

Advancing NIH Research on the Health of Women: A 2021 Conference

The Case of Fibroids as a Female-Specific Chronic Debilitating Condition

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Virtual Meeting

Disclosures

- Editor-in-Chief, Fertility & Sterility Science
- Board Member, Division of Reproductive Endocrinology and Infertility, ABOG
- Women's Healthcare Academy, Sponsored by Bayer

The views expressed in this presentation are the presenters, and do not represent the Uniformed Services University of the Health Sciences, the Department of Defense, or the Federal Government.



Defining Chronic Debilitating Disease

- Chronic: Lasting over a year, require ongoing medical attention and/or limit activities of daily living.
- Debilitating: Causing serious impairment of normal activity
- Disease: Disruption of health that induces specific signs and/or symptoms

Chronic Debilitating Diseases

Female Specific

- Gyn Cancers
- Menstrual abnormalities
- Fibroids
- Endometriosis
- Adenomyosis
- Female Infertility
- Miscarriage
- PCOS
- Pelvic Floor d/o
- Menopause
- PID
- Pregnancy

Female Prevalent

- Depression
- Migraine
- Breast Cancer
- Autoimmune
- Rheumatoid Arthritis
- Multiple Sclerosis
- STIs
- Chronic Fatigue
- Fibromyalgia
- Osteoporosis
- Candidiasis

Poorly Understood in Women

- Violence
- Dementia
- Osteoarthritis
- Endocrine d/o
- Metabolic d/o
- Blood d/o
- Immune d/o
- Recurrent UTIs
- HIV
- Neuropathy
- Incontinence
- Chronic pain

Morbid in Women

- Heart Disease
- Low back pain
- COPD
- Drug use d/o
- Stroke
- Diabetes
- Obesity
- Influenza
- Pneumonia



Impact vs Commitment to Female-Specific Health Issues, USA

	Est. Percent Symptomatic	Est. # Impacted (in Millions)	Est. NIH Funding (%, 2020)
Menopause	85%	140	<0.00001%
Menstrual Disorders	50-60%	83	0.00004%
Fibroids	20-25%	33	0.001%
Pelvic Floor Disorder	17-19%	30	0.002%
Vulvodynia	16%	27	0.0008%
Infertility	15%	25	0.007%
Endometriosis	10%	17	0.0009%
Invasive Breast Cancer	9.4%	16	0.3%
Polycystic Ovarian Syndrome	8%	13	<0.0001%
Premenstrual Dysphoric Disorder	7.4%	12	<0.00001%
Pelvic Inflammatory Disease	4.4%	7	0.002%
Endometrial Polyps	3-35%	6	<0.00001%
Endometrial Cancer	2.8%	5	0.01%
Ovarian Cancer	2.5%	4	0.07%



