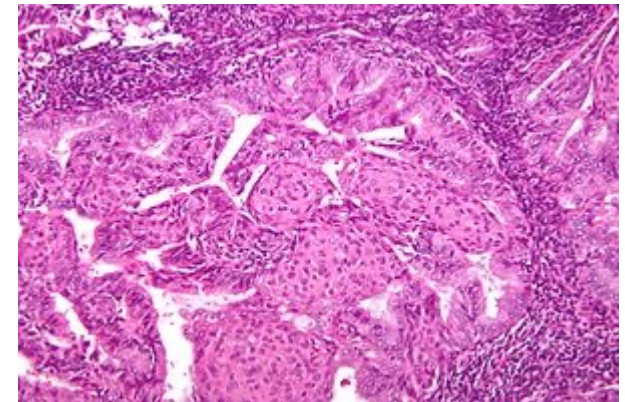
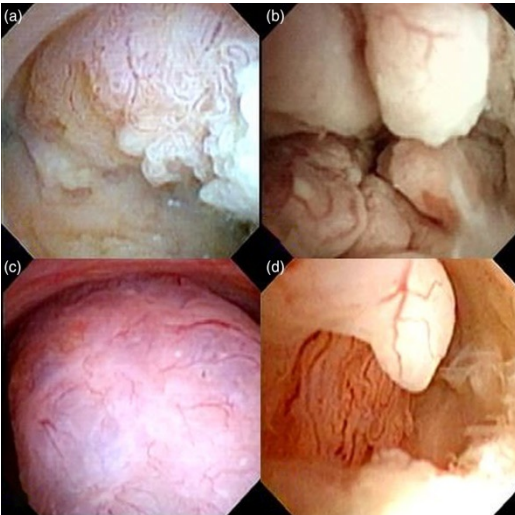


# Post-Menopausal Bleeding and Endometrial Hyperplasia

Sangeeta Suri

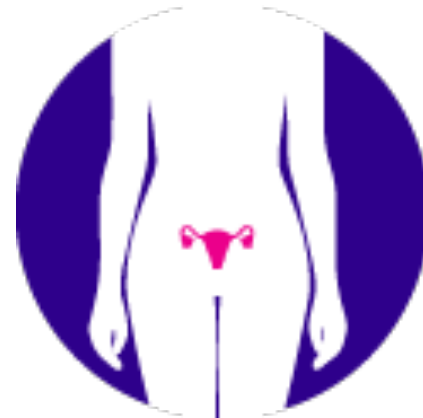


# Aims and Objectives

- To understand the epidemiology and aetiology
- To be able to understand risk factors and identify women who need investigation
- To understand and organise investigation and diagnosis
- To understand the treatment options
- To be able to individualise treatment depending on circumstances

# Introduction

- 1 in 2 people will suffer from cancer
- Uterine cancer is the 4<sup>th</sup> most common cancer in women in the UK
- Most common gynaecological cancer



