What is the normal endometrial thickness in postmenopausal

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What is the normal endometrial thickness in postmenopausal

Endometrial thickness postmenopausal without bleeding. Postmenopausal endometrial thickness of endometrium postmenopausal. Is 14 mm endometrial thickness normal postmenopausal female

Working off campus? Learn more about our remote access options Volume 24, Issue 5 pages. 558-565 Transvaginal ultrasound (TVS) is routinely performed as part of a pelvic ultrasound in postmenopausal women, and images of the endometrium are often obtained. In women without vaginal bleeding, the threshold between the normal and the abnormally thickened endometrium is unknown. The purpose of this study was to determine a threshold of endometrial thickness that would induce biopsy in a postmenopausal woman without vaginal bleeding. This was a theoretical cohort of postmenopausal woman without vaginal bleeding. the risk of cancer for a postmenopausal woman with vaginal bleeding when the endometrial thickness in a woman without vaginal bleeding that would be associated with the same cancer risk. We used published and unpublished data to determine the sensitivity and specificity of DVT, the incidence of endometrial cancer, the percentage of symptomatic women with vaginal bleeding, and the percentage of cancer occurring in women without vaginal bleeding. The ranges for each estimate were included in a sensitivity analysis to determine the impact of each estimate on the overall results. In a postmenopausal woman with vaginal bleeding, the risk of cancer is about 7.3% if her endometrium is thick (> 5 mm) and < 0.07% if her endometrium is thin (\tilde{A} ¢ \hat{A} æ5 mm). A threshold of 11 mm produces a similar separation between those who are at high risk and those who are at high risk and those who are at high risk and those who are at high risk of cancer is about 6.7% if the endometrium is thick (> 11 mm) and 0.002% if the endometrium is thin (Ţ£Âœ11 mm). The estimated to occur in women without vaginal bleeding. For the baseline scenario, we estimated that 15% of cancers occur in women without vaginal bleeding. When we changed the estimate to project that only 5% of cancers occur in women without vaginal bleeding, the predicted risk of cancer with a thick measurement was 8.9%. As a woman's age increases, her risk of cancer increases from 4.1% at the age of 50 to 9.3% at the age of 79. Changes in the other estimates used in the decision analysis by plausible did not have a substantial effect on the results. In a postmenopausal woman without vaginal bleeding, if the endometrium is > 11 mm, a biopsy is not required as the risk of cancer is extremely low. A© 2004 ISUOG. Published by John Wiley & Sons, Ltd. Post-menopausal vaginal bleeding is a common disorder and is associated with a risk of 1% endometrium cancer, depending on age and risk factors1, 2. As the risk of cancer is relatively high, the clinical standard of treatment requires a diagnostic evaluation to exclude malignant neoplasms2, 3. Until the 1980s, fractional expansion and treatment was the most widely used procedure. Dilation and treatment are invasive and associated with a 1.2% complication rate; Therefore, less invasive endometrial biopsy techniques are increasingly preferred for the evaluation of these women3. More recently, transvaginal ultrasound (TVS) 4, 5 was recommended as an initial test for postmenopausal bleeding evaluation. The TVS is attractive as it is minimally invasive, has a high rate of tumor detection6,7 and the cost is similar to that of biopsy8. If the endometry carcinoma are symptomatic of vaginal bleeding, the risk of endometrium carcinoma is very low among women without It is therefore not practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is therefore not practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is therefore not practical to use TVS as a screening test to detect endometrium carcinoma is very low among women, 9-12. Although the concern for endometrium carcinoma is very low among women without It is therefore not practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is therefore not practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is therefore not practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is therefore not practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to detect endometrium carcinoma is very low among women without It is the practical to use TVS as a screening test to the practical test reference doctor to know how to manage an accidental discovery of an endometry thickening. In clinical practice this leads to a large number of biopsies due to an accidental response. In post-menopausal women without vaginal bleeding (and therefore at low risk of endometrium cancer), the threshold separating normality from pathologically thickened endometrium is not known and there is no consensus on what constitutes an "ispessite endometrial strip" in these women 13. If an endometrial strip" in these women 14. If an endometrial thickness threshold is used > 5 mm to define an abnormal test result, as happens in women with vaginal bleeding, the number of positive false results would far exceed the positive results. However, in some measurements of endometrial thickness, the risk of cancer is sufficiently high to justify further evaluation with endometrial biopsy, even in a woman without vaginal bleeding. The cut-off value of the thickness that should be considered abnormal in a post-menopausal woman without bleeding has not been standardized. We've gotto determine a measurement of endometrial thickness to be considered abnormal and therefore rapid biopsy in a postmenopausal woman with bleeding. Our objective was to determine the threshold of endometrial thickness at which the risk of cancer in a woman with bleeding, if the endometrium measures > 5 mm. We felt it appropriate that, if a certain risk of cancer requires biopsy in a woman with vaginal bleeding. We have carried out a decisive analysis to determine the threshold of endometrial thickness to be considered abnormal in postmenopausal asymptomatic women (Figure 1). We used as a parameter the risk of tumor requiring biopsy in symptomatic women of vaginal hemorrhage, and we tried to determine the thickness of endometrium associated with a similar risk of tumor in women without vaginal hemorrhage. We have collected data from several published and unpublished and unpublished sources. The estimates are shown in Table 1. We used prudent hypotheses for every estimate in order to maximize the detection of occult cancer. For each endometrial thickness threshold we have defined a normal measure below or below that threshold, and we have defined abnormal a measure above that threshold. Decision tree used to determine the threshold of endometrium measures below a threshold. PPVThin, risk of cancer if the endometrium measures below a threshold. PPVThin is equal to 1 « negative predictive value. PPV, positive predictive value. Table 1. Stresses at the base and creasman 3 Percentage of endometrial sources predictive value. PPV, positive predictive value. Table 1. Stresses at the base and creasman 3 Percentage of endometrial sources predictive value. PPV, positive predictive value. Table 1. Stresses at the base and creasman 3 Percentage of endometrial sources predictive value. Table 1. Stresses at the base and creasman 3 Percentage of endometrial sources predictive value. Table 1. 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Stresses at the base at the base at the base at the base a tumors that occurs in women without vaginal bleeding 15% 5,20% Hofmeister 16, SEER Sensitivity varies from 98% (to 3 mm) to 50% (to 20 mm) Reduced sensitivity of 20% in women without bleeding compared to women with bleeding at each endometrial thickness threshold Smith-Bindman et al. 7, Tabor et al. women in postmenopausal without tumor and without vaginal bleeding 3.5 mm The endometrial thickness has been calculated using data that describe 2016 women. The positive false rates for each endometrial thickness measure were calculated using these data Fleischer et al.10, 19, GlaxoSmithKline (not published data) Endometrial carcinoma incidence* 75,6/100 000 45,8» 109,1/100 000, corresponding to the risk of carcinoma in theof 50» 79 years SEER17 * Added to take account of the high rate of (40%) in postmenopausal Estrogen Intervention Trial; SEER, Surveillance Epidemiology and End Results Program; WHI, Women's Health Initiative. Vaginal bleeding is a common disorder and accounts for the majority of reports during gynecological visits in postmenopausal women have symptoms of vaginal bleeding, with a range of 4.10%3, 15. Most cases of endometrial cancer occur in women with vaginal bleeding2, 3, 16. However, there is probably a preclinical phase during which some tumours may be detectable before symptoms develop (and hence the reason to consider biopsy in a woman who does not have vaginal bleeding). In addition, some cancers do not bleed until they have progressed beyond stage I. We used two sources to estimate the percentage of cancers that occur in women without vaginal bleeding. First, Hofmeister examined 20,677 endometrial biopsies, including 187 cases of endometrial bleeding; and in the last subset of data analysed, 15% occurred in women without vaginal bleeding. This study is widely cited as evidence that most cases of endometrial cancer occur in women with vaginal bleeding3. Second, we looked at the distribution