MRgFUS Improved Fibroid Symptoms

VITALS

Major Finding: In all, 74% rated their symptom improvement as excellent, 16% as considerable, 9% as moderate, and 1% as insignificant.

Data Source: A study of 69 women with fibroids who underwent MRgFUS and rated their percent improvement.

Disclosures: Dr. Hesley reported that she has received research grant support for other studies from InSightec, which makes the ExAblate system. However, this study was not funded by outside sources

BY KERRI WACHTER

TAMPA — Ninety percent of women who underwent magnetic resonance–guided focused ultrasound ablation for uterine fibroids reported their symptom improvement as excellent or considerable at 12 months' follow-up, in a small study of the noninvasive treatment.

"This is an effective noninvasive treatment option for patients, with an alternative treatment rate and reported symptom improvement in patients that is very comparable to the literature for myomectomy and uterine artery embolization," Dr. Gina K. Hesley said at the annual meeting of the Society of Interventional Radiology.

In MR-guided focused ultrasound ablation (MRgFUS), high-intensity focused ultrasound is used during an MR scan to thermally destroy pathogenic tissue—in this case fibroids. The main advantage of MRgFUS is that the procedure is noninvasive. The concomitant use of MRI allows precise targeting of the fibroid and monitoring of the temperature increase in the fibroid tissue.

A total of 125 patients were scheduled for MRgFUS at the Mayo Clinic between March 2005 and September 2008. The researchers followed 119 patients who completed MRgFUS treatment for 12 months using phone interviews to assess symptomatic relief and any additional procedures for fibroid-related symptoms. Additional treatments included uterine embolization, myomectomy, hysterectomy, and gonadotropin-releasing hormone agonist treatment.

The women in the study were premenopausal and had no desire to have children in the future, noted Dr. Hesley, a radiologist at the Mayo Clinic in Rochester, Minn. They had to have at least one uterine fibroid of at least 3 cm in diameter.

Women with many uterine fibroids were counseled to have uterine embolization instead of MRgFUS.

Symptomatic improvement was self-reported based on percent improvement. The researchers considered 0%-10% improvement as insignificant, 11%-40% improvement as moderate, 41%-70% improvement as considerable, and 71%-100% as excellent.

Following treatment, 15 patients were lost to follow-up and 4 patients had their fibroids removed during surgeries performed for reasons unrelated to fibroid symptoms. Of the remaining 100 patients, 8 underwent alternative treatments: 6 patients had hysterectomies, and 2 had myomectomies.

A total of 11 patients did not provide any information about symptomatic improvement, leaving 89 patients available for a phone interview at 12-months' follow-up.

Of these, 97% reported overall symptom improvement. A total of 69 patients rated their percent improvement. In all, 74% rated their symptom improvement as excellent, 16% as considerable, 9% as moderate, and 1% as insignificant.

The researchers have received initial approval for National Institutes of Health funding of a randomized controlled trial comparing MRgFUS and uterine embolization. ■

Having EC On Hand Failed to Reduce Pregnancy Rates

BY SHARON WORCESTER

Advance provision of emergency contraception is associated with earlier use and increased overall use of EC following unprotected sex, but it does not reduce pregnancy rates, according to the findings of an updated Cochrane Review.

Eleven randomized controlled trials involving 7,695 women from the United States, China, India, and Sweden were included in the new review, which is an updated version of a review completed in 2007 with similar findings.

VITALS

Major Finding: Women with EC on hand were no less likely to become pregnant than those who had "standard access." Odds ratios for becoming pregnant ranged from 0.48 to 0.98 for studies with follow-up of 3-12 months.

Data Source: A meta-analysis of 11 randomized controlled trials involving 7,695 women from the United States, China, India, and Sweden.

Disclosures: Two of the Cochrane Review authors were also investigators involved in studies that were included in the review. Ibis Reproductive Health provided support for this study.

