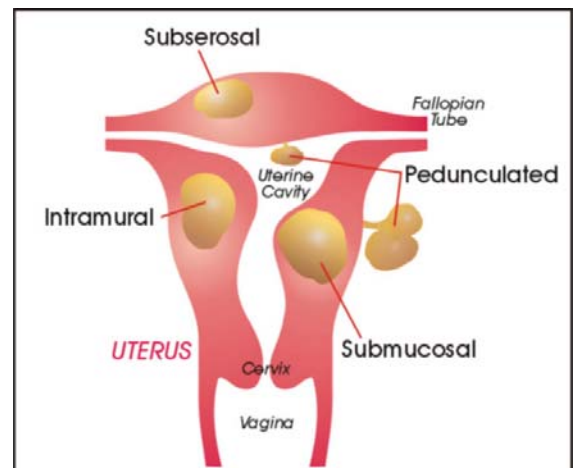


## Uterine Fibroids

### What Are Uterine Fibroids?

Uterine fibroids (UF), also known as uterine leiomyomata, are the most common non-cancerous tumors in women of childbearing age. The tumors arise from muscle cells and other tissues within the wall of the uterus. Fibroids can occur as individual tumors or as clusters of tumors of varying sizes.

- **Subserosal Fibroids**  
These fibroids develop in the outer portion of the uterus and continue to grow outward.
- **Intramural Fibroids**  
The most common type of fibroid, which develops within the uterine wall and expands making the uterus feel larger than normal (which may cause “bulk symptoms”).
- **Submucosal Fibroids**  
These fibroids develop just under the lining of the uterine cavity. These are the fibroids that have the most effect on heavy menstrual bleeding and the ones that can cause problems with infertility and miscarriage.
- **Pedunculated Fibroids**  
Fibroids that grow on a small stalk which connects them to the inner or outer wall of the uterus.



Until recently, treatment for symptomatic uterine fibroids was invasive or minimally invasive surgery, while drug therapy provided only short-term symptom relief or required some form of invasive surgery. As a result many patients suffer with symptoms, taking a wait-and-see approach.

In October 2004, the U.S. Food and Drug Administration (FDA) approved ExAblate® 2000, which uses Magnetic Resonance guided Focused Ultrasound to treat symptomatic uterine fibroids, offering patients an important new treatment option. The FDA expedited approval of the ExAblate 2000 system because it “offers significant advantages over existing treatments for uterine fibroids,” according to the agency.

### Who Gets Uterine Fibroids?

According to the U.S. National Institutes of Health, at least 25 percent of women suffer from uterine fibroids. As many as 77 percent of women may actually have the condition, but may be unaware of it because they exhibit few or no symptoms. Although the cause of uterine fibroids is still unknown, several factors have been found to increase or decrease the risk of developing them:

- African-American women have a three to five times greater risk for developing uterine fibroids than Caucasian women.
- Women who are obese or overweight have a slightly higher risk for developing uterine fibroids than women of normal weight.
- Women who have given birth have a lower risk of developing uterine fibroids than women who have not.

## What are the Symptoms of Uterine Fibroids?

- Heavy bleeding or painful periods • Frequent urination (results from a fibroid pressing on the bladder)
- Bleeding between periods • Pain during sex
- Feeling “full” in the lower abdomen • Lower back pain

## How Are Uterine Fibroids Treated?

The choice of treatment depends on several factors, including degree and frequency of symptoms, fertility considerations, fibroid size, patient age and a patient’s willingness to undergo invasive procedures. Upon detection of uterine fibroids, if symptoms are not severe, women often are counseled to take a watchful waiting approach to see if symptoms worsen. Pain medication (over-the-counter or prescription) may be sufficient to treat intermittent pain or mild symptoms. For women with more severe symptoms, the goal of therapy has been to remove or reduce the size of the tumor(s).

## Treatment Options for Symptomatic Uterine Fibroids Include:

<b>Hormonal Therapy</b>	Use of gonadotropin-releasing hormone agonists (GnRH) or anti-hormonal agents, such as mifepristone, to slow or stop the growth of fibroids by blocking production of the hormones that regulate menstruation. This treatment provides temporary relief of symptoms, but fibroids grow back once therapy is stopped.
<b>Hysterectomy</b>	Surgical removal of the uterus, usually used when a woman’s fibroids are large or cause heavy bleeding. Hysterectomy is the most common surgical procedure for uterine fibroids, and more than 200,000 women in the U.S. undergo hysterectomy each year as a treatment for the disease. Hysterectomy requires a three- to four-day hospital stay and a recovery time of approximately six to eight weeks.
<b>Myomectomy</b>	Surgical excision of the tumor, leaving the healthy areas of the uterus in place. This procedure may preserve a woman’s ability to have children. Myomectomy requires a hospital stay of several days and a recovery time of two to four weeks.
<b>Uterine Artery Embolization (UAE)</b>	Blocking the blood vessels that supply the tumor by injecting small particles into the arteries feeding the uterus. Fibroids are deprived of oxygen and nutrients, causing them to shrink and die. UAE often requires a day of hospitalization and a week of recovery time.
<b>Magnetic Resonance guided Focused Ultrasound Surgery (MRgFUS)</b>	Noninvasive surgery of the fibroids using high-intensity focused ultrasound guided by MR images. The patient lies inside the MRI scanner and highly focused ultrasound waves are directed into the body. At the focal point, the ultrasound waves heat the tissue to a temperature capable of tumor destruction. ExAblate is an outpatient procedure and has minimal recovery time, with patients typically returning to their normal daily activities within one to two days.

## Societal Cost of Uterine Fibroids

The direct costs alone associated with hysterectomy and myomectomy are estimated at more than \$1 billion annually and could be as high as \$3 billion. These costs do not take into account additional expenses incurred due to loss of salary, inability of women to fulfill home duties, or the negative psychological impact of uterine fibroid treatments on patients.

Uterine fibroids result in more inpatient hospital days than AIDS, breast cancer, dementia, cirrhosis, prostate cancer or epilepsy. Women lose 5-10 million work days annually because of fibroids. In addition, many women have their activities limited due to fibroids, and their quality of life suffers. Because it is performed on an outpatient basis, the ExAblate procedure has the potential to be a more cost-effective therapy compared with current invasive treatment strategies.

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