Medical Treatments of Myoma

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Common symptoms for treatment

• Heavy or prolonged menstrual bleeding
• Bulk symptoms
• Reproductive dysfunction
• Pain

➤ patient education
Patients not desiring fertility
Fibroid related heavy or prolonged menstrual bleeding

• Treatment is aimed at symptom reduction

First tier:
- hysteroscopic resection OR
- medical therapy
  - don’t reduce the fibroid size but improve the bleeding parameters

Second tier:

Third tier:

Surgery:
Medical therapy for fibroid related HMB
Patients not desiring fertility
First tier- Medical therapy
In the order listed:
• Estrogen-progestin contraceptives
• Progestin-releasing IUDs
• Tranexamic acid
• Progestin-only contraceptives
Estrogen-progestin contraceptives

- OCPs
- Vaginal ring
- Transdermal patch
  - little high quality evidence
  - Variety of benefits beyond contraception
  - Inexpensive
  - Highly available
Progestin-releasing IUDs (first line)

- don’t want or can not use estrogen
- supporting data are mainly observational and less strong than for its use in generic HMB
- highly effective and long acting contraception
- risk of expulsion of the IUD is greater in myomas that distort the endometrial cavity
Tranexamic acid

- Non hormonal, oral, antifibrinolytic agent
- During menses, or during heavy days of menses
- Small studies... for its use in generic HMB
- It is started with the onset of HMB
- Oral 1.3 gr TDS (total: 3900 gr) for 5 days
- Iran: TRANCID 250MG CAP
- Thrombosis: in long term use in patients with increased risk of thrombosis current use of OCPs (short-term use)
Tranexamic acid

- Reduces blood loss by 26 to 54%
- More effective than NSAIDs
- Adverse effects: menstrual cramps, headache, backpain, nausea
- No known contraindications to concurrent use of NSAIDs and tranexamic acid
- Renal function
Progestin only contraceptives:

- Oral progestin – only contraceptive
- Progestin implants
- Progestin injections

Don’t appear to be effective for fibroid related HMB, but some guidelines advise them.
Patients not desiring fertility
Fibroid related heavy or prolonged menstrual bleeding

• Treatment is aimed at **symptom reduction**

First tier:

Second tier:

- **Medical therapy**
- Uterine artery embolization
  - **reduce fibroid size**: for patients who also have bulk or pressure symptoms

Third tier:

Surgery:
Medical therapy for fibroid related HMB patients not desiring fertility second tier: medical treatment

- GnRH analogs
- GnRH antagonists
- GnRH agonists
- Progesterone receptor modulators
- Ulipristal acetate
- Mifepristone
GnRH analogs
GnRH antagonists

- Reduce fibroid volume
- Potential adverse effects

- Elagolix: half life, 5.9 hours/ BD
- Relugolix: half life, 36-65 hours/ daily
GnRH analogs
GnRH antagonists

• For patients who do not have an adequate response to first tier treatment
• Orally dosed and better tolerated compared with antagonists
• New generation of medical therapy
• Act centrally, with hypoestrogenic side effects
• Often formulated with low dose estradiol add back
• If the antagonist is not adequate to control symptoms: try GnRH agonists
GnRH antagonists
Elagolix

• FDA approve: May 2020 for the treatment of fibroid related HMB
• Commercial name: Orilissa
• Cap, 300 mg BD + add back: 1 mg estradiol & 0.5 mg norethindrone acetate
• Initial therapy: 12 months,
  reevaluation of symptoms and other treatment options
  second course
• Side effects
• Should not be considered a contraceptive
GnRH antagonists
Relugolix

- 40 mg oral daily doses + add back
- Commercial name: Orgovyx
- 30 tablets 120 mg : 4257.99 US $
GnRH analogs
GnRH agonists

• Primarily used
  ➢ Preoperative therapy (3-6 months)
  ➢ Transitional therapy for patients in late perimenopause

• Without hormonal addback........ cause significant hypoestrogenic side effects including bone loss
Patients not desiring fertility
Fibroid related heavy or prolonged menstrual bleeding

• Treatment is aimed at symptom reduction

First tier:
Second tier:
Third tier:
• Minimally invasive
  ➢ Focused ultrasound surgery
  ➢ Endometrial ablation

Surgery:
bulk or pain symptoms with or without bleeding patients not desiring fertility

- Are more difficult to manage for several reasons:
- some bulk symptoms, attributed to habits or common conditions
- Slow uterine and fibroid growth can compromise function without abrupt change
bulk or pain symptoms with or without bleeding patients not desiring fertility

- For patients whose main symptoms include bulk or pain, with or without HMB
  - UEA or Focused ultrasound surgery
  - GnRH analogs
- If not effective, or patients desire more definitive surgical therapy:
  - Myomectomy
  - Hysterectomy
bulk or pain symptoms with or without bleeding patients not desiring fertility
GnRH analogs

• Agonists (eg. Leuprolide acetate)
  ➢ reduces fibroid volume
  ➢ Hypoestrogenic effect
  ➢ maximum 6 months without add-back

• Antagonists (eg. Elagolix)
  ➢ reduces fibroid volume
  ➢ Hypoestrogenic effect
  ➢ maximum 6 months without add-back
Role of expectant management

• Few data
• Comparator arm of active treatment trials
• Up to six months
• Candidates:
  ➢ Asymptomatic
  ➢ Attempting pregnancy
  ➢ Peri or post menopause
  ➢ With uterus less than 12 weeks
  ➢ Stable in size by serial imaging studies for one year
Role of expectant management components of expectant management

• periodic evaluation for new symptoms
• Limited to history and physical examination
• **May** require lab tests or imaging (anemia - US)
• Optimal time is not known, **maybe yearly and with new pelvic symptoms**
• Not appropriate:
  - anemia worsens despite iron and vitamin supplementation
  - if transfusion is required for treatment of anemia
  - Imaging raises suspicion for sarcoma
  - If patient requires emergency evaluation for HMB or anemia
Treatments not recommended not effective and / or unacceptable risks / a few studies

• Progesterone receptor modulators (PRMs)
  ➢ UPA
  ➢ Mifepristone
• Androgenic compounds (a few studies)
  ➢ danazol
  ➢ gestrinone
• aromatase inhibitors (a few studies)
  ➢ letrozole
• selective estrogen reuptake modulators (SERMs) (no efficacy / mixed outcomes)
  ➢ raloxifene
Treatments not recommended

• Progesterone receptor modulators (PRMs) (not currently available in most countries)
  ➢ UPA (ulipristal acetate): 5 mg, 10 mg daily doses
  • Approved in Europe in 2012
  • Cases of serious liver toxicity (1/100000)
  • A few cases require liver transplantation and fatalities
  ➢ Mifepristone
  • 5 to 50 mg for 3 to 6 months
  • Abnormal endometrial histology