



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION FORM**

Title of guideline	SIGN 61: Investigation of post-menopausal bleeding
Date of publication	2002
SIGN scoping search – sources	<p>MeSH headings for the condition specified, plus any common variations as free text</p> <p>Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site, CKS Knowledge Summaries. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane library.</p> <p>Other good quality systematic reviews: UK HTA database (Southampton); DARE.</p> <p>Individual studies: Embase and Medline, date of publication - 2009.</p> <p>The British Menopause Society http://www.thebms.org.uk/statements.php</p>
SIGN scoping search - summary	<p>Guidelines – 6</p> <p>HTAs – 2</p> <p>Economic assessments - 2</p> <p>Cochrane reviews – 0</p> <p>Other good quality systematic reviews – 1</p>
Other guidelines/HTAs	<ul style="list-style-type: none"> ▪ Role of progestogen in hormone therapy for postmenopausal women: position statement of The North American Menopause Society. Menopause 2003 Mar-Apr;10(2):113-32. <ul style="list-style-type: none"> - Major recommendation: Progestogen should be added to estrogen therapy (ET) in all postmenopausal women with an intact uterus to prevent the elevated risk of estrogen-induced endometrial hyperplasia and adenocarcinoma. ▪ Fleischer AC, Andreotti RF, Bohm-Velez M, Horrow MM, Hricak H, Javitt MC, Thurmond A, Zelop C, Expert Panel on Women's Imaging. Abnormal vaginal bleeding. [online publication]. Reston (VA): American College of Radiology (ACR); 2006. <ul style="list-style-type: none"> - Provides guidance on the use of imaging techniques to diagnose the cause of vaginal bleeding in women of all ages. Includes material specific to older women at higher risk of endometrial cancer. ▪ The Royal College of Pathologists. Tissue pathways for gynaecological pathology July 2008. www.rcpath.org/resources/pdf/g073_tpgynae_jul08.pdf ▪ Kaiser Permanente Southern California. Acute uterine bleeding unrelated to pregnancy. Pasadena (CA): Kaiser Permanente Southern California; 2006 Aug. ▪ Amann M, Anguino H, Bauman RA, Cheung ML, Harris S, Kennedy J, Kivnick S, Lim A, Moore D, Munro M, Musoke L, Solh S. Postmenopausal uterine bleeding. Pasadena (CA): Kaiser Permanente Southern California; Dec 2006 www.guideline.gov/summary/summary.aspx?doc_id=10890&nbr=5688 ▪ NICE CG27, Referral guidelines for suspected cancer. June 2005. www.nice.org.uk/nicemedia/pdf/cg027niceguideline.pdf ▪ Critchley H O D, Warner P, Lee A J, Brechin S, Guise J, Graham B. <i>Evaluation of abnormal uterine bleeding: comparison of three outpatient procedures within cohorts defined by age and menopausal status</i>. Health Technology Assessment. 2004 www.hta.ac.uk/1063 ▪ Clark J, Barton P, Gupta J, Khan K. <i>Outpatient diagnosis of endometrial cancer in women with first episode of postmenopausal bleeding</i>. Birmingham: West Midlands Health Technology Assessment

	Collaboration. 2004. www.rep.bham.ac.uk/2004/endometrial_cancer.pdf
Main conclusions from new evidence	<ul style="list-style-type: none"> ▪ Two HTAs and an economic assessment comparing three outpatient methods of endometrial evaluation, ultrasound, hysteroscopy and biopsy in terms of performance, patient acceptability and cost-effectiveness concluded that ultrasound was more successful than hysteroscopy in low-risk and moderate-risk women. Ultrasound was significantly better than hysteroscopy at detecting fibroids, but hysteroscopy significantly better for polyps. Ultrasound was more acceptable to women than hysteroscopy and biopsy. Life expectancies were comparable for all diagnostic strategies, but initial evaluation with pelvic ultrasound with a 4mm or 5-mm cut-off point was the most cost-effective strategy for women presenting for the first time with PMB. <i>Guideline recommends that transvaginal ultrasound is an appropriate first-line procedure where skills and capacity exist (B) and states that hysteroscopy and curettage is the preferred technique for detecting polyps and benign lesions (C) and histological specimens may be obtained by hysteroscopy with curettage or by endometrium sampling device (C).</i> ▪ An economic assessment comparing the one-stop clinic with four traditional consultant-led outpatient gynaecology clinics seeing women with PMB demonstrated that one-stop investigation of PMB reduced waiting times and theatre costs by reducing the number of hysteroscopies. <i>The guideline describes the advantages of a one stop clinic but makes no recommendation.</i> ▪ A systematic review and meta-analysis of diagnostic studies comparing saline contrast hysterosonography to a gold standard diagnosis based on either hysteroscopy with or without histological sampling or to hysterectomy concluded that it is accurate in the evaluation of the uterine cavity in pre- and postmenopausal women suffering from abnormal uterine bleeding. The feasibility of saline contrast hysterosonography is high, although significantly better in premenopausal women. <i>Not covered in the guideline.</i>
New areas that could be added to the guideline	<ul style="list-style-type: none"> ▪ saline contrast hysterosonography
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ recommendations on investigative techniques could be strengthened with the inclusion of one stop PMB clinics and saline contrast hysterosonography, taking into account cost-effectiveness and patient preference

This report has been reviewed by SIGN Senior Management who do not consider that the new evidence provides justification for updating of the guideline at this stage, and the guideline remains current. This report will be updated and reconsidered in 2011.