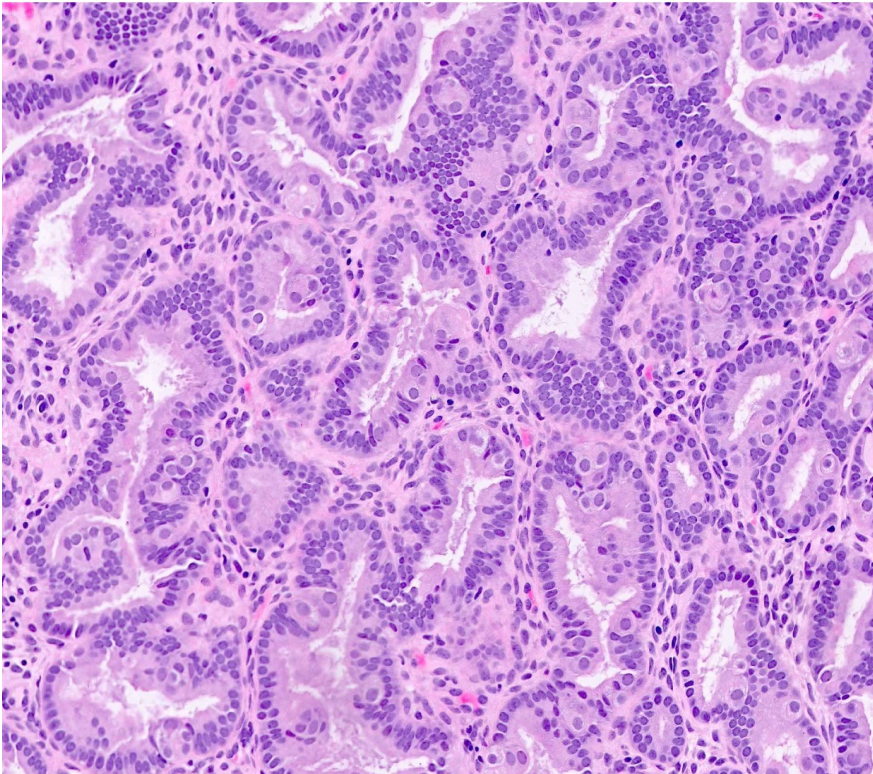
# Epidemiology of uterine cancer

- Effects 1 in 36 women in the UK
- Nearly 9,400 new cases per year
- 2,300 deaths per year
- 72% 10-year survival
- **34% of cases are deemed to be preventable**
- Incidence is increasing
- 2/3 occur in women aged 55–75

# Hyperplasia Classification

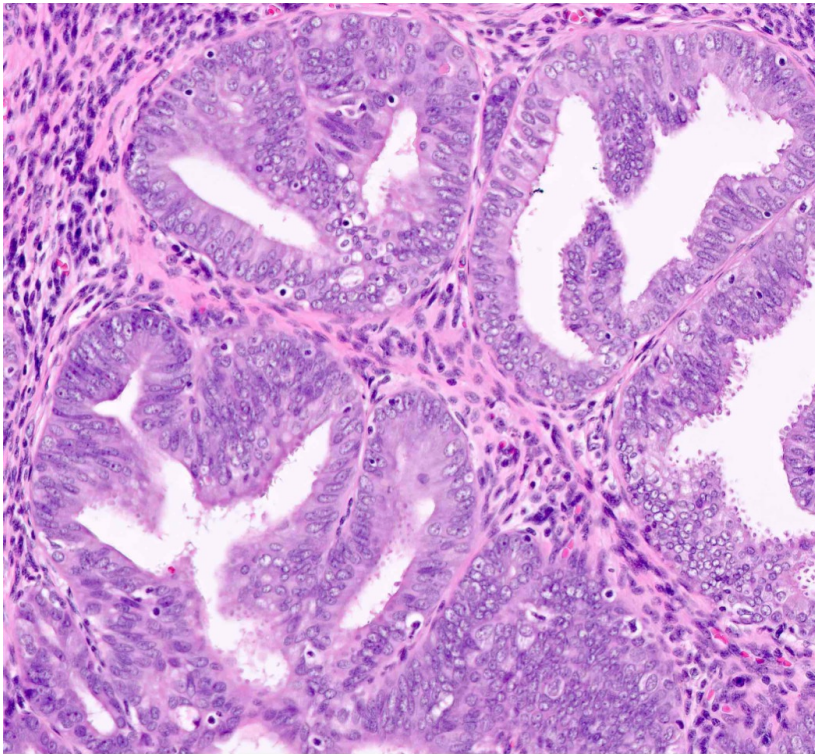
- Historical:
  - 4 subdivisions
  - Simple or Complex- with or without atypia
- Current: WHO Classification 2014
  - Hyperplasia without atypia
  - Atypical Hyperplasia

# Endometrial Hyperplasia without atypia (Benign Hyperplasia)



- Increased crowding of simple epithelium
- Gland:stroma >3:1
- Stroma still present between glandular BM

