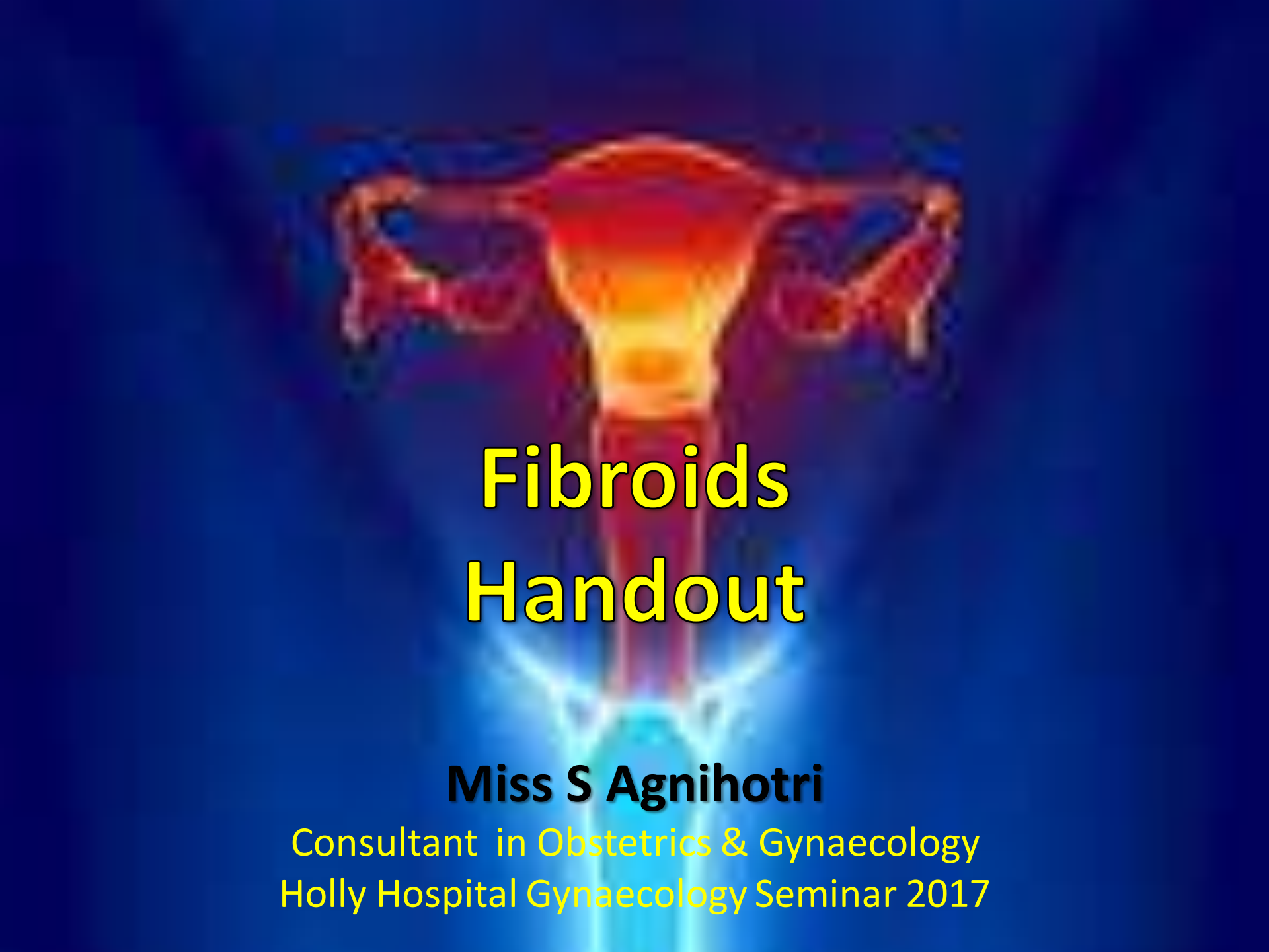
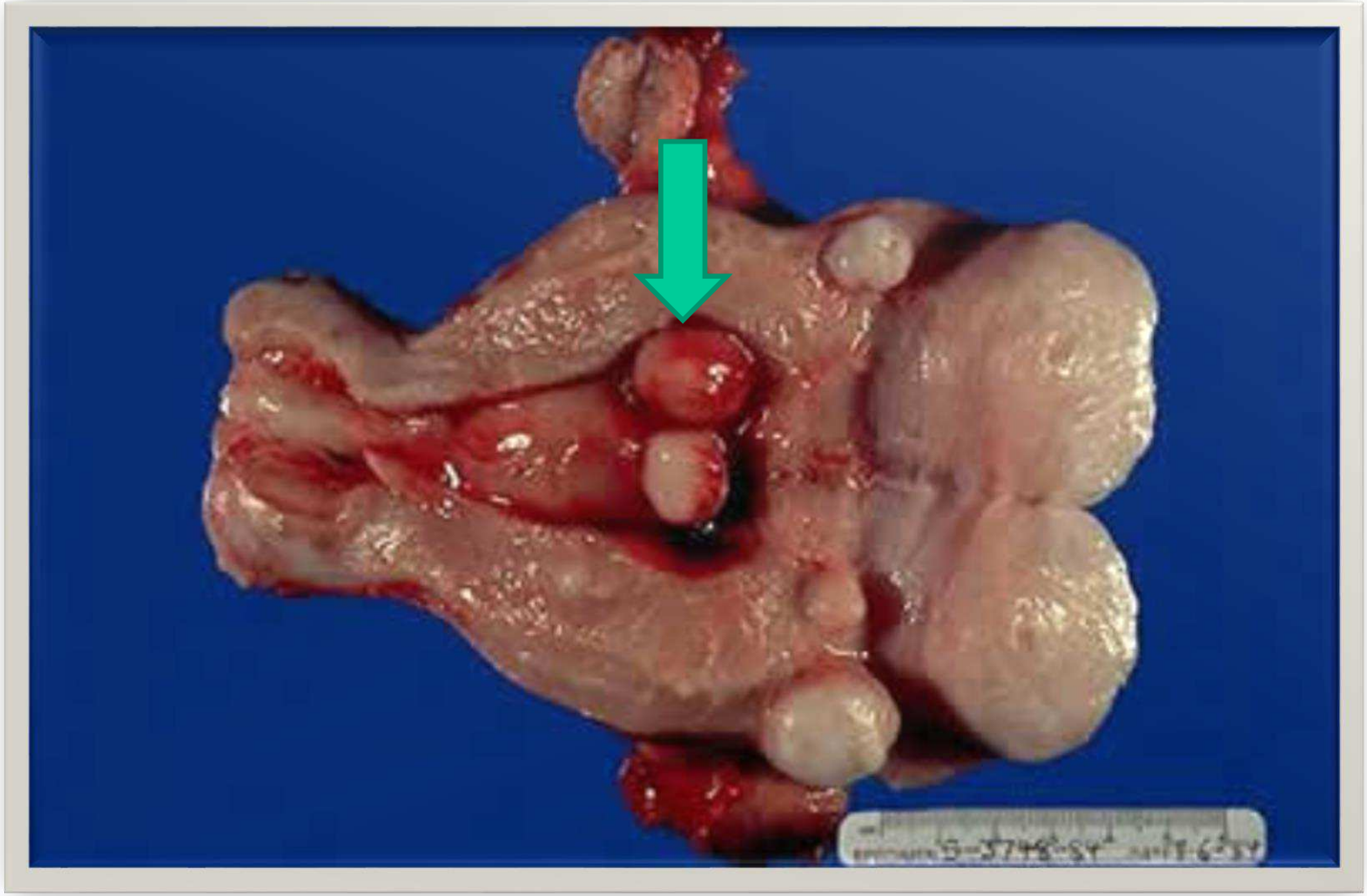