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Poorly Understood in Women

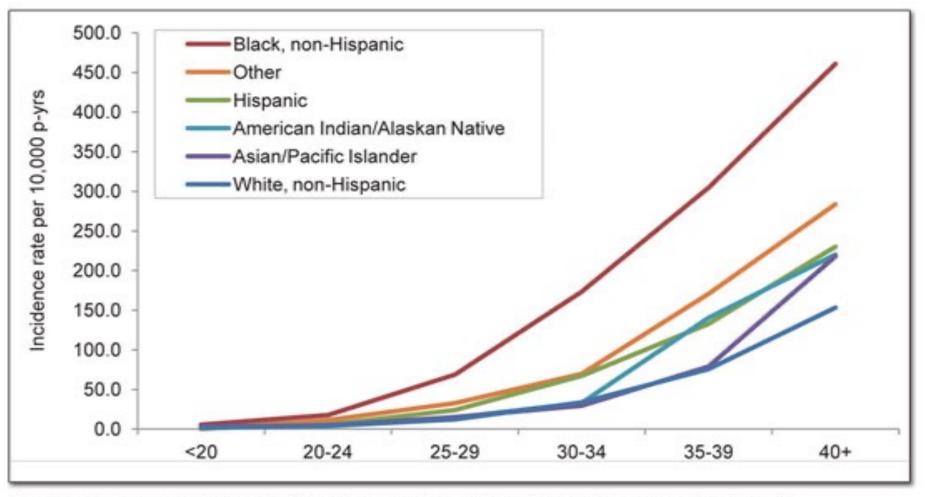
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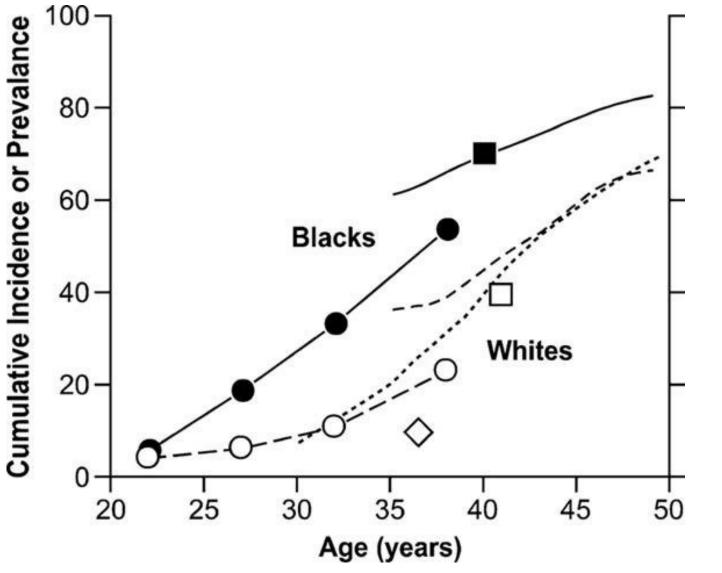
Fibroids in Active Duty Women



"Incidence rates of uterine fibroids by age group and race/ethinicity, active component, U.S. Armed Forces, 2001-2010"

Medical Surveillance Monthly Report, Vol. 18 No.12, Dec. 2011

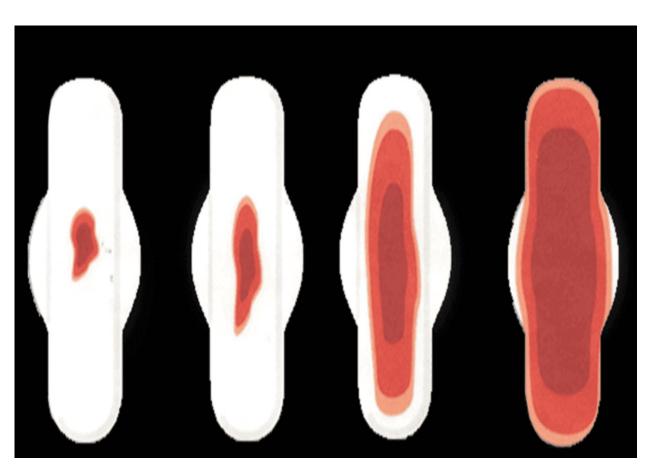
Cumulative Incidence of Fibroids over Reproductive Lifespan



Laughlin Seminars Reprod Med 2010;28: 214

Heavy Menstrual Bleeding

- Excessive menstrual blood loss that interferes with physical, emotional, social and material quality of life
- Impacts up to 30% of women in their lifetime
- Accounts for 18-30% of gynecologic visits
- Estimated annual direct costs = \$1,000,000,000
- Estimated indirect costs = \$12,000,000,000
 - Lost days of work and quality of life



Farquar and Brown Cochrane Database Syst Rev 2009;4:CD000154 Marret Eur J Obstet Gynecol Reprod Biol 2010;152:133-7 Nicholson Am J Obstet Gynecol 2001;184:523-30 Liu Value Health 2007;10:183-94

Pain

- Most common symptoms:
 - Menstrual pain 51-63%
 - Low back pain 58-65%
 - Pelvic pressure 16-33%
 - Abdominal pain 25%
 - Pain during sex 17-24%
 - 1 in 4 find such symptoms extremely bothersome



