

Improving Local Practice in Endometrial Hyperplasia: A Retrospective Audit

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INTRODUCTION

- Endometrial hyperplasia** = irregular proliferation of endometrial glands, with increase in gland-to-stroma ratio
 - If untreated, may progress to **endometrial cancer**
- Risk factors:** raised BMI, unopposed oestrogen (e.g. PCOS, perimenopause), oestrogen-secreting tumours, drug-induced (e.g. Tamoxifen)
- Most common presentation is **abnormal uterine bleeding**
- Revised 2014 WHO Classification** (based on cytological atypia):

Hyperplasia without atypia

Atypical hyperplasia
- It is imperative that robust local pathways are in place for management and follow-up

OBJECTIVES

- Evaluate and compare the management of endometrial hyperplasia at Kingston Hospital against the RCOG 2016 Green-top guideline
- Identify areas for improvement and develop targeted interventions to improve patient care and safety

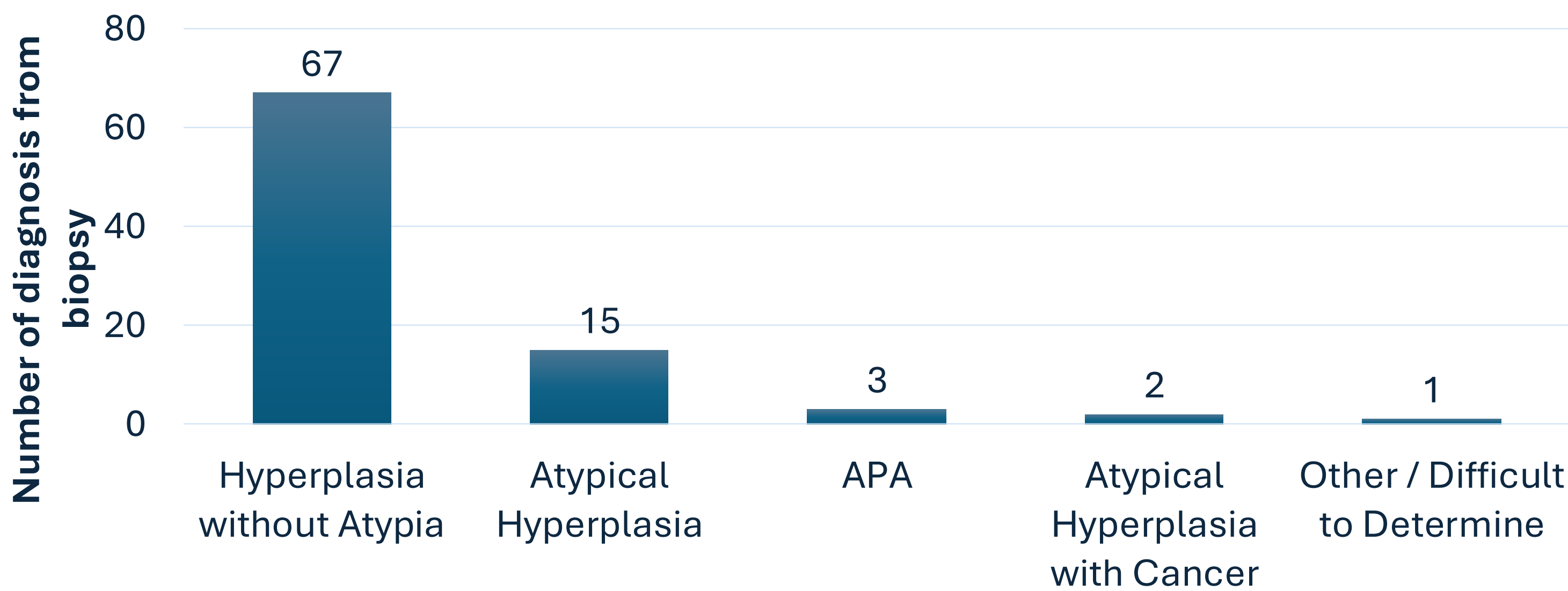
METHODS

- Retrospective observational audit
- Laboratory confirmed cases of endometrial hyperplasia identified from January 2021 to December 2023
- Histological classification, treatment offered and follow-up data extracted from electronic patient record was analysed in Excel

