

LETTER TO THE EDITOR

Open Access

Uterine fibroid embolisation: advocating women's choice for uterine salvage



Warren Clements^{1,2,3} 

To the Editor,

I read with interest the recent articles by de Bruijn et al. (2019) and Makris et al. (2020). Both articles articulate well the current disparity between the number of uterine fibroid embolisation (UFE) procedures being performed each year compared with the number of hysterectomies in their respective countries.

As eluded to by Makris et al. (although without reference), a disparity also exists in Australia. My group recently showed that Australian Medicare data paints a similar picture. Extrapolating the initial data to the last 7 years, there has been an average of 163 Medicare-funded UFE procedures each year compared with an average of 30,757 uterine surgeries of which 13,126 were for hysterectomy (Clements et al. 2020a; Yusuf et al. 2016). It is estimated that 20% of uterine surgeries in Australia are for fibroid disease (Australian Government Department of Human Services 2020) which generates an estimated average of 6124 surgeries for fibroid disease per year (Fig. 1). UFE makes up a relative percentage of only 2.7% of fibroid procedures compared with surgery.

No doubt, one of the major reasons for this disparity is that treatment referrals usually come from gynaecolo-

gists and a degree of scepticism remains around the efficacy of UFE amongst this group. However, the recent FEMME trial supports previous studies including EMMY and REST, showing that UFE is a safe and efficacious procedure (Manyonda et al. 2020). While the FEMME trial showed better quality of life scores for myomectomy than for UFE, this was offset by higher complications (particularly haemorrhage requiring transfusion), longer hospital stay, and more patients in the UFE group reported a pregnancy. Coupling this with the low cost to perform (Clements et al. 2020b), the data to support UFE has never been more robust, and we must now permanently put scepticism in the graveyard.

As pointed out by Makris et al., better advocacy of the procedure including increasing public awareness of Interventional Radiology as a specialty is beyond overdue, and will lead to streamlined referral pathways and better multidisciplinary collaboration. However, we must consider that the ultimate goal we are looking to achieve is that of patient advocacy – allowing women to have the right to choose the best and individualised treatment for them. For many women, the long-term psychological aspect of hysterectomy is paramount, and must not be

Correspondence: w.clements@alfred.org.au

¹Department of Radiology, Alfred Health, Alfred Hospital, 55 Commercial Road, Melbourne, VIC 3004, Australia

²Department of Surgery, Monash University, Melbourne, Australia

Full list of author information is available at the end of the article



© The Author(s). 2020 **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

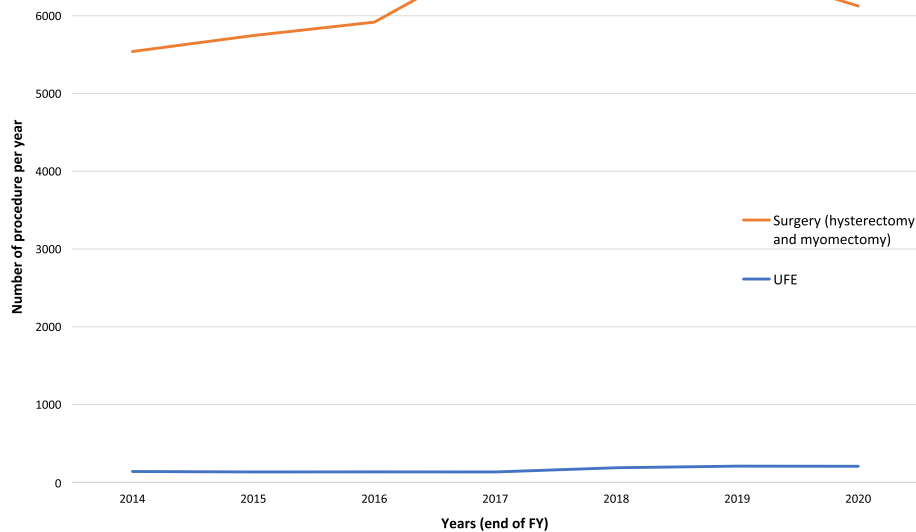


Fig. 1 Graph comparing the estimated number of uterine surgeries for fibroid disease, compared to the number of uterine fibroid embolisation procedures, each financial year in Australia. Data is extrapolated from Medicare item codes 35,410, 35,649, 35,638, 35,653, 35,661, 35,657, 35,753, 35,754, and 35,756, for the financial years 2013/14 to 2019/20

dismissed (Khan et al. 2020). Hysterectomy also has a higher association with cardiovascular disease and mortality (Varol et al. 2001).