Fibroids Handout

Miss S Agnihotri
Consultant in Obstetrics & Gynaecology
Holly Hospital Gynaecology Seminar 2017



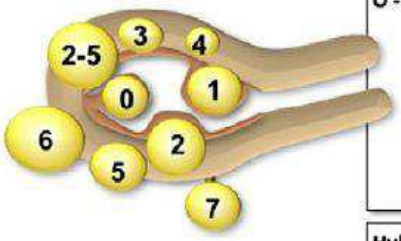
PALM- COEIN

Polyp
Adenomyosis
Leiomyoma
Malignancy & hyperplasia

Submucosal
Other

Coagulopathy
Ovulatory dysfunction
Endometrial
Iatrogenic
Not yet classified

Leiomyoma subclassification system



SM - Submucosal	0	Pedunculated intracavitary
	1	<50% intramural
	2	≥50% intramural
O - Other	3	Contacts endometrium; 100% intramural
	4	Intramural
	5	Subserosal ≥50% intramural
	6	Subserosal <50% intramural
	7	Subserosal pedunculated
	8	Other (specify e.g. cervical, parasitic)

Hybrid leiomyomas (impact both endometrium and serosa)	Two numbers are listed separated by a hyphen. By convention, the first refers to the relationship with the endometrium while the second refers to the relationship to the serosa. One example is below	
	2-5	Submucosal and subserosal, each with less than half the diameter in the endometrial and peritoneal cavities, respectively.

