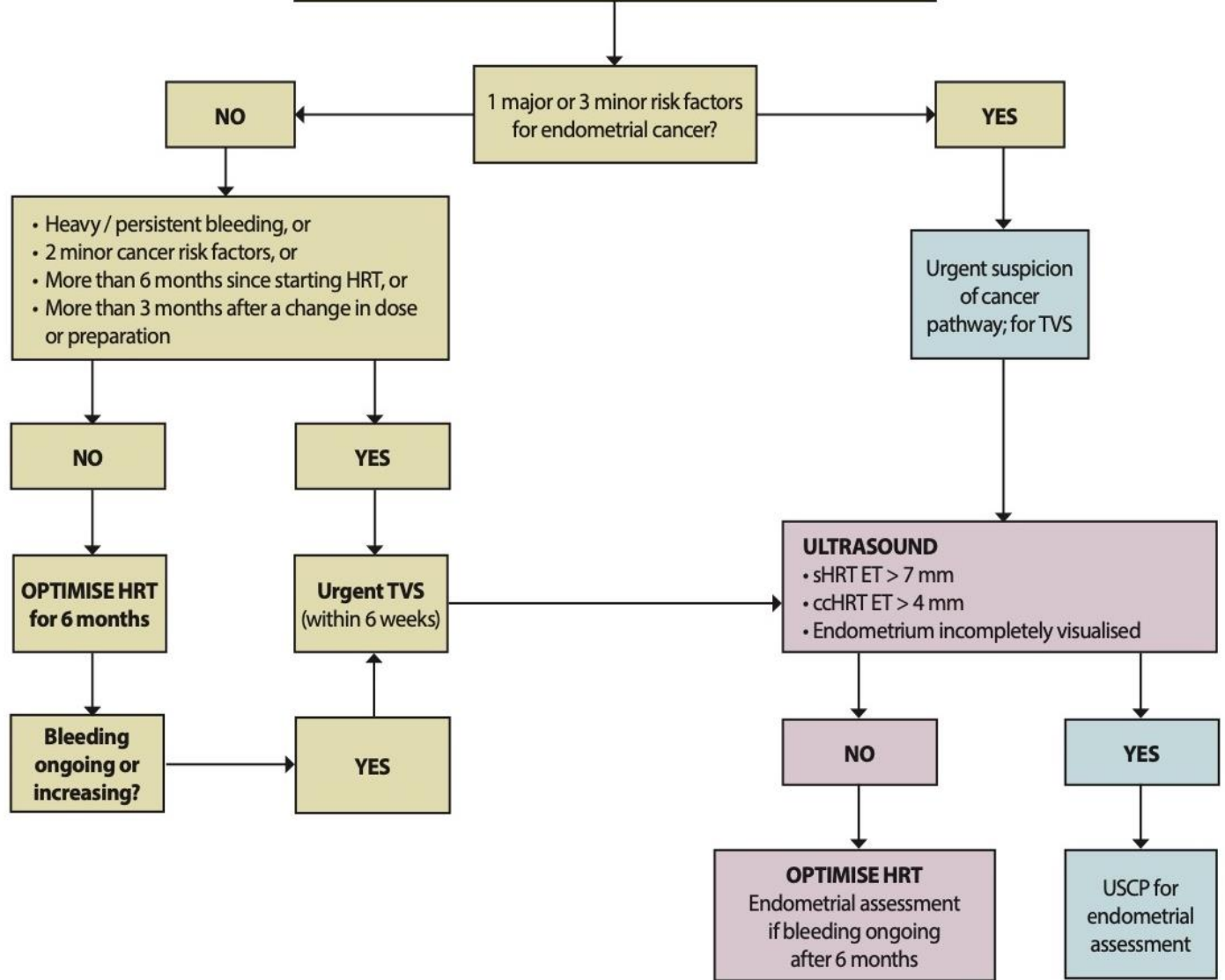


UNSCHEDULED BLEEDING ON HRT
 1. Assess cancer risk factors and bleeding pattern
 2. Identify HRT regimen, duration, compliance
 3. Offer examination
 4. Offer investigations if indicated e.g. cervical screening/genital swabs



Primary Care **USCP** **Primary or secondary care responsibility**

sHRT: sequential *ccHRT: continuous combined*
ET: endometrial thickness *TVS: transvaginal ultrasound*
USCP: urgent suspicion of cancer pathway

- MAJOR risk factors for endometrial cancer**
- BMI ≥ 40
 - Genetic predisposition (Lynch / Cowden syndrome)
 - Estrogen-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 ≥ 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

- MINOR risk factors for endometrial cancer**
- BMI 30-39
 - Unopposed estrogen > 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 estrogen dose for > 12 months (including expired 52 mg LNG-IUD)
 - Anovulatory cycles, such as in Polycystic ovarian syndrome
 - Diabetes