Hysterectomies for endometrial hyperplasia decreased during the first year of the Covid-19 pandemic: where have all the patients gone?

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Topic: Endometrial

Objectives
To determine change in number of hysterectomies (hyst) and levonorgestrel intrauterine device (IUD) placements as treatment for endometrial hyperplasia (EH), and in the number of diagnostic procedures for abnormal uterine bleeding (AUB) and postmenopausal bleeding (PMB) performed during the first year of the Covid-19 pandemic compared to pre-pandemic levels.

Methods
Hospitals submitting data to the Vizient database for the period 2/1/19 through 2/1/21 provided the study population. We queried Vizient to identify patients undergoing (1) hyst, (2) IUD placement for EH, and (3) endometrial biopsy (EMB) or dilation and curettage (D&C) for AUB or PMB by month (mo.). We defined the pre-pandemic period as 2/1/19 through 1/31/20; 2/1/20 began the pandemic period. Mean number/mo of EH hyst, EH IUD placement, and EMB or D&C for AUB or PMB for the pre-pandemic period established a baseline for comparison to mos during the first pandemic year.

Results
314 hospitals reported data on 2,374 EH hysts, 2,006 EH IUD placements, and 99,782 diagnostic procedures for AUB and PMB. The mean number of EH hysts was 118/mo pre-pandemic and 79.9/mo during the pandemic; the mean difference was 38.2/mo (95%CI 23.2-53.1, p=0.00015). Mean EH IUD placements pre-pandemic were 87.6/mo, and 79.6/mo during the pandemic; mean difference was 8/mo (95%CI -11-27, p=0.37). The mean number of combined EMBs and D&Cs pre-pandemic was 4,547/mo and 3,768/mo during the pandemic; mean difference was 778/mo (95%CI 80-1477, p=0.032).

Conclusions
During the first year of the Covid-19 pandemic, the number of EH hysts performed per mo decreased. We found no increase in EH IUD placement. Although Vizient does not report the number of patients prescribed oral progesterone as an alternative treatment, we found that the total number of patients undergoing diagnostic procedures for AUB and PMB decreased significantly during the pandemic period, suggesting that the deficit in hysts performed for EH is due, in part, to fewer patients presenting for workup of abnormal bleeding. Together with our earlier report that 20% fewer hysts for EC were done during the first pandemic year, our findings suggest a meaningful delay in care. More research is needed to determine if this delay will impact stage, treatment and outcome. Data for the 2nd pandemic year will be analyzed in time for the meeting.

Abstract Table or Graph
MKMEANZC-1246138-1-ANY.pdf