Osuga Fertil Steril 2019;112:922 Fuldeore Int J Womens Health 2017;9:403 Soliman Curr Med Res Opin 2017;33:1971 Zimmerman BMC Womens Health 2012:12:6

Fibroids Increase Miscarriage Rate

Study name	Statistics for each study				Odds ratio and 95% CI					
	Odds ratio	Lower limit	Upper limit	Z-Value	p-Value					
Stovall et al., 1998	0,534	0,296	0,965	-2,077	0,038	1	1		1	- 1
Eldar-Geva et al., 1998	0,439	0,207	0,933	-2,142	0,032		- -			
Hart et al., 2001	0,585	0,335	1,019	-1,892	0,058			-==-{		
Surrey et al., 2001	0,691	0,378	1,263	-1,201	0,230			-∎∔		
Gianaroli et al., 2005	0,768	0,464	1,272	-1,025	0,305					
Girgin et al., 2005	0,499	0,274	0,910	-2,267	0,023			-=-		
Khalaf et al., 2006	0,474	0,301	0,745	-3,235	0,001			-=		
Farhi et al., 1995	1,217	0,658	2,248	0,626	0,531					
Ramzy et al., 1998	1,240	0,628	2,449	0,619	0,536					
Jun et al., 2001	0,615	0,409	0,926	-2,326	0,020			-		
Yarali et al., 2002	0,730	0,398	1,337	-1,020	0,308					
Ng et al., 2002	1,128	0,637	2,000	0,414	0,679					
Check et al., 2002	0,579	0,279	1,201	-1,468	0,142					
Oliveria et al., 2004	1,154	0,754	1,767	0,659	0,510			-		
Klatzsky et al., 2007	0,744	0,465	1,190	-1,234	0,217			-		
Bozdag et al., 2009	0,936	0,536	1,633	-0,234	0,815					
Somigliana et al., 2011	1,233	0,653	2,326	0,646	0,519					
Guven et al., 2013	0,525	0,284	0,969	-2,060	0,039					
	0,737	0,647	0,840	-4,591	0,000			•		
						0,01	0,1	1	10	100

Favours without myoma Favours with myoma

Odds of miscarriage decreased with no myoma compared to myoma

Not Impacting the Cavity

OR = 0.737 [0.647, 0.840]

Guben Reprod Biol Endocrinol 2013;11:102

Obstetric Complications of Fibroids

<u>Complication</u>	<u>Fibroid</u>	<u>No Fibroid</u>	<u>OR</u>
Abnormal labor	49.6%	22.6%	2.2
Cesarean Section	46.2%	23.5%	2.0
Preterm delivery	13.8%	10.7%	1.5
Breech position	9.3%	4.0%	1.6
Postpartum Hemorrhage	8.3%	2.9%	2.2
Premature Rupture of Membranes	4.2%	2.5%	1.5
Placenta previa	1.7%	0.7%	2.0
Abruption	1.4%	0.7%	2.3

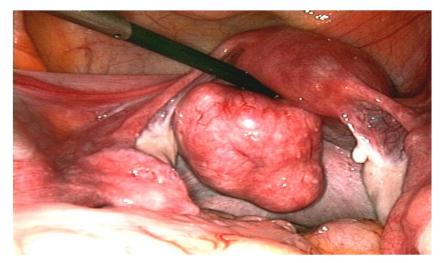
Biderman-Madar Arch Gynecol Obstet 2005;272:218 Coronado Obstet Gynecol 2000;95:764 Navid Ayub Med Coll Abbottabad 2012;24:90 Stout Obstet Gynecol 2010;116:1056 Ciavattini J Matern Fetal Neonatal Med 2015;28:484-8 Kramer Am J Obstet Gynecol 2013;209:449.e1-7 Sheiner J Reprod Med 2004;49:182 Qidwai Obstet Gynecol 2006;107:376

What are Fibroids, and What Can We Do?