Medical management

Further information

- www.britishfibroidtrust.org.uk
- www.fibroidsconnect.com

symptom relief

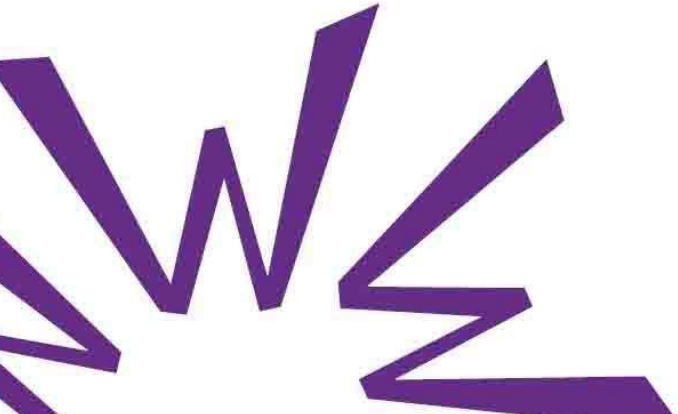
Non hormonal :

- Analgesia
- Tranexamic acid
- Mefenamic acid

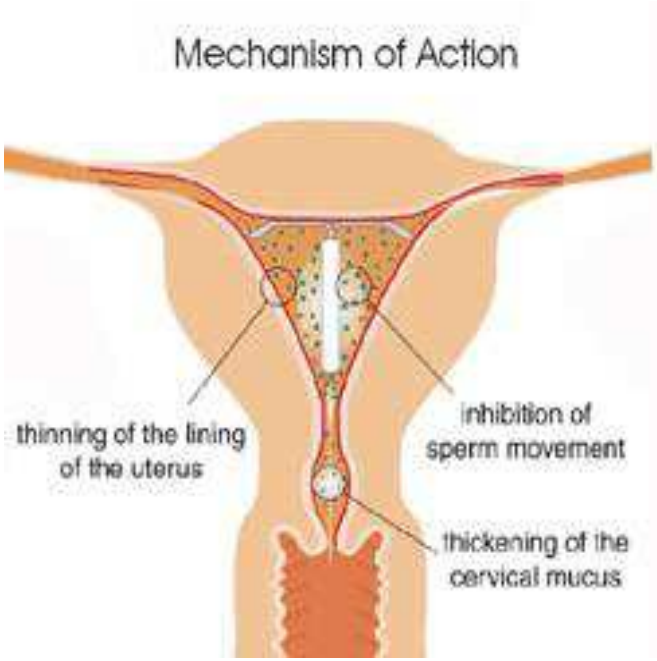
Treatment (2)

Hormonal :

- contraceptive pill
- progestogens (3)
- selective progestogen modulator
- GnRHa