of endometrial cancer registry17. Among women over 50 years of age diagnosed with endometrial cancer, 23% had Stage II or above and, as an extreme possibility, all cancers diagnosed after Stage I did not bleed at an earlier stage and could therefore be detectable in women without vaginal bleeding. Using Hofmeister data, we estimated that 15% of endometrial cancers occur in women without vaginal bleeding 16, with a plausible range of 5.20%, which we included in the sensitivity analysis. For decision analysis, we needed to know the normal range of endometrial thickness measurements in postmenopausal women without eleding and without endometrial thickness measurements in postmenopausal women without bleeding and without endometrial thickness cut-off. Mean endometrial thickness in postmenopausal women without vaginal bleeding has been reported to range between 3 and 5 mm11, 13, 18, 19, however most of the published studies have been too small to empirically determine precise cut-off values far from the mean value. The Largest Study on the Appearance in asymptomatic postmenopausal women described baseline measurements in women considering participating in a trial with hydroxyfen, a selective oestrogen receptor modulator 10, 19. This study reported that most women (1833/1926) had an endometrial measurement of 5 mm. However, the data published by these studies excluded women with endometria > 10 mm. Therefore, in order to determine the normal distribution of endometrial thickness in post-menopausal women (1926 previously reported more than 90 previously unmarked women), and calculated the empirical cut-offs percentile using these data. to be enlisted in this study, women had to have no positive anamnesi for endometrium or breast cancer and did not do hormonal therapy in the 6 months prior to the arrupulation, follow-up information was also provided regarding subsequent diagnosis of endometrium carcinoma. we have therefore calculated for each value of 3 to 20 mm the percentage of postmenopausal women without cancer of the endometrium that have a thickness of the endometrium cancer than those without endometrium cancer, as described in a large number of primary studies and in two meta-analysis 6,7. in the wider meta-analysis of 35 studies conducted on 759 women diagnosed with an average endometry thickness of 20 mm (ds 6 mm) compared to 4 mm (ds 1 mm) in women with normal endometria. this systematic review provides the most stable estimate of endometrium cancer thickness and the real positive and false negative rate of tvs at each thickness threshold. because there are no studies that describe the appearance of endometrial tumor by ultrasound in women without vaginal bleeding, for our initial estimate we have hypothesized that the appearance of endometrial tumor is similar among women with and without vaginal bleeding, for sensitivity analysis we have estimated that tvs can detect 20% of tumors less than any cut-off of endometrium thickness in asymptomatic women than symptomatic women aged 50 and over, every 100 000 for women aged 50 to 54 to 109.1/100 000 for women are diagnosed every year 75.6 cases of endometrium carcinoma, ranging from 45.8/100 000 for women aged 50 to 54 to 109.1/100 000 for women aged 75 to 79. Since seer data include all women, the estimated incidence of endometrium carcinoma seer has been adjusted upwards to take into account the high number of postmenopausal women who have suffered isterectomies, estimated at 40%20. for decisive analysis we have hypothesized a population of 100 postmenopausal women from 50 years on, none of which were in hormonal therapy or had suffered a hysterectomy, which underwent a TVS examination that captured adequate images of endometrial thickness threshold we calculated thecancer in women with endometrial thickness threshold we calculated thecancer in women with endometrial thickness threshold we calculated thecancer in women with endometrial thickness threshold we calculated thecancer in women with endometrial thickness threshold we calculated thecancer in women with endometrial thickness threshold we calculated thecancer in women with endometrial thickness threshold we calculated thecancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculated the cancer in women with endometrial thickness threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with endometrial threshold we calculate the cancer in women with the cancer in women with the cancer in which we cancer in women with the cancer in which we off value (thickness), stratified according to symptomatic or asymptomatic or asymptomatic vaginal bleeding (Figure 1). We have dichotomized the thickness of the endometer thickness above a certain cut-off value should be considered women with a thin