

Hologic: Integrating Sonata into GYN Surgical

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Management perspective: Hypothetical GYN Surgical leadership assignment

Case convention: The decision assignment is hypothetical. The public company and clinical facts are historical. The cutoff is six minutes after Hologic's Form 10-Q was accepted by EDGAR and before the company's earnings call that day. [S1, S2]

Decision Assignment

Hologic's acquisition of Gynesonics added Sonata to a portfolio that already included several products used in gynecologic surgery. The acquisition had closed earlier that year. A hypothetical assignment asks you, as a member of GYN Surgical leadership, to recommend how Hologic should organize Sonata's commercial and clinical-support work over the next 12 months.

Should Hologic rapidly combine Sonata account planning and selected support routines with the broader GYN portfolio, seeking coordination and reach? Or should it stage integration, using Hologic infrastructure selectively while preserving visible Sonata-specific product and clinical expertise? You may recommend a hybrid. Explain what should be shared, what should remain specialized, what evidence management should collect, and what findings would change your approach.

This is an operating-model decision, not a reconsideration of the acquisition or a clinical recommendation for an individual patient. The public record does not disclose channel overlap, adoption cohorts, product-level economics or integration results. Do not assume that cross-selling has occurred or assign a value to synergies.

1. A Broader GYN Portfolio

Hologic described Gynesonics as complementary to its women's-health portfolio. Sonata uses intrauterine imaging to guide transcervical radiofrequency ablation of symptomatic uterine fibroids, including fibroids associated with heavy menstrual bleeding. FDA's July 2024 Class II 510(k) decision found the device substantially equivalent for its stated intended use. That determination is not a finding of comparative clinical superiority. [S1, S3]

Hologic's GYN Surgical portfolio also included MyoSure hysteroscopic tissue removal, NovaSure endometrial ablation, Fluent fluid management and Acesa ProVu laparoscopic radiofrequency ablation. These technologies have different mechanisms and are not interchangeable for every patient or clinical situation. The product list establishes adjacency; it does not show which

clinicians or accounts use more than one product, or how treatment decisions are made. [S1]

Hologic sells and services through a mix of direct personnel, distributors and sales representatives. Its public filings do not map those channels to Sonata, identify overlap with legacy GYN teams, or state whether Gynesonics personnel and routines were retained. The opportunity for common account planning is therefore plausible, but its practical reach is unknown. [S1]

2. Early Results: Several Possible Explanations

In fiscal Q3 2025, ended 28 June, Hologic reported GYN Surgical revenue of \$178.4 million, up 7.1% year over year (6.3% at constant currency). The company's organic growth measure, which excluded Gynesonics, was 2.0% (1.2% at constant currency). These are distinct company-reported comparisons. They do not isolate the effects of integration. [S2]

The 10-Q separately reports Q3 GYN product revenue of \$175.7 million, compared with \$165.4 million a year earlier. Gynesonics contributed \$8.5 million of product revenue in the quarter and \$14.7 million in the first nine months of the fiscal year. This is an early, short post-close observation. The filing does not identify how much, if any, came from shared selling or other integration activity. [S1]

Management attributed product-revenue growth to Gynesonics, Fluent and MyoSure, and higher international NovaSure volumes, primarily in Europe. Lower domestic NovaSure volumes and lower Acesa ProVu volumes partially offset those effects. Management also cited a go-direct strategy and improved reimbursement in some European markets for international NovaSure performance. These explanations leave open whether portfolio coordination, acquired revenue, legacy demand or geography mattered most. [S1]

Cost and margin evidence also requires care. For the **quarter**, Hologic attributed a higher GYN product-cost ratio primarily to lower domestic NovaSure volumes, higher sales of lower-margin Fluent and Sonata systems, and lower domestic MyoSure average selling prices. For the **nine-month period**, the comparison also reflected an acquired-inventory fair-value step-up and Acesa/Bolder impairment effects. The periods have different drivers; neither provides a Sonata product margin. Segment operating income is a company-defined measure and the reported nine-month segment result is not a Sonata profit-and-loss statement. [S1]

The acquisition accounting is similarly not a verdict on strategy. The 10-Q recorded a preliminary purchase price of \$340.7 million. The cash-flow statement showed \$321.5 million of acquisition cash paid net of acquired cash; the preliminary allocation included \$19.2 million of acquired cash. Hologic's October announcement had described approximately \$350 million of consideration before customary adjustments. These amounts use different bases and should not be treated as interchangeable measures of realized value. [S1, S4]

3. Clinical Context and Commercial Learning

Published FAST-EU and SONATA studies reported improvements in bleeding and symptom or quality-of-life measures through 12 months among treated participants. FAST-EU enrolled 50 women; SONATA enrolled 147. The studies were prospective cohorts without a randomized alternative-treatment comparator. A later article analyzed selected subgroups across the trials. Its findings can describe study populations and outcomes; they do not establish superiority over another procedure, commercial demand, payer coverage or cost-effectiveness. [S5]

The case question concerns how to support and organize commercialization, not whether a treatment is clinically appropriate. Clinician training, patient eligibility, local practice and payer

access could matter to adoption, but this public record does not reveal which factor is binding for Sonata. Nor does the record disclose a sales funnel, installed base, conversion rate, service burden, disposable economics, channel overlap or staff-retention data.

