

INVESTIGATION OF PMB

- In patients on sequential HRT, TVUS measurements should take place during the first half of the cycle where possible.

D D&C should no longer be used as the primary method of investigating PMB.

ENDOMETRIAL BIOPSY

C Histological specimens may be obtained either at the same time as inpatient or outpatient hysteroscopy with curettage or using an endometrium sampling device e.g. Pipelle™.

HYSTEROSCOPY

B Outpatient techniques for hysteroscopy and suction sampling of the endometrium should be available in all diagnostic units.

B Facilities to perform hysteroscopy and curettage under general anaesthetic should be available for when the outpatient procedure is not possible or the patient has a strong preference for a general anaesthetic.

RECURRENT PMB

- Re-investigation of recurrent post-menopausal bleeding should be considered after six months.

RESOURCES FOR PATIENTS

FAMILY PLANNING ASSOCIATION SCOTLAND

FPA Scotland, Unit 10, Firhill Business Centre,
76 Firhill Road,
Glasgow G20 7BA
Tel: 0141 576 5015 Fax: 0141 576 5006
Email: fpascotland@dial.pipex.com
http://www.fpa.org.uk

THE BRITISH MENOPAUSE SOCIETY

36 West Street, Marlow, Bucks, England SL7 2NB
Tel: 01628 890199 Fax: 01628 474 042
Email: britishmenopausesociety@compuserve.com
http://www.the-bms.org/

NHS24: <http://www.nhs24.com/>

Scheduled to be available throughout Scotland in 2004.

NHS Helpline (Scotland): 0800 22 44 88

Investigation of Post-Menopausal Bleeding

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The Scottish Intercollegiate Guidelines Network (SIGN) support improvement in the quality of health care for patients in Scotland by developing national clinical guidelines containing recommendations for effective practice based on current evidence.

The recommendations are graded **A B C D** to indicate the strength of the supporting evidence.

Good practice points are provided where the guideline development group wish to highlight specific aspects of accepted clinical practice.

Details of the evidence supporting these recommendations and their application in practice can be found in the full guideline, available on the SIGN website: www.sign.ac.uk.

This guideline was issued in 2002 and will be considered for review in 2005.

For more information about the SIGN programme, contact the SIGN Executive or see the website.

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Quick Reference Guide



This Quick Reference Guide provides a summary of the main recommendations in the SIGN guideline on investigation of post-menopausal bleeding.

The menopause is the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. From a symptomatic perspective post-menopausal bleeding describes the occurrence of vaginal bleeding following a woman's last menstrual cycle. For the purposes of this guideline, an episode of bleeding 12 months or more after the last period is accepted as post-menopausal bleeding.

PMB AND HRT

Older HRT regimens that utilise unopposed oestrogen increase the relative risk of endometrial carcinoma by around six times after five years of use. Progestogens are added to HRT regimens to prevent endometrial hyperplasia and cancer: their inclusion reduces the relative risk of endometrial cancer to around 1.5.

Unscheduled bleeding is the term used for breakthrough bleeding occurring in women on cyclical HRT or any bleeding in women on tibolone (Livial) or continuous combined HRT, although it can take up to six months for amenorrhoea to develop in the latter treatments.

For *sequential* regimens, abnormal bleeding may:

- be heavy or prolonged at the end of or after the progestogen phase, or
- occur at any time (breakthrough bleeding).

For *continuous combined* regimens, bleeding should be considered abnormal (requiring endometrial assessment) if:

- it occurs after the first six months of treatment, or
- it occurs after amenorrhoea has been established.

C Clinicians should be aware of the background incidence of endometrial cancer among users and non-users of HRT and in those who present with post-menopausal bleeding.

PMB AND TAMOXIFEN

Women receiving tamoxifen in the treatment or prevention of breast cancer experience a three to sixfold greater incidence of endometrial cancer.

A Clinicians should be aware that post-menopausal women receiving tamoxifen therapy, particularly for longer than 5 years, are at increased risk of endometrial cancer.

ALL WOMEN WITH PMB

WOMEN USING HRT

WOMEN USING TAMOXIFEN

REFERRAL

GPs should take into account patterns of bleeding, their relationship to the use of HRT and patient preferences when considering a referral. Concern from either general practitioner or patient about the possibility of PMB signalling endometrial cancer constitutes sufficient grounds for referral.

