Pan Birmingham NHS
Cancer Network

Guideline for the Management of Post Menopausal Bleeding (PMB) formerly the guideline for PMB and endometrial cancer

Version History

Version	Date	Summary of Change/Process
2.0	February 2008	Endorsed by the Governance Committee
2.1	July 2011	Circulated at NSSG meeting. Decision made to separate PMB and endometrial cancer. James Nevin to lead.
2.2	July 2011	Separated documents drafted by Lara Barnish and sent to James Nevin.
2.3	September 2011	Comments made by James Nevin added by Lara Barnish. Sent to James Nevin for further comment and clarification.
2.4	September 2011	Reviewed by LB for submission to the Governance Subgroup
3.0	September 2011	Reviewed and endorsed by Guidelines Sub Group

Date Approved by Network Governance	**September 2011**

Date for Review	**September 2014**

Changes made during review in 2011

Separation of the guidelines for PMB and for endometrial cancer

1. Scope of the Guideline

This guidance has been produced to support the following:

- The referral of patients with PMB
- The management of patients with PMB

2. Guideline Background

All Trusts undertaking gynaecological surgery in the Pan Birmingham Cancer Network are recognised as cancer units. One hospital (Sandwell and West Birmingham Hospitals NHS Trusts: City Hospital Site) is recognised as the Gynaecological Cancer Centre. The assessment of PMB takes place within all the gynaecological services with Pan Birmingham Cancer Network.

Guideline Statements

3. Referral for assessment of PMB

3.1 Urgent Referral

3.1.1 In the following circumstances women should be referred urgently to a gynaecologist-led rapid access service:

a. Women not on hormone replacement therapy with post-menopausal bleeding.
b. Women on hormone replacement therapy with persistent or unexplained post-menopausal bleeding after cessation of hormone replacement therapy for 6 weeks.
c. Women on tamoxifen with post menopausal bleeding.

3.1.2 These women should be clinically examined by the GP and then referred by fax using the urgent referral form (see appendix 1).

3.2 Routine referral: A routine referral to a gynaecologist should be made for women with persistent or heavy intermenstrual bleeding with a negative pelvic examination.

3.3 Referral for family history assessment

3.3.1 Individuals (affected or unaffected with cancer) who meet the following should be referred to the West Midlands Regional Clinical Genetics Unit, Birmingham Women's Hospital for risk assessment:

a. 2 or more first degree relatives with uterine (endometrial) cancer diagnosed at any age.
b. 3 or more close relatives, with uterine (endometrial) or ovarian cancer, gastrointestinal (bowel, stomach etc), renal, urinary tract, at any age.
c. 3 or more relatives with a combination of cancers of either uterine (endometrial), breast, ovary, prostate, pancreas, melanoma or thyroid.

3.3.2 The individuals will be assessed and managed using the West Midlands Family Cancer Strategy guidelines. Further details about the strategy are available at www.bwhct.nhs.uk/wmfacs

3.3.3 Individuals who do not meet the referral guidelines can be managed in primary care and given reassurance that cancers in the family are more likely to be due to chance. Additional cancer surveillance and secondary/tertiary referral is not indicated based on current knowledge and evidence. Leaflets are available to support the advice. Taking part in population surveillance programmes is recommended and healthy lifestyle information can also be provided.

4. Management of patients referred

4.1 All patients should be seen locally within a rapid access outpatient PMB service.

4.2 Clinical history and clinical examination to assess for vulval, vaginal and cervical sources of bleeding should be carried out.

4.3 If the GP has failed to examine the lower genital tract then this should be done either in secondary care at the time of the transvaginal ultrasound scan (TVS) or arrangements made for this to be done as a matter of urgency in primary care.

4.4 In the absence of positive clinical findings, TVS scanning to assess the thickness of the endometrium should be undertaken.

4.5 If the endometrium is 4 mm or less the patient can be reassured and discharged with advice to re-attend her GP if the bleeding continues.

4.6 If the endometrium is 5 mm or more an outpatient endometrial biopsy using a Pipelle is indicated.

4.7 The following justify endometrial sampling irrespective of endometrial thickness:

- >1 episode of bleeding or the presence of diabetes,
- BMI >31 in women age >65.

