

Most women who develop endometrial cancer (cancer of the lining of the womb) have experienced abnormal vaginal bleeding. The nature of the bleeding may have changed and become heavier or irregular, or bleeding may have occurred after menopause. If cancer is suspected, a biopsy is often taken from the lining of the womb, usually a small biopsy that can be taken without the need for anaesthesia (endometrial biopsy). If the result is inconclusive or if more information is needed about the type of cancer etc., a bigger biopsy is taken by uterine curettage. This procedure requires anaesthesia, usually a general anaesthesia.

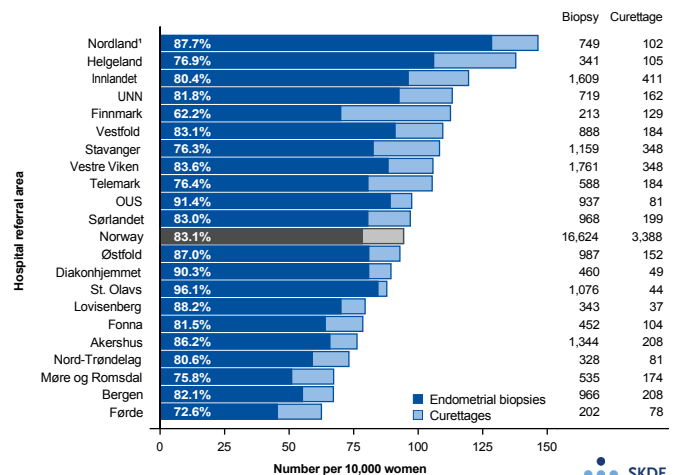
Results

During the period 2015–2017, there were around 17,000 outpatient contacts per year involving endometrial biopsies and 3,000 curettage procedures were performed per year in the publicly funded specialist health service in Norway. In addition, endometrial biopsies were taken in about 1,000 contacts with RGPs or emergency primary healthcare services each year.

There was moderate geographical variation in the use of this type of examinations during the period 2015–2017. Women in Nordland hospital referral area had more than twice as many endometrial biopsies or curettages as women living in the Bergen area. The proportion of contacts with RGPs varied from 19.1% for Førde hospital referral area to 1.2% for women living in the areas of Diakonhjemmet and Sørlandet.

For Norway as a whole, the proportion of contacts that included curettage (of all specialist health service contacts involving endometrial biopsy or curettage) was about 17%, but this proportion varied significantly between hospital referral areas. For women living in St. Olavs hospital referral area, curettage was only performed during 4% of contacts, while in the Finnmark area, curettage was used during 38% of contacts.

Curettage is more commonly performed on women with a primary or secondary diagnosis of N95.0 Postmenopausal bleeding (in the age group 50 years or older), where curettages account for around 25% of contacts with the specialist health service, than for women with other conditions (in the age group 16–55 years), where curettages make up approx. 10% of contacts.



Source: NPR/SSB

Number of contacts with the specialist health service per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area and by endometrial biopsy versus curettage. Average number of contacts on the right. ¹ See the report.

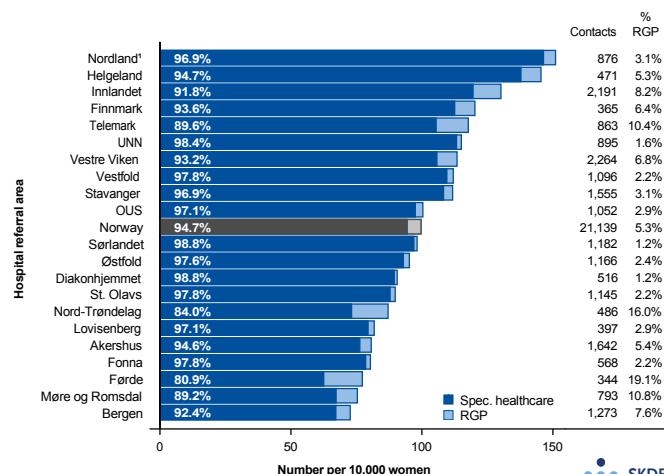
The National Health Service (NHS) in the UK has recently recommended that curettage should not be performed on patients with excessive menstruation unless special reasons indicate that the patient will benefit from the procedure. We find that 582 curettages per year were performed on Norwegian women with a primary diagnosis of N92 Excessive and/or frequent menstruation.

Comments

The geographical variation in the use of endometrial biopsies and curettages (in total for the specialist health service and the primary healthcare service/RGPs) is moderate. However, there is considerable geographical variation in the proportion of consultations involving uterine curettage.

Endometrial biopsies and curettage are primarily performed by the specialist health service, but in some hospital referral areas a non-insignificant proportion of women had endometrial biopsies taken by their regular GP. The two hospital referral areas where the highest proportion of endometrial biopsies were taken by RGPs during the relevant period had no gynaecologists in private practice under public funding contracts.

There is no known geographical variation in morbidity to indicate geographical variation in the need for endometrial biopsies. Moreover, the numbers are so high that random variation cannot be expected to contribute much to the variation. The variation must therefore be deemed to be unwarranted.



Source: NPR/KUHR/SSB

Number of contacts with endometrial biopsies or curettages per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area and by contacts with the specialist health service versus contacts with regular GPs or the emergency primary healthcare services. Average number of contacts and proportion of contacts with RGPs on the right. ¹ See the report.