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Endometrial cancer in symptomatic women with endometrial thickness 4.0-4.9mm

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Background

- Endometrial thickness (ET) measurement in patients presenting with postmenopausal bleeding (PMB) plays an important role in referral for hysteroscopy and biopsy.
- In absence of NICE guidelines there is controversy in regards to what is the appropriate threshold over which biopsy should be carried out.

Recent systematic review ¹ found:

Sensitivities of sampling with cut-offs of 4mm and 5mm were similar

Specificity of detecting endometrial cancer was better with a 5mm cut off

British Gynaecological Cancer Society states biopsy should be taken when ET > 5mm

Royal Berkshire Hospital (RBH) guidelines state that biopsy should be taken when ET > 4mm

Study Aim: This audit evaluates whether the biopsy referral threshold of 4mm is useful in identifying endometrial cancer.

Design and Method

- A retrospective audit over a 12 month period, using outpatient hysteroscopy (OPH) clinic data from the RBH.
- We identified patients presenting to RBH with an endometrial thickness between 4.0mm and 4.9mm, and excluded patients referred for reasons other than post-menopausal bleeding.
- We used patient hospital numbers to access OPH clinic letters and electronic patient records. Patient data was extracted and analysed using an Excel template.

Results

- The findings in patients identified over the 12 month period are illustrated in Figure 1.
- On analysis of patient outcomes, we found that 59 patients were discharged, 6 were followed up for other pathology or incidental findings, and 2 were lost to follow-up.

Conclusions

- On analysis of patients with PMB and ET between 4.0mm and 4.9mm there was no endometrial cancer identified on histology in any of the biopsy samples.
- It may be beneficial to revisit current guidelines on OPH referrals.
- Adopting a cut-off of 5mm could decrease the number of procedures by as much as 17% ².
- Implementation of a new threshold of ≥ 5 mm at RBH could be considered in order to avoid invasive and resource-consuming procedures.

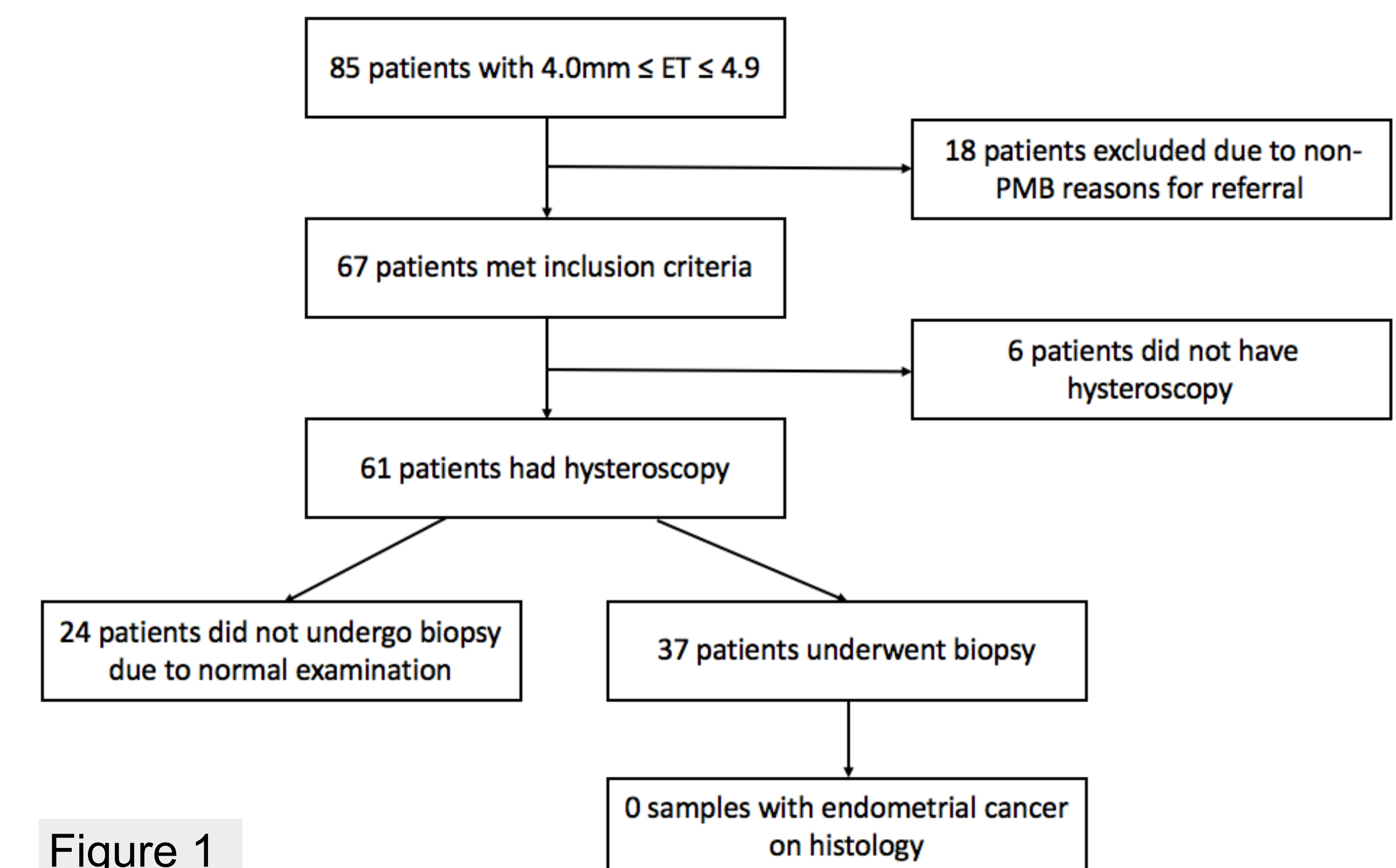


Figure 1

References:

- Long B, Clarke MA, Morillo ADM, Wentzensen N, Bakkum-Gamez JN. Ultrasound detection of endometrial cancer in women with postmenopausal bleeding: Systematic review and meta-analysis. Gynecol Oncol. 2020 Jun;157(3):624-633. doi: 10.1016/j.ygyno.2020.01.032. Epub 2020 Jan 31. PMID: 32008795.
- J Morrison, J Balega, L Buckley, A Clamp, E Crosbie et al. British Gynaecological Cancer Society (BGCS) Uterine Cancer Guidelines: Recommendations for practice. Page 21. 2021 Nov 5.

Acknowledgements:

We would like to thank Dr Jasveen Dhami for supervising this project and for her continued support. Julia Halligan and Magdalena Chmura are joint first authors and have contributed equally to the project and poster. The authors report no conflict of interest.