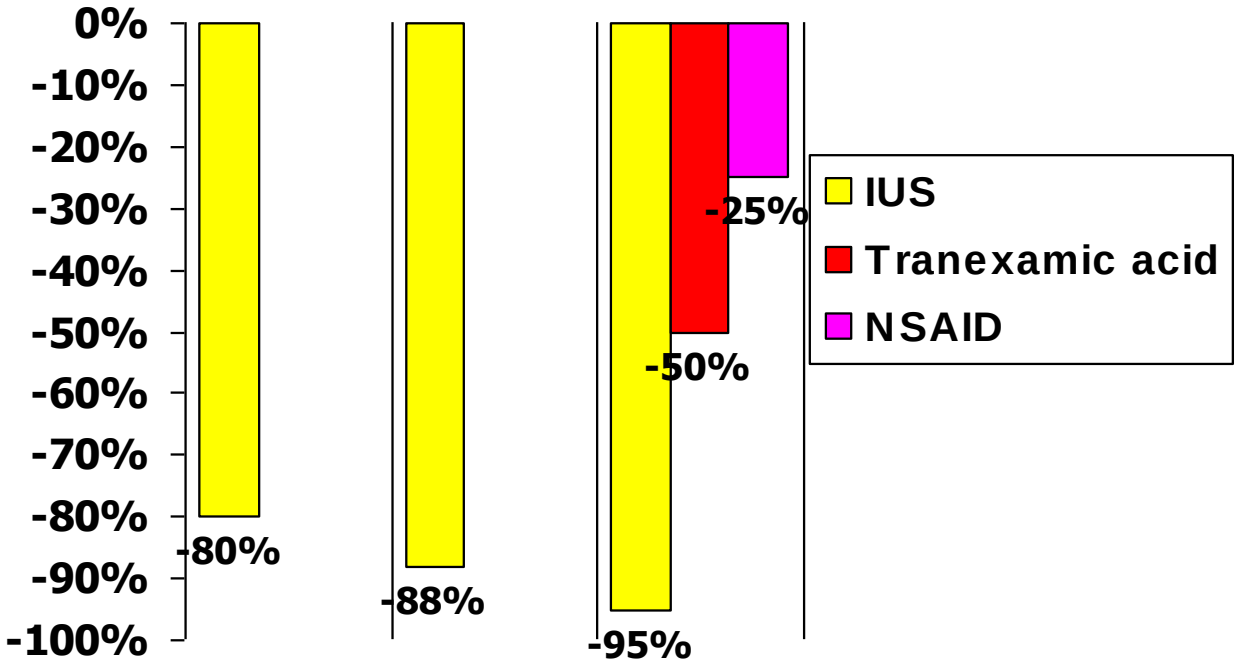


The Mirena IUS



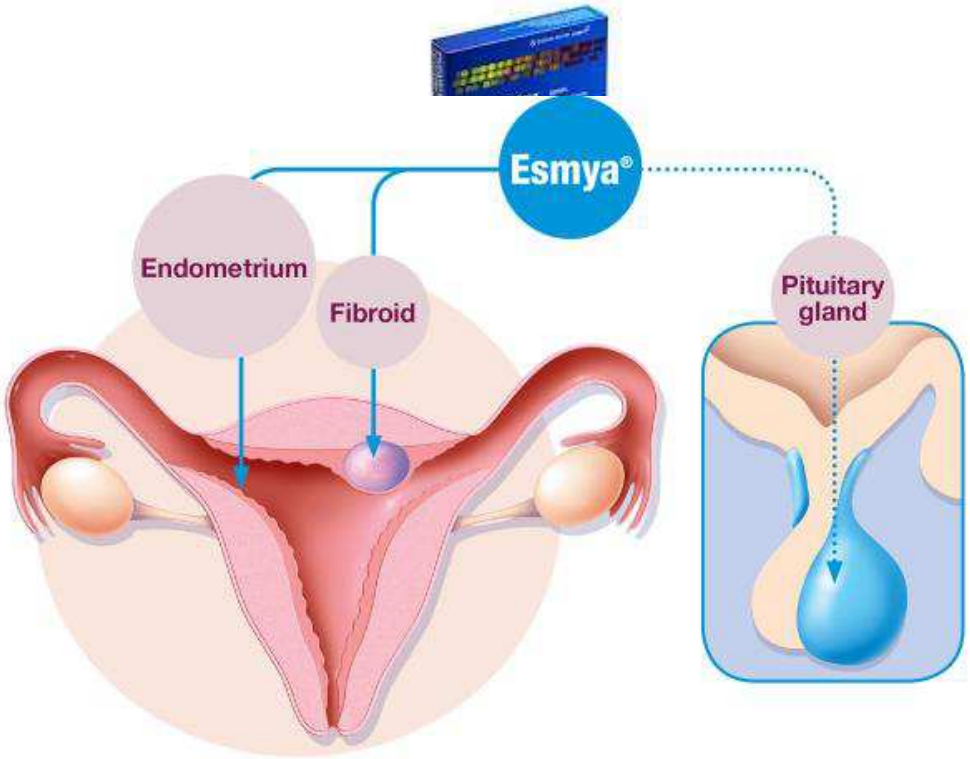
LNG IUS

Mean reduction in blood loss

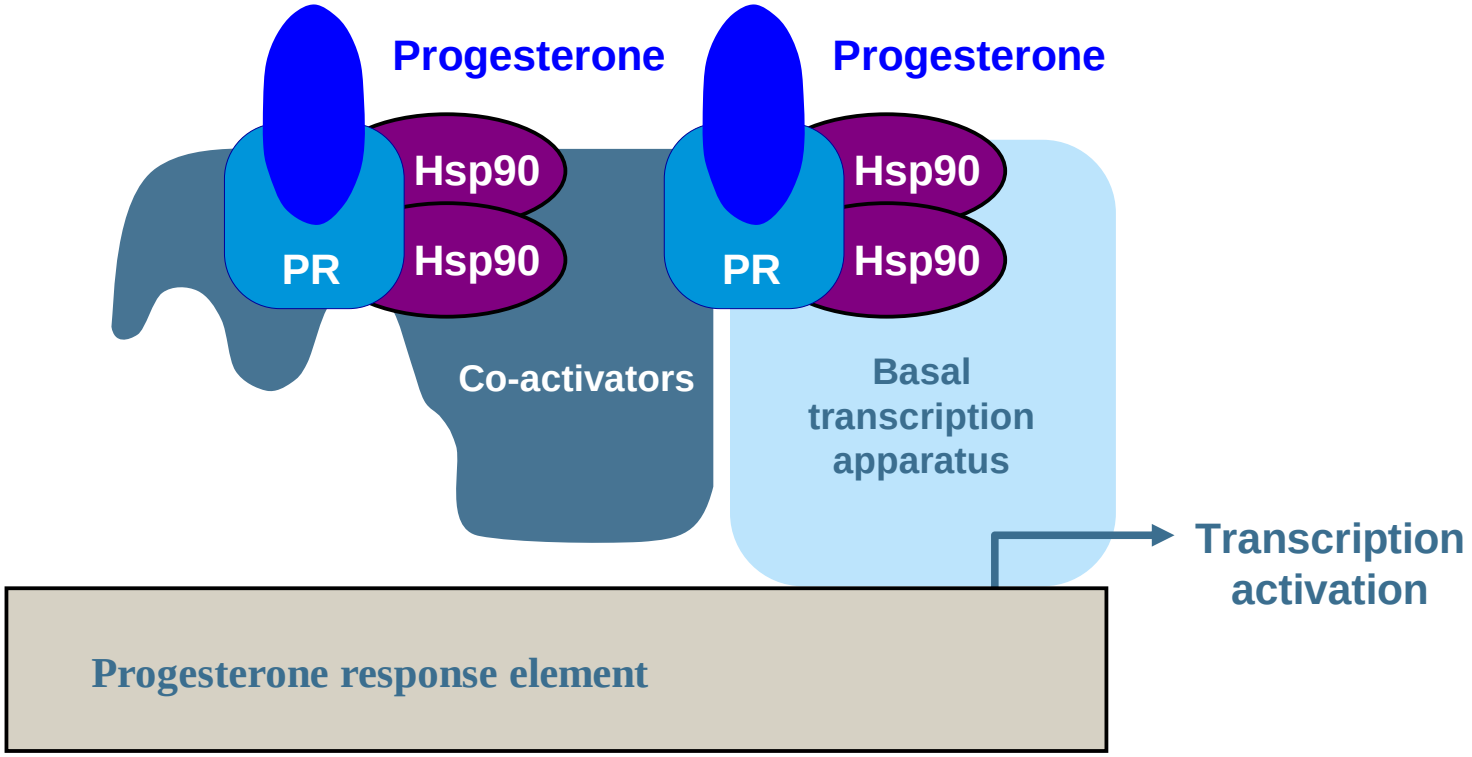


Esmya - MOA

- Acts at the hypothalamus-pituitary level to inhibit ovulation whilst maintaining oestradiol levels in the mid-follicular range in the majority of patients
- Reduces the size of fibroids through the inhibition of cell proliferation and induction of apoptosis
- Exerts a direct effect on the endometrium, rapidly reducing bleeding



