

Referral outcomes for women with bleeding on HRT to Postmenopausal bleeding clinic

Nancy Noah, MRCOG; Rebecca Snyder, MBChB Bsc(Hons);
Jessica Arnold, MBChB; Seema Jain, FRCOG; Sreedevi
Gurram, MRCOG; Ranitha Kumar, FRCOG
University Hospital Wishaw, Scotland, UK

01 BACKGROUND

Post-menopausal bleeding (PMB) is defined as unexplained vaginal bleeding more than 12 months after menstruation has stopped. Current guidelines recommend women who experience PMB on HRT should be referred under the suspicion of cancer (SOC) pathway for further investigation at a hysteroscopy "see and treat" or direct access PMB clinic (1,2).

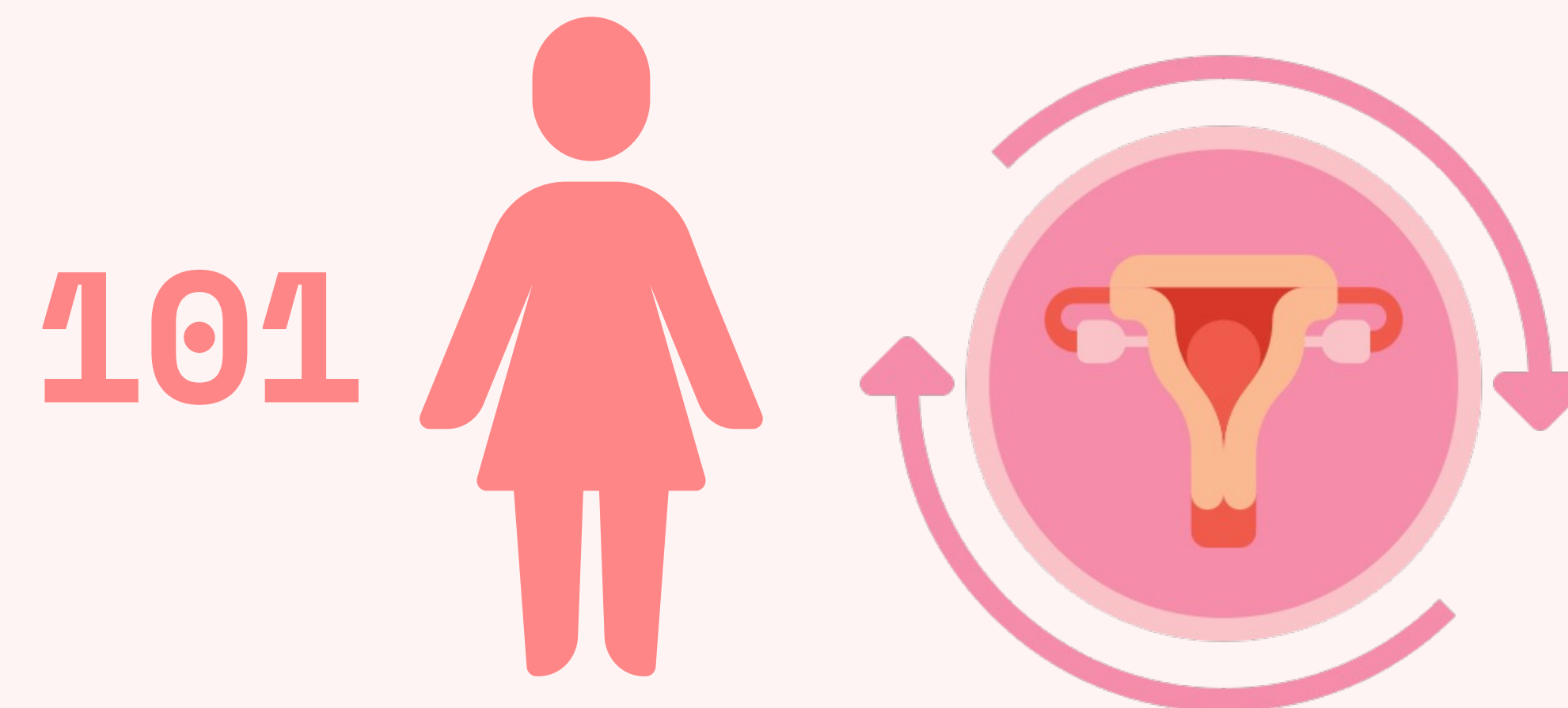
NICE guidelines recommend these women should be seen within the 2 weeks to allow for prompt investigation and management to detect for possible underlying endometrial cancer (1).