# Endometrial Hyperplasia with atypia (Endometrial Intraepithelial Neoplasia)



- Prominent nuclear enlargement
- Cellular atypia
- Loss of polarity

# Aetiology



- Age
  - Most common in postmenopausal women
  - Highest incidence in women aged 75-59
  - Just over 1% occurs in women under 40
- Oestrogen –endogenous and exogenous exposure
  - Any condition that causes a rise in oestrogen levels increases the risk
  - Oestrogen causes proliferation of the endometrium
- Obesity
  - Biggest preventable risk factor
  - 2.5x higher risk
  - Causes about 1/3 cases of endometrial cancer





# Aetiology

- Menstrual history
- PCOS
- Genetic predisposition
- Previous cancer
- Tamoxifen
- Diabetes
- HRT



# Protective factors

- Multiparity
- COCP use
- Physical exercise



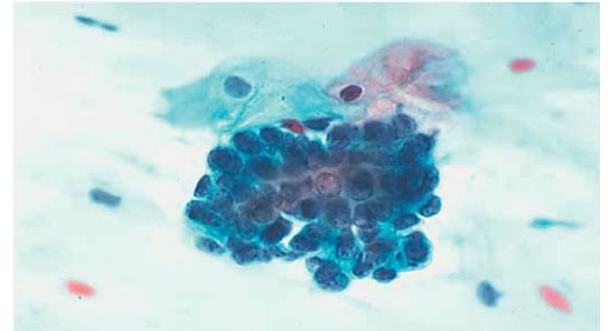
No association with ethnicity

# Screening

- There is no screening test for the general population
- Women known to have Lynch Syndrome
  - Offer screening with annual OPH and biopsy from the age of 35
  - Offer hysterectomy and BSO when family complete

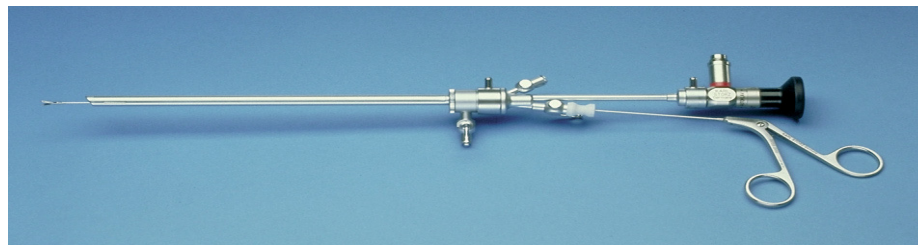
# Signs and Symptoms

- Abnormal PV bleeding
  - PMB
  - Abnormal perimenopausal bleeding
  - Irregular bleeding on HRT
  - IMB
- PV discharge
- Endometrial cells on smear

