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Title **Evaluation of Abnormal Uterine Bleeding: Comparison of Three Outpatient Procedures Within Cohorts Defined by Age, Menopausal Status, and Other Risk Factors**

Agency **NCCHTA, National Coordinating Centre for Health Technology Assessment**
Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX, United Kingdom;
Tel: +44 2380 595586, Fax: +44 2380 595639

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Aim

To compare 3 outpatient methods of endometrial evaluation (blind biopsy, ultrasound, hysteroscopy with biopsy) in terms of successful completion of investigation, clinician preferences, patient outcome, acceptability of method, satisfaction with clinical care, and cost effectiveness.

Conclusions and results

This study illustrates the complexity of investigations in women referred for abnormal bleeding. The methods were randomized separately in 3 risk groups: high (postmenopausal), moderate (over 40 years or with risk factors for endometrial cancer), and low (all other premenopausal women). Two biopsy devices (Pipelle sampler, Tao brush) were compared in the high- and moderate-risk groups.

Minor adverse events occurred in about 10% of patients having hysteroscopy (HS) and biopsy. More women reported these methods as *markedly unpleasant* compared to ultrasound, which had no adverse events. In moderate-risk women, Pipelle biopsy and Tao brush gave similar rates of acceptable samples, but in postmenopausal women the Tao brush was more successful. Women preferred Tao brush.

Visualizations were significantly better for ultrasound than for HS in the low- and moderate-risk groups, with a similar but nonsignificant trend in high-risk women. Ultrasound was significantly better than HS at detecting fibroids, but HS was significantly better at identifying polyps.

Ultrasound was more acceptable to women than HS and biopsy, but HS was not more unpleasant than biopsy. Hysteroscopy patients were least likely to want more investigation. Most women were reassured by their clinic visit, but those having biopsy alone were least reassured. At 10-months, high-risk women having HS (with biopsy) were the most positive about the clinic experience, and moderate-risk group were the most negative. At 10 months, hysteroscopy was viewed more favorably than ultrasound, but this effect disappeared by 24 months. Less than half of moderate-risk women (menstrual bleeding problems) rated their symptoms *much improved* at 10 months, and a quarter said their problem had not been cured. Resource use tended to be higher in moderate- and low-risk women. In the high-risk group, HS was marginally more cost effective than ultrasound. In the moderate-risk group the most cost-effective option was biopsy alone, and in the low-risk group it was ultrasound.

Recommendations

The relatively small differences in cost effectiveness suggest that other issues, eg, clinician preferences and patient perspectives, might influence the choice of investigative method. Tao brush is superior in obtaining adequate samples in postmenopausal women, and our clinicians expressed interest in it being made available. However, introducing the Tao brush for endometrial sampling has resource and training implications.

Methods

See Executive Summary link above.

Further research/reviews required

Postmenopausal women should be studied separately from premenopausal women. In premenopausal women with abnormal menstrual bleeding, about 60% reported their symptoms were *not much improved* at 10 months. Research is needed on the relatively poor outcome for these patients and to explore ways to integrate patient factors to optimize evaluation and treatment. The significance of benign pathologies in this group also needs clarification.

Data from this study can contribute toward further analyses of patient factors to inform decisions as to the most efficient and acceptable method of investigation for an individual patient.

Written by Professor Hilary Critchley and Dr Pamela Warner, University of Edinburgh Medical School, UK

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