University Hospitals Coventry and Warwickshire NHS Trust

Clinical Operating Procedure

Procedure Title:	Guidance for Women on Tamoxifen and Investigations for Endometrial Abnormality on Scan

Procedure Ref No:	COP 974

Review date:	January 2024
Expiry date:	July 2024

Version Number:	V1

Summary statement /scope of the procedure:
Women on Tamoxifen who have endometrial abnormality on scan
Recommendations for procedure content: *Clinical operating procedures should detail clear and explicit recommendations for practice and behaviour specific instructions; what, who, when, where and how. This will increase the likelihood of adoption of the procedure.*

- Women taking tamoxifen should be informed about the risks of endometrial proliferation, endometrial hyperplasia, endometrial cancer, and uterine sarcomas. They should be encouraged to promptly report any abnormal vaginal symptoms, including bloody discharge, spotting, staining, or leukorrhea.
- Any abnormal vaginal bleeding, bloody vaginal discharge, staining, or spotting whilst on Tamoxifen therapy should be investigated.
- Routine endometrial surveillance has not proved to be effective in increasing the early detection of endometrial cancer in women using tamoxifen. Such surveillance may lead to more invasive and costly diagnostic procedures and, therefore, is not recommended.
- Premenopausal women treated with tamoxifen and no abnormal vaginal bleeding have no known increased risk of uterine cancer and as such require no additional monitoring beyond routine gynaecologic care.
- Ultrasound assessment of the endometrium in asymptomatic women has a high false positive rate and a low positive predictive value and is therefore not recommended. CT scan is not recommended for assessment of the endometrium.
- Emerging evidence suggests the presence of high-risk and low-risk groups for development of atypical hyperplasia's with tamoxifen treatment in postmenopausal women based on the presence or absence of benign endometrial polyps before therapy. Thus, there may be a role for pre-treatment screening of high risk postmenopausal women with transvaginal ultrasonography and office hysteroscopy before initiation of tamoxifen therapy. Ultrasound assessment is often unreliable in these women. Patients identified as high risk of endometrial cancer are women with persistent intermenstrual or persistent irregular bleeding, and women with infrequent heavy bleeding who are obese or have polycystic ovary syndrome
- If assessment of the endometrium is necessary as per above criteria before or during Tamoxifen treatment, please refer via the two week wait referral form with as much information as possible and email uhc-tr.gynaecology.mdt@nhs.net *Asymptomatic woman with no abnormal vaginal bleeding on Tamoxifen who have an incidental finding of thickened endometrium is not an indication for endometrial assessment, and hence not an indication as a two week wait referral.*

- If atypical endometrial hyperplasia develops, appropriate gynaecologic management should be instituted, and the use of tamoxifen should be reassessed. If continued use of tamoxifen therapy is advised by the breast team and the risks are accepted by the patient, hysterectomy should be considered in women with atypical endometrial hyperplasia. Tamoxifen use may be reinstituted following hysterectomy for endometrial carcinoma in consultation with the physician responsible for the woman's breast care.

Does this Clinical Operating Procedure relate to a Clinical Guideline?	*Yes-* *1. British Gynaecological cancer Society* *2. American College of Obstetricians and Gynaecologists* *3. NICE- Heavy menstrual bleeding*

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TRAINEE NURSING ASSOCIATES or NURSING ASSOCIATES - A NEW NURSING ROLE If Registered Nurses or Student Nurses will be undertaking a role, or carry out procedures in your area, you will now need to consider the role/input/restrictions for Trainee Nursing Associates/Nursing Associates and refer to them within your document. If you require any further information please contact Karen Mogan Practice Facilitator karen.mogan@uhcw.nhs.uk<mailto:karen.mogan@uhcw.nhs.uk>	

If the Reviewer and Author is the same person please tick box ☐
If the Reviewer and Author is not the same person please provide the Reviewer details below

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Approved by:	W+C Virtual approval process
Date Approved:	July 2021

Primary Specialty:	*Gynaecology*
Secondary Specialty:	*NA*
Other Specialty:	*NA*

Are there any UHCW documents related to this topic area **Y**es☐ No☒

If yes please provide Title

References

Provide full references for any literature utilised in the development of this clinical operating procedure, if applicable