

# Randomized controlled trial of treatment of endometrial polyps in case of postmenopausal bleeding.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON20104

### Source

Nationaal Trial Register

### Brief title

RaTTeP

### Health condition

Women with postmenopausal bleeding and endometrial polyp(s).

## Sponsors and support

**Primary sponsor:** Sponsor is St. Antonius ziekenhuis

Postbus 2500

3430 EM Nieuwegein

tel: 030-6092086

fax: 030-6051270

Koekoekslaan 1

Nieuwegein

Telefoon/Fax

Telefoon: 030-609 9111

Fax: 030-609 2999

**Source(s) of monetary or material Support:** n.a.

## Intervention

## Outcome measures

### Primary outcome

The primary outcome measure is the recurrence of postmenopausal bleeding.

### Secondary outcome

Quality of life will be assessed using several standard self-administered psychometric measures with established reliability and validity.

We will use the Short Form 36 (SF36), the State Trait Anxiety Score (STAI).

Moreover, patient satisfaction will be assessed using a VAS score.

## Study description

### Background summary

Introduction:

The incidence of postmenopausal bleeding varies from 1.7- 14.6 per 1000 women, depending on age. The chance to find an endometrial carcinoma in women with postmenopausal bleeding varies between 1% and 24%, and is also dependent on age.

The prevalence of endometrial polyps in women with postmenopausal bleeding and an endometrium thickness of 5 mm or more is estimated to be 41%.

The Dutch guideline for diagnostics in case of abnormal vaginal bleeding in postmenopausal women focuses on diagnosing malignant pathology of the endometrium.

The guideline uses endometrium thickness as a first screening tool to exclude cancer. Only in case the bleeding persists, a hysteroscopy is advised to diagnose benign treatable pathology. No data exists either about the recurrence of bleeding in women with postmenopausal bleeding in whom an endometrial polyp is diagnosed. Simple polypectomy is known to lead to subjective improvement in symptoms of bleeding and high satisfaction rates. However, no data exists where polypectomy is compared with expectant management prospectively.

Objective:

The primary objective of the proposed study is to answer the question whether endometrial polyps in women with postmenopausal bleeding should be treated when malignancy has been excluded.

### Study-design:

A randomized controlled trial regarding resection of endometrial polyps in women with postmenopausal bleeding.

### Interventions:

Resection will take place in the same session in which the polyp is diagnosed. Resection is performed following standard procedures used in the residential hospital.

### Comparative intervention:

In patients that are randomized for expectant management a sham resection procedure will be performed during 5 minutes.

### Primary outcome measures:

The primary outcome measure is the recurrence of postmenopausal bleeding.

### Analysis:

The primary end point will be recurrence of postmenopausal beelding. Time to recurrence of postmenopausal bleeding will be assessed using Kaplan-Meier analysis.

In the intervention group and the control group, time to recurrence of postmenopausal bleeding will be compared using the Log Rank test.

The difference between the two groups will be made explicit by calculating a relative risk and 95% confidence interval. Complications, pain (measured on VAS-scale), quality of life and costs will compared using the appropriate statistical tests.

### Power calculation:

The recurrence of posmenopausal bleeding in case of an endometrial polyp is assumed to be 85% after 6 months.

In case a polyp is resected, we expect the probability of recurrence of bleeding to be 35%. In view of these assumptions, and using a two-sided test with conventional characteristics (alpha-error 5%, beta-error 20%), we need 60 patients to be randomised to the two arms of the study.

### **Study objective**

Resection of endometrial polyp(s) in women with postmenopausal bleeding and endometrial thickness of more than 4 mm will lead to less recurrent bleeding than in women in whom no resection is performed.

## Study design

N/A

## Intervention

Resection will take place in the same session in which the polyp is diagnosed.

Resection is performed following standard procedures used in the residential hospital.

Resection of endometrial polyp is performed by the hysteroscopist using the instruments of his/her choice.

- In general smaller polyps (< 5 mm) will be resected using mechanical instruments.

- Larger polyps will be resected using electrosurgical material, i.e. the monopolar polypsnare in or the bipolar electrode.

The polyp is resected completely at its stalk. Resections can occur in more than one piece if necessary.

## Contacts

### Public

Markstraat 42  
A. Timmermans  
Markstraat 42  
Utrecht 3582 KM  
The Netherlands

### Scientific

Markstraat 42  
A. Timmermans  
Markstraat 42  
Utrecht 3582 KM  
The Netherlands

## Eligibility criteria

### Inclusion criteria

Women with postmenopausal bleeding and endometrial thickness of more than 4 mm in whom an endometrial polyp is diagnosed during hysteroscopy.

## Exclusion criteria

Women with postmenopausal bleeding on tamoxifen treatment.

Women with postmenopausal bleeding with (supsicion of) malignancy during hysteroscopy.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Placebo

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-09-2005
Enrollment:	60
Type:	Actual

## Ethics review

Positive opinion	
Date:	09-09-2005
Application type:	First submission

## Study registrations

**Followed up by the following (possibly more current) registration**

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL264
NTR-old	NTR302
Other	: N/A
ISRCTN	ISRCTN73825127

## Study results

### Summary results

N/A