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“Predictors of Endometrial Cancer Among Premenopausal Women in Southeastern Louisiana”

Objective: Endometrial cancer is the most common gynecologic malignancy, with Louisiana having the highest incidence and mortality rates nationwide. The literature indicates that the incidence of endometrial cancer has been steadily increasing, and this is likely correlated with increased prevalence of various risk factors. Diagnosis of endometrial cancer requires endometrial sampling, whose indications for evaluation are most clear in postmenopausal women. In premenopausal women, indications for endometrial sampling often rely on abnormal uterine bleeding (AUB) profiles, thus rendering the decision to undergo the intervention to be subjective due to the absence of established guidelines. The disparity in guidelines between pre- and postmenopausal indications for endometrial sampling often results in missed diagnoses of endometrial cancer in premenopausal women, rendering further investigation into risk factors that may suggest necessity for endometrial biopsy. The primary objective of this study is to identify correlations between risk factors for AUB and recognized risk factors for endometrial cancer to better evaluate premenopausal patients in need of endometrial sampling.

Methods: Patients diagnosed with an endometrial biopsy from July 2022 to June 2024 have been identified. This study is being conducted retrospectively, with approximately 1000 charts from five LCMC medical facilities (University Medical Center New Orleans, Touro Infirmary, East Jefferson General Hospital, West Jefferson General Hospital, and New Orleans East Hospital) to be abstracted and reviewed. Inclusion criteria include being female, aged 18-55 years old, and undergoing endometrial sampling within the given time frame at an LCMC-affiliated institution. Exclusion criteria include diagnosis or history of endometrial cancer at time of procedure or postmenopausal status. Patient charts are being examined for sociodemographics (age, race, and ethnicity), general health history and comorbidities (body mass index, smoking history, anemia, diabetes, and hypertension), and full gynecologic history (menstruation pattern, age at menarche, parity, contraception use, menstrual frequency, components of AUB, medications, and previous GYN visits). All data will be confidential and deidentified using CPT codes associated with endometrial sampling procedures (58100, 58110, 58120, and 58558) and will be stored in the secure REDCap database. Once data collection is complete, chi-square tests will be used to compare categorical outcomes and t-tests will be used for continuous variables.

Anticipated Impact: This study intends to find correlations among abnormal bleeding profiles, demographics, and established risk factors of premenopausal women undergoing endometrial sampling to better predict endometrial malignancy. With a better understanding of clinical and demographic factors associated with endometrial malignancy in premenopausal women, the indications for endometrial biopsy among premenopausal women may be further clarified and allow for treatment of these malignancies to begin sooner.