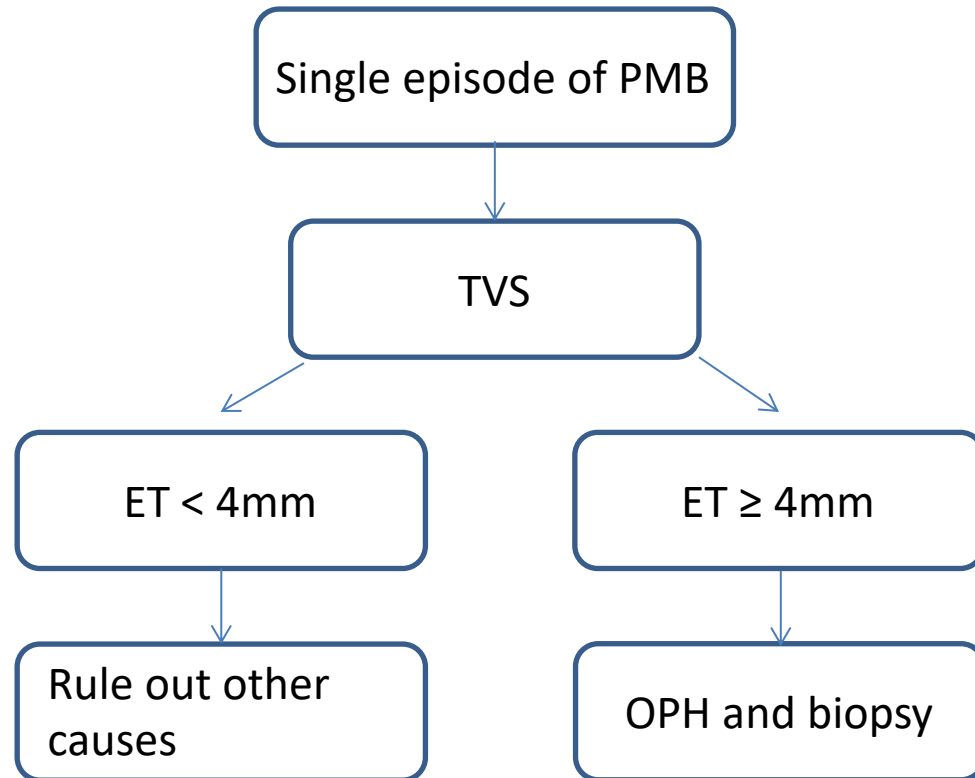


# Investigation

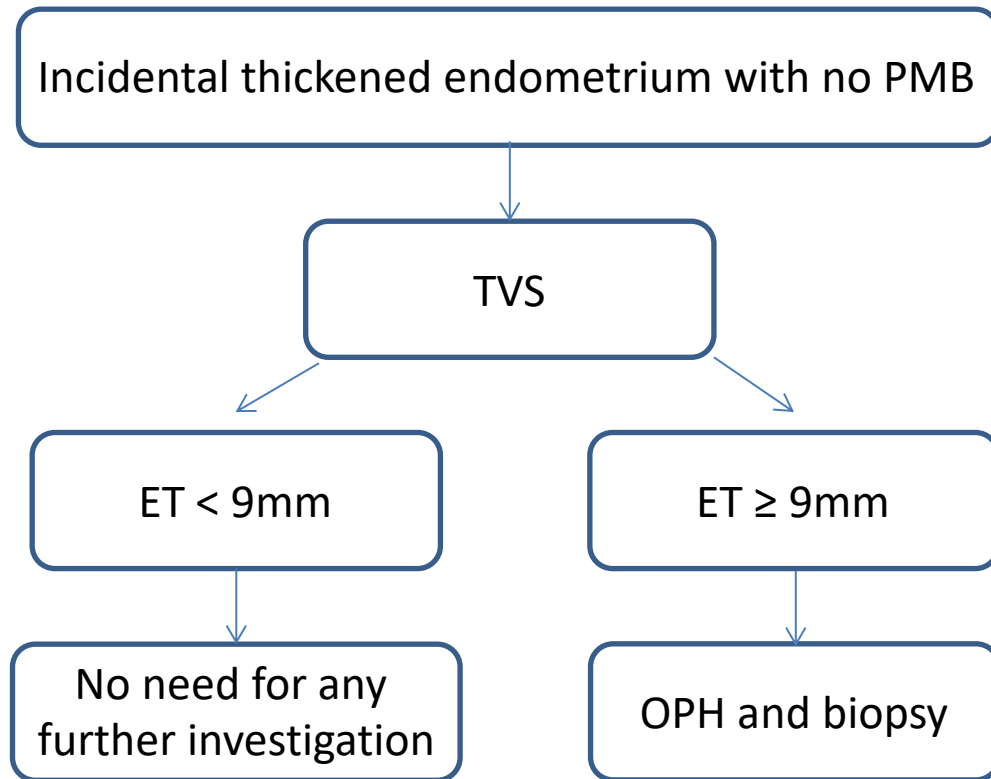
- One-stop clinic
  - History
  - Examination
  - TVS
  - OPH
  - Endometrial biopsy



