Excerpt From Needs Assessment on Uterine Fibroids Written November 2017

Executive Summary: Uterine fibroids, or leiomyomas, are tumors that occur within muscle cells of the uterus. They are typically benign but are often associated with bothersome symptoms, such as severe heavy menstrual bleeding, severe constipation and bloating, and severe pelvic pressure.[1] Symptoms, however, can vary among patient populations, with some women reporting multiple symptoms, while others may live with fibroids for years without experiencing substantial manifestations. Nonetheless, in patients who do experience symptoms, they are often severe and can be debilitating.[2]

Uterine fibroids occur in approximately 70% of all women.[3] Associated risk factors include black race, age over 40 years, high blood pressure, overweight or obese body mass index, and immediate family members with uterine fibroids.[4] Despite the high prevalence of uterine fibroids among women, a substantial proportion of women are unaware of the condition or do not believe that they are at-risk.[4] Even among women with diagnosed uterine fibroids, disease knowledge is poor, with approximately half of women reporting that they are unaware of what a uterine fibroid is.[5]

Historically, hysterectomy was the first-line treatment option for uterine fibroids, and although hysterectomy is the most curative option, it remains associated with a relatively high risk of complications in addition to the preclusion of future child-bearing. Other treatment options include pharmacologic therapy and minimally invasive surgeries, such as uterine fibroid embolization (UFE) and laparoscopic myomectomy.[4] Compared with hysterectomy, these treatments are associated with lower costs, reduced hospitalization time, increased ability to immediately return to activities, and the ability to preserve some level of fertility.[6] Despite the advantages of these techniques, the majority of women with uterine fibroids do not receive education on UFE and other minimally invasive techniques from their OB/GYNs.[4,7] Furthermore, many OB/GYNs continue to believe that hysterectomy and myomectomy are the best surgical treatment options for uterine fibroids.[8]

Problem Statement: No new United States practice guidelines have been published for the management of uterine fibroids since 2012.[9-11] Nonetheless, the available data supporting the safety, efficacy, and outcomes following UFE and other uterine-sparing minimally invasive surgical techniques continue to grow.[6] The uptake of UFE, however, appears to be lagging behind the current evidence base, with the majority of patients receiving incomplete information about treatment options and undergoing hysterectomies that are unsupported.[4,12,13] Moreover, patients are often unaware of their condition or may believe that their symptoms are normal, delaying diagnosis and treatment. Clinician education is critical to improving the evidence-based management of uterine fibroids and increasing patient satisfaction with their care experiences.

Learning Objective #3: *Describe the importance of evidence-based management of patients with uterine fibroids, with an emphasis on patient-centered care*

Clinical Practice Gap #3: Almost 60% of women with uterine fibroids reported that a discussion of all treatment options with their physician was the most important factor in selecting a treatment.[4] In another study, women who did not receive education about all treatment options had an increased rate of dissatisfaction, particularly when they were not informed about minimally invasive surgical techniques.[18] Guidelines typically report that UFE is a safe and effective treatment option, but many patients still do not receive counseling on minimally invasive surgical procedures.[4,19] Hysterectomy is still the most popular treatment option among OB/GYNs, and in one study, one in five women who underwent a hysterectomy for a benign condition did not have supporting evidence for this choice of surgery.[12] Furthermore, 40% of those women who received a hysterectomy for a condition besides cancer did not receive any other treatments prior to the procedure, highlighting a disconnect between current evidence and practice patterns.[12]

Educational Need #3: The guidelines covering the management of uterine fibroids issued by the American College of Obstetricians and Gynecologists, the American Association of Gynecologic Laparoscopists, and the American Society for Reproductive Medicine were all published in 2012 or before and thus do not contain the full breadth of current knowledge about uterine fibroid management.[9-11] Further complicating matters, a recent review of 12 guidelines for uterine fibroid diagnosis and treatment revealed conflicting recommendations in regard to UFE contraindications and outcomes for future fertility.[19] In the absence of recent guidelines, clinicians are reliant on the extant literature and clinical judgement when selecting treatment options with patients. Given that uterine fibroids have heterogeneous presentations,[20] optimal management selection must take into account fibroid characteristics (size, number, location), symptoms, fertility plans, patient preferences, and cultural beliefs.[6] Furthermore, early research has begun to identify patient and disease characteristics that are predictive of pharmacologic and surgical success, which should be considered during decision-making.[21,22] Continuing medical education is vital to informing physicians about the most recent studies and current best clinical practices when evaluating treatment options. Women with uterine fibroids want to be involved in their treatment decisions, with 89% of surveyed patients reporting that they would like to lead or share in treatment decisions with their physician.[14] As such, the proposed educational initiative will provide clinicians with tools to discuss treatment options with patients. The educational content will emphasize the most recent research and evidence for the various pharmacologic and surgical procedures.

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