UTERINE FIBROIDS: A REVIEW OF THE CLINICAL AND ECONOMIC BURDEN
AGENDA

- Epidemiology & Disease Burden
- Clinical Presentation & Treatment Overview
- Summary
DISCLOSURES

- I am a paid consultant of Allergan
Epidemiology & Disease Burden
OVERVIEW OF UTERINE FIBROIDS

• Benign lesions (neoplasms) of the uterus that develop between menarche and menopause\(^1\)

• Most common female pelvic tumors\(^2\)

• Incidence increases with age peaking in women in their 40s\(^3\)

• The symptoms of uterine fibroids are more severe in black women\(^4\)

• Common symptoms of uterine fibroids\(^1\)
  – Heavy or prolonged menstrual bleeding
  – Anemia
  – Urinary symptoms
  – Gastrointestinal symptoms
  – Pain
  – Infertility

UTERINE FIBROIDS CAN BE GROUPED INTO DIFFERENT TYPES, BASED ON THEIR LOCATION WITHIN THE UTERUS$^{1,2}$

UTERINE FIBROIDS ARE MORE COMMON THAN YOU MAY THINK

In the U.S., an estimated 26 MILLION women between the ages of 15 and 50 years can be affected1*

≈400,000 new diagnoses annually2,3

*According to an analysis published by the Agency for Healthcare Research and Quality (AHRQ).
INCIDENCE CAN VARY BY AGE AND ETHNICITY

*In the Nurses’ Health Study, a total of 95,061 premenopausal nurses aged 25-44 years with intact uteri and no history of uterine fibroids were followed to determine incidence rates of fibroids. The rate of fibroids was confirmed by ultrasound or hysterectomy.

>80% of black women and nearly 70% of white women develop uterine fibroids by age 50

THE ECONOMIC BURDEN OF UTERINE FIBROIDS EXTENDS BEYOND THE COST OF TREATMENT

The annual economic costs of uterine fibroids in the United States are estimated to be as high as $34 billion.

Direct costs
- Medications
- Surgeries
- Inpatient admissions
- Outpatient visits
- Ancillary services

Indirect costs
- Lost work time from:
  - Absenteeism
  - Short-term disability

Direct medical costs for women with uterine fibroids average at least 3.5x more than for women without fibroids.

Indirect medical costs for women with uterine fibroids average nearly 1.5x more than for women without fibroids.

*Based on direct and indirect costs that include associated obstetric complications.
†Direct medical costs averaging $11,720, compared with $3257 (P<0.0001).
‡Indirect medical costs averaging $11,752, compared with $8083 (P<0.0001).
THE COST OF UTERINE FIBROID CARE IS
SUBSTANTIAL AND PROJECTED TO INCREASE

Women with uterine fibroids:\(^1\):

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<td>greater utilization of surgical procedures</td>
<td>greater rate of hysterectomy</td>
<td>the average annual healthcare costs</td>
<td>more likely to have disability claims</td>
<td>more likely to have ≥1 inpatient hospitalizations</td>
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Total costs (sum of direct and indirect costs) after diagnosis or surgery among patients with fibroids ranged from $11,717 to $25,023 per patient per year\(^2\)

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UTERINE FIBROIDS CAN NEGATIVELY IMPACT WORK PRODUCTIVITY¹

According to a 2012 study on the annual cost of uterine fibroids in the United States, Cost of lost work time was estimated to be as high as $17.2 billion²*

In a national survey of 638 women aged 29 to 59 years with uterine fibroids, 

1 in 4 women reported that uterine fibroids prevented them from carrying out normal work-related or professional responsibilities¹†‡

¹Estimated lost work-hour costs ranged from $1.55-$17.2 billion annually.
*Question: Prevented me from carrying out normal work-related or professional responsibilities. Response options: strongly/somewhat agree, strongly/somewhat disagree.
†1 in 4 women responded strongly/somewhat agree (26%).
‡1 in 4 women responded strongly/somewhat agree (26%).
CLINICAL PRESENTATION VARIES IN SYMPTOMATIC WOMEN WITH UTERINE FIBROIDS

Bleeding-related\textsuperscript{1-5}
- Abnormal uterine bleeding between menstrual periods
- Heavy menstrual bleeding
- Prolonged menstrual bleeding
- Clotting
- Anemia

