Audit on management of complex endometrial hyperplasia/carcinoma diagnosed by preliminary endometrial sampling and its prevalence in hysterectomy specimens

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**Background**
- Endometrial cancer is the most common gynaecological cancer in the western world
- Cancer is commonly preceded by endometrial hyperplasia
- Hyperplasia is classified by the presence of atypia
- Management of hyperplasia is dictated by the type of hyperplasia. Hysterectomy is recommended for atypia and Progesterone treatment with close surveillance in cases without atypia
- Histological classifications of hyperplasia have evolved with time

**Aims & Objectives**
- To determine the incidence of endometrial hyperplasia/carcinoma at preliminary endometrial sampling - Pipelle's/hysteroscopy + biopsy/D&C
- Audit management in accordance with RCOG set standards
  - Hysterectomy recommended for cancer / atypical hyperplasia
  - Progesterone can be used for hyperplasia without atypia
- Histology after hysterectomy: to review the rate of concomitant endometrial carcinoma in patients with atypical hyperplasia
- Study population: endometrial hyperplasia/cancer diagnosed by Pipelle's/hysteroscopy + biopsy/ D&C at St Richards Hospital and Worthing hospital
- Study period: January 2014 - December 2018 (5 years)
- Data collection on demographics/ hormone treatment in hysterectomy specimens
- Data source: computer based databases: semahelix, letter finder, evolve

**Results (combined across both sites)**

**Total number of patients (n=234) with hyperplasia: 60 ; cancer: 174 (diagnosed at first contact)**

**Age**
Average: 66 years
Range: 35-98 years

**BMI**
- Normal: 6%
- Overweight: 10%
- Obese: 24%
- Not recorded: 62%

**Comorbidities**
Present in 54 (31%)
- DM: 9%
- Hypertension: 9%
- Breast cancer: 14%
- Other cancers: 30%
- Others: 3%

**Hormone/ Tamoxifen intake**

**Initial diagnosis of hyperplasia**

**Family history**
- Breast/ovarian/endometrial: 18 (17%) Other cancers: 2 (2%)

**Histology**

**Conclusions**
- Management of endometrial hyperplasia in line with RCOG guidelines & all patients are counselled appropriately
- MDT was carried out in all cases of suspected cancer and majority of cases of atypical hyperplasia
- Concomitant undiagnosed cancer rate with atypia 28/61 (46%)
- Cases of cancer in hysterectomies without atypia 4/9 (44%)
- In the cases where hyperplasia was confined to a polyp only one had a subsequent cancer diagnosis
- Atypical hyperplasia managed medically were due to hyperplasia confined to a polyp, multiple comorbidities in a BMI of 56, patient choice and one death prior to definitive treatment
- 5 cases of endometrial cancer treated with Progesterone only due to comorbidities
- Histology reporting nomenclature not consistent

**Limitations of audit**
- Data collected from database, missing data as notes not pulled
- Cross site study: different ways of representation of demographic data in letters across both sites, so representation not uniform

**Recommendations**
- Standardisation of histology reporting needed
- Classification of histology as hyperplasia with and without atypia, not simple/complex hyperplasia
- Standardise trust pathway for management and follow-up of atypical hyperplasia
- Further review of the management and outcomes of hyperplasia without atypia

**References**
- RCOG Green top guideline no. 67 on Endometrial Hyperplasia
- There is no conflict of interest among the authors