## Appendix D. Stakeholder Partnership Council (SPC) Recommendations for Analyses

| SPC RECOMMENDATIONS | QuintilesIMS RESPONSE |
|---|---|
| **General** | |
| Full and detailed summary of follow-up time in the cohort(s)—min, max, median, mean, *n*-tiles, % with 2, 3, 4, 5 years or more of follow-up—and examine 1 of the multivariable analyses on a different cohort defined by follow-up; i.e., follow-up time not equal to 2 years. | IMPLEMENTED: Per the committee recommendation, analyses were run both with follow-up time limited to 2 years and time to event analyses including all available follow-up time. |
| Breakdown of 18- to 40-year-old age group (e.g., 18–30 years old) | NOT IMPLEMENTED: This analysis was explored, but the numbers were small, with only 1% of women between 18 and 30 years of age. |
| **Treatment Patterns** | |
| Consider in plans for manuscript a table summarizing the characteristics of patients by black/white race, to help with any interpretation of racial differences in treatment patterns. This would be 1 of the potential themes of interest for the manuscript. | NOT IMPLEMENTED: It was decided that this topic will be reserved for a potential manuscript. |
| Confirm/explore whether a possible finding of more frequent, less invasive procedures among black women is true and holds up within age strata. | NOT IMPLEMENTED: Race was included as a covariate in the models; however, the sample size did not allow for stratification by race. |
| Include some detail on the distribution of subsequent procedures and/or treatment sequencing. | IMPLEMENTED: Treatment patterns and subsequent procedures were examined. |
| Provide more detail on patients receiving hysterectomies. | NOT IMPLEMENTED: It was felt that this request was beyond the scope of this study, which focuses on uterus-conserving procedures. |
| Hysterectomy is now mostly an outpatient procedure, so it would be interesting to look at time trends. | NOT IMPLEMENTED: Beyond the scope of the current study |
| Could be interesting to see if any of the myomectomy patients got pregnant, since | NOT IMPLEMENTED: Beyond the scope of the current study |

| | |
|---|---|
| that is the procedure recommended for those who still want to have a family. | |
| **Symptoms/Procedures** | |
| Recommended table structure: Create a table where rows are the covariates in the model and columns are symptoms and procedures. | NOT IMPLEMENTED: It was felt that this may be worthwhile for a publication, but there were other analyses/tables that were of greater priority. |
| Would it be interesting/feasible to use hysterectomy as the referent group for the models? | NOT IMPLEMENTED: We did not agree with this recommendation because hysterectomy would not make sense as there could not be any procedures or UF symptoms after hysterectomy. |
| Consider changing age to categorical. | IMPLEMENTED: We used age continuous where appropriate and age categorical when this helped to ensure the model fit. |
| Include Kaplan-Meier curves. | IMPLEMENTED: Per the committee recommendation, Kaplan-Meier curves were produced to further examine the time to event analyses. |
| Summarize the median, range, and *n*-tiles of days (not just mean) to subsequent symptoms or procedures, including patients who did not have the event of interest. | IMPLEMENTED: Additional information about follow-up time and time to event was provided. |
| New/recurrent symptom timing may just be the next annual check-up for patients—good to point out that these procedures are not resulting in women having to go back to the doctor before this annual check-up. | IMPLEMENTED: Kaplan-Meier curves were produced that reflect the time to new or recurrent symptoms. |
| A window of > 7 days for subsequent procedures may not be enough—30 or 60 would be preferable; could do further sensitivity analyses. | IMPLEMENTED: The time window was increased to 60 days per review of the data and clinician recommendation. |
| Look at the distribution of subsequent procedures by index procedure. | NOT IMPLEMENTED: Agree that this would be interesting to look at and may be appropriate to discuss in manuscript. |
| Consider restriction to patients who are nonobese and have no comorbidities at baseline as additional analysis—to address the point that it might not really be a "treatment failure" in complex patients with | NOT IMPLEMENTED: We adjusted for these variables in the model, but, given the sample size, stratified analyses for patients without comorbidities were not feasible. |

| | |
|---|---|
| multiple comorbidities to address their fibroids by multiple less invasive procedures in order to not put them at risk of a thrombotic event or other issues from more invasive procedures. | |
| Is there anything more we can do to describe the experience of patients with no recurrence? | IMPLEMENTED: Survival curves were produced and additional text added to the report to highlight these patients. |