



Hina Bajwa

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Biography

Hina Bajwa is a Specialty Registrar in Obstetrics and Gynaecology at Somerset NHS Foundation Trust, England. She holds MBBS and FCPS qualifications in Obstetrics and Gynaecology, with MRCOG Part 1, reflecting her commitment to achieving the highest standards of clinical excellence. Prior to her current role, she gained broad NHS experience at Yeovil District Hospital and Lancashire Teaching Hospitals. Before moving to the UK, Dr Bajwa practised extensively across government and private hospitals in Pakistan following her fellowship training.

Atypical Endometrial Hyperplasia: A Two-Year Audit of Compliance with RCOG 2016 Guidelines and Hysterectomy Waiting Times

Abstract

Background: Atypical Hyperplasia (AH) is a pre-malignant condition of the endometrium, classified under the revised 2014 WHO system which separates endometrial hyperplasia into two groups based on cytological atypia. AH carries a 25–40% risk of concurrent or subsequent endometrial cancer, necessitating prompt diagnosis, risk stratification, and definitive management in line with RCOG Green-top Guideline 67 (2016). Ensuring compliance with national standards is essential to optimize patient safety and oncological outcomes.

Aim: To assess compliance with RCOG 2016 guidelines for the management of atypical endometrial hyperplasia at Somerset NHS Foundation Trust over a two-year period (January 2022 – December 2023). To analyze hysterectomy waiting times in women with AH and identify gaps requiring targeted quality improvement.

Method: Retrospective case review of all patients diagnosed with AH on endometrial biopsy during the study period (n=64 total; n=39 audited after exclusions for concurrent cancer, incidental AH on hysterectomy specimen, and atypical endometriosis). Patient records were examined for compliance with RCOG standards. Risk factors, menopausal status, management pathways, hysterectomy type and waiting times were documented. Interdisciplinary input was sought to generate actionable recommendations.

Results: Of 64 patients diagnosed with AH on biopsy between January 2022 and December 2023, 39 were eligible for audit after excluding 12 with AH on hysterectomy specimen only, 6 with concurrent endometrial cancer, 6 with suspicion of cancer at time of biopsy, and 1 with atypical endometriosis.

Conclusion: This two-year retrospective audit confirms that AH management at Somerset NHS Foundation Trust broadly follows RCOG 2016 guidelines. However, significant delays in hysterectomy waiting times (up to 18 months) and inconsistent follow-up for patients on medical management represent important quality improvement priorities. A 27% endometrial cancer co-incidence rate on surgical specimens underscores the oncological urgency of timely intervention. Targeted action is required to reduce waiting times, improve biopsy surveillance compliance, and standardize the AH management pathway across the department.