OBJECTIVE: Polytetrafluoroethylene (PTFE) is a permanent adhesion barrier that is sutured to the uterus following myomectomy. Although existing literature suggests that PTFE is superior to oxidized regenerated cellulose for adhesion prevention, its use is limited by lack of pregnancy outcome data. Our objective was to provide important preliminary data on pregnancy outcomes following myomectomy with PTFE membrane placement between January 1, 2003 and December 31, 2009 at Prentice Women’s Hospital. Those with documented pregnancies following their surgical procedures were included in the final data set.

RESULTS: Sixty-eight women underwent myomectomy with PTFE membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membranes placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm membrane placement at our institution during the study period. Within this study population, 18 pregnancies were subsequently documented among 15 women (Table). There were no documented cases of preterm labor, preterm

OBJECTIVE: Preterm labor has been shown to reduce fetal size, but its effects on the expression of proteins involved in the transduction of extracellular forces are unknown. Here we examined expression and phosphorylation of focal adhesion kinase (FAK) and Crk-associated substrate (p130Cas) in fibroid and myometrial tissues, including fibroids from women treated with ulipristal acetate.

CONCLUSION: FAK and p130Cas were differentially expressed and phosphorylated in fibroid and myometrial tissues, consistent with altered mechanical signaling in fibroids. Treatment with ulipristal acetate altered expression of key proteins involved in mechanotransduction, consistent with restoration of normal mechanotransduction.

RESULTS: Ulipristal acetate decreased expression of total FAK in untreated fibroids vs. myometrial tissue. Immunoblot also revealed decreased phosphorylation of FAK in fibroids vs. myometrial tissue. Conversely, phosphorylation of p130Cas appeared to be increased in fibroids vs. myometrial tissue. Treatment of fibroids with ulipristal acetate showed both a qualitative increase in total FAK expression by IHC, and a quantitative increase in phosphorylation of FAK by immunoblot.

RESULTS: Approximately two thirds of the audiences selected the dark scarred lesion and may otherwise be a confusing term.

RESULTS: IS PRE-ART HYSTEROSCOPIC MYOMECTOMY COST-EFFECTIVE IN WOMEN WITH SUBMUCOUS (SM) FIBROIDS SEEKING ART? K. Devine, a S. Mumford, b J. Segars, a Y. Armstrong, a "Program in Adult and Reproductive Endocrinology, NICHD, National Institutes of Health, Bethesda, MD; bEpidemiology Branch, Division of Epidemiology, Statistics, and Prevention Research, NICHD, National Institutes of Health, Bethesda, MD.

OBJECTIVE: Hysteroscopic myomectomy (HM) is associated with ~16% increase in fecundability. However, financial considerations may influence the decision of whether to delay ART in order to optimize the endometrial cavity via HM. We sought to determine whether removal of submucous fibroids prior to ART was cost-effective.

CONCLUSION: Decision tree mathematical model with sensitivity analysis utilizing published data.

RESULTS: ART success (OPR) in patients with SM fibroids in situ vs. post-HM; and (2) mean perioperative costs of HM. ART charges were obtained from regionally diverse clinic websites. Adjusted to 2012 dollars, median ART costs were estimated to be $14,728, and median HM+ART costs to be $21,710. These were used as surrogates for clinical costs. A decision tree was constructed. (1) ART vs. (2) HM followed by ART. Sensitivity analyses were performed over the range of OPRs.

RESULTS: ART success (OPR) in patients with SM fibroids in situ vs. post-HM patients were obtained from three published studies as 18.5%-23.0%. HM was also cost-effective whenever OPR was >51.6%, which brought cost per ongoing post-HM pregnancy to <$24,079. Therefore, an improvement in OPR of >10.9% (23% pre-HM vs. 33.9% post-HM) was required to make pre-ART HM cost-effective.

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