

Audit of Referrals and Outcomes of Patients with Post-Menopausal Bleeding on HRT

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The use of HRT has increased in the UK by 47% from 2022-2023. In response, referrals for unscheduled bleeding on HRT have increased causing increased pressure on the suspected cancer pathway. CcHRT is a protective factor for endometrial cancer

01 Aims

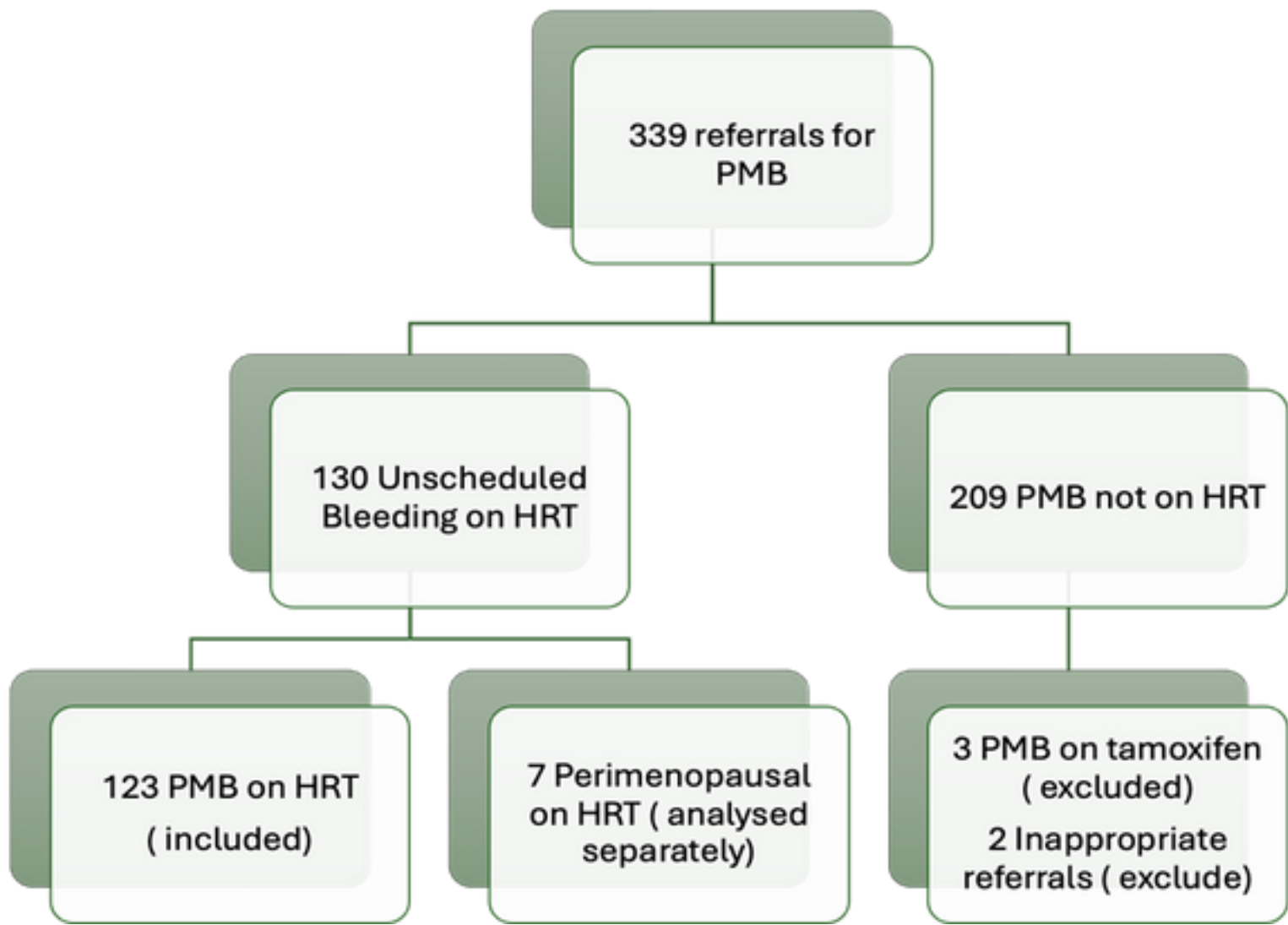
- Assess if referrals (Oct–Dec 2023) met 2WW referral criteria
- Evaluate if the new BMS guideline will reduce USCP and hysteroscopy referrals

