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How Serious Is Postmenopausal Bleeding?

Upcoming presentation to discuss approaches for evaluating diagnostic and treatment options

CLEVELAND, Ohio (October 11, 2017) – If you’re postmenopausal, you shouldn’t be bleeding. The very definition of menopause is having gone more than 12 months without a period. So if you’re still bleeding, something is wrong. Determining the seriousness of the problem and treating it, is not always evident. A presentation at The North American Menopause Society (NAMS) Annual Meeting in Philadelphia October 11-14, provides new evidence about the reliability and risks of various diagnostic approaches.

A number of conditions can lead to postmenopausal bleeding. Some of these conditions have few health consequences, while others could lead to cancer of some kind. Cancer of the endometrium is the most common type of gynecologic cancer in the US. In 2017, more than 60,000 cases of this cancer will occur, causing an estimated 10,470 deaths. Vaginal bleeding is the primary symptom in more than 90% of postmenopausal women with endometrial cancer, although the cause of bleeding for most postmenopausal women will be something much more benign, such as thinning of the vaginal walls or uterine lining as a result of fluctuating hormone levels. Depending on risk factors, 1-14% of women with postmenopausal bleeding will have endometrial cancer.

With such high stakes, there is a need to establish a standard of care that strives for 100% accuracy in correctly diagnosing the cause of the bleeding. In the past 25 years, the standard has changed substantially as new diagnostic techniques have been introduced, although no single method has proven appropriate for all patients.

“There continues to be confusion in the way postmenopausal bleeding is treated,” says Dr. Steven Goldstein of the New York University School of Medicine, who will be presenting his recommendations on the standard of care for evaluating postmenopausal bleeding at the NAMS Annual Meeting. “It is not effective to just rely on routine triggers for further evaluation. Rather, an individualized assessment based on patient characteristics and risk factors is appropriate.”

“This presentation will shed light on a very important issue and hopefully help educate healthcare providers on the need for individualized treatment,” says Dr. JoAnn Pinkerton, NAMS executive director.

Drs. Goldstein and Pinkerton are available for interviews before the presentation at the Annual Meeting.

Founded in 1989, The North American Menopause Society (NAMS) is North America's leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit www.menopause.org.