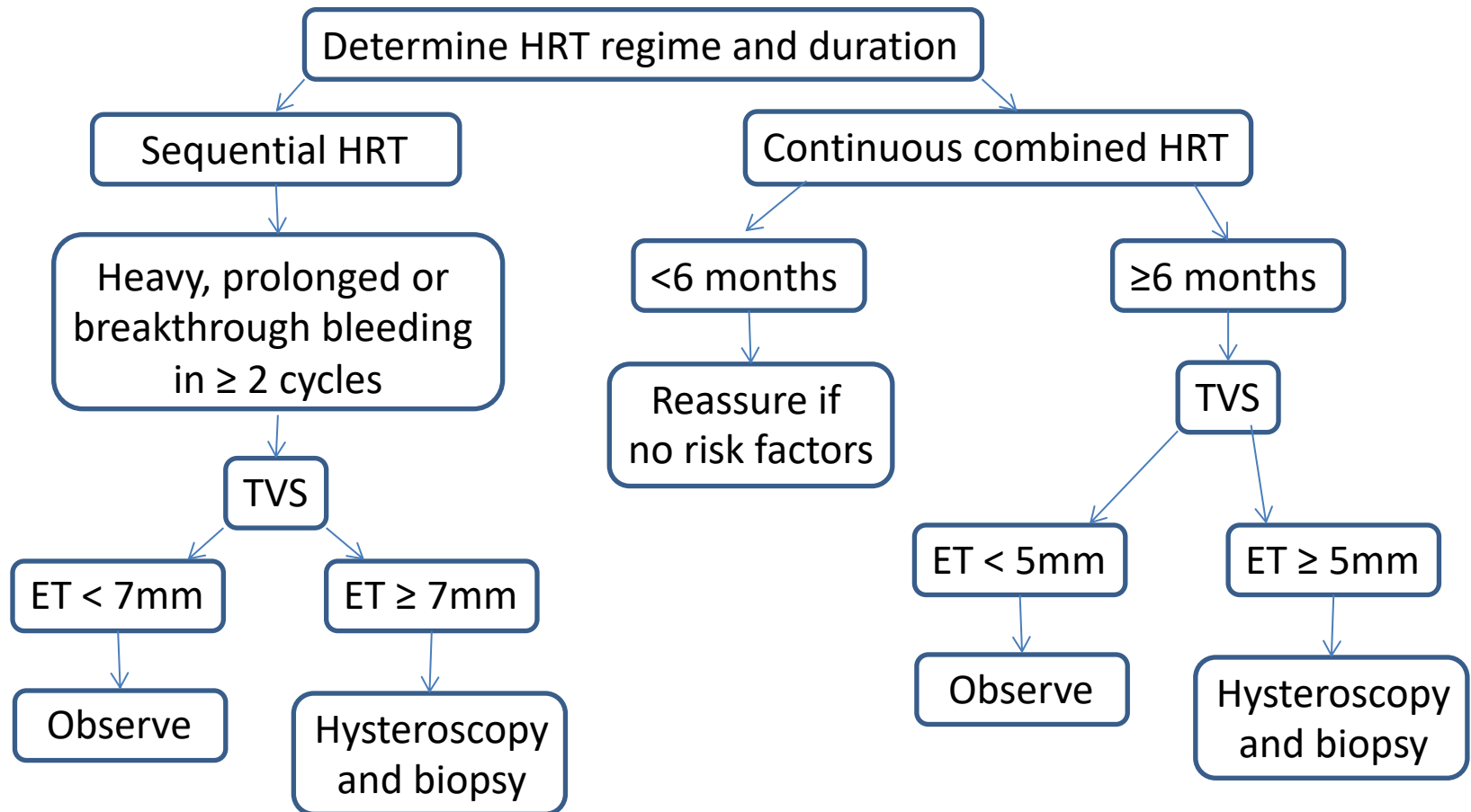
# Investigation of PMB



# Incidental finding of endometrial thickening in PM women

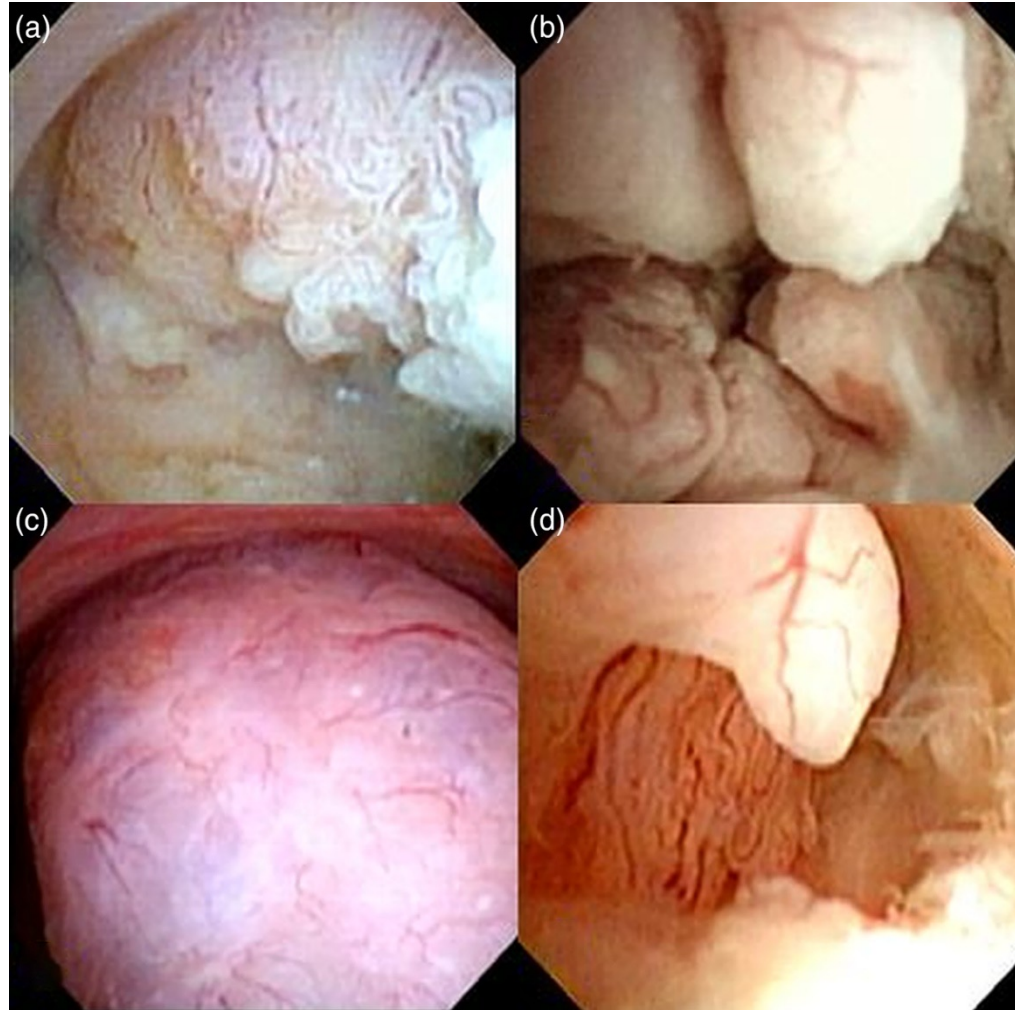


