



MEDICAL TREATMENT OF FIBROMA: PRE-SURGICAL ONLY? USE OF SPRMS

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Medical treatment of fibroma: Pre-surgical only?
Use of SPRMS.

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Context: Uterine leiomyomas are the most common benign tumor in reproductive aged women. The clinical complaints are prolonged/heavy menstrual bleeding, pelvic pressure, and reproductive disorders which all translate to a financial burden on health care systems as well as on life quality. Treatment options include expectant management, medical management, or surgical management. Choosing the appropriate surgical technique depends on uterine leiomyoma location, patient's age, interest in future fertility and concomitant comorbidities. Pharmacologic treatments such as gonadotropin-releasing hormone agonists (GnRH-a) have been used with only partial success. Side effects and limited clinical results have disclosed a need for new medical treatments.

Intervention: During the last decade, there has been increased emphasis on the role of progesterone in the promotion of fibroid growth and concomitantly, treatment with selective progesterone receptor modulators (SPRMs) resulting in shrinkage of myoma volume and arrest of heavy bleedings.

Results: Several RCTs with a 3-month treatment with UPA before endoscopic surgery have reported less intraoperative blood loss and length of surgery. Studies exploring safety of SPRMs and particularly UPA, have focused on endometrial changes induced by UPA because treatment have demonstrated specific endometrial changes known as progesterone receptor modulator-associated endometrial changes (PAEC) although shown to be both benign and reversible. Most recently a long-term, multi-center, open-label cohort study consisting of up to 8 consecutive 3-month courses of daily UPA 10 mg, each separated by a drug free period, confirmed long-term efficacy on clinical symptoms and no changes of concern in endometrial histology, or laboratory safety measures.

Conclusion: Current data convincingly demonstrate that the extended intermittent administration of UPA for 3 months with drug-free intervals, is clinically efficient and well tolerated in women of reproductive

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age with symptomatic uterine myoma. Thus, this SPRM has provided a promising situation for a substantial part of women with a challenging clinical condition and a demand for a uterine-sparing treatment with or without a concomitant wish of preserving fertility.