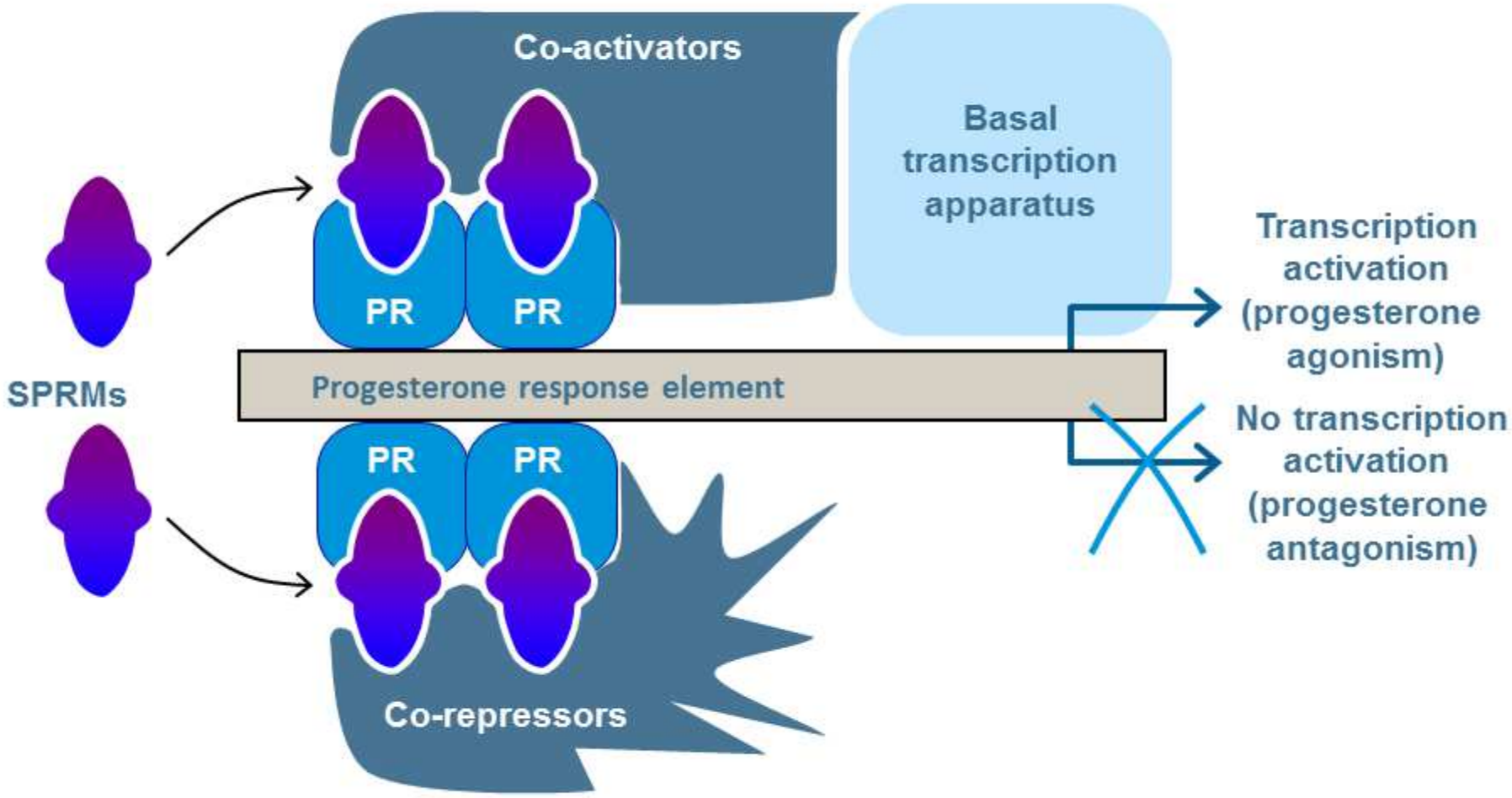
Progesterone binds progesterone receptor to activate transcription



PR, progesterone receptor

Chabbert-Buffet N, et al. Hum Reprod Update 2005;11:293–307
Madauss KP, et al. Mol Endocrinol 2007;21:1066–1081;
Spitz IM. Curr Opin Investig Drugs 2006;7:882–890