# Investigation of unscheduled bleeding on HRT



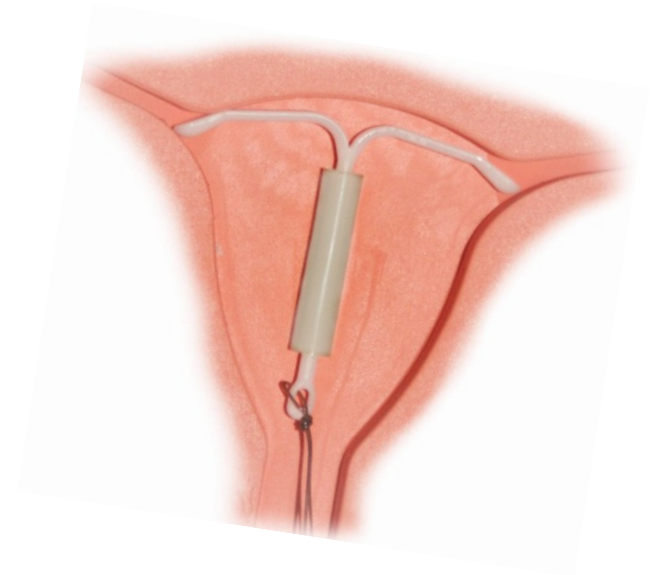


# Hysteroscopy Findings



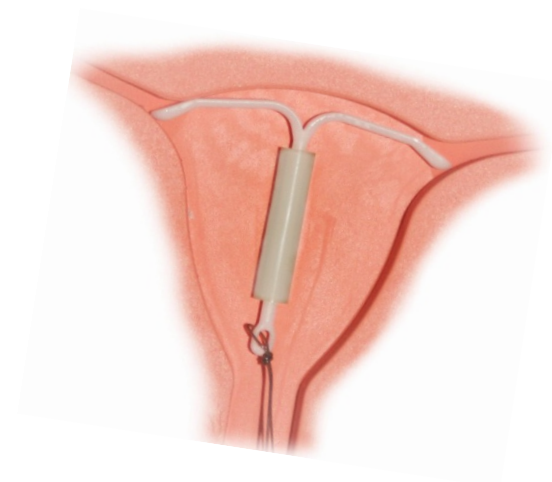