endometrium. The cancer risk for women with an endometrial thickness greater than a cut-off (PPV thickness) was defined as the true positives divided by the sum of the true positives plus the false positives. This is the risk of cancer in women with a dense endometrium. An illustration of how the numbers were calculated is given in the Appendix. Among postmenopausal women with vaginal bleeding, an endometrial thickness of 5 mm is generally considered abnormal, while thicknesses > 5 mm are considered abnormal, while thickness of 5 mm is generally considered normal, while thickness of 5 mm are considered abnormal. endometrium thickness in women without vaginal bleeding that carries a similar cancer risk. In addition, some researchers considered an endometrial thickness of 4 mm7 normal. Therefore we also evaluated the corresponding endometrial thickness in women with vaginal bleeding to a similar threshold. The potential impact of each estimate on cancer risk was determined using a one-way sensitivity analysis that systematically varied each of the assumptions listed in Table 1 across its range of values. In a postmenopausal woman with vaginal bleeding, the risk of endometrial cancer is about 0.07% if her endometrium is thin (≥ 5 mm) and 7.3% if her endometrium is thick (> 5 mm) (Table 2). In a postmenopausal woman without vaginal bleeding, a cut-off of 11 mm results in a similar separation between women at high and low risk of endometrial cancer (Table 2). In a postmenopausal woman without vaginal bleeding, the risk of cancer is about 0.002% if the endometrium is thin (~11 mm) and 6.7% if the endometrium is thick (> 11 mm). In a woman without bleeding, if the of a normal endometrium is thick (> 11 mm). In a woman without bleeding, if the endometrium is thick (> 11 mm) and 6.7% if the endometrium is thickness It's only 2.1%. By reducing the cut from 11 mm to 7 mm, the cancer detection rate would increase slightly (from 87% to 95%), but the false positive rate would almost quadruple (from 0.25% to 0.90%). Some researchers7 have argued that a threshold of âx 4 mm should be considered normal in postmenopausal women with vaginal bleeding and '5 mm or greater' should be considered abnormal. The risk of cancer is about 4.6% in postmenopausal women with vaginal bleeding, a threshold of 10 mm (i.e. âx 10 mm is considered normal) is associated with a similar cancer risk (see lower arrow, Table 2). Table 2. Risk of endometrial cancer at various endometrial thickness measurements in symptomatic or asymptomatic women with vaginal bleeding (Figure 2). We estimated that 15% of cancers occur in women without vaginal bleeding. When we lowered the posit rate that only 5% of cancers occur in women without vaginal bleeding, the cancer risk associated with a threshold of 11 mm thickness was only 2.2%. When we increased the posit rate that 20% of cancers occur in women without vaginal bleeding, the cancer risk associated with the 11 mm thickness threshold increased to 8.9%. As a woman's age increased from 4.1% at age 50 to 9.3% at age 79 (Figure 2). Analysis of decisions within plausible ranges of thickness did not have any substantial effect on the results. Impact of each of the point estimates used in the analysis of the decision on the estimated cancer risk in postmenopausal women without vaginal bleeding when the endometrium incidentally has not been standardised 13. Endometrial cancer is usually associated with vaginal bleeding and the risk of cancer is very low in women without bleeding. Therefore, in asymptomatic women the suspect index for the underlying cancer should be extremely high to ensure an invasive endometrial biopsy based on the results of the imaging alone. An endometrial thickness > 11 mm in a postmenopausal woman without vaginal bleeding carries a cancer risk of about 6.7%, and is similar to that of a postmenopausal woman with bleeding and an endometrial thickness measures âx 11 mm. If a cut of 11 mm is As a threshold for biopsy, biopsies would occur in only a small percentage of women (0.25%), and yet most cases of occult endometrial cancer would be detected (87%). If this threshold has been lowered to 10 mm mm 10 mm is considered normal and 11 mm is abnormal), the percentage of women (0.25% to 0.39%, 89% of cancers would be detected and the risk of cancer in a woman with a measured "thickness" would be 5.8% (see lower arrow, Table 2). This is similar to the cancer risk for women who bleed when a threshold of Ax 4 mm is considered normal (see arrow above, Table 2). The results of this analysis remained robust despite the wide variations in the assumptions described in Table 1. Several researchers have suggested that an even thinner endometrial measurement of only 8 mm is often recommended 21. The recommended 21. The