

## Estimating Incident Uterine Leiomyoma Diagnosis in an HMO

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**Objective:** To estimate incidence of uterine leiomyoma (UL) diagnosis in an HMO

**Methods:** We examined the medical claims of a cohort of women (ages 18-50 in 1995) continuously enrolled for 7 years, 1995-2002, in Henry Ford Health System's HMO in the Detroit area. Women with no diagnosis of UL and a hysterectomy in 1995-96 were excluded. Any woman with no UL diagnosis code (ICD 9=218) in 1995-96 but with one in 1997 or later was considered to have an incident diagnosis.

**Results:** Our cohort contained 27,958 women (37% Black, 59% White, 4% Other; Baseline age: 18-30, 18%, 31-35, 18%, 36-40, 24%, 41-45, 23%, 46-50, 17%); 1312 (5%) had at least one UL diagnosis in 1995-96. Of the remaining 26,646 women, the annual UL diagnosis incidence was approximately 2% each year. From 1995 to 2002, 4244 (15%) women in our cohort had a UL diagnosis; the 5 year (1997-2002) cumulative incidence was 11%.

Most (55%) of those diagnosed in 1997-2002 were Black (41% were White). Black women (mean=43.2 years, SD=5.8) tended to be younger at age of diagnosis compared with White women (mean=45.0 years, SD=5.5;  $p<0.05$ ). Eleven women ages 18-25 were newly diagnosed with UL; a little more than 2% ( $n=99$ ) of the incident diagnoses were in women 26-30 and about 9% ( $n=361$ ) of the incident cases were in women 31-35; 75% of the 110 women age  $\leq 30$  who had an incident diagnosis were Black. The remaining incident cases were mainly among women aged 36-50: 36-40, 21%; 41-45, 33%; 46-50, 27%; 51+, 8%.

**Conclusions:** The data from this large cohort of women with ready access to health care services support trends suggested in the literature. Black women were more likely to be diagnosed than White women and tended to be younger at diagnosis. A small, but notable number of young women ( $\leq 30$ ) were diagnosed with UL. Future work will examine the health care experience of these diagnosed women.