

# **PALM-COEIN**

## **Classification System for Abnormal Uterine Bleeding: Implications on Clinical Practice**

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- She completed a Doctor of Nursing Practice from Frontier Nursing University, Kentucky in 2013. The focus of her doctoral work is waterbirth.
- She has peer-reviewed articles and multiple book chapters on waterbirth published. She is the co-author of the American College of Nurse Midwives Model Practice Template for Hydrotherapy in Labor and Birth.

**“Medically Ready Force...Ready Medical Force”**

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# Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Define abnormal uterine bleeding
2. Describe the Polyp, Adenomyosis, Leiomyoma, Malignancy, Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, and Not otherwise classified (PALM-COEIN) classification system
3. Distinguish structural etiologies of abnormal uterine bleeding from non-structural etiologies
4. Discuss guidelines for evaluation and management of abnormal uterine bleeding in the nongravid women of reproductive age utilizing the PALM-COEIN classification system

# Abnormal Uterine Bleeding



- Abnormal uterine bleeding (AUB)
  - Replaces *dysfunctional uterine bleeding*
  - Alteration in the volume, pattern, or duration of menstrual blood flow
- 30% of women experience abnormal uterine bleeding during their lifetime
  - Most common reason for gynecologic referral
  - Most common in the years prior to menopause

# Abnormal Uterine Bleeding

## ■ Impacts

- ☐ Quality of life
- ☐ Productivity
- ☐ Health care use
- ☐ Health care costs



Indiatimes.com

# Normal Menstruation



- Look at the previous six months cycles
- Evaluate four components
  - ☐ Frequency
  - ☐ Duration
  - ☐ Volume
  - ☐ Intermenstrual bleeding



# Normal Frequency



- Regular and reasonably predictable intervals
- Cycle length
  - Days from start (day 1) of menses until the start (day 1) of the next menses
- Expect an episode of menstrual bleeding every 24 to 38 days
  - 14 to 21 days in the *follicular phase*
  - 14 days in the *luteal phase*

# Normal Frequency



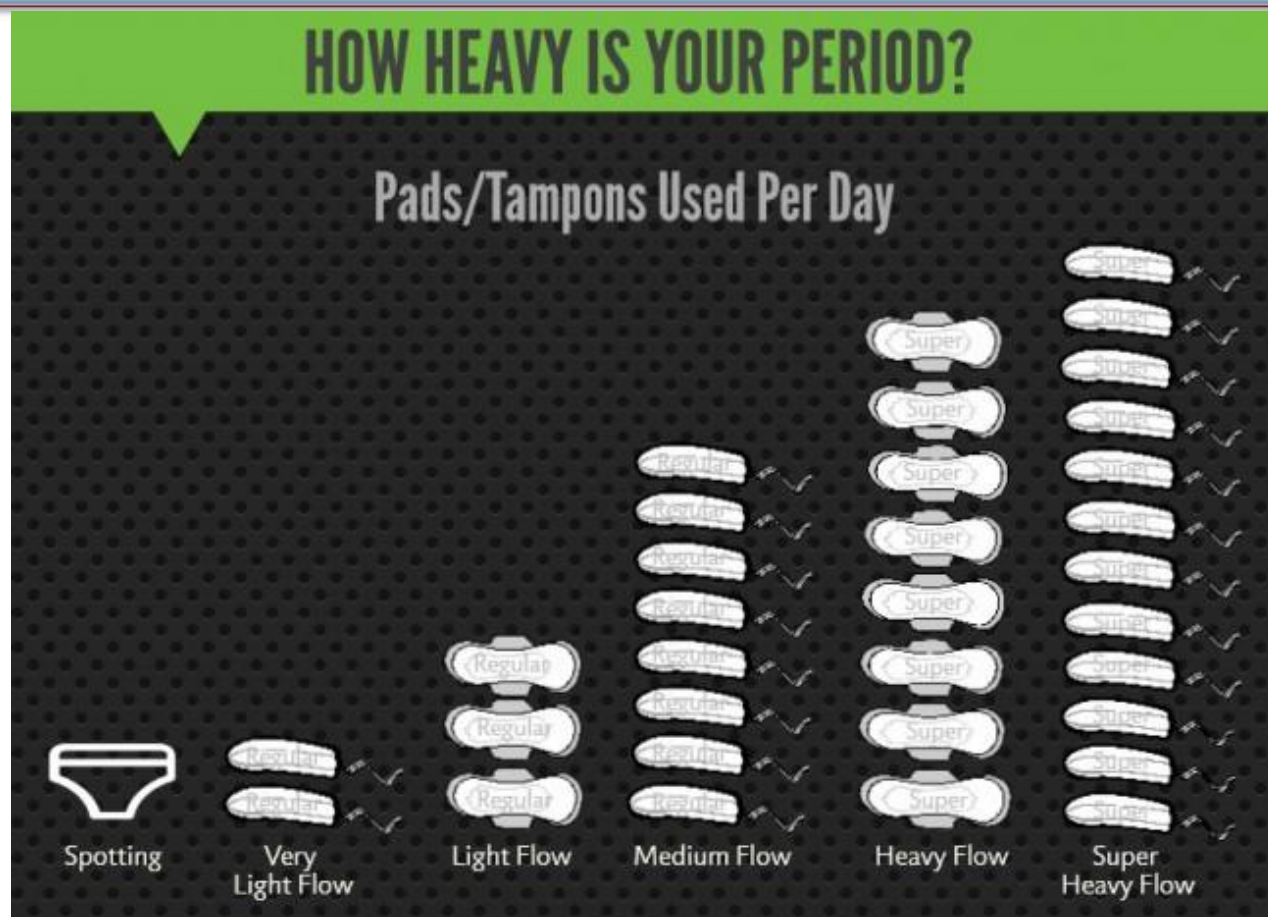
- Adolescence menstrual cycles are often irregular
  - ❑ 60-80% of cycles are 21-24 days long by the third year after menarche
  - ❑ Little cycle variability among women between 20-40 years
  - ❑ Significantly more cycle variability
    - 5-7 years after menarche
    - 10 years before menopause