02 Method

Retrospective review of all PMB referrals (Oct–Dec 2023)

Inclusion: PMB patients on HRT

Data from referral letters, clinic notes, electronic records

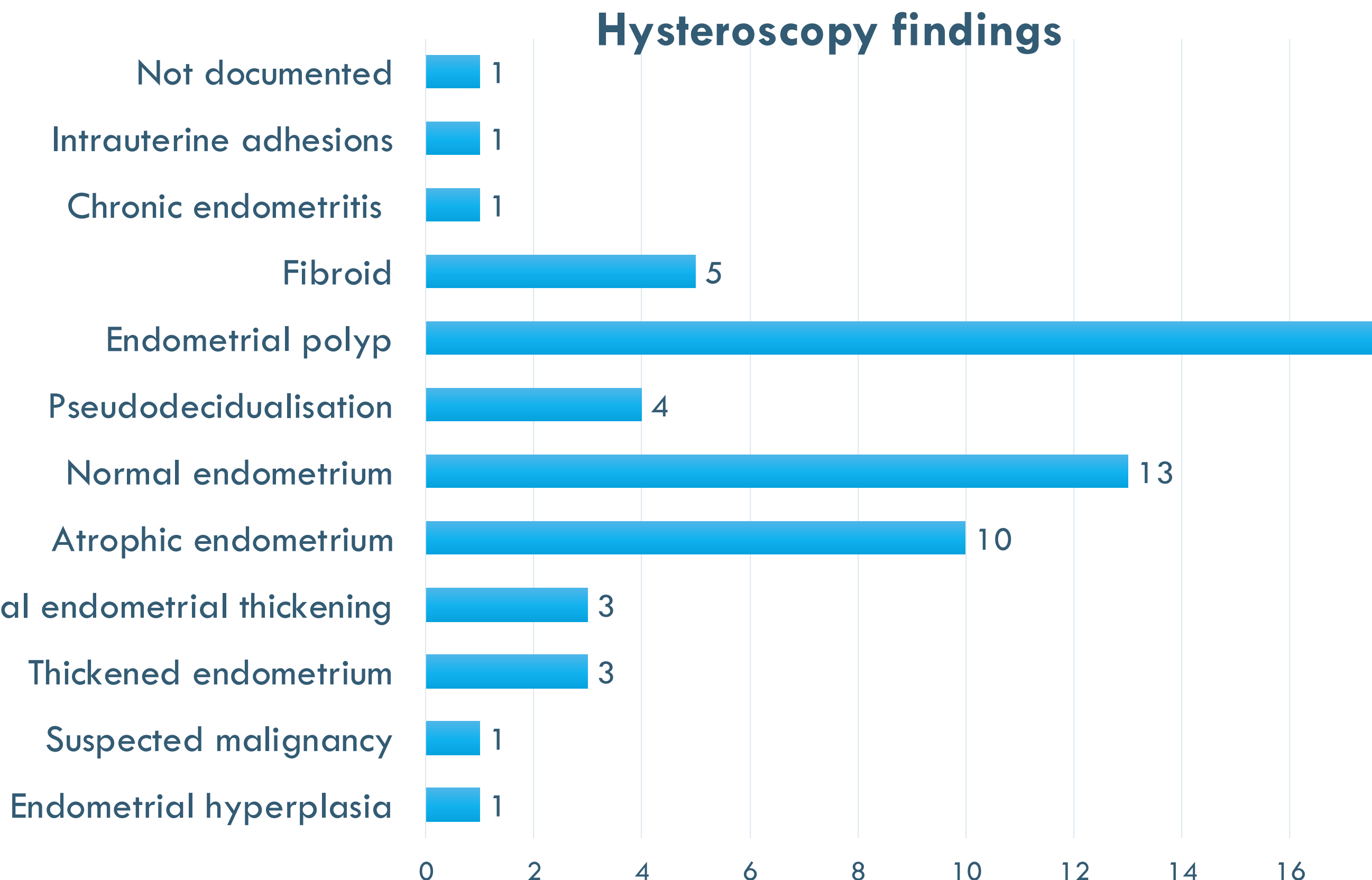
