

# Disparities in Fibroid Incidence, Prognosis, and Management



Shannon K. Laughlin-Tommaso, MD, MPH<sup>a,b,\*</sup>,  
Vanessa L. Jacoby, MD, MAS<sup>c</sup>, Evan R. Myers, MD, MPH<sup>d</sup>

## KEYWORDS

• Fibroid • Leiomyoma • Race • Socioeconomic status • Rural • Disparity

## KEY POINTS

- African American women have a greater burden of uterine fibroids, including higher prevalence, more severe disease, and worse treatment outcomes than white women.
- Access to fibroid treatment may be limited for women of lower socioeconomic status (SES) and rural location.
- The Comparing Options for Management: Patient-centered Results for Uterine Fibroids (COMPARE-UF) nationwide registry ([www.compare-uf.org](http://www.compare-uf.org)) partners with patients to understand these disparities and compare the effectiveness of fibroid treatments in different populations.

## BACKGROUND

Fibroids, also called leiomyomas or myomas, are benign uterine tumors that develop from smooth muscle tissue and are present in up to 75% of women.<sup>1</sup> These tumors can cause heavy menstrual bleeding, pelvic pressure, and symptoms related to compression of the bowel and bladder; many may remain asymptomatic. The most common treatment of fibroids is hysterectomy, with approximately 200,000 cases

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<sup>a</sup> Department of Obstetrics & Gynecology and Surgery, Mayo Clinic, 200 1st Street Southwest, Rochester, MN 55905, USA; <sup>b</sup> Department of Surgery, Mayo Clinic, 200 1st Street Southwest, Rochester, MN 55905, USA; <sup>c</sup> Department of Obstetrics, Gynecology, and Reproductive Sciences, University of California, San Francisco, 2356 Sutter Street, San Francisco, CA 94115, USA; <sup>d</sup> Department of Obstetrics & Gynecology, Duke Clinical Research Institute, Duke University, 2400 Pratt Street, Durham, NC 27705, USA

\* Corresponding author. 200 1st Street Southwest, Rochester, MN 55905.

E-mail address: [Laughlintommaso.shannon@mayo.edu](mailto:Laughlintommaso.shannon@mayo.edu)

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annually in the United States.<sup>2</sup> For decades, hysterectomy was the only option for women who had completed childbearing. Many women now seek more minimally invasive treatment than hysterectomy. Unfortunately, minimally invasive options may not be accessible uniformly across all patient populations. The COMPARE-UF study is a multisite national registry with a goal of understanding the comparative effectiveness of treatment options and outcomes in a diverse population of premenopausal women with fibroids. This article discusses the racial and ethnic disparities in fibroid incidence, disease severity and progression, access to fibroid therapy, and surgical outcomes as well as the goal of the COMPARE-UF study to enroll a racially and ethnically diverse patient population.

Health disparities can be defined in many ways but, refer to differences that “systematically and negatively impact less advantaged groups.”<sup>3</sup> Fibroids, like many other diseases, are subject to disparities between race/ethnic groups, SES, and access-to-care issues, such as insurance status and urban-centered treatment sites. How these disparities have an impact on underserved women and how the COMPARE-UF study is overcoming these obstacles are discussed.

## **RACIAL AND ETHNIC DISPARITIES**

Racial and ethnic differences in prevalence, prognosis, and treatment options are prominent in fibroids. Nearly all of the data compare African American women with white women, due to scarce data on prevalence and treatment differences in Latina and Asian women. African American women are substantially more impacted by fibroids than women of other races and ethnicities. Fibroids are 2 to 3 times more common among African American women than white women. African American women develop fibroids at an earlier age, have more and larger tumors on diagnosis, have continued high rates of growth until menopause, and are more at risk for having surgical procedures. Despite this, African American women comprise only 15% of women in fibroid studies.<sup>4</sup>

### ***Prevalence***

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Almost all studies have demonstrated a higher fibroid prevalence among African American women compared with white women. African American women have 2 to 3 times the risk of uterine fibroids based on ultrasound screening studies, prospective studies of clinically diagnosed fibroids, and pathologic studies of hysterectomy samples.<sup>1,5–8</sup> Although most of the prevalence data by race are from the United States, estimates from South Africa indicate similar differences between black and nonblack women.<sup>9</sup>

In the Nurses' Health Study, Hispanic and Asian women had similar prevalence of fibroids to white women.<sup>7</sup> Prevalence was similar for Hispanic and white women in a pregnant population as well.<sup>6</sup> Data are limited for Hispanic and Asian women.

### ***Earlier Onset***

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Clinically significant fibroids develop 5 years earlier on average for African American women than white women.<sup>1,8,10</sup> Based on ultrasound screening studies of asymptomatic women, a substantial proportion of African American women develop fibroids in their early 20s.<sup>5,6</sup> Estimates for women 18 to 30 years old were 26% for black women and 7% for white women.<sup>5</sup> Among pregnant patients over 18 years, prevalence in an ultrasound screening study overall was 18% for African American women, 8% for white women, and 10% for Hispanic women and increased with age.<sup>6</sup> These differences were confirmed in older women in the Uterine Fibroid Study, where cumulative incidence was 80% for African American and 70% for white women by age 50.<sup>1</sup>

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