RESULTS

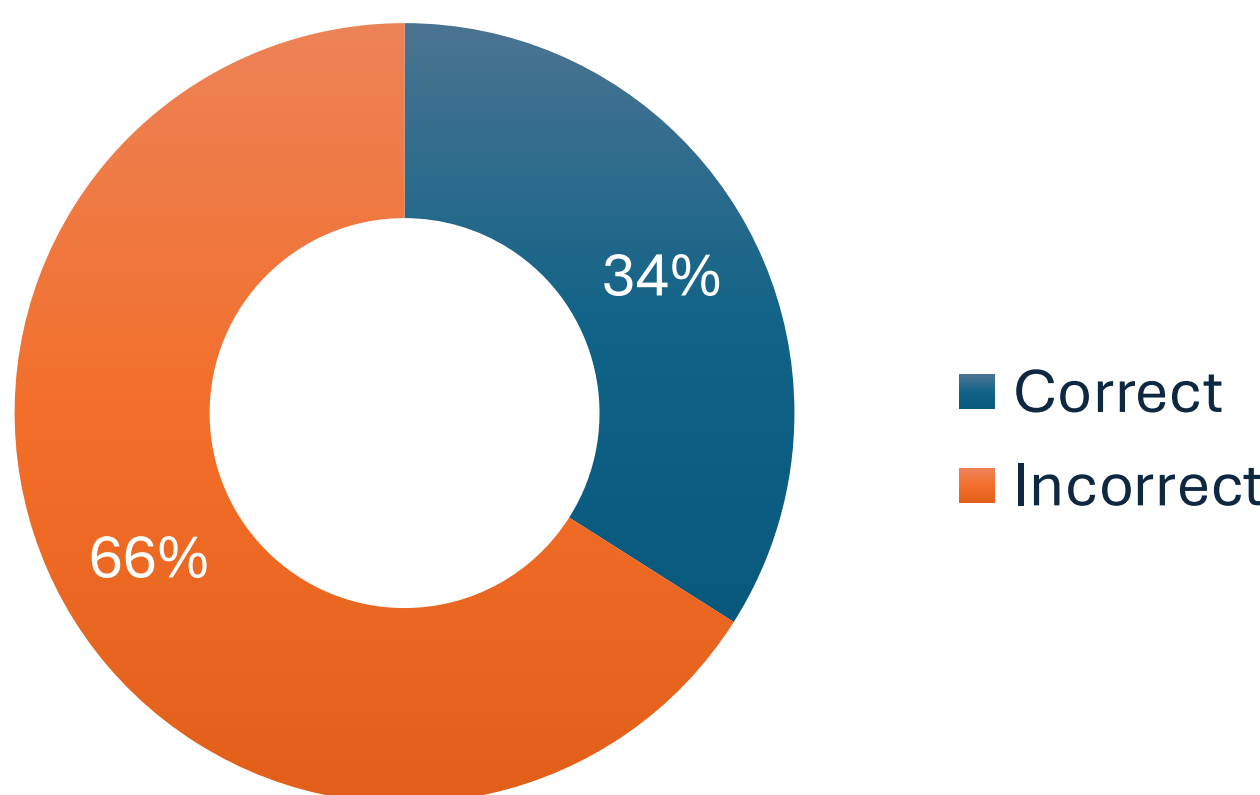
118 cases identified: **88 cases were analysed**

- Age range:** 28 – 82, average age 54 years
- BMI range:** 16 – 72
- Menopausal status:** 39 pre-menopausal, 49 post-menopausal



RESULTS: HISTOLOGICAL CLASSIFICATION

% of Biopsies
Correctly
Classified as per
Revised 2014 WHO
Classification

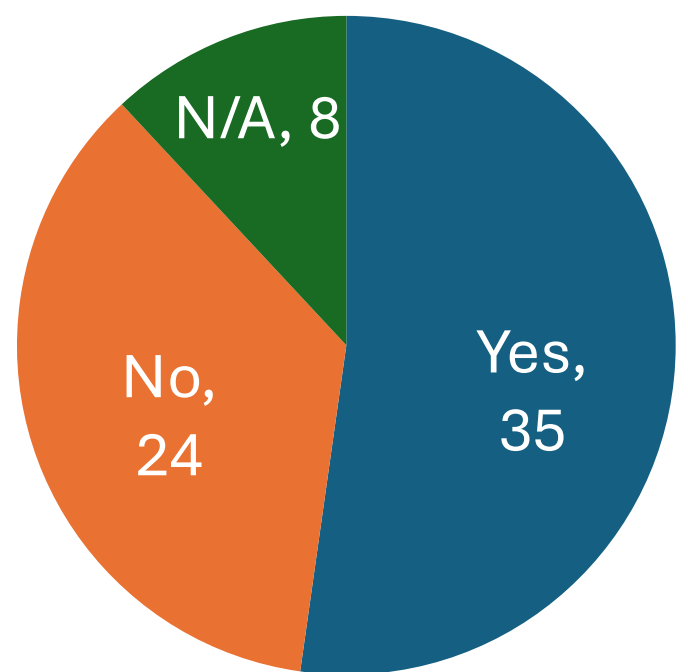


Inconsistent use of 2014 WHO classification led to diagnostic uncertainty
→ 19 MDT referrals for hyperplasia without atypia

RESULTS: HYPERPLASIA WITHOUT ATYPIA

- All patients with hyperplasia without atypia were offered appropriate treatment as per RCOG guidelines
- follow-up biopsies after treatment were inconsistently performed

Follow-Up Biopsies
Performed at 6 Months



Of those who did not have a biopsy:

- 5 performed later
- 6 appointments requested but not booked
- 7 patients did not attend, 1 discharged
- 1 conceived and 4 lacked documentation

RESULTS: ATYPICAL HYPERPLASIA

- All patients with atypical hyperplasia were offered appropriate treatment as per RCOG guidelines. 4 patients were offered hormonal management due fertility desires or deemed unfit for surgery
- 7 out of 8 patients requiring follow up underwent a biopsy at 3 months. 1 patient had a biopsy at 4 months

CONCLUSION & RECOMMENDATIONS

- All patients reviewed with endometrial hyperplasia were offered appropriate treatment
- Further actions: risk review of cases lost to follow-up, implementing a hyperplasia database to allow tracking of follow-up biopsies, liaising with the histopathology laboratory to standardise terminology.