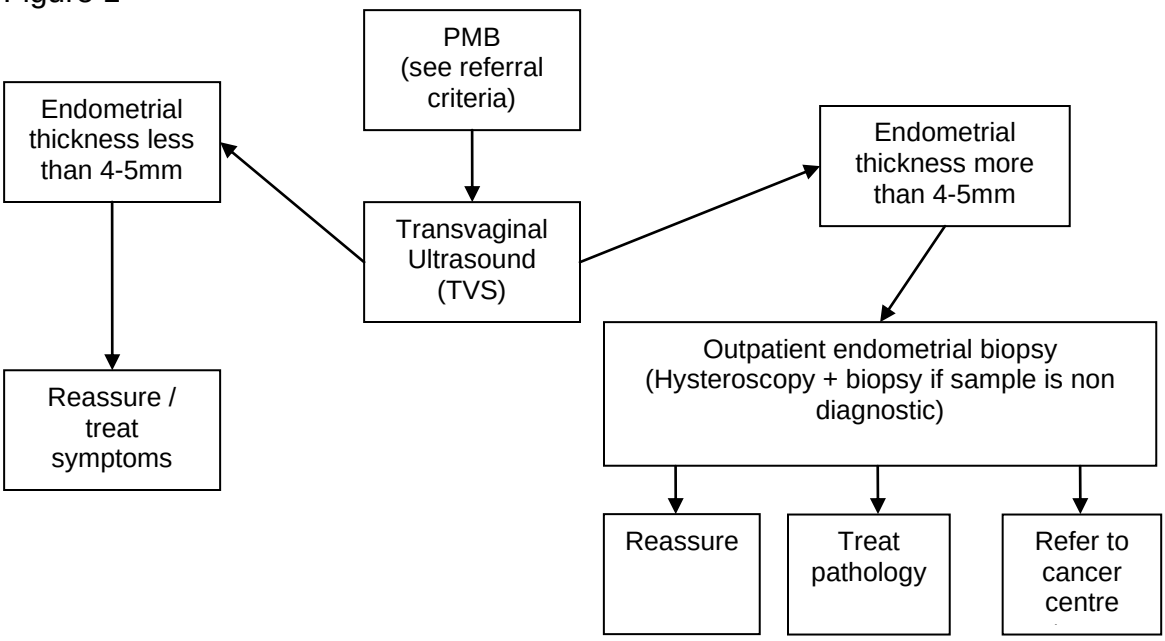
4.8 The absence of endometrial tissue in an adequately sited Pipelle sample (i.e. inserted to a minimum depth of 7 cm) may indicate endometrial atrophy

especially in the absence of other endometrial cancer risk factors and a borderline endometrial thickness (5 – 6 mm) on TVS. However, an outpatient hysteroscopy should be strongly considered for all non-diagnostic endometrial samples and any decision not to undertake hysteroscopy in this situation should be made by a senior clinician in possession of all the pertinent clinical information.

4.9 In the absence of positive clinical findings there is no evidence for the benefit of routinely searching for and assessing the adnexa in women with PMB. Its poor specificity in this setting can result in unnecessary investigations and anxiety and is a cause of potentially unnecessary discomfort. However any abnormal findings that are discovered whist searching for the endometrium should be reported.

4.10 Asymptomatic thickening of the endometrium does not routinely justify further investigation. In the absence of evidence to support further testing in asymptomatic post-menopausal women, decisions for further investigation should be made on an individual basis.

Figure 1



Monitoring of the Guideline

Implementation of the guidance will be considered as a topic for audit by the NSSG in 2014.

