

Using a Modified SAMANTA Score to Screen At-Risk Women Seeking Bariatric Surgery for Postmenopausal or Abnormal Uterine Bleeding

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Background: Obesity is highly associated with an increased risk for endometrial cancer (EC). When a woman presents for evaluation for bariatric surgery (BS) this represents an opportunity to screen, educate and intervene in this at-risk population. Our objective was to quantify the prevalence of abnormal and postmenopausal bleeding in a population of women presenting for BS evaluation.

Methods: A quality improvement project was implemented to identify women with abnormal or postmenopausal bleeding amongst women presenting for bariatric surgery at an urban tertiary care center. Women seeking bariatric surgery for obesity treatment were administered the SAMANTA questionnaire with additional questions to detect anovulatory and postmenopausal bleeding. Patients who screen positive are notified. Additionally, a letter is sent to their gynecologist or a referral to our gynecology clinic is offered. Descriptive statistics were employed.

Results: Eight hundred women were included, and 588 (73.5%) women were Black or African American. The mean age was 41.03 (SD 10.43) years old. The mean BMI of the participants was 46.8 (SD 9.35) kg/m². Most (n=633, 79.1%) participants still had a uterus. Of women with a uterus, 104 (16.4%) were postmenopausal, but 6 (5.8%) reported experiencing postmenopausal bleeding. Of those who were premenopausal, 272 (51.4%) reported bleeding patterns concerning for anovulatory bleeding based on a reported cycle of <21 days (n=103, 19.5%), 21-25 days (n=102, 19.3%), >36 days (n=31, 5.9%) or "too variable to say" (n=36, 6.8%). Based on a SAMANTA score of 3 or more, 210, (40.0%) of the 529 premenopausal women with a uterus reported abnormally heavy menstrual bleeding. Based on responses, 373 (46.6%) participants were encouraged to seek a gynecologic evaluation. Most women (n=230) were directed to address their bleeding with their established gynecologist. Still, 143 (38.3%) women did not have a gynecologist; 84 accepted a referral to gynecology.

Conclusion: The prevalence of postmenopausal and abnormal uterine bleeding is high in this cohort of women seeking BS. Many of these women with problematic bleeding are not established with a gynecologist. BS evaluation is an opportunity to identify patients at risk for endometrial cancer and implement educational and screening programs. We will continue to follow this cohort to establish the incidence of hyperplasia and malignancy in this group of women.