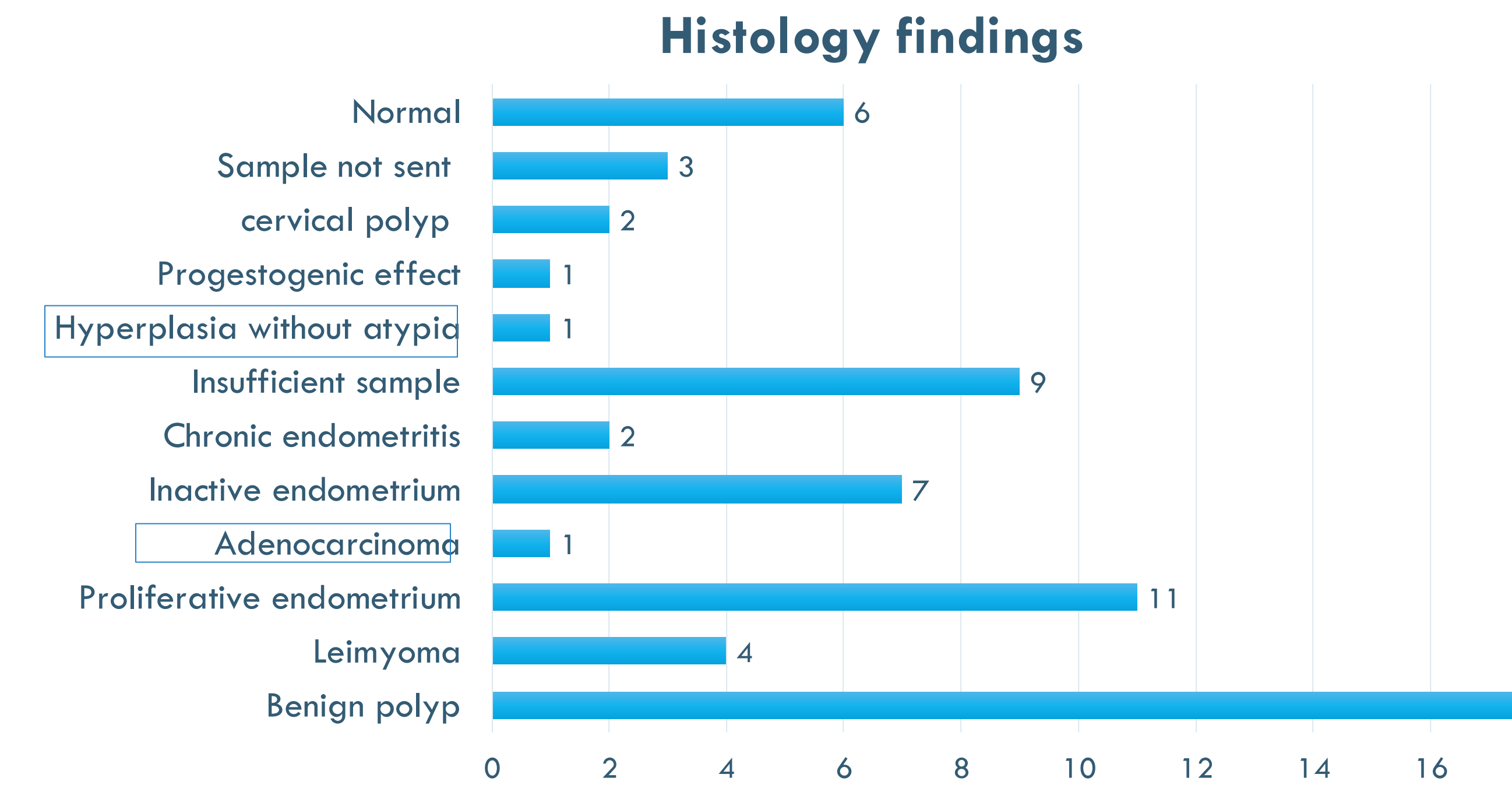
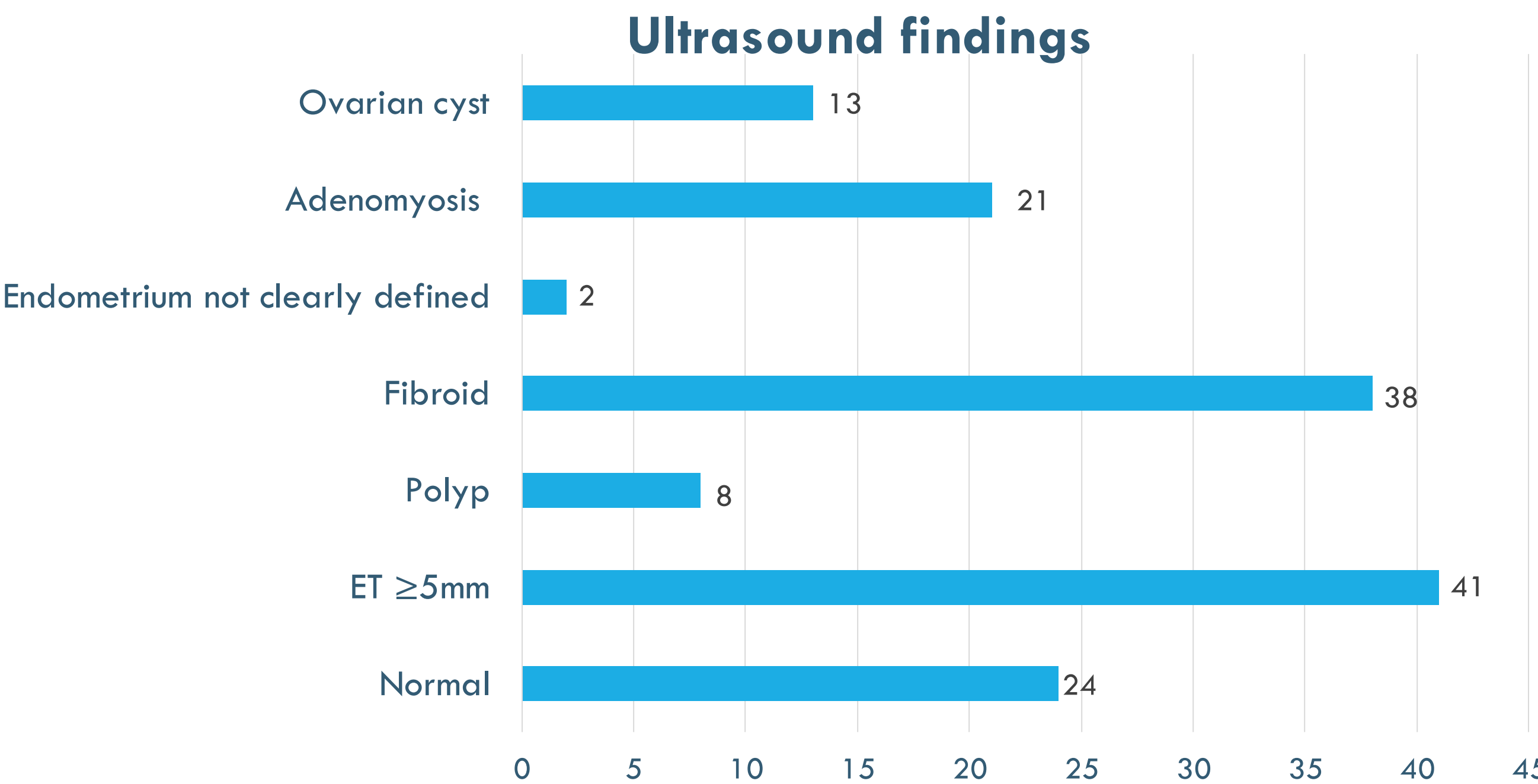