Authors of version 1 and 2

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Approval Signatures

Pan Birmingham Cancer Network Governance Committee Chair

Name: Doug Wulff

Signature:  Date: September 2011

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Name: Karen Metcalf

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31 62

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31 62

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URGENT REFERRAL FOR SUSPECTED GYNAECOLOGICAL CANCER

If you wish to include an accompanying letter, please do so. **On completion please FAX to the number below.** (Version 2.0)

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

Patient Details	**GP Details (inc Fax Number)**
Surname Forename D.O.B. Gender Address Postcode Telephone NHS No Hospital No Interpreter? Y / N First Language:	**Date of Decision to Refer** **Date of Referral** **GP Signature**

CANCER TYPE SUSPECTED
(Check as appropriate)

- OVARY ☐
- CERVIX ☐
- ENDOMETRIUM ☐
- VAGINA / VULVA ☐

ABDOMINAL SYMPTOMS (Check as appropriate)

- Bloating ☐ Upper GI ☐
- Lower GI ☐ Pain ☐
- Urinary symptoms ☐ Altered bowel habit ☐

BLEEDING PV

- Persistent intermenstrual ☐
- Post Coital ☐
- Post Menopausal ☐
- Tamoxifen user ☐
- Single Heavy Episode ☐
- >1 Episode **and** pattern of bleeding ☐

Duration of bleeding weeks _____

EXAMINATION FINDINGS

- Abdominal mass ☐
- Pelvic mass ☐
- Visible cervical lesion ☐
- Visible vulval lesion ☐
- Ascites ☐

Type of examination conducted:
Abdominal ☐ Bi-manual ☐ Speculum ☐

MENOPAUSAL STATUS

- Premenopausal ☐
- Hysterectomy ☐
- Postmenopausal (>1 year since LMP) ☐
- On HRT ☐

Clinical Details:
History/Examination/Investigations……
Medication ……

For Hospital Use
Appointment Date Clinic Attending
Was the referral appropriate Yes No (if no please give reason)

GYNAECOLOGICAL CLINICS WITH RAPID ACCESS FACILITIES

Hospital	Tel	Fax
City and Sandwell	**0121 507 5805**	**0121 507 5075**
Birmingham Women's	**0121 623 6845**	**0121 627 2768**
Good Hope	**0121 424 5000**	**0121 424 8952**
Heart of England	**0121 424 5000**	**0121 424 8952**
Walsall Manor	**01922 721172 ext 7110 or 7785**	**01922 656773**

- Please discard all other Gynaecological Urgent Referral Forms -

ENDORSED BY THE GOVERNANCE COMMITTEE

Why Have I Been Given a 'Two Week Wait' Hospital Appointment?

What is a 'two week wait' appointment?
The 'two week wait' or 'urgent' appointment was introduced so that a specialist would see any patient with symptoms that ***might*** indicate cancer as quickly as possible. The two week wait appointment has been requested either by your GP or dentist.

Why has my GP referred me?
GPs diagnose and treat many illnesses but sometimes they need to arrange for you to see a specialist hospital doctor. This could be for a number of reasons such as:

- The treatment already given by your GP has not worked.
- Your symptoms need further investigation.
- Investigations arranged by your GP have shown some abnormal results.
- Your GP suspects cancer.

Does this mean I have cancer?
Most of the time, it doesn't. **Even though you are being referred to a specialist, this does not necessarily mean that you have cancer**. More than 70% of patients referred with a 'two week wait' appointment do not have cancer.

What symptoms might need a 'two week wait' appointment?

- A lump that does not go away.
- A change in the size, shape or colour of a mole.
- Abnormal bleeding.
- A change in bowel or bladder habits.
- Continuous tiredness and/or unexplained weight loss.
- Other unexplained symptoms.

What should I do if I'm unable to attend an appointment in the next two weeks?
This is an important referral. Let your GP know immediately (or the hospital when they contact you) if you are unable to attend a hospital appointment within the next two weeks.

What do I need to do now?

- Make sure that your GP has your correct address and telephone number, including your mobile phone number.
- The hospital will try to contact you by telephone to arrange an appointment. If they are not able to make telephone contact, an appointment letter will be sent to you by post.
- **Inform your GP surgery if you have not been contacted by the hospital within three working days** of the appointment with your GP.
- You will receive further information about your appointment before you go to the hospital. It is important you read this information and follow the instructions.
- Please feel free to bring someone with you to your appointment at the hospital.

It is important to remember that even though you will receive a 'two week wait' appointment, being referred to a specialist does not necessarily mean that you have cancer. Remember, 7 out of 10 patients referred this way do not have cancer.

Publication date: October 2009

Review date: October 2012

Patient Information adapted from Harrow Primary Care Trust