Primary Care

Community or secondary care

Alternative Pathway e.g. Urgent Suspected Cancer (USCP)

Box with thick black/red border = end of pathway

Management of Women with Unscheduled Vaginal Bleeding whilst using HRT

Version 2.8– 17/09/2024

**See additional notes on page 2 for review in line with regional and BMS guidance*

Patient Assessment in Primary Care[*i]

1. Assess cancer risk factors and bleeding pattern
2. Identify HRT regimen, duration, compliance
3. Offer examination (abdominal, pelvic)
4. Offer investigation if indicated e.g. cervical screening/genital swabs
5. Discuss risks and benefits of continuing HRT[*ii]

1 major or 3 minor risk factors for endometrial cancer[*iii]?

- YES → **Refer on USCP**
- NO →
  - Any heavy/persistent bleeding[*iv], or
  - 2 minor cancer risk factors[*iv], or
  - More than 6 months since starting HRT, or
  - More than 3 months after a change in dose or preparation

NO → **GP to OPTIMISE HRT for 6 months**

- **Bleeding stops – no further investigation required**
- **Bleeding improved but ongoing after 6 months OR no improvement in intensity / frequency during the 6 months** → Discuss options including HRT cessation vs non-hormonal alternatives
  - Decision to CONTINUE HRT → **REQUEST URGENT TVUSS** (within 6 weeks)
  - Decision to STOP HRT → Bleeding stops → Restart HRT: Offer adjustment in HRT for 6 months in total
    - **Bleeding stops –No further investigation required**
    - **Bleeding improved but ongoing after 6 months OR no improvement in intensity / frequency during the 6 months** → **REQUEST URGENT TVUSS** (within 6 weeks)
  - **Bleeding is ongoing after a 4-week period of HRT cessation** → **Refer for Endometrial Assessment on USCP**

Bleeding increasing/ persistent → **REQUEST URGENT TVUSS** (within 6 weeks)

YES → **REQUEST URGENT TVUSS** (within 6 weeks)

REQUEST URGENT TVUSS (within 6 weeks) → **ULTRASOUND**

- sHRT ET ≥7mm
- ccHRT ET ≥4mm
- Endometrium incompletely visualised

ULTRASOUND

- **NO (Reassuring Scan)** → **GP to OPTIMISE HRT** Consider other types of HRT vs cessation and alternatives to HRT[*ii] and arrange follow up (3-6 months)
  - **Bleeding stops - No further investigation required**
  - Bleeding ongoing after 3-6 months or increases in intensity/frequency within 3-6 months[*v] → **Refer for Endometrial Assessment via 6-week Urgent pathway**
- **YES (Non-reassuring Scan)** → **Transfer patient referral to USCP directly**

If patient declines investigations discuss barriers, HRT cessation and non hormonal alternatives

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Additional Notes for GPs

i. List of investigations	For informed consent, discuss the examination details, its benefits, and risks, including alternatives like no examination. Offer these assessments when appropriate: • Abdominal: Check for fibroids, ovarian mass, pain. • Vulvo-vaginal: Check for atrophy, dermatoses, mass, ulceration, prolapse. • Cervical appearance: Check for mass, polyp, ectropion with contact bleeding, visible IUD threads. • Genital tract swabs: Screen for chlamydia/gonorrhoea if indicated by sexual history. • Cervical screening: If overdue. • Pregnancy test: If appropriate. • BMI measurement.
ii. Alterations to HRT and HRT Cessation	Suggest a 4-week HRT stoppage during initial assessment and while awaiting investigations. If bleeding stops and HRT is resumed, allow 6 months for adjustments before considering a community-led scan if bleeding continues. See sections 3.3 and 3.6 of the Cheshire and Merseyside Guidance for details. For women who choose to discontinue Hormone Replacement Therapy (HRT), if the bleeding has resolved at a 4-week follow-up and they are comfortable with continuing without HRT, no additional investigations are necessary. If a USC referral is recommended but declined, advise stopping HRT and suggest non-hormonal alternatives. Offer a 4-week follow-up and recommend USC if bleeding continues. If bleeding stops but HRT is resumed, adjust treatment for three months before considering an urgent TVUS if bleeding persists, as this group has a higher risk of endometrial cancer. Recommendation: • If the patient has no risk factors for endometrial cancer, suggest adjustments of progestogens whilst waiting for investigations. • If the patient has risk factors for endometrial cancer, discuss the risks versus benefits of continuing HRT. • In patients without risk factors who wish to restart their HRT after ceasing bleeding within 4 weeks of stopping their HRT, allow up to 6 months of adjustments before referral for a community-led scan. • In patients with risk factors who wish to restart their HRT after ceasing bleeding within 4 weeks of stopping their HRT, allow only 3 months of adjustments before referral for a direct access ultrasound scan. Please review your local Area Prescribing Guidance for alternative HRT preparations. ***Refer patient on USCP if they have 1 major/3 minor risk factors. Refer for TVUSS within 6 weeks if they have 2 minor risk factors.***

iii. Major Risk Factors
 	
(1 or more= USC Pathway)
 	
Minor Risk Factors
 	
(3 or more= USC Pathway)
	• BMI ≥ 40
	• Genetic predisposition to endometrial cancer (Lynch / Cowden Syndrome)
	• High risk HRT regimens:
	  • Oestrogen-only HRT for >6 months in women with a uterus
	  • Tricycling HRT (quarterly progestogen course) for more than 12 months
	  • Prolonged sHRT regimes: use for more than 5 years in women aged >45
	  • Reduced length of progestogen per month as part of a sequential regime - NET/MPA for <10 days or MP for <12 days; for more than 12 months
	
	• BMI 30-39
	• PCOS/Anovulatory cycles
	• Diabetes
	• Moderate risk HRT regimens:
	  • Tricycling HRT (>6mths but <12mths)
	  • Reduced length of progesterone (>6mths but <12mths)
	  • Progestogen not in proportion (>12mths)

iv. When to refer for an ultrasound - Urgent pathway (within 6 weeks)	For women who meet the following criteria, offer a direct access urgent TVS (or urgent gynaecological service review **Within any time-frame of starting ccHRT / sHRT presenting with:** • Prolonged withdrawal bleeds (more than 7 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 minor risk factors for endometrial cancer **More than six months after starting HRT and:** • Reports bleeding with ccHRT after an interval of amenorrhoea • Develops unscheduled bleeding on sHRT having had prior, light regular withdrawal bleeds
v. Ongoing bleeding after follow up	**TVS**: Normal ET (<4 mm if ccHRT and <7 mm if sHRT) but, • Recurrent unscheduled bleeding six months after HRT adjustments or, • Heavy or Persistent (almost daily) bleeding or, • Intracavity fluid and x1 major or x2 minor risk factors for endometrial cancer Patient can be referred on an urgent 6-week pathway for endometrial assessment (endometrial biopsy and / or hysteroscopy). Please state on the referral if the patient has been on HRT pathway.