

## National Institute for Health and Care Excellence

### IP1727 Ultrasound-guided high-intensity transcutaneous focused ultrasound for symptomatic uterine fibroids

IPAC date: 09 May 2019

Co m. no.	Consultee name and organisation	Sec. no.	Comments	Response
				Please respond to all comments
1	Consultee 1 NHS Professional	<b>Page 52 in overview</b>	Uterine fibroids are the most common pelvic tumours with an incidence in up to 70% of women over 40 worldwide. We conducted a preliminary pilot study of HIFU treatment for patients with symptomatic uterine fibroids in Oxford, UK. During the 2-year follow-up period we also assessed the safety, feasibility and efficacy of ultrasound-guided HIFU (USgHIFU) in the treatment of patients with symptomatic uterine fibroids, for the first time in an NHS population. In conclusion, our study indicates that non-invasive uterus-sparing USgHIFU therapy is safe, feasible and effective for symptom relief in patients with uterine fibroids with an expected volume reduction of around 50% at 1-2 years. HIFU may be a particularly attractive option for women considering future pregnancy.	Thank you for your comment.  This study has been moved from the appendix to Table 2.
2	Consultee 2 British Society of	<b>2.2</b>	Comments on behalf of BSIR  In the recommendations document, "NICE interventional procedures consultation	Thank you for your comment.

	Interventional Radiology (BSIR)		<p>document, March 2019". Currently reads on page 4, "Current treatments 2.2 Treatment depends on whether the fibroids cause symptoms, and if the person would like to have children in the future. For symptomatic fibroids, treatment options include medications and surgery. Surgery includes hysterectomy, myomectomy, uterine artery embolisation, endometrial ablation techniques, MRI-guided focussed ultrasound and myolysis".</p> <p>This should ideally read "Current treatments 2.2 Treatment depends on whether the fibroids cause symptoms, and if the person would like to have children in the future. For symptomatic fibroids, treatment options include medications, interventional radiology and surgery. Interventional radiology includes uterine artery embolization and MRI-guided focussed ultrasound. Surgery includes hysterectomy, myomectomy, endometrial ablation techniques, and myolysis."</p>	Relevant wording in section 2.2 has been changed.
3	<p>Consultee 2</p> <p>British Society of Interventional Radiology (BSIR)</p>	<b>1.6</b>	<p>Comments on behalf of BSIR</p> <p>The evidence to recommend this treatment is incomplete. In particular, we ideally need a double blind controlled randomised study comparing, medications, interventional radiology and surgery.</p>	<p>Thank you for your comment.</p> <p>The Committee has considered this comment but decided not to change the guidance.</p>

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