

Audit of treatment for Atypical Endometrial Hyperplasia (AEH)

A Anderson¹, J Cooper¹, C Oyston^{1,2}, C Miles³, K Sowden², R Peiris-John⁴, MR Wise^{1,5}

¹ Department of Obstetrics and Gynaecology, Faculty of Medical and Health Sciences, University of Auckland

² Department of Women's Health, Counties Manukau District Health Board, New Zealand

³ Department of Pathology, Counties Manukau District Health Board, New Zealand

⁴ Department of Epidemiology and Biostatistics, Faculty of Medical and Health Sciences, University of Auckland

⁵ Department of Obstetrics and Gynaecology, Auckland District Health Board, New Zealand

Aim

To audit surgical care received and wait times at two large urban hospitals

Audit standards

1. From RCOG (2016) for surgical management

- 100% of hysterectomies to be total (versus subtotal)
- 100% of postmenopausal women to have a BSO
- > 50% of hysterectomies to be laparoscopic

2. From NZ Ministry of Health Faster Cancer Treatment

- 90% receive treatment within 62 days of referral
- 90% receive treatment within 31 days of decision-to-treat

Methods

Newly diagnosed AEH from Jan 2019 to Dec 2020 in two NZ hospitals. Inclusion: "at least hyperplasia". Exclusions: AEH diagnosis pre-2019, treated in private or had co-existing EC at biopsy. Cases were identified using a pathology database. Clinical records were reviewed to obtain demographic, referral, diagnostic and treatment details.

Results

Of the 124 women, 60% were Pacific and 14% Māori; mean BMI 43; mean age 43; 75% premenopausal; 54% presented with HMB.

53% had surgical management; 63% were on progestogen pre-op.

All three surgical standards were met; The two wait time standards were not met.

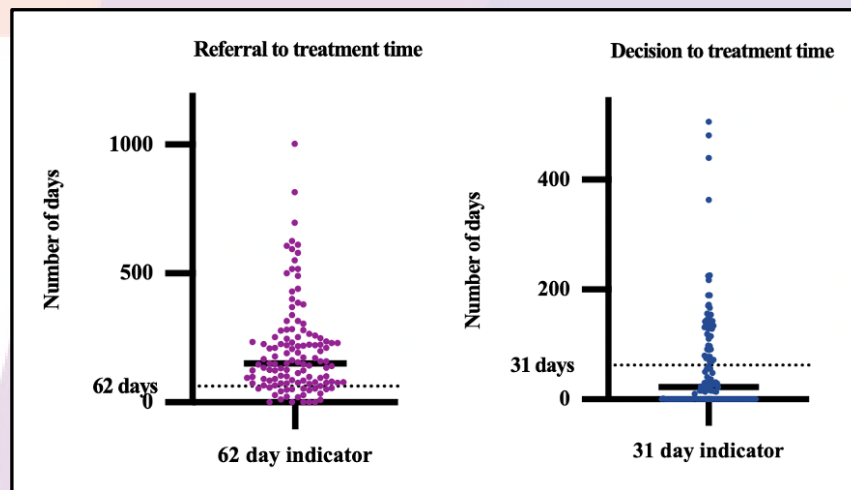


Figure – median wait from referral acceptance to treatment) was 151 days; median wait from decision to treat until treatment) was 22 days.

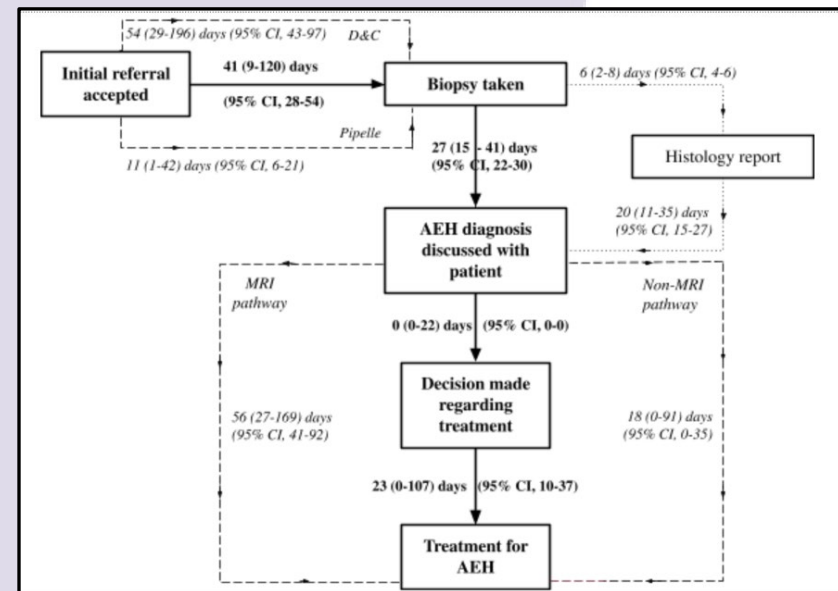


Figure – The majority of the wait time was prior to a diagnosis, particularly between referral and biopsy.

Discussion

Delays to care were found throughout the women's journey, with the most significant delay being prior to endometrial sampling and an AEH diagnosis. Hospital services can streamline their pathways referred for abnormal uterine bleeding, flagging obesity as an indicator for being a high suspicion of cancer, increasing access to endometrial sampling in primary care to bypass outpatient clinics and establishing a 'one-stop-shop' outpatient assessment, with empiric initiation of intrauterine progestogen for women awaiting operative management.