

Supporting Guidance: Primary Care Management of Women with Unscheduled Vaginal Bleeding

Detail

i. Major risk factors (1 or more = High Risk Pathway (USCP))	<ul style="list-style-type: none"> • BMI \geq 40 • Genetic predisposition (Lynch / Cowden syndrome) • Current use of Tamoxifen • Oestrogen-only HRT for > 6 months in women with a uterus • Tricycling HRT (quarterly progestogen) for > 12 months • Prolonged sHRT regimen: use for more than 5 years when started in women aged \geq 45 • 12 months or more of using norethisterone or medroxyprogesterone acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen
ii. Minor risk factors (3 or more = High Risk Pathway (USCP))	<ul style="list-style-type: none"> • BMI 30-39 • Unopposed oestrogen > 3 months but < 6 months • Tricycling HRT (quarterly progestogen) for > 6 but < 12 months • > 6 months but < 12 months of using norethisterone or medroxyprogesterone acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen • Where the progestogen dose is not in proportion to the oestrogen dose for > 12 months (including expired 52 mg LNG-IUD) • Anovulatory cycles, such as in Polycystic Ovarian Syndrome • Diabetes
iii. When to refer on the HIGH-RISK ICE pathway (Urgent Suspected Cancer Pathway)	<p>Women NOT on HRT:</p> <ul style="list-style-type: none"> • Women with postmenopausal bleeding • Women with recurrent bleeding who have had prior normal investigations, if: <ul style="list-style-type: none"> ○ Ongoing 3 months after previous reassuring scan on high-risk pathway; or ○ Ongoing 3 months after previous normal endometrial biopsy; or ○ Ongoing 6 months after previous normal biopsy and hysteroscopy. <p>Women on HRT:</p> <ul style="list-style-type: none"> • Women with one major or three (or more) minor risk factors for endometrial cancer (irrespective of bleeding type or interval since starting or changing HRT preparations). • Women with recurrent bleeding on HRT after prior investigation: - <ul style="list-style-type: none"> ○ Allow up to 6 months in adjustments before referral if previous reassuring US scan on Low-Risk pathway; or ○ Allow up to 3 months in adjustments before referral if previous normal endometrial biopsy; or ○ Allow up to 6 months in adjustments before referral if previous normal biopsy and hysteroscopy.
iv. When to refer on the LOW-RISK ICE pathway	<ul style="list-style-type: none"> • More than 6 months after starting HRT and: <ul style="list-style-type: none"> ○ New bleeding on ccHRT after an interval of amenorrhoea; or ○ Unscheduled bleeding on sHRT having had prior, light regular withdrawal bleeds (2 or more cycles with unscheduled bleeding). • Within any timeframe of starting ccHRT / sHRT and presenting with: <ul style="list-style-type: none"> ○ Prolonged withdrawal bleeds (more than seven days); and / or ○ Heavy bleeding (flooding and/or clots); and / or ○ Persistent bleeding, even light, which occurs most days for 4 weeks or more; and / or ○ Two (or more) minor risk factors for endometrial cancer.
v. After prior investigations	<ul style="list-style-type: none"> • Women with a uniform and fully visualised endometrium, which measures \leq 4 mm with ccHRT, or \leq 7mm with sHRT, can be reassured that the risk of endometrial cancer is low. <p>After reassuring scan on low-risk pathway:</p> <ul style="list-style-type: none"> • Offer HRT adjustments for 6 months. • If bleeding is persistent during the 6 months, or is continuing after this interval, refer on the HIGH-RISK ICE pathway. <ul style="list-style-type: none"> ○ The above advice will be stated on the patient's US report as an addendum. <p>After normal endometrial biopsy:</p> <ul style="list-style-type: none"> • Offer HRT adjustments for 3 months. • If bleeding is persistent during the 3 months, or is continuing after this interval, refer on the HIGH-RISK ICE pathway. <p>After a normal hysteroscopy AND biopsy:</p> <ul style="list-style-type: none"> • Offer HRT adjustments for 6 months. • If bleeding is persistent during the 6 months, or is continuing after this interval, refer on the HIGH-RISK ICE pathway.

vi. Incidental findings

Incidental finding on USS

Women with an incidental finding on USS which is suggestive of endometrial cancer, and who do not require a repeat USS, should be referred into the service via the "Urgent Suspected (2WW) Referral Form for Adults – Suspected Gynaecological Cancers) and e-RS

Incidental finding on CT

Women with an incidental finding on CT which is suggestive of endometrial cancer should still be referred on the **HIGH-RISK PATHWAY** by ordering a US Pelvis – High Risk on ICE.

vii. HRT troubleshooting