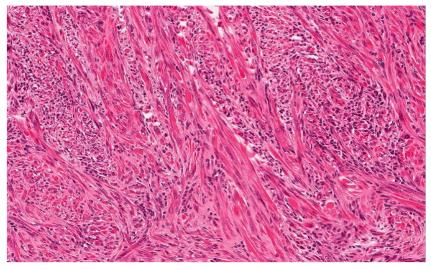
What are Uterine Fibroids?

- Hormonally sensitive benign tumors that produce an abundance of fibrosis
- Account for 50% of all hysterectomy procedures
- Grow in the presence of estrogen and progesterone



Gross

Microscopic



Fibroids Throughout History



5,000 year old calcified mass from human skeletal remains

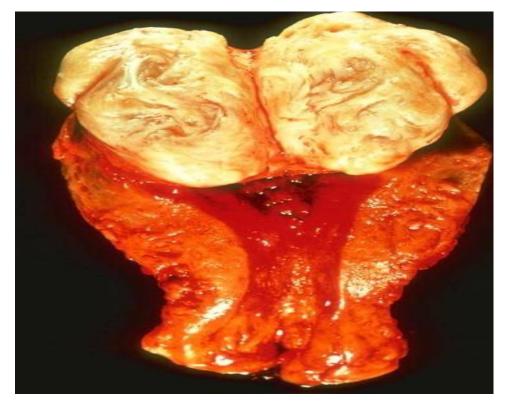
Kramar M Arch Pathol Lab Med 1983;107:91-93

