

THE WALL STREET JOURNAL.

DEADLY MEDICINE

Personal Journal: Answers For Women with Fibroids

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TUESDAY, AUGUST 19, 2014

After a popular method of removing uterine fibroids has come under intense scrutiny, many women are wondering what other options they have.

Laparoscopic power morcellation is a minimally invasive surgery that breaks up the benign growths, usually found in the uterine wall, and removes them in pieces, sometimes as part of a hysterectomy. The Food and Drug Administration advised against the procedure in April, saying it can spread a dangerous cancer hiding undetected in the growths. The FDA's warning was nonbinding and the agency, which may weigh in on the matter further, hasn't issued a final recommendation. Meanwhile, Johnson & Johnson, the largest manufacturer of power morcellators, the tool used in the procedure, voluntarily withdrew its device from the market.

Still, the picture isn't clear-cut. The influential American College of Obstetricians and Gynecologists says it still considers the procedure appropriate for some patients, in part because it spares some women more invasive surgery.

As the medical debate continues, here are some answers to questions women might have right now:

Q: I've been diagnosed with fibroids. What risk is there it's cancer?

A: Overall, uterine sarcoma, the type of cancer under scrutiny in these cases, is rare in the U.S., with an estimated three to seven cases annually per 100,000 women. But the incidence appears to be much higher in women with fibroids who undergo either a hysterectomy (uterus removal) or myomectomy (fibroid removal without disturbing the uterus).

The FDA estimated in April there is a 1 in 350 chance that a woman getting surgery for fibroids might actually have undiagnosed uterine sarcoma. Morcellating these tumors can spread cancerous tissue internally, the agency said.

A new study, published in the Journal of the American Medical Association in July, found the risk of undetected cancer was 1 in 368. The study looked at data from 36,000

women who had chosen a power-morcellation procedure for hysterectomy, says Jason Wright, director of gynecologic oncology at Columbia University College of Physicians and Surgeons, and lead researcher for the study. “Our findings are similar to, and back up, what the FDA reported,” he says.

Q: What factors make me more likely to have cancer?

A: The older you are, the more likely you are to have potentially undetected cancer, says Dr. Wright. Based on data from his study, a woman between the ages of 50 and 54 has 20 times as great a risk as someone who is under 40, he says.

Dr. Wright also found that African-American women having power morcellation were less likely to have undetected cancer than other ethnic groups. This may be because African-American women are more prone to benign fibroids, so statistically a smaller percentage of them are likely to harbor undetected cancer, he says.

Q: Given the risks, what are the advantages of power morcellation?

A: Power morcellation may still be the best option for some women, says Hal Lawrence, chief executive of the American College of Obstetricians and Gynecologists. All medical procedures carry risk, he says, and rather than discounting power morcellation completely, patients should consult with their doctor about the specific situation. For example, the risk of undetected cancer in women in their 30s is extremely low, so power morcellation may still be a viable option, he says.

Power morcellation also has advantages over laparotomy, a common alternative, Dr. Lawrence says. A laparotomy, in which the uterus or fibroids are removed through a large incision in the abdomen, has a relatively long recovery time -- four to six weeks, compared with about two to four weeks for a laparoscopic hysterectomy that may include power morcellation. It is also more painful and has a higher risk of infection due to the large incision.

Risks from a laparotomy, such as recovery time, are heightened for overweight or obese women. “Often, obese patients will have existing medical problems like hypertension and diabetes, which can further complicate recovery from an abdominal hysterectomy,” says John Schorge, chief of gynecology at Massachusetts General Hospital. “The minimally invasive approach, compared with open [abdominal] hysterectomy, has huge advantages for the obese population.”



John Schorge says obese women fare better with minimally invasive surgery.

Massachusetts General Hospital

Q: Are there additional options?

A: There are other surgical options, and deciding between them can depend on various factors, including the size of the uterus and fibroids. As with all major surgery, patients should consider getting a second opinion.

A laparotomy has the most risks due to the large incision and long recovery time. Deciding between a hysterectomy and a myomectomy often depends on the fertility plans of the patient, Dr. Lawrence says. A mini-laparotomy involves removal of the uterus or fibroids through incisions that are smaller than for a laparotomy, but larger than the ones used in power morcellation.

For women also getting a hysterectomy, many doctors consider the best option to be vaginal hysterectomy -- in which the uterus is removed through the vagina. It avoids abdominal incisions and is associated with the fewest complications, Dr. Lawrence says. But not all gynecologists routinely do vaginal surgeries, and they may steer patients to other options for anatomical reasons, such as an enlarged uterus.

There are also nonsurgical options, including medications, ultrasound and uterine artery embolization, a procedure that cuts off the blood supply to the fibroids. All are intended to help shrink the size of the fibroids, says Dr. Lawrence.

Q: Is there a safer way to perform power morcellation?

A: Some doctors perform power morcellation inside a bag, which is removed after the procedure and is meant to prevent potentially cancerous fibroids from being left in the body. It is a “cleaner” alternative and can potentially solve the morcellation problem, says Dr. Schorge, but many gynecologists haven’t been trained to use the bags and so the procedure isn’t common.

If the morcellating tool hits the bag, it can tear the bag, causing it to malfunction, says Dr. Lawrence. The bag also limits how well the surgeon can see. He notes that bags designed specifically for power morcellation are being developed.

Q: I had a power morcellation in the past. Might I have undiagnosed cancer now?

A: This is extremely unlikely, Dr. Schorge says. Any cancer is usually detected immediately, as soon as the morcellated pieces are tested after the procedure.