recommended 21 measurement of only 8 mm is often recommended 21 measurement of only 8 mm is often recommended 21. risk of endometrial cancer in women without vaginal bleeding. According to our analysis, if this threshold is used as a cut-off value, biopsy would be required in asymptomatic women with a lower risk of endometrial cancer (2.1%) compared to women with vaginal bleeding. In addition, if an 8 mm thickness were considered abnormal in postmenopausal women without vaginal bleeding, this would lead to biopsies in about 1% of normal postmenopausal women. This seems inappropriate for the assessment of a disease that most often presents symptoms, and does so when it is still at a curable stage. No cut-off is perfect, and cancer will be missed regardless of which cut-off is used. However, the use of a 10 or 11 mm cut-off seems to offer an acceptable compromise between cancer screening and unnecessary biopsies required by an accidental result. Because of this grouping of endometry below and above this threshold, the risk of cancer in women with an endometrium is often very high and the risk of cancer in women with a thin endometrium is very low. In practice, there is a continuous risk, and there is no abrupt change in cancer risk to 10 or 11 mm. Our analysis does not take into account the individual risk of endometrial cancer by three times; obesity, which increases the risk of cancer by ten times; use of estrogen or tamoxifen, which increases the risk of cancer than a woman without such factors, even with the same geometric thickness measurement. Therefore, it is important to consider the individual risk of the patient when deciding how to manage the results of imaging. We considered only the endometrial thickness and no other endometrial aspect component as homogeneity, and Doppler flow characteristics to determine how to use them in endometrial cancer screening. We didn't do separate calculations based on the use of hormonal therapy. The most common hormonal therapy regimens use a combination of estrogen and progesterone, which do not alter the results reported here. Moreover, since hormonal therapy tends to increase the thickness of the endometrium, 11 mm remains a conservative threshold, as it will lead to further biopsies, rather than to a smaller number of biopsies. We obtained data collected by healthy volunteers enrolled in a clinical study to estimate the normal aspect of endometrium, were similar to those previously reported on the basis of smaller data sets21. Although we believe that this data can be generalized, it is possible that these women have systematic differences in their endometrial thickness compared to women who may not have been included. We have intentionally limited the critical outcome of interest in endometrial cancer detection, rather than other benign endometrial abnormalities such as polyps or hyperplasia, since it is unclear whether these benign processes require treatment in asymptomatic women. Diagnostic tests are generally interpreted as positive or negative on the basis of imaging only results, and this does not take into account the underlying disease risk of the patient. This is not ideal, since the same radiological discovery has a very different probability of reflecting the real disease depending on the patient's risk factors. As part of a cancer screening test (such as the TVS used in postmenopausal women without vaginal bleeding) it is important to consider the low risk of cancer when deciding how to handle an accidental event, and it is not reasonable to simply decide to biopsy a certain percentage of women with bleeding, an endometrial thickness measurement of 11 mm provides a reasonable limit for a rapid biopsy in postmenopausal women without vaginal bleeding. Authors thank GlaxoSmithKline for providing the unpublished data that were used to determine the normal appearance of endometrial thickness in women with and without vaginal hemorrhage using the estimates shown in Table 1. To illustrate the method, we showed how we calculated the risk of cancer associated with an endometrial thickness of 8 mm, in a woman with and without vaginal bleeding. In the cohort of 100 000 women in postmenopausal, 60% will have a uterus and 756 cases of endometrium cancer will occur in these and will be attributed to women with wombs. Overall, 7% of women without cancer cases will occur in women without cancer and bleeding, and 85% of cancer cases will occur in women without cancer and bleeding. If a The thickness of ≥ 8 mm is considered abnormal, 0.9% of women without cancer and bleeding. will have endometrial measures above this threshold, and 95% of women with cancer will have endometrial measures above this threshold. 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