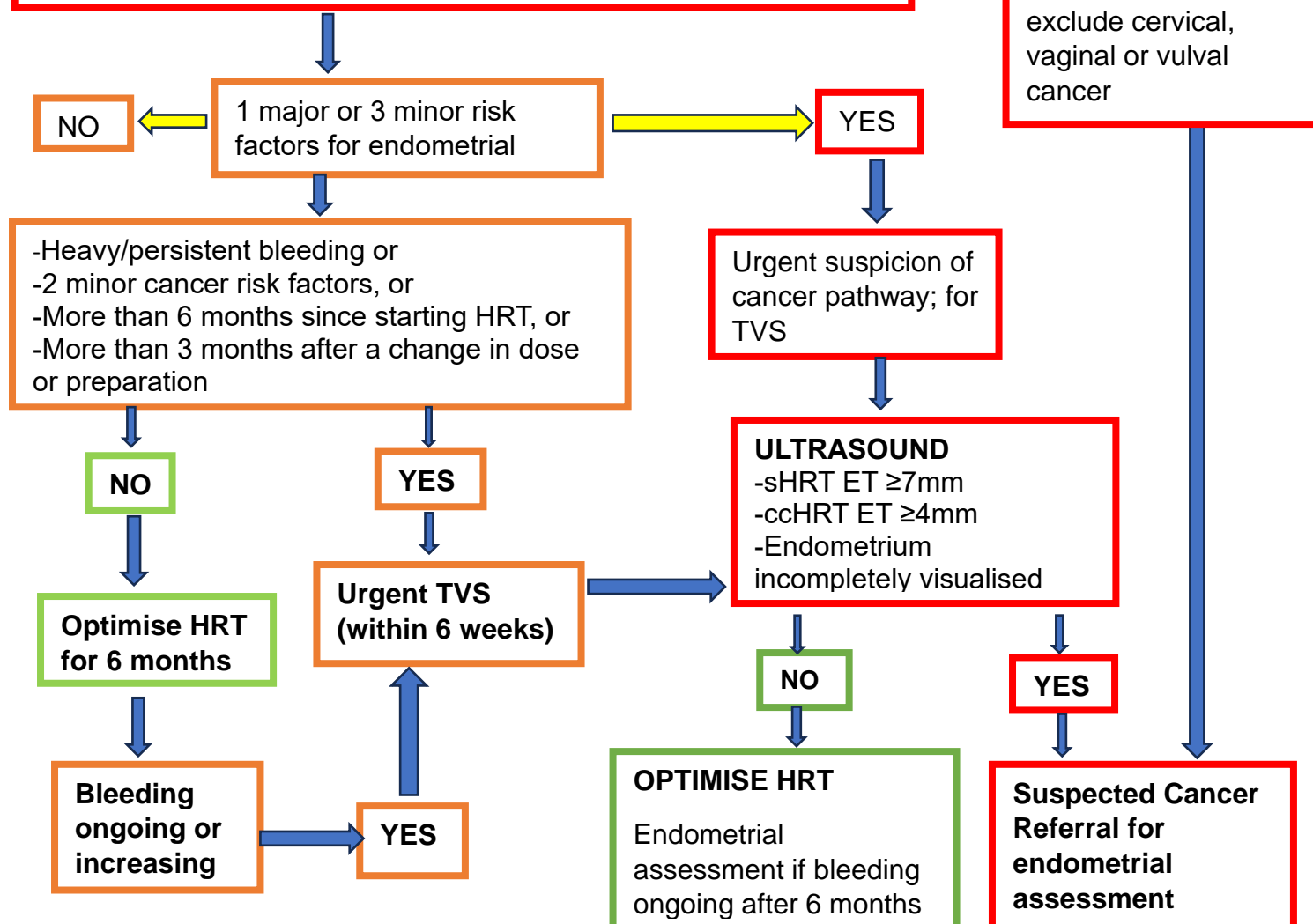


UNSCHEDULED BLEEDING ON HRT

1. Assess cancer risk factors and bleeding pattern
2. Identify HRT regimen, duration, compliance
3. Complete pelvic examination to exclude cervical, vaginal or vulval cancer-
4. Offer investigation if indicated e.g. cervical screening/genital swabs

PMB Not on HRT

Complete pelvic examination to exclude cervical, vaginal or vulval cancer



MINOR risk factors for endometrial cancer

- BMI 30-39 • Unopposed estrogen > 3 months but < 6 months
- Tricycling HRT (quarterly progestogen) for > 6 but < 12 months
- > 6 months but < 12 months of using norethisterone or medroxyprogesterone acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen
- Where the progestogen dose is not in proportion to the estrogen dose for > 12 months (including expired 52 mg LNG-IUD)
- Anovulatory cycles, such as in Polycystic ovarian syndrome
- Diabetes

MAJOR risk factors for endometrial cancer

- BMI ≥ 40
- Genetic predisposition (Lynch / Cowden syndrome)
- Estrogen-only HRT for > 6 months in women with a uterus
- Tricycling HRT (quarterly progestogen) for > 12 months
- Prolonged sHRT regimen: use for more than 5 years when started in women aged ≥ 45
- 12 months or more of using norethisterone or medroxyprogesterone acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen

References

*=1 British Gynaecological Cancer Society (BGCS) (2021) British Uterine Cancer Guidelines: Recommendations for Practice. Version 2.1

**=2 British Menopause Society (BMS) (2024) Management of Unscheduled Bleeding on Hormone Replacement Therapy.