

NovaSure[®]

Endometrial Ablation

Patients want to hear about the NovaSure procedure on their first visit

In a nationwide survey of 1,456 NovaSure patients, 77% of women said their first doctor's visit would have been the ideal time to have been presented with the NovaSure procedure as a treatment option for heavy bleeding¹.

Patients prefer characteristics of Endometrial Ablation

In a recent study out of the Netherlands, 165 patients with AUB were presented with treatment characteristics of LNG-IUS or endometrial ablation². The findings showed that the participating women generally prefer the treatment characteristics related to endometrial ablation: an irreversible treatment without hormones that does not need to be repeated after five years, with a low probability of irregular bleeding.

The following characteristics of endometrial ablation were preferred:

- An irreversible treatment
- No hormones
- Does not need to be repeated after five years
- Low probability of irregular bleeding
- Performed by gynecologist

Why Physicians Prefer the NovaSure Procedure

NovaSure endometrial ablation is a quick, one-time, five-minute procedure that's safe and effective for patients suffering from AUB

Proven safe and effective treatment for AUB: Over 15 years of clinical usage history and 3 million patients treated

Can be performed in the OR or office setting

Potential Risks of LNG-IUS for treatment of AUB

A large nationwide study was recently completed with over 2000 women diagnosed with breast cancer in a cohort of nearly 94,000 LNG-IUS users with AUB consisting of 1,032, 767 women-years³. Compared with the general female population, LNG-IUS users for treatment of AUB had:

A significantly increased risk of ductal carcinoma, standardized incidence ratio (SIR) 1.20, 95% confidence interval (CI) 1.14 – 1.25

A significantly increased risk of lobular breast cancer, highest among women who used LNG-IUS at least twice (SIR 1.33, 95% CI 1.20 – 1.46)

- Women given a second LNG-IUS for treating AUB had a 73% higher risk for developing lobular carcinoma compared to women in the general population.

These results support previous studies that hormonal manipulation with the use of LNG-IUS for treatment of AUB is associated with a significantly increased risk of breast cancer.

NovaSure® Endometrial Ablation

Common Considerations

“I am mandated by insurance to place an IUD as a first-line treatment.”

It's important to know the patient's insurance carrier and follow that plan's medical policy. We are not aware of any insurance companies that specifically require placement of an IUD first, but some require hormonal therapy unless the patient is contraindicated.

If you'd like more information or have additional questions, we have a resource called The Pinnacle Health Group that can help with billing, coding and coverage questions. They can be contacted via hologic@thepinnaclehealthgroup.com

“Most patients want the least invasive treatment option for their AUB.”

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“Nurse Practitioners and PAs enjoy counseling patients on all the options for AUB treatment.”

APCs do want to know about all the options available for treatment of AUB. Hologic can help educate APCs regarding these options so that they can incorporate this information in their counseling and patients can make an informed decision for themselves.

“Is it required to fail medical therapy first before moving to endometrial ablation?”

The presence of anemia or failure of intolerance of medical therapy are important considerations but should not be construed as prerequisites for endometrial ablation⁴.

1. In the Know was a nationwide initiative conducted as a means of providing individual physicians and whole practices their customized NovaSure patient outcomes data. 1,456 NovaSure patients were surveyed three months post-procedure across a broad range of key clinical and quality of life areas. Hologic Data on File 2009. **2.** Van den Brink et al. Women's preferences for the levonorgestrel intrauterine system versus endometrial ablation for heavy menstrual bleeding. *EJOG* 2018. **3.** Soini T, et al. *Acta Oncologica*. 2016;55:188–192. Levonorgestrel-Releasing Intrauterine System and the Risk of Breast Cancer: a Nationwide Cohort Study. **4.** ACOG. Endometrial Ablation. ACOG Practice Bulletin No. 81. *Obstet Gynecol*. 2007;109:1233. Reaffirmed 2015.