

RCOG World Congress 2025

Introduction

- Endometrial Hyperplasia (EH) requires careful management, particularly when patients opt for medical treatment.
- Key challenges include ensuring adequate follow-up, assessing treatment effectiveness, and maintaining complete data.
- This audit evaluates adherence to RCOG/BSGE Green-top Guideline No. 67 recommendations.

Objective

- To assess the management of **EH in 37 patients undergoing medical treatment (2020-2023)**.

Focus Areas

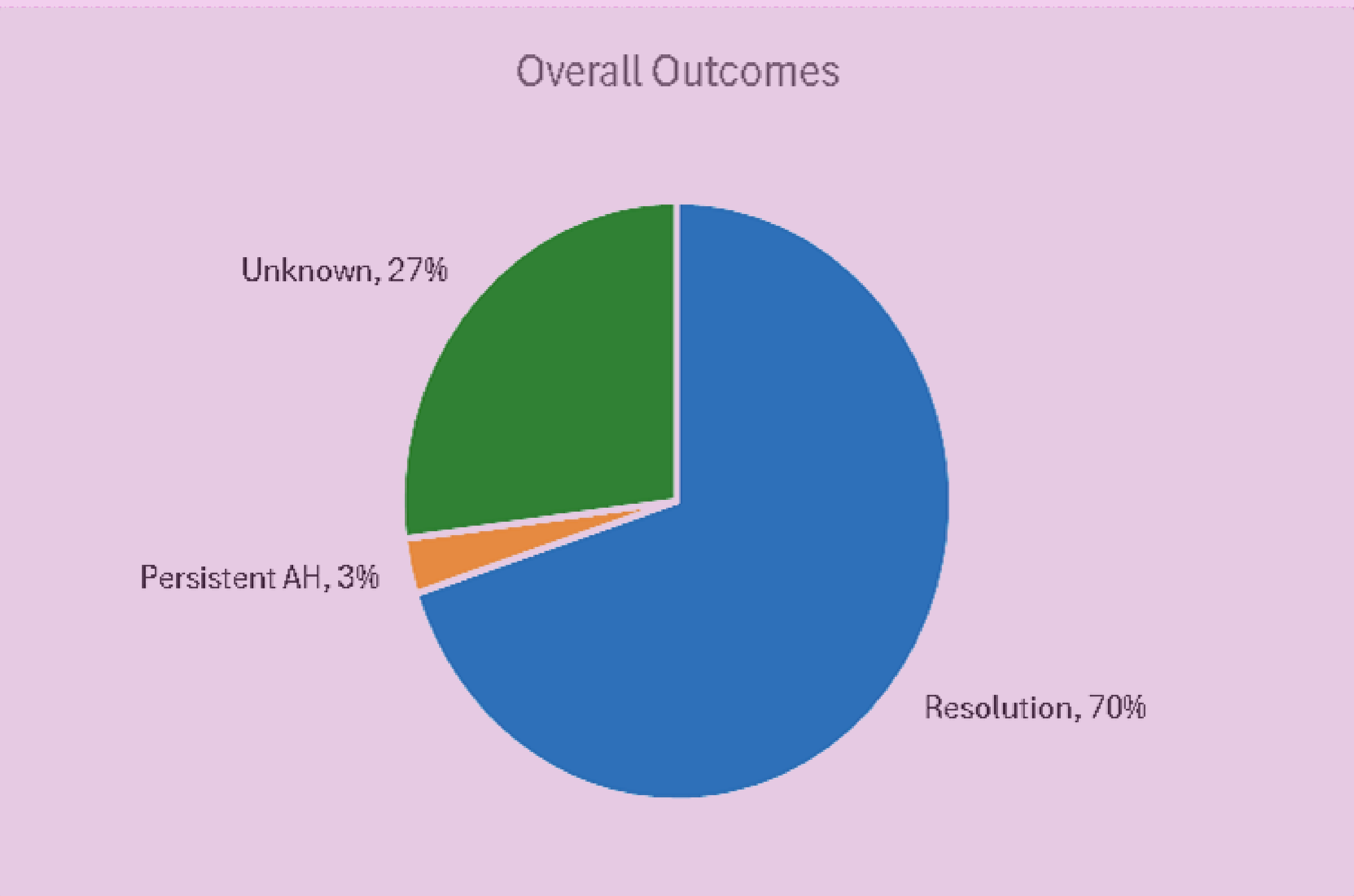
