



BLACK WOMEN'S
HEALTH IMPERATIVE

COMPASSIONATE CARE *FOR PATIENTS WITH* UTERINE FIBROIDS

A Provider Resource

Supported by



Sumitomo
Pharma



As a provider it is crucial to do more than just read the latest guidelines.¹ It is important to examine patients and re-examine them with a lens that considers the racial and social barriers that contribute to health outcomes and healthcare experiences. The goal isn't just to treat a population, it is to improve a patient's quality of life as well as the health and wellness of our society. Our society can't be healthy and well, if Black women aren't healthy and well.

1. IMPORTANT GUIDELINE-BASED POINTS TO REMEMBER¹

- For all patients with Uterine Fibroids, provide expectant management, even in patients who do not have symptoms or do not wish to undergo intervention.

Common Risks: this information cause anxiety to asymptomatic or non-intervening patients.



- GnRH agonists (eg. leuprolide, goserelin, etc.) are recommended for short-term therapy of abnormal uterine bleeding caused by fibroids, especially when bridging to surgery.

Common Risks: menopausal symptoms, can use only up to 6 months, high costs, not for women who are pregnant or planning to become pregnant, long-term use causes bone loss, fibroid growth after discontinuing, surgical delay.

- When used with add-back therapy, a small amount of supplemental hormone therapy (estrogen and sometimes progestin), an oral GnRH agonist can be considered for abnormal uterine bleeding treatment for up to 2 years.

Common Risks: not for women who have increased risks with hormonal therapy.



- Other options for therapy include a 52-mg levonorgestrel IUD, as well as Tranexamic acid.

Common Risks: pain/discomfort with IUD placement, procedure required, complication of procedure (eg. IUD expulsion, uterine perforation, etc., hormonal side effects, Tranexamic acid can cause GI upset, allergies, long-term blood clots).

- Procedures that may be used for interventional fibroid therapy include radiofrequency ablation and uterine artery embolization.

Common Risks: infection, pain, bleeding irregularities, failure to resolve heavy bleeding.

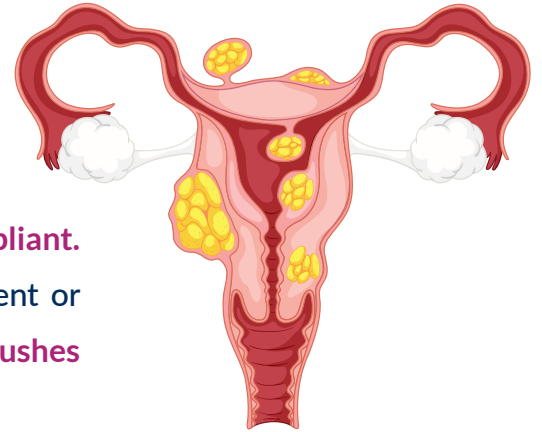
- Surgical options for intervention include myomectomy and hysterectomy. The least invasive the approach, the better.

Common Risks: infection, pain, bleeding irregularities, failure to resolve heavy bleeding.

2. HOW CAN WE CHECK OUR BIASES WHEN CONSIDERING THE GUIDELINES? HERE ARE SOME EXAMPLES BELOW.

- **Black women are more likely to have symptomatic fibroids.**

Patients who are symptomatic should be offered the **full applicable scope of options** (eg. hormonal therapy, surgical intervention (least to most invasive)).



- **Black patients are more likely to be labeled as non-compliant.**

Inadequate counseling on side effects can lead to inconsistent or interrupted medication compliance. **The side effects (eg. hot flashes and vaginal dryness) of GnRH agonists need to be discussed.**

- **Black women tend to have more social and economic barriers to receiving healthcare.**

Oral GnRH agonists with add back therapy can be used for longer periods of time and can have fewer side effects. This treatment can be especially helpful if surgery needs to be delayed due to social or economic reasons that are often **out of the patient's control.**

- **Black women tend to elect for more conservative options when offered the full list of fibroid management options, despite the higher incidence of hysterectomy in black women with fibroids.**

The Levonorgestrel IUD and Tranexamic acid are other medical options to potentially help patients awaiting or declining surgery.

- **Black women report less counseling on minimally invasive options.**

Radiofrequency ablation and uterine artery embolization are interventional options that are less invasive than myomectomy or hysterectomy, but more aggressive than just medical therapy alone. Even if you do not offer these options, **ensure that your patients know that these options exist.**



- **Black women have historically experienced medical injustices that have resulted in the loss of their reproductive health, often without proper consent, guidance, or valid medical reasons.**

Myomectomy and Hysterectomy are surgical options with very different outcomes. If a person wants to have children or wishes to keep their uterus, a myomectomy should be offered with adequate counseling on the risk of fibroid recurrence. Hysterectomy should only be offered to patients who do not want to keep their uterus and do not desire future fertility. However, hysterectomy often results in bladder, GI and emotional changes. If oophorectomy included, early menopause, decreased libido, and increased cardiovascular risks.