03 Results

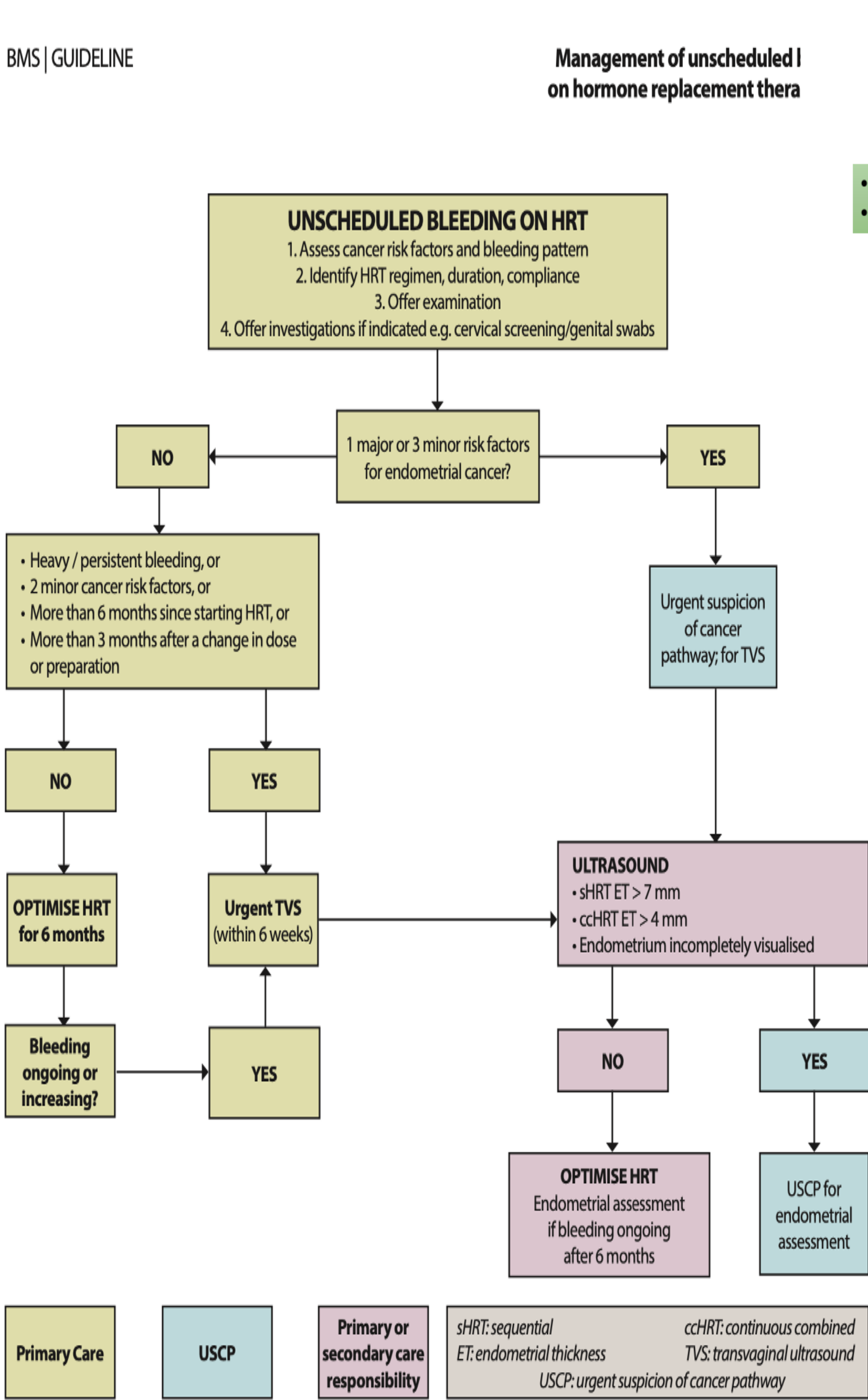
- 123 women: Mean age 56, BMI 29, Menopause Age 50
- Risk Factors: BMI 30-39: 41 BMI >40 : 6 PCOS: 1
- Diabetes: 1 Lynch: 1
- 121 on CcHRT, 1 sequential, 1 unknown
- Referral to scan: Average 9 days; Consult: 11.6 days
- 63 (51.2%) had hysteroscopies; 15 with ET <5mm
- GA hysteroscopies: 3 (avg. delay: 21–59 days)
- New BMS (>4mm ET):** would ↑ referrals by 41.17%

For women referred with PMB on HRT- 15 Hysteroscopies performed in patients with ET <5mm (ET ranging from 2.0-4.8mm)