# Normal Duration



- Number of bleeding days in a single menstrual period
  - Normal duration up to eight days
  - Average cycle duration 4-8 days

# Normal Volume



[www.bepreparedperiod.com](http://www.bepreparedperiod.com)

# Abnormal Uterine Bleeding (AUB)

- Acute AUB
- Chronic AUB
  - Irregular menstrual bleeding
  - Disturbances
    - frequency
    - duration
    - volume



Ada Love

# Acute AUB Defined



- A single episode of heavy bleeding
  - ☐ In a women of reproductive age
  - ☐ Who is not pregnancy
  - ☐ With a sufficient quantity of blood loss to require *immediate intervention* to prevent further blood loss

# Chronic AUB Defined



- Bleeding from the uterine corpus
  - ☐ Abnormal in volume, regularity, and/or timing
  - ☐ Has been present for 4-6 months
- ***Chronic AUB*** replaces
  - ☐ *Menometrorrhagia*
  - ☐ *Menorrhagia*
- Further classified into disturbances of
  - ☐ Frequency
  - ☐ Duration
  - ☐ Volume

# Disturbances of Frequency



- Due to changes in the follicular phase

- ***Frequent uterine bleeding***

- ☐ Cycle starts more frequently than every 24 days in a 90 day time frame

- ***Infrequent uterine bleeding***

- ☐ Cycle starts less often than every 38 days in 90 day time frame

- ☐ *Infrequent uterine bleeding* replaces *oligomenorrhea*



# Disturbances of Frequency



## ■ ***Amenorrhea***

- ☐ No uterine bleeding for 180 days

- ***Primary amenorrhea***

- ▷ No menarche by age 16

- ***Secondary amenorrhea***

- ▷ Previously menstruating woman with no menstrual cycle for 90 days of longer

- ☐ Duration of the period of amenorrhea should be specified

- ☐ 2-5% women of childbearing age in the United States

# Disturbances in Duration



## ■ *Prolonged menstrual bleeding*

- ☐ Duration consistently more than 8 days
- ☐ No consensus on the lower limit of normal

# Disturbances in Volume



- MOST common AUB presentation

- ***Heavy menstrual bleeding***

- ☐ Subjectively defined

- Excessive blood loss that interferes with physical, emotional, social, and material quality of life

- ☐ Objectively defined

- Drop in hemoglobin or in the number of menstrual products used (tampons and or pads) per day