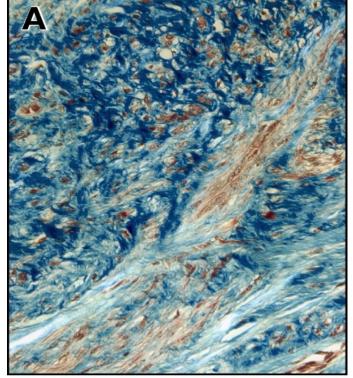
Fibroids are Predominantly Scar Tissue

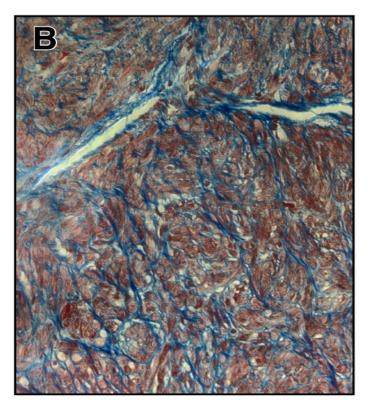
Uterus with Fibroid

Fibroid

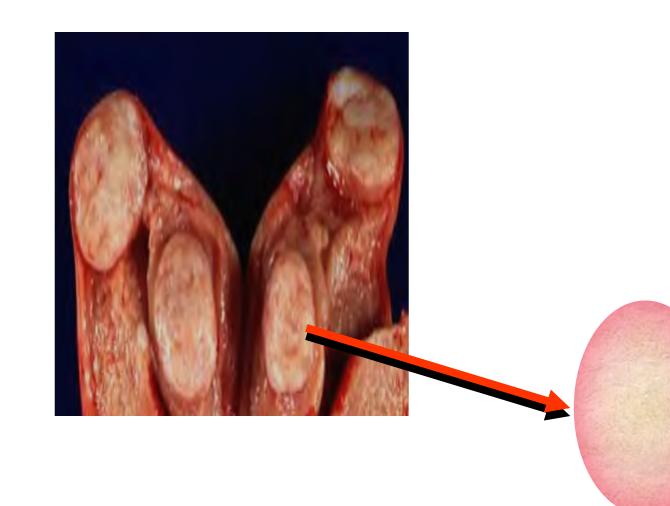
Normal Uterus







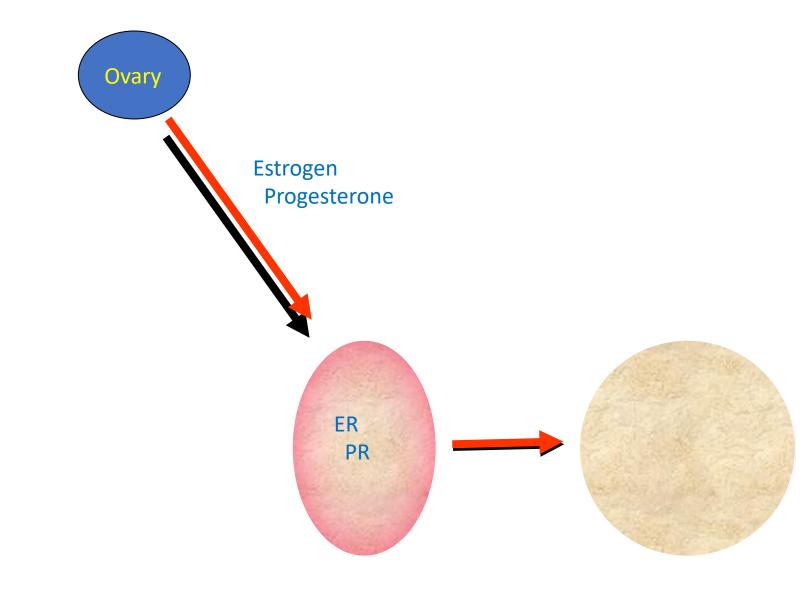
TREATMENT CONCEPT 1: Fibroids Need Blood



- Hysterectomy
- Myomectomy
- Uterine artery embolization
- Uterine artery occlusion
- MRI guided HIFU
- Radiofrequency ablation



TREATMENT CONCEPT 2: Ovarian Hormones Stimulate Fibroid Growth



- Gonadotropin releasing hormone analogues
- Aromatase inhibitors
- Selective progesterone receptor modulators



Treatment options for Uterine Leiomyomas

Surgical

Radiologic / Minimally Invasive

Hysterectomy Open Myomectomy L/S Myomectomy Robotic Myomectomy H/S Myomectomy Uterine Artery Embolization MRI-Guided HiFU Endometrial Ablation L/S Radiofrequency Ablation Uterine Artery Occlusion

> Damages uterus Starves uterus Hormonal regulation Pain control

Medical

Oral Contraceptive Pills NSAIDs GnRH Analogues Aromatase Inhibitors SPRMs

Why Such Poor Options After 150 Years of Study?

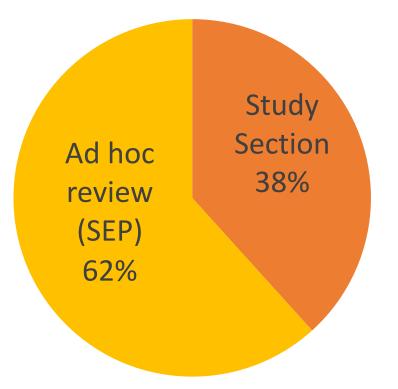
- The disrespected uterus
- Symptom taboo
- Poor models
- Poor focus



Remaining Gaps in Fibroid Knowledge to Improve Women's Care

- Increased Public Awareness
- Diversify Study Populations
- Improved Understanding of Fibroid Growth
- Improved Understanding of Fibroid Impact on Pregnancy
- Identification of Novel Therapies
- Improved Fibroid Classification
- Identification of Environmental Exposures
- Identification of Different Fibroid Phenotypes
- Large-Scale Cohort Studies
- Mechanism of Hormonal and anti-hormonal Regulation

Awarded Fibroids RCDC applications FY2018-2021





Need for Focused Research in Women's Health

- Adding women to a study is not the same as studying women
- Intermittent research in women's health insufficient
- Diseases unique to women result in life-long disability
- Recommendations
 - Development of a National Institute of Women's Health
 - Specifically address diseases unique or more common in women
 - Collaborate with other institutes regarding diseases that also impact women, with an effort to design trials directly related to the disease experience in women



Societal Benefits for the Investment

- Decreased death
- Decreased disability
- Decreased suffering
- Improved quality of life
- Improved productivity
- Improved care of children
- Improved care of the elderly



Thank You!