02 OBJECTIVE

Review the appropriateness of referrals of women with bleeding on HRT evaluate whether these referrals are vetted appropriately and have been seen within the 2 weeks window
Assess the clinical outcomes of these referrals

03 METHODOLOGY

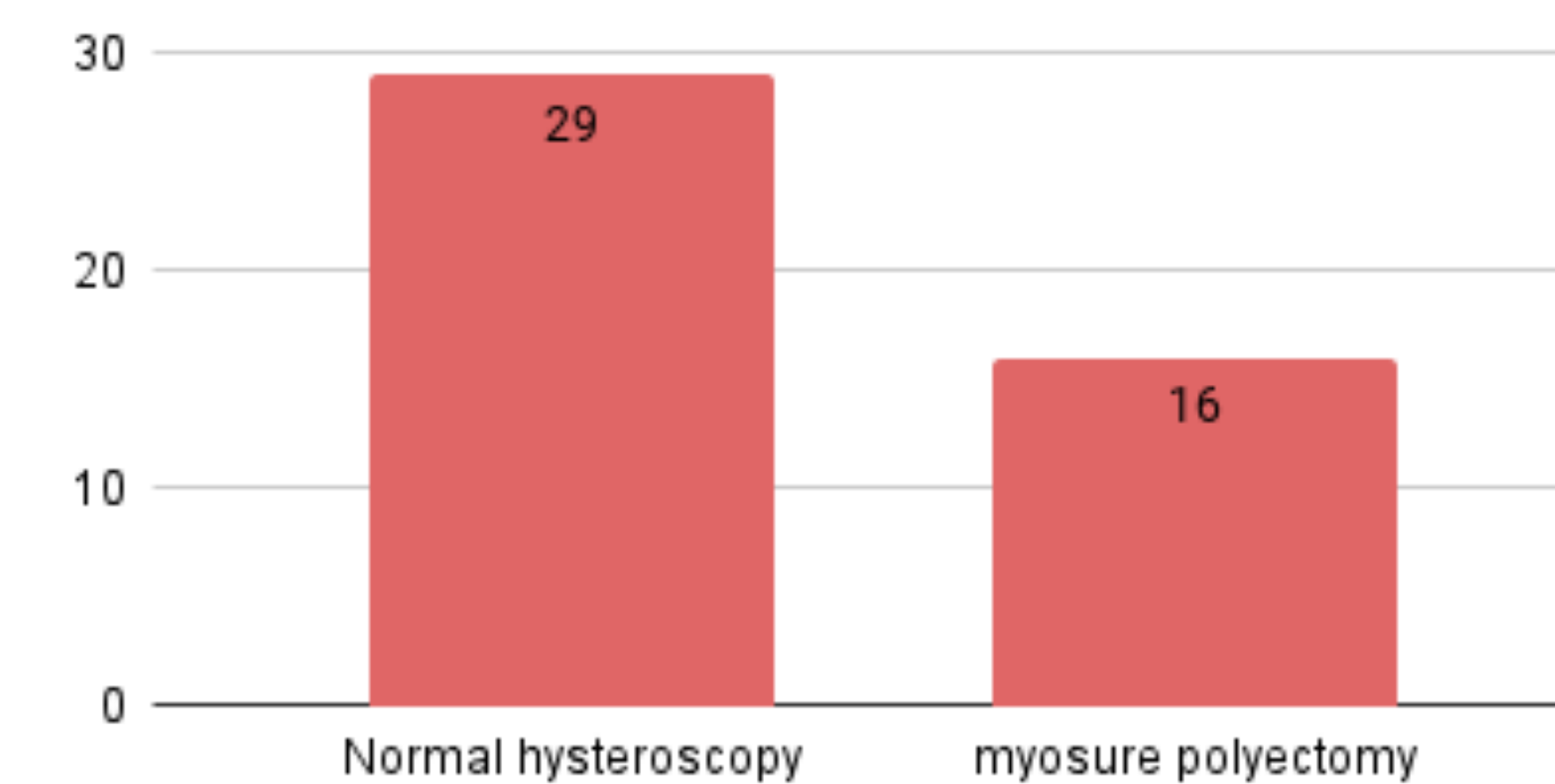
Retrospective data analysis was undertaken from the electronic patient record. A search was done of patients attending Postmenopausal bleeding Clinics across the three NHS Lanarkshire clinical sites between February 2022 and April 2022. 101 patients with bleeding on HRT were randomly selected. Data was populated using Microsoft Excel and analyzed thereafter.