Women in the 11 trials who had emergency contraception (EC) on hand were no less likely to become pregnant than those who had "standard access," such as counseling and/or access on request, lead researcher Chelsea Polis of Johns Hopkins University, Baltimore, and her colleagues reported online in the Cochrane Database for Systematic Reviews. Odds ratios ranged from 0.48 to 0.98 for studies with follow-up ranging from 3 months to 12 months, respectively.

Compared with those who had standard access, the women with advance access did use EC more often (odds ratio, 2.47 for single use, 4.13 for multiple use); and they used it earlier (weighted mean average of 12.98 hours earlier). They also were no more likely to contract a sexually transmitted infection (OR, 1.01).

Condom use was the same among those with and without advance access, the investigators found (Cochrane Database Syst. Rev. 2010 [doi:10.1002/14651858.CD005497]).

Providing EC in advance of need is a common strategy for ensuring that women have access to EC when they need it, but despite earlier optimistic projections of the potential public health impact of improved access, the findings of this review suggest this approach does not reduce unintended pregnancy, Ms. Polis and her associates reported.

Part of the problem is that some women do not use EC even when it is available. Nonuse varied widely across the studies included in the review, and research suggests that several factors contribute to the decision to not use EC, including unperceived pregnancy risk, concerns about side effects, and inconvenience, the investigators noted.

Nonetheless, the findings should not preclude women from being provided with advance access to EC, particularly since obtaining EC when needed can be difficult and time consuming, and because the review suggests that advance access does not negatively impact sexual and reproductive health behaviors and outcomes, they said.

"Women should be given information about and easy access to emergency contraception because individual women can decrease their chances of pregnancy by using this method," Ms. Polis and her associates wrote. Future research should focus on the reasons behind failure to use EC when needed and available.

Emergency contraception methods included in this review were combined estrogen-progestin, levonorgestrel alone, and mifepristone. ■

Many Young Women Uncomfortable About STD Testing

BY MELINDA TANZOLA

ATLANTA — Many young women are uncomfortable talking to their health care providers about their sexual health and lack accurate information about the STD testing process, based on the results of a survey on STD testing beliefs.

In the study presented at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention, Dr. Heather R. Royer of the University of Wisconsin, Madison, recruited 302 women aged 18-24 years: 201 women from four women's health clinics and 101 women from a university class.

Participants were an average of 20 years old; 78% were white, 13% were nonwhite, and 5% were multiple races; this information was missing for the remaining 4%. The group was well educated, with 75% having some college or technical school experience. Nearly two-thirds of participants (62%) had undergone any prior STD testing, with 13% (44 women) having been diagnosed with an STD, including 23 women with HPV and 13 women with chlamydia.

The vast majority of respondents (84%) said that they would rather not go to their family doctor for STD testing; 79% said that it is easier to talk with an STD testing specialist than with a family doctor. Moreover, 88% said that it is easier to talk with a female health care provider than a male.

Nearly a quarter of participants said that they feel embarrassed about talking with a health care provider about STD testing (23%) and that talking with a health care provider about STD testing is difficult (22%).

Dr. Royer found significant associations between never having been tested for STDs and reporting embarrassment about sexual health communication. Women who had never been tested were more than twice as likely as those who had been tested to respond that they feel embarrassed about discussing STD testing (odds ratio, 2.37); that talking about STD testing is difficult (OR, 2.48); or that filling out forms about their sexual past is embarrassing (OR, 2.06).

Women also lacked knowledge about the STD testing process: 41% assumed that STD testing includes screening for "all STDs."

In an interview, Dr. Royer explained that many women thought that if the health care provider performs a Pap smear, they are being tested for STDs, including HPV (41%), gonorrhea (23%), chlamydia (26%), *Trichomonas* species (17%), syphilis (15%), herpes (14%), HIV/AIDS (2%), and "all STDs" (6%).

"If women think they are automatically being tested for STDs during their annual Pap smear … they would have no reason to ask to be tested." ■

Disclosures: *None was reported.*