Uterine fibroids (also known as leiomyomas or myomas) are the most common benign tumor of the female reproductive tract. Although often asymptomatic, some uterine fibroids can cause abnormal uterine bleeding and pain. Researchers suggest that over 60% of women will develop uterine fibroids in their lifetime, with incidence increasing with age. Treatment options can involve hormone management, removal of fibroids, and hysterectomy.

**Objective**

To describe treatment patterns and diagnostic pathways for women with uterine fibroids in the three years following a new diagnosis.

**Methods**

**Data Sources**
- Truven Health MarketScan® Commercial Database
- MarketScan Medicare Supplemental Database

- Contains medical and prescription data on approximately 35 million US employees annually and their dependents with employer-sponsored private health insurance.
- Contains medical and prescription data for approximately 3 million retirees annually with Medicare supplemental insurance paid for by employers.
- Includes the Medicare-covered portion of payment (coordination of benefits amount, copay, and the employer-paid portion).

**Patient Selection**
- The MarketScan Commercial and Medicare Supplemental Databases were used to identify women with a new diagnosis of uterine fibroid (ICD-9-CM code 218.9, 218.90, 218.91, 218.92, 218.93) within the baseline period.
- Women were required to have 12 months pre- and post-index period.
- The 12-month index period was defined as the first occurrence of a uterine fibroid diagnosis.
- Patients with any diagnosis of uterine fibroids or polyps (ICD-9-CM code 621.0) in the 24 months leading up to the index date were excluded from the analysis.

**Treatment Pattern Description**
- The use of diagnostic procedures, pharmacologic treatments, and non-pharmacologic treatments, as identified by administrative claims, were measured in the 12-month baseline period and the following 12, 24, and 36 months after the initial uterine fibroid diagnosis.
- Patients could use multiple medications or procedures throughout the study period.

**Results**

**Demographics**
- A total of 359,672 patients with 12 months of follow-up met the selection criteria.
- Approximately 1% of women undergoing hysterectomy had a prior myomectomy procedure (from the beginning of the baseline period to hysterectomy date).

**Imaging Procedures**
- The most common imaging procedures during the three years after uterine fibroid diagnosis were transvaginal ultrasound, abdominal (pelvic) ultrasound, computerized tomography, and pelvic magnetic resonance imaging (Figure 1).

**Pharmacological Treatments**
- Non-Pharmacological Treatments
- The proportion of hysterectomies performed in conjunction with removal of the ovaries (bilateral salpingo-oophorectomy) in the baseline period was 21.9%.
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**Discussion**

- Minimally invasive procedures were utilized at much lower rates than hysterectomy.
- Patients with any diagnosis of uterine fibroids or polyps (ICD-9-CM code 621.0) in the 24 months leading up to the index date were excluded from the analysis.

- The proportion of hysterectomies performed in conjunction with removal of the ovaries (bilateral salpingo-oophorectomy) in the baseline period was 21.9%.
- The most common imaging procedures during the three years after uterine fibroid diagnosis were transvaginal ultrasound, abdominal (pelvic) ultrasound, computerized tomography, and pelvic magnetic resonance imaging (Figure 1).

**Limitations**

- The data sources used do not contain information on potential comorbidities or complications.
- The proportion of hysterectomies performed in conjunction with removal of the ovaries (bilateral salpingo-oophorectomy) in the baseline period was 21.9%.

**References**


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