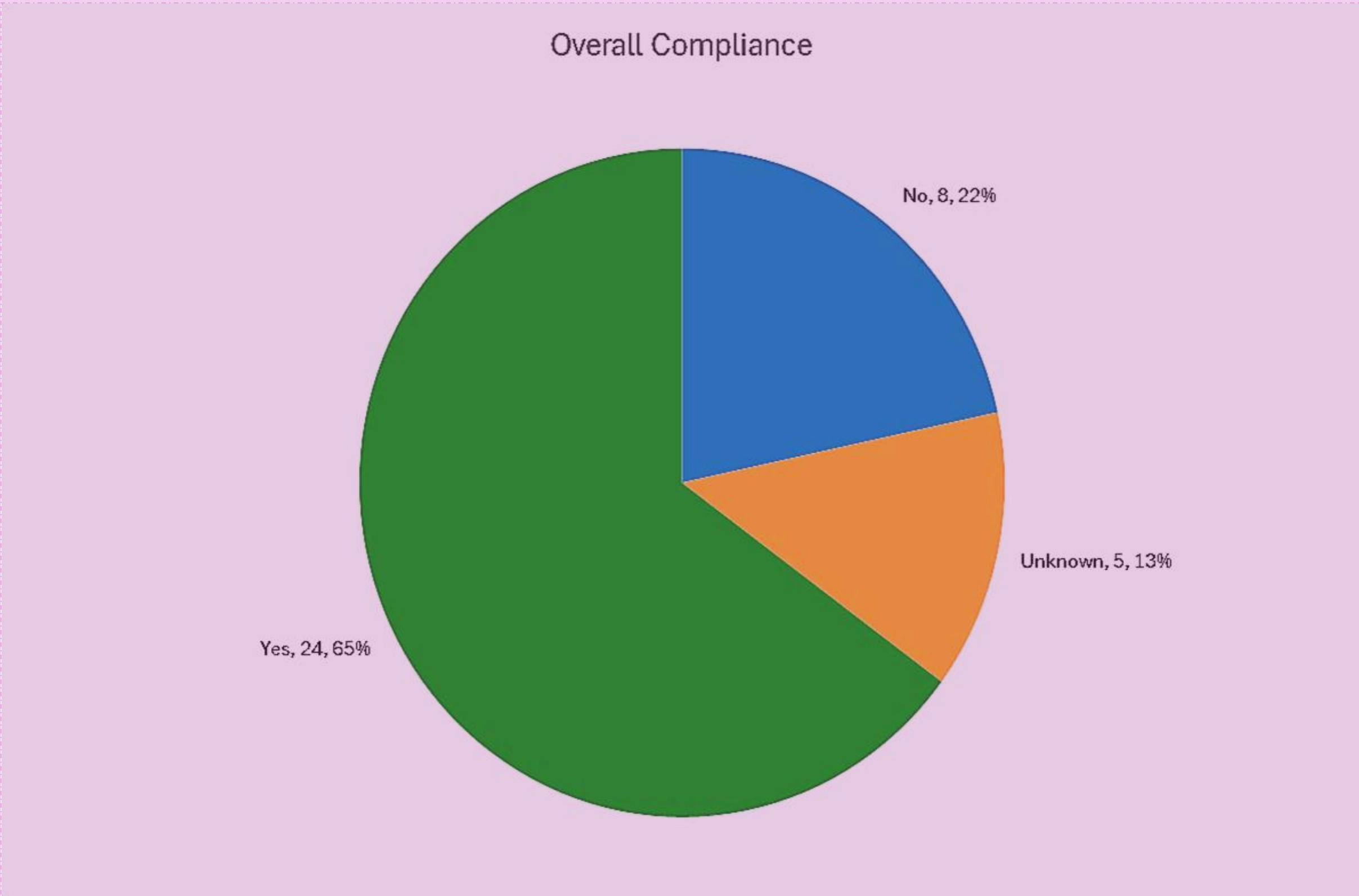
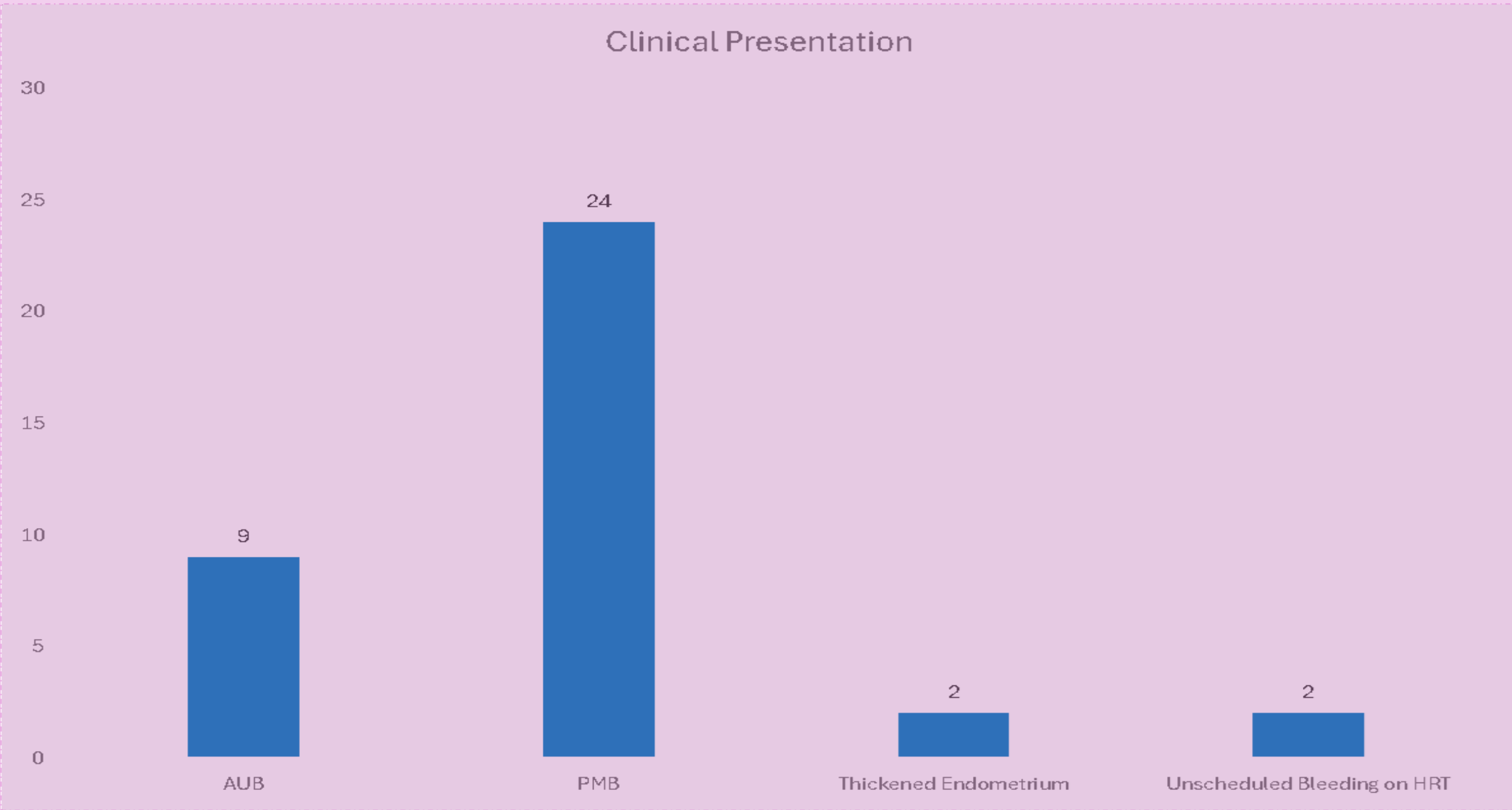
- Compliance with recommended follow-up biopsy intervals.
- Treatment effectiveness (regression, persistence, progression).
- Completeness of clinical data documentation.

