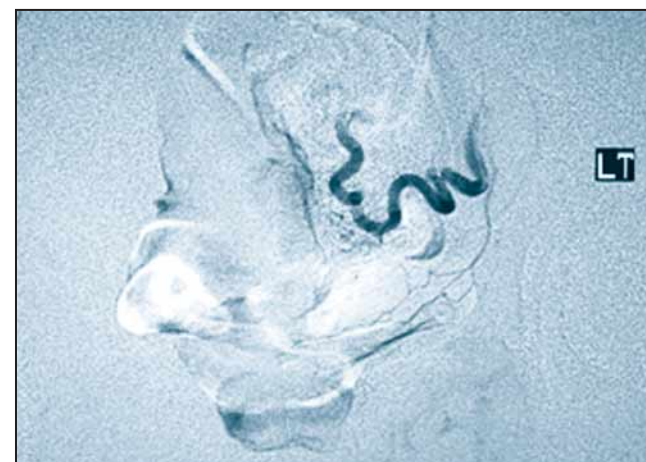
Though the major efficacy outcomes were similar between the two groups, the study was not powered sufficiently to determine whether there were actually any statistically significant differences between groups in terms of efficacy, Dr. Goodwin said.



The uterine artery is shown before embolization.

The adverse event rate (UTI and vaginal discharge, among others) in the UAE group was 22%, compared with 40% in the myomectomy group (UTI, hemorrhage, and others).

The major adverse event rate was 4% in the UAE group, compared with 1.7% in the myomectomy group. Major adverse events included significant postembolization syndrome—described as flu-like symptoms—enlarge-



Fibroids can't be seen in the angiogram after embolization.

ment of a multicystic adnexal mass, excessive vaginal discharge, and a ruptured appendix (not related to the procedure).

Due to study design, among the women in the UAE group, 19% were considered failures (including 4 patients who withdrew consent, 10 who were lost to follow-up, and 8 who failed to meet QOL criteria, among others). In comparison, the failure rate was 25% in the myomectomy group (including five patients who failed to meet QOL criteria, one patient requiring a hysterectomy, and three patients who were lost to follow-up, among others).

Despite the findings, not all

women are good candidates for UAE. Dr. Goodwin does not recommend that women undergo the procedure if they are not symptomatic. Instead, he advises them to watch and wait, he said.

Fertility is also a consideration. There is some risk of premature ovarian failure following embolization, though this varies with age. He estimated that a woman under 35 years has very little chance of this occurring, while a woman under 40 has a roughly 1% chance. Over the age of 50 the risk goes up to 30%-40%.

UAE is also contraindicated in women with a severe allergy to the contrast dye used in imaging and those with poor renal function. ■

Depot Medroxyprogesterone Looks Safe, Helpful for Endometriosis Pain

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — A form of depot medroxyprogesterone acetate is as effective as leuprolide for the treatment of endometriosis-associated pelvic pain, but it's significantly safer and better tolerated, Anthony A. Luciano, M.D., said at the annual meeting of the American Association of Gynecologic Laparoscopists.

Depot medroxyprogesterone acetate—subcutaneous (DMPA-SC) resulted in significantly smaller losses in bone mineral density (BMD) and significantly fewer menopausal symptoms than did leuprolide in the prospective, randomized, investigator-blinded study, said Dr. Luciano of the University of Connecticut in Farmington.

DMPA-SC was approved last December by the Food and Drug Administration and is marketed as depo-subQ provera 104. The study was funded by its manufacturer, Pharmacia Upjohn, a company that has become part of Pfizer Inc. Dr. Luciano acknowledged receiving consulting and honorarium support from Pfizer.

During the study, 274 women aged 18-49 years who had diagnoses of endometriosis-associated pelvic pain received 6 months of treatment with either DMPA-SC (104 mg every 3 months) or leuprolide (11.25 mg IM every 3 months). They were followed for an additional 12 months after completing treatment.

Women taking DMPA-SC and those taking leuprolide experienced substantial improvements in their pelvic pain, both at the end of treatment and continuing 12 months later, with no significant differences between the two groups.

Women in both groups showed some BMD declines at the end of treatment, but the mean losses were significantly less for women taking DMPA-SC than for women taking leuprolide in both the femur (0.3% vs. 1.65%) and the spine (1.1% vs. 3.95%).

The women who had been taking DMPA-SC saw their BMD return to pretreatment levels (slightly above pretreatment levels in the spine) 12 months after discontinuing treatment, whereas those who had been taking leuprolide showed continued BMD losses: 1.3% in the femur and 1.7% in the spine.

During treatment, women taking leuprolide had significant increases in their scores on the Kupperman Index (a composite score involving 11 menopausal symptoms), whereas those taking DMPA-SC showed no increase and even decreases at some time points.

This difference was particularly striking for hot flashes. Between the second and sixth month of treatment, women taking leuprolide experienced an average of 2-3 hot flashes per day. Women on DMPA-SC had almost no hot flashes.

The only adverse events seen more often in the DMPA-SC group were injection-site reactions (6.9% vs. 0%) and intermenstrual bleeding (5.4% vs. 0.7%). ■

Patient Satisfaction High With Microwave Ablation

SAN FRANCISCO — A retrospective study involving 6 years of experience with microwave endometrial ablation revealed that almost 87% of 660 women were satisfied with the outcome of the procedure.

Overall, 80% of the women avoided hysterectomy over the long term, and 41% achieved amenorrhea, said Sherif Tawfeek, M.D., who acknowledged receiving grant support from Microsulis Americas Inc., which manufactures equipment for microwave endometrial ablation.

All patients were treated at Dr. Tawfeek's institution, Royal United Hospital in Bath, England, he said at the annual meeting of the American Association of Gynecologic Laparoscopists.

When the endometrial ablation clinic at the hospital began performing the microwave procedure in 1994, all patients underwent general anesthesia. But by 2000, about half the patients were undergoing the procedure under local anesthesia.

The mean patient age was 43 years, with a range of 25-57 years. Cavity length averaged 87 mm, with a range of 50-130 mm. The average treatment time was 246 seconds, with a range of 47-810 seconds.

The treatment time was directly correlated with the cavity length, with 111- to 115-mm cavities taking more than 7 minutes, 91- to 95-mm cavities taking a bit less than 4 minutes, and 60- to 70-mm cavities taking less than 2 minutes.

Of the original group of 660 patients, 641 (97%) were followed for at least 6 months. Of those patients, five underwent incidental hysterectomy, mostly for reasons related to cancer. Of the remainder, 78% were satisfied with their first microwave endometrial ablation.

Of the patients who were dissatisfied, about half were satisfied by a second endometrial ablation procedure, for a total satisfaction rate of 87%. The remaining 13% of patients underwent hysterectomy.

—Robert Finn