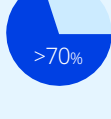


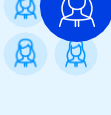
UTERINE FIBROIDS

A cause of heavy bleeding and pelvic pain in women^{1,2,3}

Uterine fibroids, also known as leiomyomas and commonly referred to as “fibroids”^{2,4}



Fibroids occur in **more than 70%** of women by the onset of menopause.^{2,5}



Of these, **around 1 in 4** have symptoms that require treatment.²



The most common symptom of fibroids is **heavy menstrual bleeding (HMB)**, affecting around **1 in 3** women with fibroids.¹

HMB is defined as excessive menstrual blood loss⁶, and may be associated with:⁷



Large clots

(over 1 inch in diameter)



Flooding

(changing pad or tampon more than once per hour)



Anemia



Prolonged menses

Other signs and symptoms of fibroids include pelvic pain^{1,6}, abdominal protrusion¹, bladder or bowel dysfunction^{2,6}, dyspareunia (painful sex)^{2,6}, and impaired fertility.^{1,5}

Low awareness of fibroids may contribute to delayed diagnosis^{8,9}



42% of women with fibroids visited at least 2 healthcare providers before diagnosis¹⁰



It takes an average **3.6 years** to seek treatment for fibroids¹⁰

! The most common cited reason for delayed diagnosis was patient perception that what they were experiencing was normal⁹

Symptoms of fibroids can interfere with physical, social and emotional quality of life^{1,6}

In a US study of 60 women with fibroids:¹¹



90% reported mental distress



50% felt helpless



20% perceived a lack of support

Know the fibroids risk factors

Age

~60% of women with fibroids are aged 30-44 years at diagnosis¹²

Race

Black women have two- to threefold greater risk of fibroids than Caucasian women²

Obesity

Obesity may increase the risk and prevalence of fibroids^{13,14}

Family history

Fibroids can run in families.²

i But as menstrual issues are not often discussed, a woman may not know their family history!

Guidelines for managing fibroids

“A patient-centered, shared decision-making approach should be used when devising a management strategy so that patients can make an informed decision that best meets their short-term and long-term goals”

- ACOG 2021.¹⁵

Treatment options¹⁵



Expectant management

May be appropriate if a patient describes symptoms that are neither severe, nor debilitating.



Medical management

e.g. tranexamic acid, hormonal therapies¹, GnRH agonists¹, GnRH antagonist combination therapy¹, selective progesterone receptor modulators¹



Procedural intervention

e.g. uterine artery embolization¹, radiofrequency ablation¹



Surgical management

e.g. myomectomy, hysterectomy¹

*Not fertility-sparing

¹Not FDA approved for UFs or UF-related symptoms

¹FDA approved for improving hematologic parameters prior to surgery for UFs

¹FDA approved for heavy menstrual bleeding associated with UFs for up to 24 months

¹Limited data on reproductive outcomes

What do women with fibroids want?

51%

expressed desire to preserve the uterus¹⁰

79%

expressed desire for treatments that do not involve invasive surgery¹⁰

Some women may find it difficult to talk about menstrual issues



Try asking open questions to get the conversation started:

How many days does your period last?

How many pads or tampons do you use?

How does pelvic pain or bleeding affect your life?

What are your worries or concerns about fibroids?

What is most important to you about your fibroids treatment?

What questions do you have?

SUMMARY

1

Uterine fibroids are prevalent, undertreated, burdensome, and significantly affect quality of life

2

There is a need for improved awareness and education

3

Treatment decisions should be guided by an individual patient's symptoms and treatment goals

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