SPRMS ACT AS BOTH PROGESTERONE AGONISTS AND PROGESTERONE ANTAGONISTS



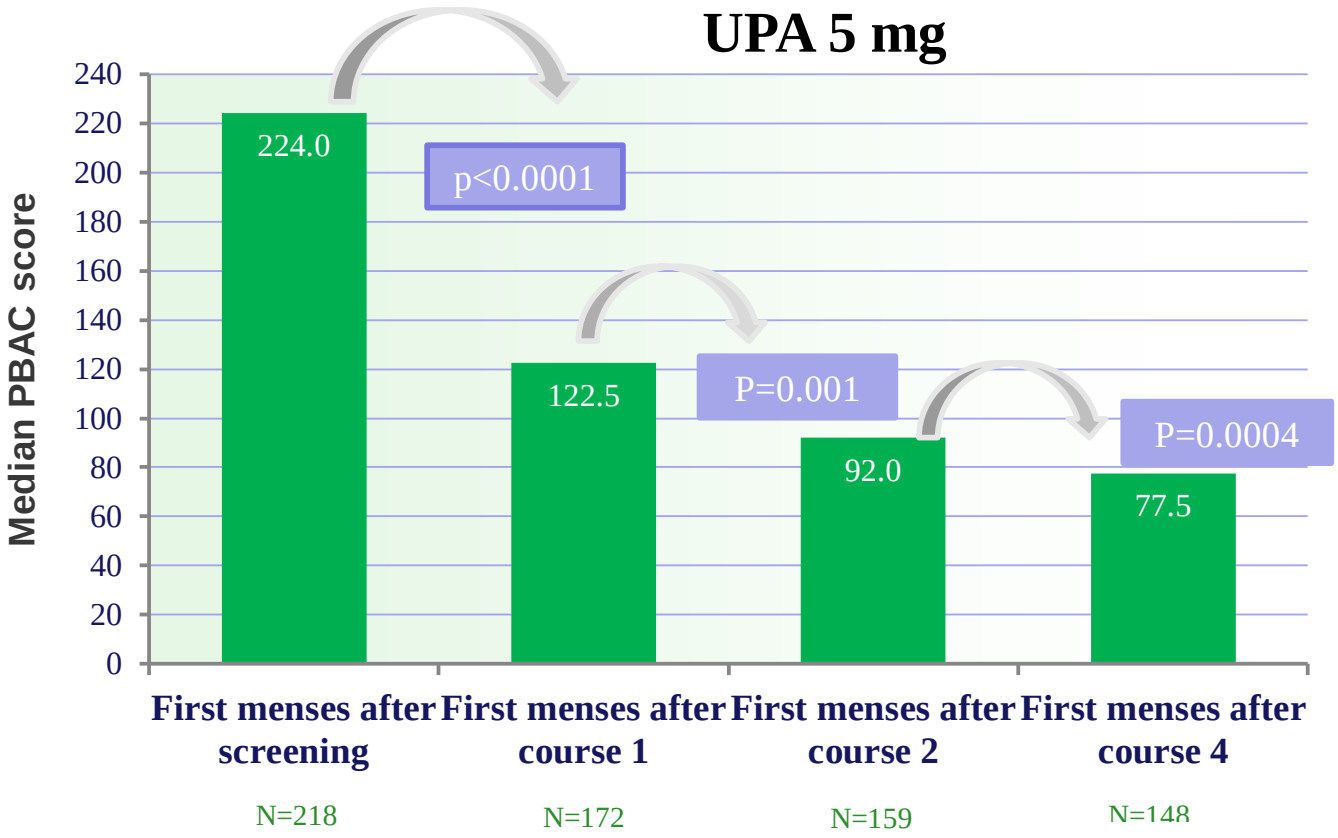
PR, progesterone receptor; SPRM, selective progesterone receptor modulator

Chabbert-Buffet et al. Hum Reprod Update 2005;11:293–307;
Madauss et al. Mol Endocrinol 2007;21:1066–1081;
Spitz. Curr Opin Investig Drugs 2006;7:882–890

PEARL IV

Effect on post treatment bleeding – blood loss in first menses post treatment

Intensity of menstrual bleeding[a] (PBAC score) (FAS1)



Median days to first menstruation after end of each UPA course was ≤ 28 days (safety population)

[a]Only the first 8 days of menses are included in the total PBAC score
PBAC, Pictorial Bleeding Assessment Chart; UPA, ulipristal acetate

How will the CG44 topic update affect clinical practice?

According to the NICE guideline:[1]

- Treatment with ulipristal acetate is recommended for women with uterine fibroids (greater than 3cm diameter), and for no more than 4 courses

According to its licence and indications:[2]

- ESMYA® can be prescribed pre-operatively for women with moderate to severe symptoms of uterine fibroids
  - ESMYA® can correct anaemia and reduce fibroid size before surgery
- ESMYA® can be prescribed in women with moderate to severe symptoms of uterine fibroids, regardless of plans for later lines of treatment

References: 1. National Institute for Health and Care Excellence. Addendum to Clinical Guideline 44, Heavy Menstrual Bleeding: assessment and management, May 2016.
2. Esmya® Summary of Product Characteristics, April 2016.

NICE quality standards:

Quality statements for heavy menstrual bleeding[1]

"People have the right to be involved in discussions and make informed decisions about their care"[1]

1. *Women presenting with symptoms of heavy menstrual bleeding have a detailed history and a full blood count taken.*

2. *Women with heavy menstrual bleeding in whom a structural or histological abnormality is suspected have a physical examination before referral for further investigations.*

3. *Women with heavy menstrual bleeding without suspected structural or histological abnormalities are offered drug treatment at the initial assessment.*

Reference: 1. NICE Quality standard qs47: Heavy menstrual bleeding, September 2013.

