

UFE: Private Practice Perspective

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Faculty Disclosure

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I disclose the following financial relationships:

Consultant for BioSphere Medical

Fibroid management in 10 years

- Despite the morbidity and high medical costs (over \$2.1b/yr, of which >\$1.7b costs associated with hysterectomy) associated with fibroids, there's been very little research/funding.
- Largest collection of data on treatment of fibroids: SIR Fibroid Registry (3yr data Green Journal)
- It wasn't until 2004 when NIH held it's 1st Int'l Congress on Advances in Fibroid Research
- NIH Fibroid Growth Study: study why certain fibroids grow to become symptomatic and others do not. Relationship of fibroid growth and sx's or outcome (surgery). Markers that may be related to growth. Hormone and lifestyle changes factors also studied.
- Fibroids relationship with keloids. Abn'l connective tissue generated and strategies to block this.
- Numerous studies ongoing looking at molecular mechanisms of estrogen dependence in certain fibroids, and the molecular regulation of fibroids.

MRI-guided focused ultrasound

- Very innovative technology.
- Currently somewhat cumbersome and a local therapy. Will continue to be move into the mainstream armamentarium for fibroid treatment.
- Intriguing app: treatment of infertility.
- Hope that treatment algorithms continue to improve such that numerous fibroids can be treated in a hour or less.

Impact of Coding Changes

- Horrific ! Don't get me started
- Anecdotal sense from other community based IRs: "I'll do a UFE if it's referred, but I'm not going to promote or cultivate that aspect of my practice."
- For private practice IRs: may not see the growth in procedure volume that has been present since the development of the procedure.

Non Interventionalists doing the procedure

- While it's not the heart or brain, ovaries are in the field.
- Radiation burns, non-target embolizations from "Angiologists", inexperienced IRs.
- Obstetricians?