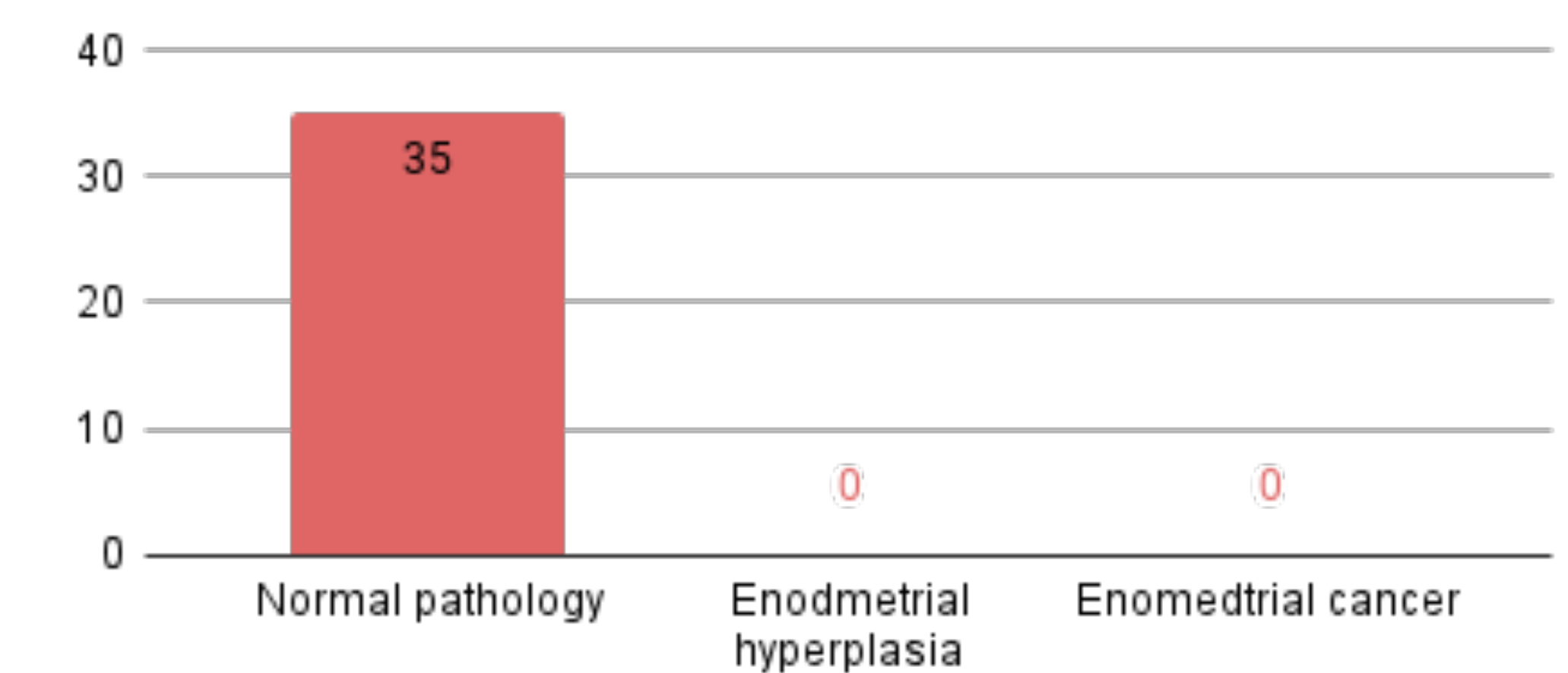
04 RESULTS

- None of the patients were seen within 2 weeks of GP referral.
- 90 patients had been on HRT for greater than 6 months, only 11 were seen in clinic before 6 months of HRT use.
- 65 women had a normal Transvaginal ultrasound scan findings.
- 45 patients had outpatient hysteroscopy; 29 had a normal endometrial thickness (64.4%) and 16 women required Myosure polypectomy (35.5%).
- All endometrial biopsy results were normal with no evidence of hyperplasia or cancer.

Hysteroscopy outcome for 45 patients



Endometrial biopsy results for 35 patients



05 CONCLUSION

- The average time for the patient to be seen in Postmenopausal bleeding clinic was 8 weeks, which is out of line with best practice guidance.
- The majority of referrals are clinically appropriate.
- As risk of endometrial pathology with HRT is very low, we propose that new recommendations is needed to adjust the progesterone dosage in HRT or counseling the patients with bleeding on stopping HRT and if persistent bleeding >6 weeks then referral should be made to Postmenopausal bleeding clinic.
- A protocol in formulation to have different slots with longer waiting time for PMB on HRT

REFERENCES

1. NICE Guidelines. Gynecological cancers recognition and referral. Revised February 2021 [Cited 12th November 2022].
2. NHS Scotland. Scottish Referral Guidelines for Suspected Cancer. January 2019 [Cited 12th November 2022].