NICE quality standards:

Quality statements for heavy menstrual bleeding[1]

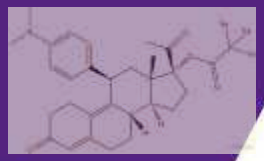
4 *Women with heavy menstrual bleeding who are undergoing further investigations or awaiting definitive treatment are offered tranexamic acid or non-steroidal anti-inflammatory drugs at the initial assessment.*

5 *Women with heavy menstrual bleeding and a normal uterus or small fibroids who choose surgical intervention have a documented discussion about endometrial ablation as a preferred treatment to hysterectomy.*

6 *Women with heavy menstrual bleeding related to large uterine fibroids who choose surgical or radiological intervention have a documented discussion about uterine artery embolisation, myomectomy and hysterectomy.*

Reference: 1. NICE Quality standard qs47: Heavy menstrual bleeding, September 2013.

Recommendations from the NICE HMB guideline topic update (2016)



- =hormonal
- Ulipristal acetate is a selective progesterone receptor modulator
- Acts on progesterone receptors in myometrial & endometrial tissue
- Inhibits ovulation without causing large effects on estradiol levels or antiglucocorticoid activity

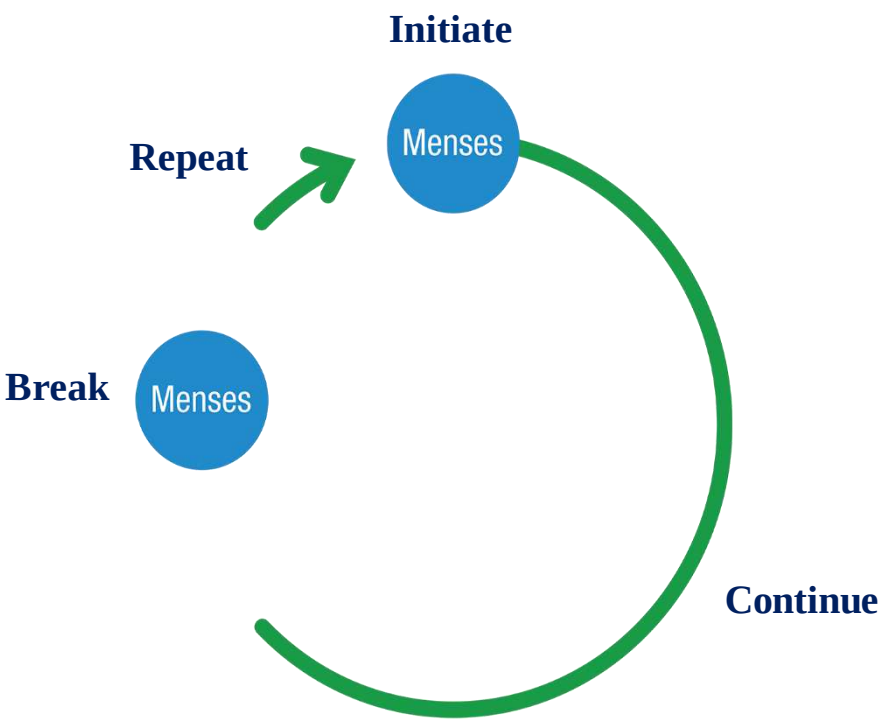
New recommendation added:[1,2]
"Offer ulipristal acetate 5mg (no more than 4 courses) to women with heavy menstrual bleeding and fibroids of 3cm or more in diameter"

References: 1. National Institute for Health and Care Excellence. Addendum to Clinical Guideline 44, Heavy Menstrual Bleeding: assessment and management, short version, May 2016.
2. National Institute for Health and Care Excellence. Addendum to Clinical Guideline 44, Heavy Menstrual Bleeding: assessment and management, May 2016.

How will the CG44 topic update affect clinical practice?

Dosing schedule:[1]

- One course is one 5mg tablet daily for 3 months
- The first course should be started **during** the first week of menstruation
- Subsequent courses should start during the first week of the second menstruation after the previous course ended



Reference: 1. Esmya® Summary of Product Characteristics, April 2016.

Interventions

Minor-Major:

- Uterine Artery Embolisation
- Endometrial Ablation
- Myomectomy (removal of fibroids)
- Hysterectomy (removal of womb)