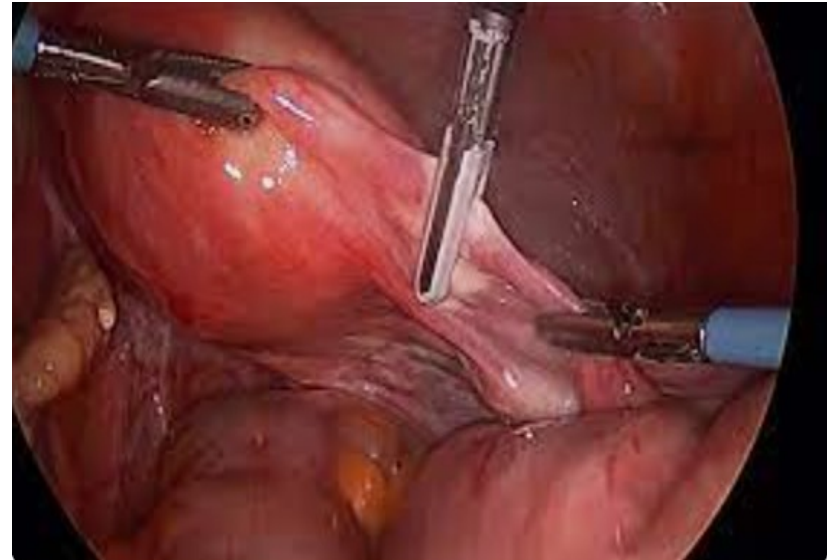
# Endometrial Hyperplasia (benign) Management

- Surveillance – reversible risk factors
- Progesterone therapy
- Follow up
- Surgical Treatment



