

SPEAKER 1: So anytime a patient comes in and we talk about the symptoms of fibroids, there are many different things that we can offer them. Expected management, not doing anything, and kind of just watching and waiting it's certainly a good option for some patients. If they have no symptoms, and it was an incidental finding of a fibroid, or if they have very mild symptoms, or they're very close to menopause, we know fibroids shrink once you go into menopause.

And so if someone-- and the average age of menopause is 51. So if someone is 50, they don't have any symptoms, they might just elect to continue with expectant management. For women that choose expected management, about 3/4 do fine with expectant management after a year, about 1/4 will end up meeting some type of management or procedure or medical treatment. This is just a picture from Marin. If we're lucky, it's been so many beautiful days lately.

So medical management, most medical management is for bleeding. So birth control pills, progesterone only pills, progesterone containing IUDs. Tranexamic acid is an antifibrinolytic, so it just helps to reduce the amount of bleeding that patients have. All of these things are great a purchase for patients who have bleeding symptoms. It is not helpful for bulk symptoms.

Birth control pills don't change the size of the fibroids. It doesn't shrink down the fibroids. But it helps with the symptoms of bleeding.

The last one, Lupron, is a medication that actually does shrink down fibroids. But it's an injection, and it's temporary. So it's useful for women, say if we're going to change the type of surgical procedure, if the fibroid can shrink down some.

It's an antiestrogen, so it makes women feel sometimes like they're in menopause. So they might have hot flashes. They might have vaginal dryness, sometimes mood symptoms.

For some patients that's tolerable, and only for a short window. We usually would do it for one to three months. But for other women. It's very uncomfortable.

And if they ever look on the internet, that's usually what you read about. Or just all

the horrible nightmares with it. But some patients do just fine with it.

It is not something that I would recommend long term. But it is something that you could use, for example, if they were 50, already having hot flashes, close to menopause to help relieve symptoms. And most the time it'll stop bleeding as well.

There are some promising medical therapies. Letrozole is one. We recently did a study here, but the results aren't out just yet. Mifepristone and ulipristal is probably the most hopeful that's actually-- it's approved in Europe, but it hasn't been FDA approved here yet. I expect that it probably will be in the future, but it is another medical option.