

COMPARE-UF Fibroid Study Summary of Results

Short-Term Health-Related Quality of Life after Hysterectomy versus Myomectomy for Symptomatic Fibroids

When did the research take place?
November 2015 – June 2018

What was the purpose of the research?

Researchers compared the 2 most common surgical treatments for women with fibroid symptoms—hysterectomy and myomectomy—to see which was more effective.



HYSTERECTOMY
surgery to remove a woman's uterus, or womb

VS



MYOMECTOMY
surgery to remove uterine fibroids only, not the uterus; a woman keeps her ability to have children after a myomectomy

Researchers also looked at each procedure by surgical approach—abdominal, vaginal, or other, less invasive, methods.

Who was involved?

COMPARE-UF registry participants who were potential candidates for either treatment were considered for this study.

The researchers included women between the ages of 31 and 54 who were not actively trying to get pregnant.



727
undergoing a hysterectomy

1,295
total women



568
undergoing a myomectomy

These two groups of women came from eight COMPARE-UF sites from across the United States.

What happened during the study?

During the study, participants completed a survey (see below)—once before surgery and again 6–12 weeks after surgery.

Uterine Fibroid Symptom and Health Related Quality of Life Questionnaire:

A survey specific to women with uterine fibroids that measures:

- Symptom severity
- Health related quality of life, including:
 - Concern
 - Control
 - Activities
 - Self consciousness
 - Energy/mood
 - Sexual function



Participants gave information about:



symptom severity



quality of life



general health

Why was the research needed?

By age 50, 70% of white women and more than 80% of women of color will have one or more fibroids.



of all women will have fibroids at some time during their lives

While most do not have symptoms, 25%–30% have symptoms that may include:

- heavy or prolonged bleeding during their periods
- pelvic pain and pressure
- bladder discomfort and infection
- reproductive problems



Symptoms start earlier for women of color, and are often worse than for white women. These symptoms can have a large impact on women's quality of life, including their daily activities and ability to work.

Most of the other research comparing these surgeries has focused on bleeding, pain, and surgical problems. **There is little research of women's quality of life after treatment.**



What did researchers learn from this study?

Before surgery, the two groups reported differences in their symptoms and how fibroids affected their lives.

After surgery (6 to 12 weeks), women in both groups reported large improvements in quality of life. There were small differences in symptom severity and certain individual measures on the survey specific to uterine fibroids. See pink box, page 1.

Among women in the two groups, women planning to have a **hysterectomy** tended to be:

- Older
- White
- Had previously given birth
- Older when they first had fibroid symptoms

Women planning to have a **myomectomy** reported a longer history of not being able to become pregnant.

There were no differences in anxiety or depression among the women.

Overall results: Myomectomy vs hysterectomy

Women undergoing a myomectomy reported worse symptoms and greater concern and self-consciousness compared to those undergoing a hysterectomy.

One possible reason is that bleeding is likely after a myomectomy, but not after a hysterectomy.

Results by surgical approach

Minimally invasive surgery: myomectomy vs hysterectomy (laparoscopic, robotic)

Results of this analysis were similar to the overall results. Women who underwent a less invasive myomectomy reported greater concern, self-consciousness, and worse symptoms compared to those undergoing a hysterectomy.

Women may expect an easier recovery from a myomectomy. However, all surgeries can be challenging and the recovery can be complicated, often with bleeding after the myomectomy.

Abdominal surgery: myomectomy vs hysterectomy

Women who had abdominal surgery, whether a hysterectomy or myomectomy, had similar overall symptoms. However, activity, energy, and mood were significantly better among women undergoing an abdominal myomectomy.

One possible explanation is that women might expect an easier recovery after an abdominal myomectomy versus an abdominal hysterectomy.

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What were the key takeaways that might help patients, doctors, and researchers?

Women undergoing myomectomy and hysterectomy both reported large improvements in health-related quality of life 6 to 12 weeks after surgery.

The results from this study suggest:



Myomectomy may be a suitable alternative to hysterectomy, even for older women who are no longer planning to have children.



Patient-reported quality of life is important to review as part of routine clinical care.



Health-related quality of life is valuable to measure in research comparing treatment options for uterine fibroids.

What's next?

Researchers do not know if these short-term results after surgery will be good signs of how women will do years after surgery. This will be looked at in future COMPARE-UF studies.



Learn more

Learn more about the COMPARE-UF registry.

Visit the registry [website](#).

Visit <https://clinicaltrials.gov> using study identifier: NCT02260752.

Learn more about this research.

Read the published [paper](#).

For registry participants, if you have questions about the results or your participation, please contact your study doctor.



Changes to your healthcare should not be made based on information in this summary without first consulting a doctor.

This summary was completed in September 2019. Newer information generated since this summary was written may now exist.