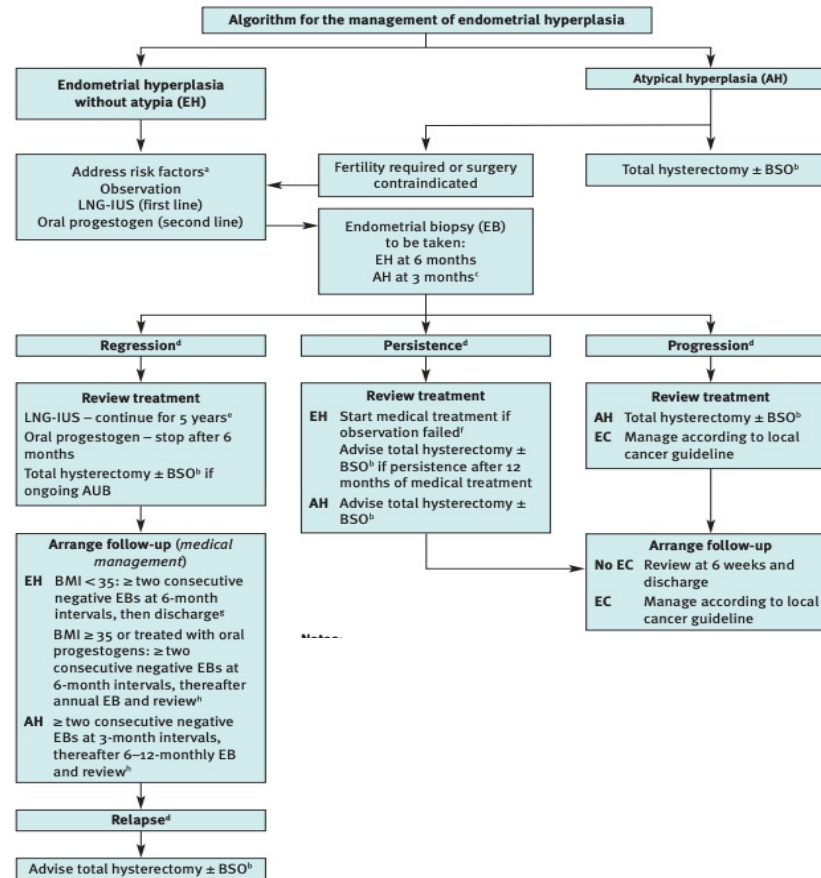
# Atypical Hyperplasia Management

- Surgical Treatment
- Hormonal therapy
- Surveillance



# Algorithm for the management of endometrial hyperplasia

RCOG/BSGE Joint Guideline Feb 2016 (GTG 67)



**Abbreviations:**

**AH** atypical hyperplasia;  
**AUB** abnormal uterine bleeding;  
**BMI** body mass index;  
**BSO** bilateral salpingo-oophorectomy;  
**EB** endometrial biopsy;  
**EC** endometrial cancer;  
**EH** endometrial hyperplasia without atypia;  
**HRT** hormone replacement therapy;  
**LNG-IUS** levonorgestrel-releasing  
 intrauterine system.

# Breaking Bad News

- Prepare
- Time
- Privacy
- Support
  - Relative or friend
  - CNS
  - MacMillan information pack



*“Your test results were quite encouraging, however the real results give you slightly less than three months to live.”*

# Breaking Bad News

- What does the patient already know?
- What does the patient want to know?
- Give a warning signal
- Use simple, clear language
- Pause and wait for a response
- Assess the patient's feelings
- Encourage the patient to express her concerns
- Check the patient's understanding
- Make a plan of action
- Ensure follow up
- Give written information

A word cloud of communication-related terms. The words are arranged in a roughly circular pattern, with some larger and more prominent than others. The colors range from light blue to dark blue/black. The words include: knowledge, questions, information, pause, honesty, clear, warning, body language, check understanding, empathy, summarise, signposting, action plan, avoid jargon, time, simple, silence, eye contact, support, feeling, and expectations.

knowledge  
questions  
information  
silence  
simple  
pause  
honesty  
clear  
time  
warning  
body language  
check understanding  
eye contact  
empathy  
support  
summarise  
feeling  
signposting  
action plan  
avoid jargon  
expectations