



HealthManagement.org

Promoting Management and Leadership

Hologic MyoSure® REACH Device Help Physicians Access the Upper Third of the Uterine Cavity



Company Also Will Feature Full Range of Women's Health Topics at 2016 American College of Obstetricians and Gynecologists (ACOG) Annual Clinical and Scientific Meeting

Hologic, Inc. (Nasdaq: HOLX) has announced that the MyoSure® suite of gynecologic surgical products is expanding to include the MyoSure REACH device. The MyoSure REACH device confronts the challenge of hard-to-reach uterine pathology by enabling access to the upper third of the uterine cavity¹.

"The ability to remove hard-to-reach intrauterine pathology is an important enhancement for the MyoSure system, and it demonstrates Hologic's dedication to women's health," said Edward Evantash, M.D., Medical Director and Vice President of Medical Affairs, Hologic. "The MyoSure REACH device offers the benefits of the current device, plus expanded capabilities to remove pathology in the upper third of the uterine cavity."

The MyoSure tissue removal system is designed to offer a simple and quick solution for women with polyps and fibroids, which often cause abnormal uterine bleeding (AUB). AUB is estimated to affect 11 to 13 percent of reproductive-age women and nearly 24 percent of women ages 36 to 40². The MyoSure REACH device features a shortened distance from the distal tip to the cutting window of less than 1 millimeter. When compared to the predecessor device, the new design has been shown to get three times closer to the uterine wall and removes 25 percent more tissue in a simulated bench top model³. The new product will be displayed and available for demonstrations for the first time at the American College of Obstetricians and Gynecologists (ACOG) Annual Clinical and Scientific Meeting in Washington, D.C. from May 14 to 17. Other devices in the MyoSure suite of products include the MyoSure, MyoSure® XL, and MyoSure® LITE devices.

"The MyoSure REACH device helps physicians better meet the needs of their patients by providing them an efficient and effective solution for pathology removal," said Tom O'Neill, Hologic's Division President, GYN Surgical Solutions. "The MyoSure REACH device is an exciting addition to Hologic's suite of gynecologic solutions, which are quick and effective for physicians and patients."

Hologic to Offer Comprehensive Educational Opportunities and a Mobile Broadcast Studio at Booth #600 during ACOG Meeting

At ACOG, Hologic is partnering with ReachMD to feature a mobile broadcast studio that will record and broadcast educational interviews and sessions from its booth. These expert interviews will address a full range of women's health topics, including breast health, abnormal uterine bleeding, sexually transmitted infections,

and cervical cancer screening. Interviews will take place on the half-hour on Sunday, May 15 from 10 a.m. to 5 p.m., and on Monday, May 16 from 10 a.m. to 5 p.m.

A full listing of activities can be viewed at the Hologic Booth (#600), including:

- Introduction to the MyoSure® REACH device
- Evidence-based discussion on cervical cancer screening
- NAAT vs. wet mount for STI screening

Also available at the Hologic booth:

- Breast cancer patient education tools
- Genius™ 3D MAMMOGRAPHY™, the number one OB/GYN-referred breast tomosynthesis exam⁴, which is more accurate^{5,6} and detects breast cancer 15 months earlier⁷ than conventional exams
- Dr. Linda Greer, Medical Director of HonorHealth Breast Health and Research Center and co-author of the groundbreaking study "Breast Cancer Screening Using Tomosynthesis in Combination with Digital Mammography," published in the *Journal of the American Medical Association (JAMA)*. Dr. Greer will analyze 2D versus 3D™ MAMMOGRAPHY images and review patient cases
- Educational material surrounding National Osteoporosis Month in May. Additional prevention tips and resources can be found at www.boneawareness.com

Reference:

1 Di Spiezio Sardo A, Calagna G, Guida M, Perino A, Nappi C. Hysteroscopy and treatment of uterine polyps. *Best Pract Res Clin Obstet Gynaecol.* 2015;29:908-919.

2 Primary Care Management of Abnormal Uterine Bleeding. Agency for Health Care Research and Quality website <http://effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?productid=1431&pageaction=displayproduct>. Updated March 21, 2013. Accessed April 25, 2016.

3 Based on internal bench testing that measured average relative height change of simulated 2-cm diameter tissue resected from a uterine model by 11 surgeon users

4 ProVoice Survey conducted by AlphaImpactRx

5 Friedewald SM, Rafferty EA, Rose SL, et al. Breast cancer screening using tomosynthesis in combination with digital mammography. *JAMA.* 2014;311(24):2499-2507.

6 Rose SL, Tidwell AL, Bujnoch LJ, Kushwaha AC, Nordmann AS, Sexton R. Implementation of breast tomosynthesis in a routine screening practice: an observational study. *AJR Am J Roentgenol.* 2013;200(6):1401-1408

7 McDonald ES, Oustimov A, Weinstein SP, Synnestvedt MB, Schnall M, Conant EF. Effectiveness of digital breast tomosynthesis compared with digital mammography: outcomes analysis from 3 years of breast cancer screening. *JAMA Oncol.* 2016;E1-E7. <http://oncology.jamanetwork.com/article.aspx?articleid=2491465>. Accessed March 2, 2016.

Source & Image Credit: [Hologic](#)

Published on : Wed, 11 May 2016