

High frequency ablation of the endometrium using a mesh electrode in patients with menorrhagia¹

A horizontal bar composed of 18 rectangular segments of varying shades of blue and grey. The word 'EXTRACT' is centered in white text on a dark blue segment.

EXTRACT

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¹ Translation of the executive summary of the assessment of potential E20-09 Hochfrequenzablation des Endometriums mittels Netzelektrode bei Menorrhagie. Please note: This translation is provided as a service by IQWiG to English-language readers. However, solely the German original text is absolutely authoritative and legally binding.

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Executive Summary

The Federal Joint Committee (G-BA) commissioned the Institute for Quality and Efficiency in Health Care (IQWiG) to assess the potential of high-frequency ablation of the endometrium using a gold mesh electrode in patients with menorrhagia in accordance with §137e Social Code Book V – Statutory Health Insurance. The application was forwarded to IQWiG on 23 July 2020.

According to the applicant, this method is intended to reduce excessive menstrual bleeding in premenopausal women or to prevent bleeding altogether (amenorrhoea).

There were 63 completed studies available for the assessment, 12 of which were randomized controlled trials (RCTs); of these 12 RCTs, 10 RCTs related to comparisons with other ablation procedures, and 9 of those were RCTs with full publications.

The assessment primarily drew on 3 RCTs that compared the method from the application with loop resection in combination with rollerball ablation (L/R). Results were available from these RCTs on the patient-relevant outcomes of bleeding severity, reinterventions including hysterectomies, symptoms of premenstrual syndrome, pain or dysmenorrhoea, health-related quality of life, (intra- and postoperative) adverse events and return to normal activity.

Overall, the 3 studies suggested positive effects of the method with regard to lower frequency of dysmenorrhoea and adverse events, while the results for the other patient-relevant outcomes, in particular bleeding severity, suggested at least equivalence with L/R.

Based on the application documents submitted for impedance-controlled high-frequency ablation in patients with menorrhagia, it can therefore be inferred that there is potential for a necessary treatment alternative, based in particular on the available findings on dysmenorrhoea and adverse events.

Results from an additional 6 RCTs comparing the method from the application with other ablation techniques supported this assessment of potential.

The study results available to date suggest that it would be feasible to carry out a benefit assessment of the method. For this reason, no comments were made on the submitted key points for a testing study for the method from the application.

The full report (German version) is published under

<https://www.iqwig.de/en/projects/e20-09.html>.