4. The Integration Choice

An accelerated approach could combine account planning, selected clinical-support and service routines, and cross-product education. Hologic might gain from coordinating complementary assets and reducing duplicated effort. But these gains depend on assets actually being shared and useful. A single GYN account plan could overstate channel overlap, blur differences among procedures or dilute specialized training and product knowledge.

A staged approach could preserve Sonata-specific expertise while selectively using Hologic's infrastructure. Leadership could define what to share now, identify evidence gaps and establish review gates before expanding common routines. This protects learning and product-specific support, but could duplicate effort, slow access to accounts or leave coordination opportunities unrealized.

Academic studies offer lenses, not a company-specific answer. Research on technological acquisitions in chemical firms finds that knowledge relatedness can be associated with both recombination opportunity and integration burden; it does not estimate medical-device sales effects. Complementary-assets theory suggests that access to specialized commercialization capabilities can matter, but Hologic's public disclosures do not show whether such assets are bottlenecks for Sonata. Research on autonomy and integration is also limited here: one cited study is available only at abstract level, and an earlier working paper is conceptual. [S6]

Exhibits

Exhibit 1. What the public evidence can and cannot establish

Evidence	What it establishes	What it does not establish
Sonata's device description and FDA 510(k) decision	Intended use and substantial-equivalence determination	Superiority, payer coverage, adoption or comparative economics
Portfolio list and mixed sales channels	Hologic has adjacent GYN products and multiple route-to-market types	Account overlap, shared selling, referral patterns or retained staffing
Q3 segment and product revenue	Segment growth, organic growth and acquired Gynesonics contribution on stated bases	Sonata-only growth, integration attribution or a product contribution margin
FAST-EU / SONATA clinical publications	Selected prospective-cohort outcomes and study design	Randomized comparison, commercial demand or cost-effectiveness

Exhibit 2. Q3 FY2025 GYN Surgical snapshot

Measure	Q3 FY2025	Comparison / note
Total segment revenue	\$178.4m	\$166.6m prior-year quarter; 7.1% reported growth, 6.3% constant currency
Organic segment growth	2.0%	1.2% at constant currency; company measure excludes Gynesonics
Product revenue	\$175.7m	\$165.4m prior-year quarter
Gynesonics product revenue	\$8.5m	Q3; \$14.7m for the nine months ended 28 June

These measures have different definitions and denominators. Do not calculate an acquired share of segment growth from the product-revenue figures. [S1, S2]

Exhibit 3. Reported cost/mix explanations

Period	Management's stated drivers of higher GYN product-cost ratio
Q3 FY2025	Lower domestic NovaSure volumes; higher sales of lower-margin Fluent and Sonata systems; lower domestic MyoSure ASPs
Nine months FY2025	Includes the quarterly factors plus acquired-inventory fair-value step-up and Acessa/Bolder impairment effects

No product-level or Sonata-specific gross margin is disclosed. [S1]

Questions for Discussion

1. What should Hologic integrate immediately, and what should remain Sonata-specific? Explain the capability or coordination mechanism behind each choice.
2. What can the Q3 results tell you about the acquisition and integration-and what can they not tell you? Separate reported growth, organic growth, acquired contribution and margin mix.
3. How should leadership design a 12-month learning plan? Identify a small set of indicators, owners and decision gates. Label all proposed targets or thresholds as hypothetical.
4. What evidence would make you accelerate integration? What evidence would lead you to preserve or restore more autonomy?
5. Which claims about Sonata's clinical or commercial value can responsibly be made from the evidence available at the cutoff?

Source Notes

- **[S1]** Hologic, Form 10-Q for quarter ended 28 June 2025, filed 31 July 2025: Notes 5, 13 and 16; MD&A pp. 33-39 and segment margin discussion pp. 44-45. SEC accession 0000859737-25-000022. [SEC filing](#)
- **[S2]** Hologic, "Hologic Announces Financial Results for Third Quarter of Fiscal 2025," 30 July 2025. [Company release](#)
- **[S3]** U.S. FDA, Sonata System 2.2, 510(k) K240503, decision letter and summary, 17 July 2024. [FDA record](#)
- **[S4]** Hologic, "Hologic to Acquire Gynesonics," 14 October 2024. [Company release](#)
- **[S5]** Lukes et al., FAST-EU, *Journal of Minimally Invasive Gynecology* 23(6), 2016, 913-921 (PubMed abstract); Shifrin et al., *International Journal of Gynecology & Obstetrics* 155(1), 2021, 90-97, Table 1, Methods, Results and disclosures. [FAST-EU abstract](#) · [Shifrin full text](#)
- **[S6]** Ahuja & Katila, "Technological acquisitions and the innovation performance of acquiring firms," *Strategic Management Journal* 22(3), 2001, 197-220; Teece, "Profiting from technological innovation," *Research Policy* 15(6), 1986, 285-305; Puranam, Singh & Zollo, *Academy of Management Journal* 49(2), 2006, 263-280 (abstract-level access), and INSEAD Working Paper 2002/61/SM (conceptual). Reading-depth and transfer limits are recorded in the research dossier.

All information after 31 July 2025, 07:45 ET-including the same-day earnings call-is outside the case information set.