D The risk of endometrial cancer in non-HRT users complaining of PMB and in HRT users experiencing abnormal bleeding is sufficient to recommend referring patients for investigation.

Women presenting with PMB require a pelvic examination at some stage during their assessment. If referred to a gynaecologist, an examination by the GP is not always necessary. However, examination by a GP or practice nurse can alter the course of clinical management if it expedites referral on grounds of raised suspicion of a malignancy.

- Questions to ask in the assessment of patients with abnormal bleeding on HRT:
 - When does bleeding occur with respect to the oestrogen and the progestogen phase?
 - How long does the bleeding last and how heavy is it?
 - Was there a period of amenorrhoea before HRT was started?
 - Is there a problem suggesting poor compliance?
 - Is there a reason to suspect poor gastrointestinal absorption?
 - Is the patient taking any other drugs?

Whether or not to continue HRT prior to investigation may depend on the patient's wishes and how long she has to wait. There is no specific reason for discontinuing HRT.

In view of the increased risk of endometrial cancer associated with tamoxifen therapy, there is a case for heightened vigilance for PMB by both the woman and the clinician(s) responsible for her care.

However, current evidence does not justify the use of any investigation (ultrasonography, hysteroscopy, endometrial biopsy or dilatation and curettage) in post-menopausal women receiving treatment with tamoxifen in the absence of vaginal bleeding.

Unnecessary investigation should be avoided as there are risks associated with further investigation.

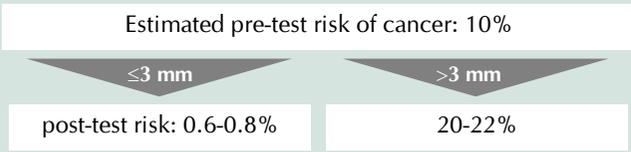
C Endometrial investigation in post-menopausal women on tamoxifen should only be carried out in those experiencing vaginal bleeding.

INVESTIGATION

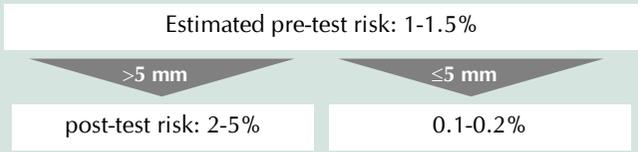
B Where sufficient local skills and capacity exist, transvaginal ultrasound is the first-line procedure* to identify which women with post-menopausal bleeding are at higher risk of endometrial cancer.

B An endometrial thickness of ≤ 3 mm can be used to exclude endometrial cancer in women who:

- have never used HRT, OR;
- have not used any form of HRT for ≥ 1 years, OR;
- are using continuous combined HRT.



B An endometrial thickness of ≤ 5 mm can be used to exclude endometrial cancer in women using sequential combined HRT (or having used it within the past year) with unscheduled bleeding.



Ultrasonography is poor at differentiating potential cancer from other tamoxifen-induced thickening because of the distorted endometrial architecture associated with long term use of tamoxifen.

D Hysteroscopy with biopsy is preferable as the first line of investigation in women taking tamoxifen who experience PMB.

C Histological specimens may be obtained either at the same time as inpatient or outpatient hysteroscopy with curettage or using an endometrium sampling device e.g. Pipelle™.

C Hysteroscopy and biopsy (curettage) is the preferred diagnostic technique to detect polyps and other benign lesions.

B If the clinician and the woman judge that the level of reassurance and reduced risk are acceptable following TVUS, no further action need be taken. Further investigations should be carried out if symptoms recur. If the clinician or patient are *not* satisfied with this level of reassurance, further investigation is justified. This should include an endometrial biopsy to obtain a histological assessment.

* The sequence of investigation will depend on clinical judgement, local resources and expertise, and patient preference. Obtaining an initial endometrial sample may be in the patient's interest if it identifies a cancer prior to the ultrasound appointment.

Transabdominal ultrasound may be used as a complementary examination if the uterus is significantly enlarged or a wider view of the pelvis or abdomen is required. Transabdominal ultrasound may also be used in the small proportion of women in whom it proves technically impossible to perform a transvaginal ultrasound.