

# OB/GYN Practice Preferences Signal Need for Cross-Specialty Collaboration in the Treatment of Uterine Fibroids

## Background

- Uterine fibroids (UF) are highly prevalent, benign neoplasms
- Symptomatic UF can cause heavy menstrual bleeding, anemia, pelvic pain, bowel and bladder dysfunction, infertility, and miscarriage (1)
- Uterine artery embolization (UAE) is a minimally-invasive procedure where branches of the uterine artery are embolized to necrose fibroids
- Despite UAE being an effective procedure for symptomatic UF (2), it is underutilized when compared to other interventions (3)
- This study aimed to survey OB/GYNs to determine their approach to patient education for the treatment of UF and ascertain the role that UAE plays

## Methods

- A 22-question survey containing a mix of multiple choice, Likert scale, and free response questions was created using Qualtrics XM
- The survey was uploaded on an OB/GYN-specific social media group of approximately 5,000
- Participants needed to be resident or attending OB/GYNs practicing in the US
- Data from multiple choice questions was presented using valid percentages
- Free response questions were analyzed for response trends

## Results

**Table 1: Self-Reported Demographic Characteristics of Respondents (%)**

US State of Practice		Length of Practice	
Florida	19.6	Resident	5.4
California	10.7	1-5 years	25.0
Massachusetts	5.4	5-10 years	30.4
Michigan	5.4	10-15 years	17.9
New York	5.4	Over 15 years	21.4
28 other states	53.5	<b>Practice Type</b>	
Practice Setting		Resident	5.4
Urban	41.1	Private Practice	58.9
Suburban	46.4	Academic Practice	27.7
Rural	12.5	Hospitalist	8.0

## Results (Continued)

**Table 2: Selected Survey Responses (%)**

What do you offer first in the setting of chronic symptomatic fibroids? (N=108)		Which of the following interventions do you most frequently recommend for the treatment of symptomatic uterine fibroids when working with a patient that wants to maintain fertility? (N=104)		Which of the following best describes how often you refer patients to undergo UAE? (N=104)		I am very knowledgeable about the benefits and risks of hysterectomies in the treatment of uterine fibroids. (N=103)	
Medical therapy	81.5	Medical therapy	53.8	Very often	1.0	Strongly agree	83.5
Hysterectomy	3.7	Hysterectomy	0.0	Somewhat often	7.7	Agree	16.5
Myomectomy	2.8	Myomectomy	42.3	Sometimes	23.1	Neutral	0.0
Uterine artery embolization	0.9	Uterine artery embolization	1.0	Not very often	63.5	Disagree	0.0
Other	11.1	Other	2.9	Never	4.8	Strongly disagree	0.0
What do you offer first in the setting of acute symptomatic fibroids? (N=108)		Which of the following best describes your opinion of the efficacy of UAE in comparison to other treatments for symptomatic leiomyomas? (N=104)		What is the main reason you advise patients with symptomatic uterine fibroids who desire future fertility against UAE? (N=108)		I am very knowledgeable about the benefits and risks of myomectomies in the treatment of uterine fibroids. (N=103)	
Medical therapy	83.3	UAE is vastly more effective	0.0	IR services are not available in my area	5.6	Strongly agree	78.6
Hysterectomy	5.6	UAE is slightly more effective	6.7	Loss of RVU	0.0	Agree	20.4
Myomectomy	1.9	UAE is equally effective	41.3	Postoperative pain	8.3	Neutral	1.0
Uterine artery embolization	1.9	UAE is slightly less effective	45.2	Inevitable need for surgical intervention further down the line	3.7	Disagree	0.0
Other	7.4	UAE is vastly less effective	6.7	I am unfamiliar with the procedure	0.9	Strongly disagree	0.0
What is the biggest driver of how you counsel your patients with fibroids? (N=108)							
The size of the fibroid	5.6						
The age of the patient	0.0						
The severity of symptoms	72.2						
The desire for future fertility	16.7						
Other	5.6						
				Unknown effects of UAE on future fertility		I am very knowledgeable about the benefits and risks of uterine fibroid embolizations in the treatment of uterine fibroids. (N=103)	
				74.1		Strongly agree 30.1	
				9.3		Agree 46.6	
						Neutral 17.5	
						Disagree 4.9	
						Strongly disagree 1.0	

**Table 3: Trends in the Free Response Questions of Perceived Downsides and Upsides of Uterine Artery Embolization**

	Comment Mentioned...	% Mentioned
<b>Downsides (N=81)</b>	Postoperative pain	65.4
	Fertility concerns	49.3
	Not definitive treatment	25.9
	Efficacy concerns	23.5
	Issues with access (cost, insurance coverage, physician services, etc)	18.5
	Need for patient admission/management by OB/GYN	12.3
	Delayed benefit to treatment	8.6
	Concern for necrotic fibroids	6.2
<b>Upsides (N=79)</b>	No pathology analysis available	4.9
	Minimally invasive	81.0
	Favorable recovery time	19.0
	Good for poor surgical candidates	15.2
	Possibly fertility sparing	10.1
	Lower risk than other options	7.6
	Good for stabilization until menopause	6.3
Avoids hormones	6.3	

## Discussion

- The most common recommendation for first line treatment of both chronic and acute UF was medical therapy, which accounted for roughly 80% of responses
- Surgical interventions like hysterectomy, myomectomy, and UAE were offered infrequently (<6%) in both chronic and acute UF
- There was a clear preference for myomectomy (42%) over UAE (1%) in patients seeking to maintain fertility
- Potential loss of fertility was the most selected concern in the multiple-choice question, and it was also mentioned in nearly half of all free responses
- There was a clear self-reported gap in OB/GYN knowledge of UAE when compared to hysterectomy or myomectomy (approximately 77% to 99%)
- The external validity of this data set is likely limited by nonrandom selection (focusing on one particular social media group) and small sample size (response rate was 2.6%)

## Conclusion

- UAE is offered for symptomatic UF considerably less than other therapies
- This can be attributed to the relative lack of OB/GYN understanding and confidence regarding UAE as a viable option
- Further research is needed to determine UAE's effects on fertility
- The results of this study indicate that cross-specialty collaboration is needed between interventional radiology and OB/GYN to increase the utilization of UAE for symptomatic UF
- However, given this study's limitations, further studies with wider outreach to the OB/GYN community are indicated to more thoroughly explore OB/GYN practice preferences

## References

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