We must not sit back, but rather all interventional radiologists have a mandate to provide advocacy for patients and continue to build evidence to support our craft. The ultimate goal is to allow all women to have access to consultation with an interventional radiologist, and thus to make an informed evidence-based decision that is right for them.

Abbreviation

UFE: Uterine fibroid embolisation

Acknowledgements

Nil.

Informed consent

N/A.

Level of evidence

Level 5.

Author's contributions

WC analysed data and wrote the manuscript. The author(s) read and approved the final manuscript.

Funding

This study was not supported by any funding.

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Ethics approval

For this type of study ethical approval was not required.

Consent for publication

N/A.

Competing interests

The author declares that they have no conflict of interest.

Author details

¹Department of Radiology, Alfred Health, Alfred Hospital, 55 Commercial Road, Melbourne, VIC 3004, Australia. ²Department of Surgery, Monash University, Melbourne, Australia. ³National Trauma Research institute, Monash University, Melbourne, Australia.

Received: 27 August 2020 Accepted: 11 September 2020

Published online: 20 October 2020

References

- Australian Government Department of Human Services. Medicare Item Reports. Available from URL: http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp. Accessed 10 Aug 2020.
- Clements W, Ang WC, Law M, Goh GS (2020a) Trends in treatment of symptomatic fibroid disease using uterine fibroid embolisation: an Australian perspective. *ANZJOG*. 60(3):324–329. <https://doi.org/10.1111/ajog.13120>
- Clements W, Moriarty HK, Koukounaras J et al (2020b) The cost to perform uterine fibroid embolisation in the Australian public hospital system. *J Med Imag Radiat Oncol* 64(1):18–22. <https://doi.org/10.1111/1754-9485.12982>
- de Bruijn AM, Huisman J, Hehenkamp WJK et al (2019) Implementation of uterine artery embolization for symptomatic fibroids in the Netherlands: an inventory and preference study. *CVIR Endovasc* 2(18). <https://doi.org/10.1186/s42155-019-0061-5>
- Khan S, Khan S, Channa SR, Bawany MA (2020) Depression and anxiety post total abdominal hysterectomy with bilateral salpingo-oophorectomy. *Professional Med J* 27(2). <https://doi.org/10.29309/TPMJ/2020.27.03.2338>
- Makris GC, Butt S, Sabharwal T (2020) Unnecessary hysterectomies and our role as interventional radiology community. *CVIR Endovasc* 3(46). <https://doi.org/10.1186/s42155-020-00138-x>

- Manyonda I, Belli A-M, Lumsden M-A et al (2020) Uterine-artery embolization or myomectomy for uterine fibroids. *N Engl J Med* 383:440–451. <https://doi.org/10.1056/NEJMoa1914735>
- Varol N, Healey M, Tang P et al (2001) Ten-year review of hysterectomy morbidity and mortality: can we change direction? *Aust N Z J Obstet Gynaecol* 41(3): 295–302. <https://doi.org/10.1111/j.1479-828X.2001.tb01231.x>
- Yusuf F, Leeder S, Wilson A (2016) Recent estimates of the incidence of hysterectomy in New South Wales and trends over the past 30 years. *Aust N Z J Obstet Gynaecol* 56(4):420–425. <https://doi.org/10.1111/ajo.12477>

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Submit your manuscript to a SpringerOpen[®] journal and benefit from:

- ▶ Convenient online submission
- ▶ Rigorous peer review
- ▶ Open access: articles freely available online
- ▶ High visibility within the field
- ▶ Retaining the copyright to your article

Submit your next manuscript at ▶ [springeropen.com](https://www.springeropen.com)
