

**Poster 35: Provider Acceptability of a Biopsy-First Approach to Diagnosis of Endometrial Cancer****Presenting Author:** Maya Gross, MD, MPH – University of Washington

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Topic: Endometrial

**Objectives**

Current guidelines for peri- and post-menopausal bleeding endorse ultrasound as reasonable initial evaluation. Evidence suggests that previously defined endometrial thickness cutoffs for risk stratification have unacceptable sensitivity for diagnosis of endometrial cancer (EC) in Black patients and others at high risk for cancer. We aimed to explore provider acceptability of a risk-based, endometrial biopsy (EMB)-first, approach to the evaluation of peri- and post-menopausal bleeding.

**Methods**

We conducted 12 semi-structured interviews surrounding evaluation of peri- and post-menopausal bleeding with providers serving patients at risk for EC across the United States. Interview structure was developed and refined using an iterative process. Inductive reasoning was employed to perform exploratory content analysis of sequential interviews.

**Results**

OB/Gyn (n=4), family medicine (n=3), internal (n=3) medicine, and emergency medicine (n=2) providers in all regions of the US were interviewed. Most (n=7, 58%) providers expressed uncertainty with current guidelines, with increased uncertainty evaluating those with peri- compared to post-menopausal bleeding. Guidelines were viewed as varying by institution and patient-specific factors. Most (n=7, 58%) performed EMB. Ob/Gyn providers were concerned that guidelines were ineffective for high-risk patients, including patients identifying as Black race. Most (n=9, 75%) providers supported a risk-based approach to evaluation. Decreased time to EC diagnosis and decreased bias in evaluation were viewed as benefits to a risk-based approach. Disadvantages included over-reliance on algorithms, exclusion of providers not performing EMB, pain, worry, and procedural risk. Facilitators to a risk-based approach included embedded clinical decision-making support, provider education, increased number of providers who offer EMB, enhanced patient counseling. Barriers included pain, time pressures, and acceptability of biopsy by patients.

**Conclusions**

In this qualitative study of provider acceptability of a risk-based, biopsy-first approach to peri- and post-menopausal bleeding, most providers supported a risk-based approach. Providers offered insight into barriers and facilitators to implementation of a risk-based approach.

Abstract Table or Graph

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