

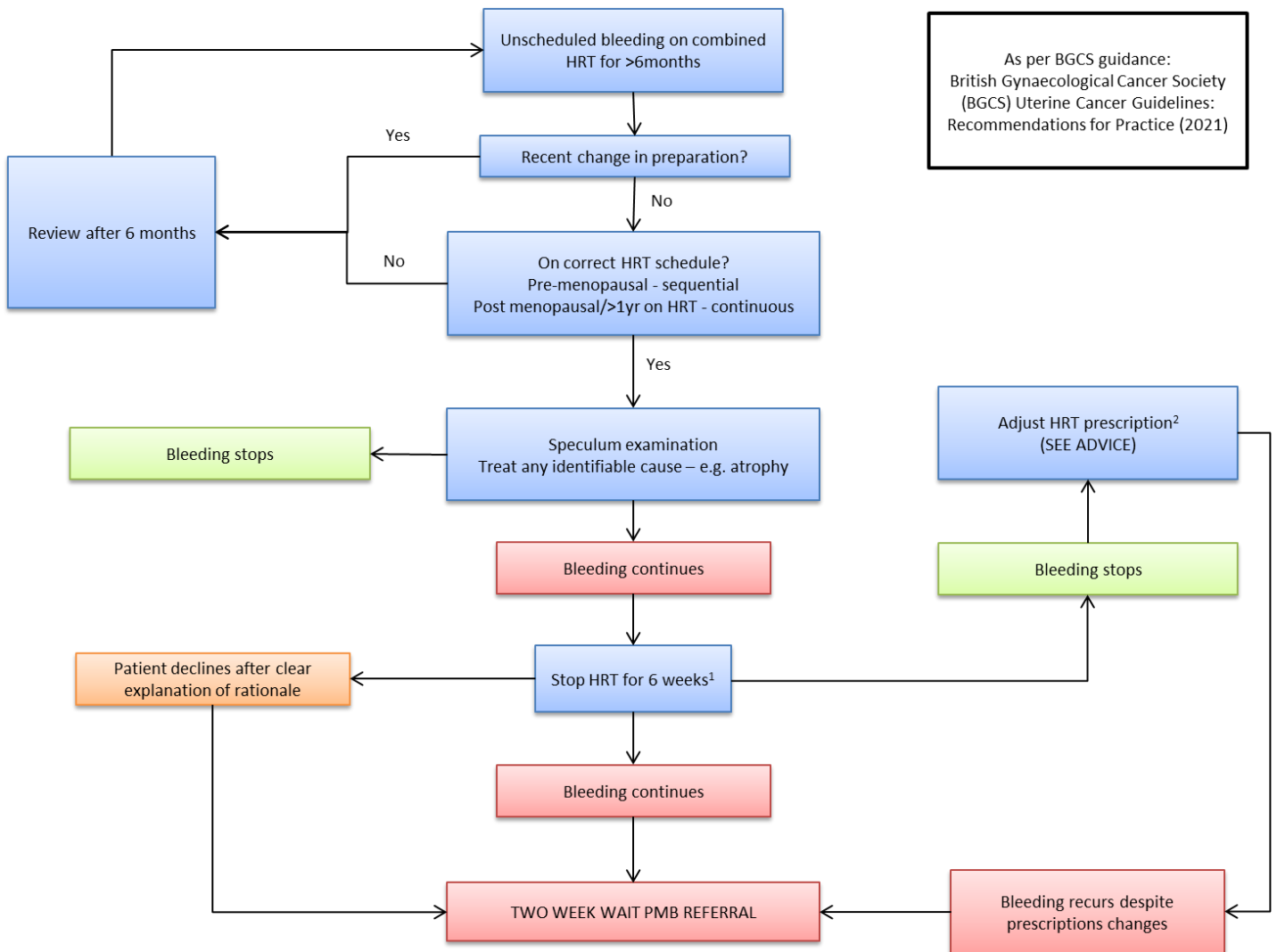


New Management of Unscheduled Bleeding on HRT Pathway

The most common symptom of women with endometrial cancer is postmenopausal bleeding. For patients **not** on hormone replacement therapy (HRT) this will necessitate an urgent, two-week wait referral.

It is common for HRT to cause **unscheduled bleeding** and current guidance from the [British Gynaecological Cancer Society](#) recommends that women on HRT with unscheduled bleeding should initially have a speculum examination, and, if necessary, have their HRT discontinued for six weeks to establish whether the HRT regime is causing the bleeding. Those with persistent bleeding following HRT withdrawal must then be referred to a rapid access gynaecology clinic, without re-starting their HRT, to exclude endometrial pathology.

Those patients found to have unscheduled bleeding due to their HRT should have their regimes **modified** to minimise the risk of further bleeding once their HRT is restarted. See flowchart and guidance **below**:



Sequential HRT Changes:

- Check patient compliance
- Align with normal menstrual cycle
- Ensure progestogen is last 12-14 days of cycle
- Increase progestogen
e.g. If using Utrogestan® 200mg, increase to 300mg ('Off-label' dose)
- Switch to different progestogen/product
e.g. Elleste Duet® 1mg to Femoston® 1/10
- Increase duration of progestogen intake
e.g. 21 days out of 28-day cycle ('Off-label' use)
- Consider Mirena® coil

Continuous HRT Changes:

- Check patient compliance
- Aim for lowest dose preparation
- Increase dose of progestogen
e.g. if using Utrogestan® 100mg, increase to 200mg ('Off-label' dose)
- Change progestogen
 - Change product e.g. Elleste Duet Conti® to Femoston Conti®
 - Add in Utrogestan® (oral progestogen associated with lower bleeding risk than topical)
- Consider Mirena® coil
- Consider reverting to sequential HRT

For further advice/evidence see: [BMS Guidance- Progestogens & Endometrial Protection](#)

References

1. British Gynaecological Cancer Society Uterine Cancer Guidelines: Recommendations for Practice. 2021
2. Management of bleeding problems with HRT, Journal of Family Planning and Reproductive Health. 2002 28(4): 182-184
3. <https://thebms.org.uk/wp-content/uploads/2021/10/14-BMS-TfC-Progestogens-and-endometrial-protection-01H.pdf>