

## Endometrial Cancer Best Timed Pathway

Day 1	<7	<14	15 – 20	<21	<28	<38
<p>PMB Recurrent PMB &gt;3-6 months</p> <p>Perimenopausal bleeding (≥45 years with &gt; 3 months: •irregular bleeding •IMB •unresponsive HMB</p> <p>Abnormal bleeding at any age if Lynch syndrome/ on tamoxifen</p> <p>Incidental raised postmenopausal ET •&gt;11mm (low risk) •&gt; 6mm (high risk)*</p>	<p>TV USS,  Blind pipelle biopsy if indicated</p> <p>Arrange hysteroscopy, biopsy if indicated** (ONE STOP CLINIC if feasible)</p> <p>Discharge if PMB &amp; ET &lt; 4mm.</p>	<p>OP hysteroscopy completed</p> <p>Histology reported</p> <p>MRI/CT requested</p> <p>Patient updated</p> <p>Discharge if histology negative.***</p>	<p>MRI/ CT TAP reported</p>	<p>SMDT with all results  including TYA input as required</p>	<p>SMDT IF delays due to needing GA procedure</p> <p>Patient updated</p> <p>CARp/listed locally/ref to Palliative Care</p>	<p>SMDT &amp; CARP deadline</p> <p>IF specific patient safety considerations (eg comorbidities needing specialist input re fitness for treatment).</p>

\* tamoxifen, BMI>30, diabetes, HNPCC/ Lynch syndrome

\*\*For women on tamoxifen, focal lesion on TVUSS, failed pipelle (unable to pass pipelle) or un- representative pipelle sample (not inserted > 4cm into uterine cavity or clinical opinion that the sample obtained not consistent with markedly thickened/suspicious endometrium on scan).

\*\*\*Scanty or inadequate histology in absence of markedly thickened suspicious ET on TVUSS can be accepted as consistent with atrophic endometrium. No further sampling is required unless recurrent PMB.