

Oral Abstract 5: Characteristics of abnormal uterine bleeding (AUB) in pre-menopausal adult patients with obesity

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Topic
Endometrial

Objectives

Pre-menopausal patients with obesity experiencing anovulatory abnormal uterine bleeding (AUB) are at significant risk for developing endometrial pre-/cancer. We sought to characterize the etiologies of AUB in this patient population in a managed care setting, identify prescriptions of progestin-containing medications, and missed opportunities for intervention in patients who develop endometrial pre-/cancer.

Methods

Retrospective cohort study of Kaiser Permanente Northern California adult pre-menopausal (ages 18-50 years) patients with obesity (BMI 30+) and AUB newly diagnosed between 1/1/2010 to 12/31/2022. Prescriptions of progestin-containing medications were tracked through the Kaiser pharmacy. Follow-up ended when patients developed a diagnosis of endometrial pre-/cancer, lost Kaiser membership, hysterectomy, or new diagnosis of breast cancer.

Results

Preliminary analysis identified 66,093 patients who met the study inclusion criteria. Median age at AUB onset was 37 years (IQR: 29.0 - 44.0) and median BMI was 34.6 kg/m² (IQR: 31.8 - 39.4). 62% of patients were prescribed progestin-containing medications at some point during the follow-up period (median 5.5 years, IQR: 3.3 - 8.8). Etiologies of AUB are shown in Table 1. There were 366 patients (0.6%) who developed endometrial pre-/cancer; median time from new AUB diagnosis to endometrial pre-/cancer diagnosis was 6.5 years (IQR: 3.6 - 9.7) during which time 32% were never prescribed a progestin-containing medication. 90% of the patients who developed endometrial pre-/cancer initially presented with anovulatory AUB. With additional analysis, we aim to describe the duration of progestin therapy filled by patients during the follow-up period and its impact on endometrial pre-/cancer prevention.

Conclusions

Majority of adult pre-menopausal patients with obesity presenting with AUB had anovulatory AUB as the etiology of their symptoms. Despite the development of endometrial pre-/cancer being a rare occurrence in this patient population, there still exists opportunity for active management of anovulatory AUB with hormonal medication.

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