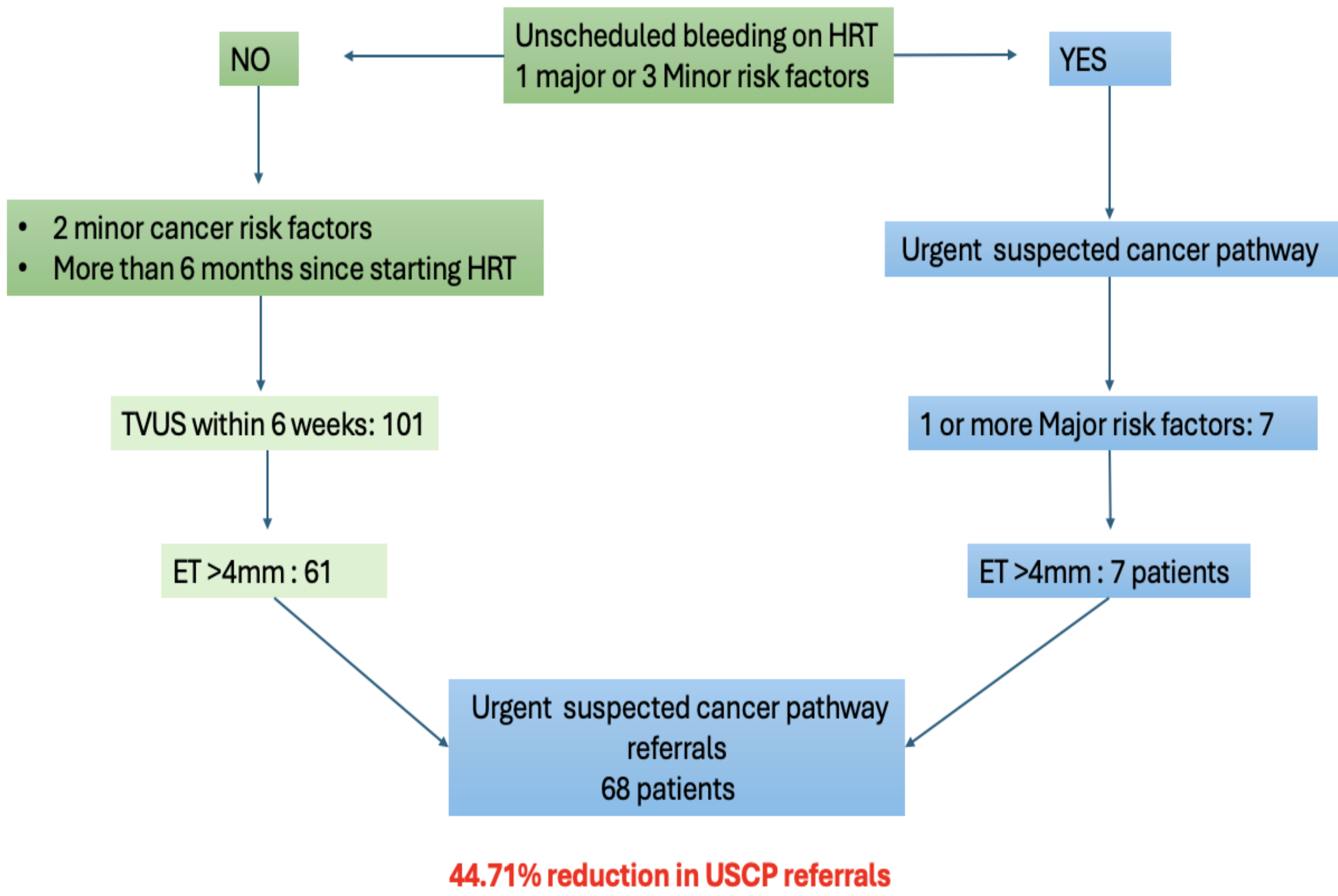
Scan Findings	Histology Findings
Adenomyosis: 5	Insufficient sample: 5
Endometrial polyp: 2	Fibroid: 1
Fibroid: 5	Benign endometrial polyp: 1
Normal ultrasound: 5	Inactive endometrium 6 Normal endometrium 2
	Malignancy or hyperplasia: 0



Current BMS guidance



Will the new guidance reduce the number of USCP referrals?



Based on Ultrasound findings (not accounting for risk factors/ re-referrals) :

Old guidance (≥ 5mm ET)- 51/123 referrals

New guidance (>4mm ET) - 72/123 referrals

If risk stratification is not used number of referrals for hysteroscopy will increase by 41.17%

04 Recommendations

- Risk-stratify to guide appropriate pathway (6-week vs USCP)
- Adhere to local guidelines for indication of hysteroscopy
- GP referrals should include examination and HRT documentation
- Educate on new BMS guideline
- Audit communication timelines for histology results
- Implement local referral adjustments to improve FDS targets