



OPEN Validation of self-report of uterine fibroid diagnosis using a transvaginal ultrasound scan

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Self-report of uterine fibroids (UF) has been used for epidemiologic research in different environments. Given the dearth of studies on the epidemiology of UF in Sub-Saharan Africa (SSA), it is valuable to evaluate its performance as a potential tool for much needed research on this common neoplasm in SSA women. We conducted a cross-sectional study of self-report of UF compared with transvaginal ultrasound diagnosis (TVUS) among 486 women who are members of the African Collaborative Center for Microbiome and Genomics Research (ACCME) Study Cohort in central Nigeria. We used log-binomial regression models to compute the classification, sensitivity, specificity, and predictive values of self-report compared to TVUS, adjusted for significant covariates. The prevalence of UF on TVUS was 45.1% (219/486) compared to 5.4% (26/486) based on self-report of abdominal ultrasound scan and 7.2% (35/486) based on report of healthcare practitioner's diagnosis. Self-report correctly classified 39.5% of the women compared to TVUS in multivariable adjusted models. The multivariable adjusted sensitivity of self-report of healthcare worker diagnosis was 38.8%, specificity was 74.5%, positive predictive value (PPV) was 55.6%, and negative predictive value (NPV) was 59.8%. For self-reported abdominal ultrasound diagnosis, the multivariable adjusted sensitivity was 40.6%, specificity was 75.3%, PPV was 57.4%, and NPV was 60.6%. Self-report significantly underestimates the prevalence of UF and is not accurate enough for epidemiological research on UF. Future studies of UF should use population-based designs and more accurate diagnostic tools such as TVUS.

Uterine fibroid or uterine leiomyoma (UF) is the most common solid and symptomatic neoplasm in women globally and in Sub-Saharan Africa (SSA)^{1,2}. There is a dearth of data on its prevalence, but studies from developed countries show that the cumulative incidence of UF by the age of 50 years is 70–80%^{3,4}. The incidence and prevalence of UF varies significantly by race, and all studies with race data report a higher incidence and prevalence in women of African ancestry^{5–7}. Though benign and frequently asymptomatic, UF is associated with significant morbidities, including menorrhagia and other menstrual abnormalities, anemia, pelvic pain, infertility, pregnancy complications, and occasional mortality^{8–10}. Globally, the total direct and indirect costs of UF after diagnosis or from surgical care ranged from US\$11,717 to \$25,023 per patient per year¹¹.

There have been very few well-conducted studies of the epidemiology of UF in SSA. In a recent scoping review of several databases¹², we identified only nine epidemiologic studies of UF in SSA^{13–19}. Of these, two were hospital-based case-control studies, while the others used different study populations, sampling methods, study designs, and methods of analyses²⁰. These studies mostly reported on women who were diagnosed at clinics, pathology, or ultrasound departments²¹. However, data from developed countries estimate that UF is clinically apparent in only 25% of women of reproductive age and leads to clinical presentation in only 25% of these clinically apparent cases¹. Hospital-based studies are therefore likely to significantly underestimate the burden of UF in the population and are subject to selection bias.

Self-report of clinical conditions is a commonly used tool in epidemiological research. Almost 90% of urbanized Nigerian women and 97% of those who have received at least 12 years of education receive ante-natal care during which abdominal ultrasounds are typically performed²². Report of being informed about the

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oils are proving important in many healthful ways For example reactive components in olive oils or olive oil by products have now been isolated and identified These include tyrosol hydroxytyrosol 3 4 dihydroxyphenyl acetic acid elenolic acid and oleuropein Oleic acid is the main monosaturated fatty acid of olive oil These have putative protective effects and modulate the biochemistry of a variety of cell types including those of the vascular system Some but not all components have been characterised by their putative pharmacological properties It is possible that usage of these aforementioned products may have beneficial application in other disease However in order for this cross fertilization to take place a comprehensive understanding of olives and olive oils is required Finding this knowledge in a single volume provides a key resource for scientists in a variety of food an nutritional roles Explores olives and olive oil from their general aspects to the detailed level of important micro and micronutrients Includes coverage of various methodologies for analysis to help scientists and chemists determine the most appropriate option for their own studies including those of olive related compounds in other foods Relates in a single volume resource information for food and nutritional chemists pharmaceutical scientists nutritionists and dieticians Presents information in three key categories General aspects of olives an olive oils Nutritional pharmacological and metabolic properties of olives and olive oil Specific components of olive oil and their effects on tissue and body systems

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