Introduction

Raised endometrial thickness in women with postmenopausal bleeding has high sensitivity but poor specificity for endometrial cancer. We introduced modified International Endometrial Tumour Analysis (IETA) ultrasound principles in our one-stop clinic to reduce unnecessary investigations (hysteroscopy/biopsy).

Aims and Methods

Two prospective audits before (74 patients) and after (50 patients) implementing changes in scanning protocol. We compared practice against current guidance, and assessed practice after training staff to assess endometrial echogenicity, midline and vascularity.

Results

- Reporting ‘endometrial complex’ — a stronger indication for invasive tests
- Unnecessary endometrial biopsy/hysteroscopy reduced from 34% to 11%
- Better use of IETA terms (Figure 1)
- Increased endometrial vascularity was the strongest marker for pathology (Figures 2+3)

Conclusion

Our clinicians are assessing IETA endometrial appearance and vascularity. Scans are reported more consistently and unnecessary biopsies are reduced.

Next step: train staff in assessing endo-myo junction and re-assess.