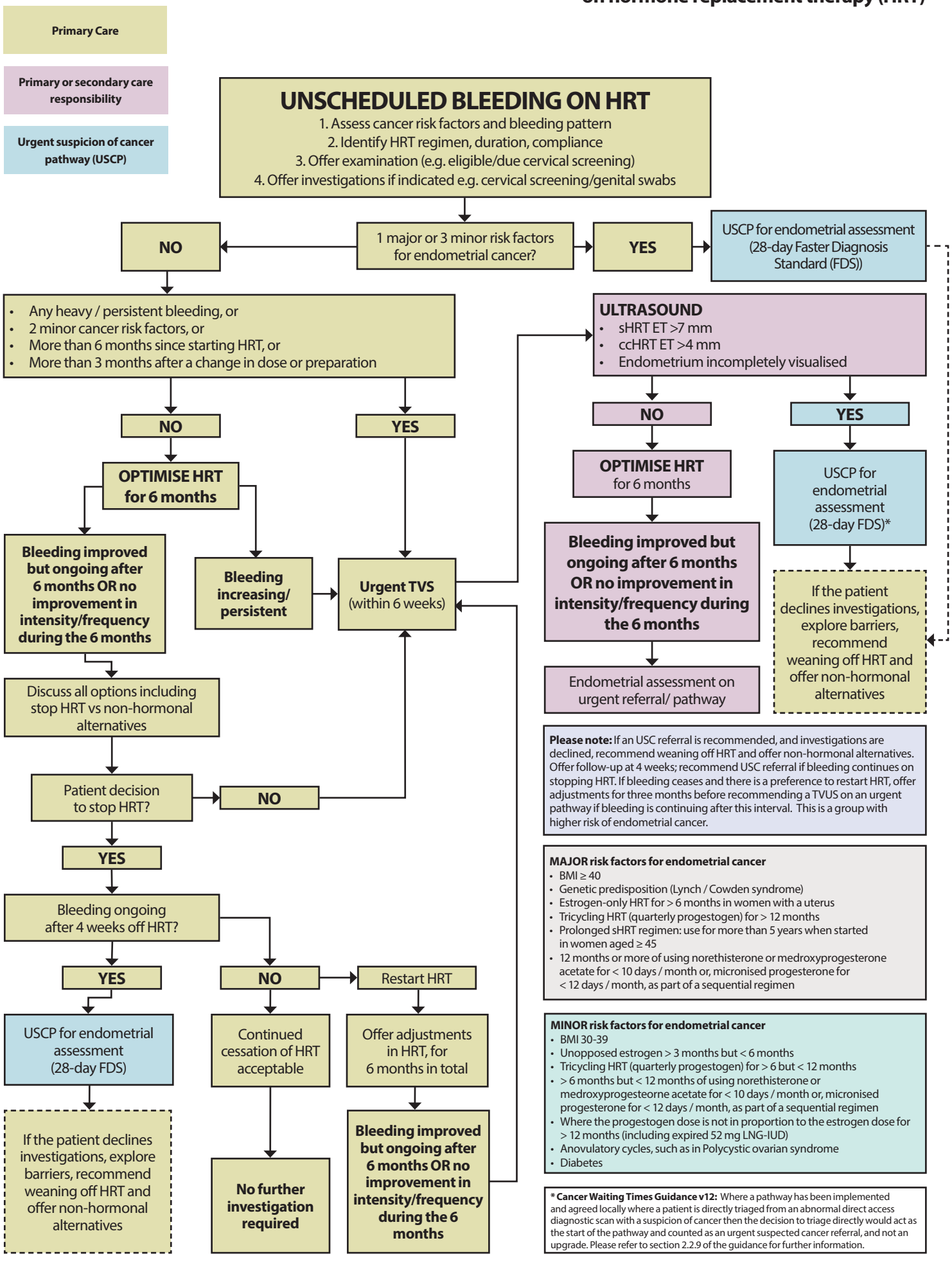
Management of unscheduled bleeding on hormone replacement therapy (HRT)



Please note: If an USC referral is recommended, and investigations are declined, recommend weaning off HRT and offer non-hormonal alternatives. Offer follow-up at 4 weeks; recommend USC referral if bleeding continues on stopping HRT. If bleeding ceases and there is a preference to restart HRT, offer adjustments for three months before recommending a TVUS on an urgent pathway if bleeding is continuing after this interval. This is a group with higher risk of endometrial cancer.

MAJOR risk factors for endometrial cancer

- BMI ≥ 40
- Genetic predisposition (Lynch / Cowden syndrome)
- Estrogen-only HRT for > 6 months in women with a uterus
- Tricycling HRT (quarterly progestogen) for > 12 months
- Prolonged sHRT regimen: use for more than 5 years when started in women aged ≥ 45
- 12 months or more of using norethisterone or medroxyprogesterone acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen

MINOR risk factors for endometrial cancer

- BMI 30-39
- Unopposed estrogen > 3 months but < 6 months
- Tricycling HRT (quarterly progestogen) for > 6 but < 12 months
- > 6 months but < 12 months of using norethisterone or medroxyprogesteorne acetate for < 10 days / month or, micronised progesterone for < 12 days / month, as part of a sequential regimen
- Where the progestogen dose is not in proportion to the estrogen dose for > 12 months (including expired 52 mg LNG-IUD)
- Anovulatory cycles, such as in Polycystic ovarian syndrome
- Diabetes

*** Cancer Waiting Times Guidance v12:** Where a pathway has been implemented and agreed locally where a patient is directly triaged from an abnormal direct access diagnostic scan with a suspicion of cancer then the decision to triage directly would act as the start of the pathway and counted as an urgent suspected cancer referral, and not an upgrade. Please refer to section 2.2.9 of the guidance for further information.

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