



IQWiG Reports – Commission No. H22-03

Transcervical radiofrequency ablation with intrauterine ultrasound guidance for uterine fibroids

Addendum to Commission H21-14¹

Extract

¹ Translation of the executive summary of the addendum H22-03 *Transzervikale Radiofrequenzablation mit intrauteriner Ultraschallführung bei Uterusmyomen – Addendum zum Auftrag H21-14* (Version 1.0; Status: 17 May 2022). 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

In a letter dated 24 March 2022, the Federal Joint Committee (G-BA) commissioned the Institute for Quality and Efficiency in Health Care (IQWiG), as an addendum to commission H21-14, to examine the conclusions of the assessment according to §137h Social Code Book (SGB) V on the benefit, harmfulness and ineffectiveness of the method “transcervical radiofrequency ablation with intrauterine ultrasound guidance (TRFA) for uterine fibroids”.

Research question

The aim of the present investigation was to determine whether further relevant studies on TRFA for uterine fibroids exist besides the documents already used in the §137h assessment H21-14. If this was the case, it was to be examined whether, taking these into account, still neither a benefit, harmfulness nor ineffectiveness could be identified for the examination or treatment method in question. Furthermore, it was to be examined whether, besides the studies already used in the §137h assessment, ongoing studies exist that are in principle suitable to provide relevant findings on the benefit, harmfulness or ineffectiveness of the method in the near future.

Methods

Randomized controlled trials (RCTs) were included that investigated TRFA for uterine fibroids with regard to patient-relevant outcomes and that had not already been used in the assessment according to §137h.

A systematic literature search for studies was conducted in MEDLINE and the Cochrane Central Register of Controlled Trials. In parallel, a search for relevant systematic reviews was conducted in MEDLINE, the Cochrane Database of Systematic Reviews, the HTA Database as well as on the websites of the National Institute for Health and Care Excellence (NICE) and the Agency for Healthcare Research and Quality (AHRQ). The last search was conducted on 30 March 2022. In addition, the following information sources and search techniques were considered: study registries and screening of reference lists. The selection of relevant studies was performed by 2 reviewers independently of one another.

Information assessment and information synthesis and analysis were guided by the principles described in the Institute’s General Methods.

Results

No additional relevant completed or ongoing studies were identified during information retrieval. There is no new information on the planned SUPERIOR RCT. We also refer to the §137h assessment H21-14.

Conclusion

After systematic examination, there is still no evidence of a benefit, ineffectiveness or harmfulness of TRFA for uterine fibroids. Beyond the studies already considered in the §137h

assessment, no additional completed or ongoing studies were found that would in principle be suitable to provide evidence of a benefit, ineffectiveness or harmfulness in the near future.

The full report (German version) is published under

<https://www.iqwig.de/projekte/h22-03.html>