

Methods for investigating women presenting with post-menopausal bleeding

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Aim:

Endometrial cancer is the most common gynaecological cancer in the Western world and most women present with post-menopausal bleeding (PMB). 80% of women are diagnosed in stage 1 with an 80% 5-year survival rate.

In 2020 the recommended practice was for pelvic scan & outpatient hysteroscopy (OPH) for all PMB referrals. This had an impact on resources, capacity and length of pathways. A multicentre audit across four gynaecology diagnostic units in Greater Manchester & East Cheshire in 2021 showed that endometrial cancer was diagnosed by blind pipelle in around 75% cases. The Gynaecology Cancer Pathway Board endorsed first line investigation as pelvic ultrasound followed by

- blind endometrial biopsy for those with increased endometrial thickness (ET \geq 4mm)
- OPH with biopsy for focal changes, cystic endometrium, recurrent PMB or high risk due to tamoxifen, breast cancer or Lynch syndrome.

In order to ensure this change in practice was safe, we prospectively audited our PMB one-stop service to confirm we were not missing cases of endometrial cancer.

Methods:

All women presenting with first episode PMB, recurrent PMB, incidental finding of thickened endometrium and women over the age of 45 with abnormal uterine bleeding in September 2021 were identified and initial diagnostics and diagnosis were reviewed. The same women were followed up in May to June 2023 by telephone contact & review of hospital records to identify recurrent PMB or subsequent endometrial cancer diagnosis.

Results:

A total of 65 patients were initially seen through the PMB clinic in September 2021. Two women were diagnosed with endometrial cancer (Stages 1a; 1b) – both via GA hysteroscopy (both patients were seen in PMB clinic and deemed not suitable for pipelle – one had a polyp, the other had never had intercourse and declined speculum). The remainder were investigated as outlined above and discharged with the advice to return if recurrent PMB within the next 6 months. Two women had sadly died unrelated to gynaecological disease. Six women were excluded as declined contact. The remaining 55 women were then reviewed by telephone contact (38) and review of hospital records (17). 40/55 had no further bleeding. 15/55 had recurrent PMB and had benign findings only.

Conclusions:

This audit confirmed that no endometrial cancers were identified in the 20 months after initial assessment in PMB clinic. This supports the use of pelvic scan and blind pipelle in most women and hysteroscopy in the minority. First line pipelle biopsy is preferable as it is quicker, safer, more tolerable for the patient, easier to perform and there is no waiting list.