Bulk-related\textsuperscript{3-5}
- Enlarged uterus
- Pelvic pressure and pain
- Abdominal discomfort
- Abdominal distention
- Urinary dysfunction
  - Increased frequency
  - Hesitancy

Reproductive dysfunction\textsuperscript{2-4}
- Infertility
- Recurrent miscarriage
- Obstetric complications
  - Preterm labor and birth

WOMEN WITH UTERINE FIBROIDS MAY WAIT OVER 3 YEARS BEFORE SEEKING TREATMENT

In a national survey of 968 women aged 29 to 59 years with uterine fibroids

*Question: Did you try to manage your fibroid symptoms yourself before seeking medical treatment?

Response options: yes, no.

†Of the women surveyed, 55% responded yes.


average time before seeking medical treatment

55%

attempted self-management of their symptoms before seeking medical treatment

3.6 years
U.S. GUIDELINES FOR THE MANAGEMENT OF UTERINE FIBROIDS

American Society for Reproductive Medicine (ASRM)¹
Reviews current methods for management of fibroids based on their ability to treat infertility or preserve future fertility

American Association of Gynecologic Laparoscopists (AAGL)²
Provides guidelines for the management of submucous fibroids only

American Congress of Obstetricians and Gynecologists (ACOG)³
Provides medical and surgical alternatives to hysterectomy for women with fibroids who desire future fertility or uterine preservation

Currently there are no U.S. guidelines that are all encompassing regarding the management of uterine fibroids.

VARIOUS FACTORS ARE CONSIDERED FOR THE CLINICAL MANAGEMENT OF UTERINE FIBROIDS

Management of Uterine Fibroids

Reduction of the amount of bleeding

Reduction of the size of fibroids

Removal of the fibroids or uterus

Choice of treatment is influenced by patient’s:

- Symptom severity
- Fibroid characteristics (location, size)
- Age
- Desire for uterine preservation
- Desire for fertility preservation

MEDICAL AND SURGICAL THERAPY OPTIONS FOR THE MANAGEMENT OF UTERINE FIBROIDS AND ASSOCIATED SYMPTOMS

Fibroids are the leading indication for hysterectomy, accounting for 39% of all hysterectomies performed annually in the United States

**Pharmacological Management**
- Nonsteroidal anti-inflammatory drugs (NSAIDs)*
- Tranexamic acid*
- Oral contraceptives*
- Hormone-releasing Intrauterine device (IUD)*

**Minimally Invasive Procedures**
- Uterine artery embolization (UAE)
- Magnetic resonance imaging-guided focused ultrasound surgery

**Surgical Procedures**
- Myomectomy
- Hysterectomy

*These treatments are not FDA-approved for management of uterine fibroids or uterine fibroids symptoms
In the year immediately after diagnosis of uterine fibroids, ~28% of patients had a hysterectomy.
UTERINE-SPARING TREATMENT OPTIONS ARE IMPORTANT TO WOMEN REGARDLESS OF THEIR DESIRE FOR PREGNANCY

In a national survey of 968 women aged 29 to 59 years with uterine fibroids,

- 51% of women stated it was very important/important to have a uterine-preserving option*
- 79% are concerned about the invasiveness of procedure (or having to undergo surgical procedure)†

Many women may prefer to preserve their uterus or attempt less invasive treatments

*Question: Importance of uterine-preserving option; Response options: very important/important, somewhat important/not at all important.
†Question: Invasiveness of procedure (or having to undergo surgical procedure); Response options: concerned, not concerned, not sure
SUMMARY

- In the U.S. ~26 million women between the ages of 15 and 50 years can be affected, with ≈400,000 new diagnoses annually.

- About 25% of women aged 29-59 years, in a survey of 968, reported uterine fibroids prevent them from carrying out work-related responsibilities.

- Fibroid-related inpatient care is substantial and is predicted to increase. The annual economic cost (direct & indirect) within the U.S. is up to ~$34 billion.

- On average, women wait over 3 years before seeking medical treatment.

- Surgical options remain common among women with uterine fibroids, in the year immediately after diagnosis, 28% of patients had a hysterectomy.

- In a survey of 968 women aged 29-59 years, 51% expressed the importance of having a uterine-preserving option and 79% expressed concern regarding the invasiveness of a procedure.
QUESTIONS