Methodology

- Retrospective audit of 37 patients selecting medical management for EH (AH, EH, DPE) between 2020-2023.
- Data collected: Demographics, presentation, diagnosis, treatment (Mirena/oral progesterone), follow-up intervals, biopsy results, and outcomes.
- Exclusion: Patients who underwent hysterectomy.
- Compliance measured against RCOG/BSGE Guideline No. 67 algorithm.

Findings

- Cohort Profile (N=37):**
 - Age: 28-93 yrs (Median 53-63).
 - Referral: 89% via 2WW.
 - Status: 78% Post-menopausal.
 - BMI: 70% High Risk (BMI ≥ 35).
 - Clinical Presentation:** PMB (65%), AUB (24%) most common. **Fig.1**
- Initial Diagnosis:** AH (76%), DPE (16%), EH (8%).
- Treatment:** Mirena coil primary treatment (68%).
- Follow-Up Compliance: Fig.2**
 - Overall: 65% Compliant, 19% Non-Compliant, 16% Unknown.
 - AH (Guideline: 3 months):
 - 1st Biopsy: 86% Non-compliant (Intervals often 6-9+ months).
 - 2nd Biopsy: 61% Non-compliant (Similar delays).
 - EH (Guideline: 6 months):
 - 1st Biopsy: 2/3 significantly delayed (>300 days).
 - 2nd Biopsy: 1/3 significantly delayed (>480 days).
- Treatment Outcomes (Follow-up Biopsies):**
 - 'Progesterone effect' common finding at 1st (11/37) and 2nd (13/37) follow-up.
 - AH persisted in 5 patients at 1st FU; 1 patient at 2nd FU.
 - Insufficient samples obtained in some cases.
- Overall Outcomes:** Resolution (70%), Persistent AH (3%), Unknown (27% - data missing). **Fig.3**
- Data Gaps:** TVS data missing (16%), Unknown compliance (16%), Unknown outcomes (27%).



Observations

- High EH resolution rate (70%) suggests medical management (primarily Mirena) is often effective.
- Major Concern:** Significant non-compliance with guideline-recommended follow-up intervals, especially for high-risk AH patients. This poses a risk of delayed detection of persistence or progression.
- Inconsistent follow-up practices observed across all diagnoses (AH, EH, DPE).
- Data incompleteness limits full analysis and outcome tracking.

Recommendations

- Education:** Reinforce guideline adherence (follow-up intervals) among clinicians.
- Protocols:** Develop/implement standardized follow-up pathways.
- Patient Communication:** Improve discussion on the importance of timely follow-up biopsies & provide leaflets.
- Systems:** Optimize scheduling, implement reminders, integrate guidelines into EHR.
- Data Quality:** Improve data collection & documentation process for results and outcomes.
- Further Investigation:** Explore reasons for non-compliance/delays.
- Monitoring:** Implement ongoing audit cycles to track improvements.

Conclusion

- Medical management of EH shows good resolution rates (70%) in this cohort.
- Significant improvements are needed in adherence to follow-up guidelines, particularly for AH, and in data completeness.
- Addressing these gaps through education, standardized protocols, system changes, and improved data capture is crucial for optimizing patient care and safety.