# Irregular Menstrual Bleeding



## ■ ***Intermenstrual bleeding (IMB)***

- ☐ Uterine bleeding that occurs between regular menstrual cycles
- ☐ May be
  - Light flow
  - Short duration
  - Occurring between menstrual periods
  - Occur during or following sexual intercourse
  - Cyclical, with predictable bleeding
  - Acyclical, occurring at random times between menses
- ☐ ***Intermenstrual bleeding*** replaces *metrorrhagia*

## ■ ***Cyclic midcycle intermenstrual bleeding***

- ☐ Often light and short
- ☐ Consistently occurring between regular menstrual periods
- ☐ Usually periovulatory bleeding
- ☐ Considered physiologic normal
- ☐ Associated with the physiologic nadir in circulating estradiol levels at midcycle
- ☐ Occurs in 1- 2% of women

# Cyclic Premenstrual or Postmenstrual IMB

## ■ *Cyclic premenstrual or postmenstrual intermenstrual bleeding*

- ☐ Occurs during the follicular phase or luteal phase
- ☐ Typically presents as very light bleeding
- ☐ Bleeding for one or more days
- ☐ Indicative of
  - Luteal phase defect (late cycle bleeding)
  - Endometriosis
  - Endometrial polyps
  - Other structural lesions of the genital tract

## ■ ***Acyclic intermenstrual bleeding***

- ☐ Not cyclical or predictable
- ☐ Associated with benign lesions
  - Chronic cervicitis
  - Polyps
  - Cervical cancer
  - Endometrial cancer

# Poll Question

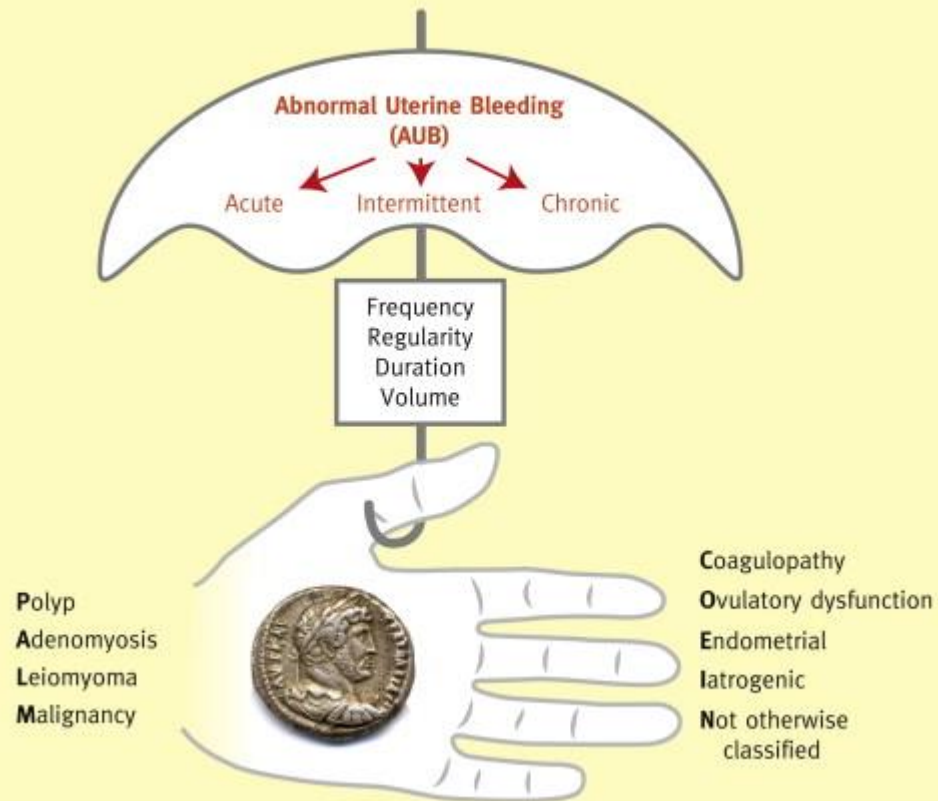


- Are you using the PALM-COEIN classification system currently in your clinical practice to help you evaluate abnormal uterine bleeding?
  - ☐ Yes
  - ☐ No



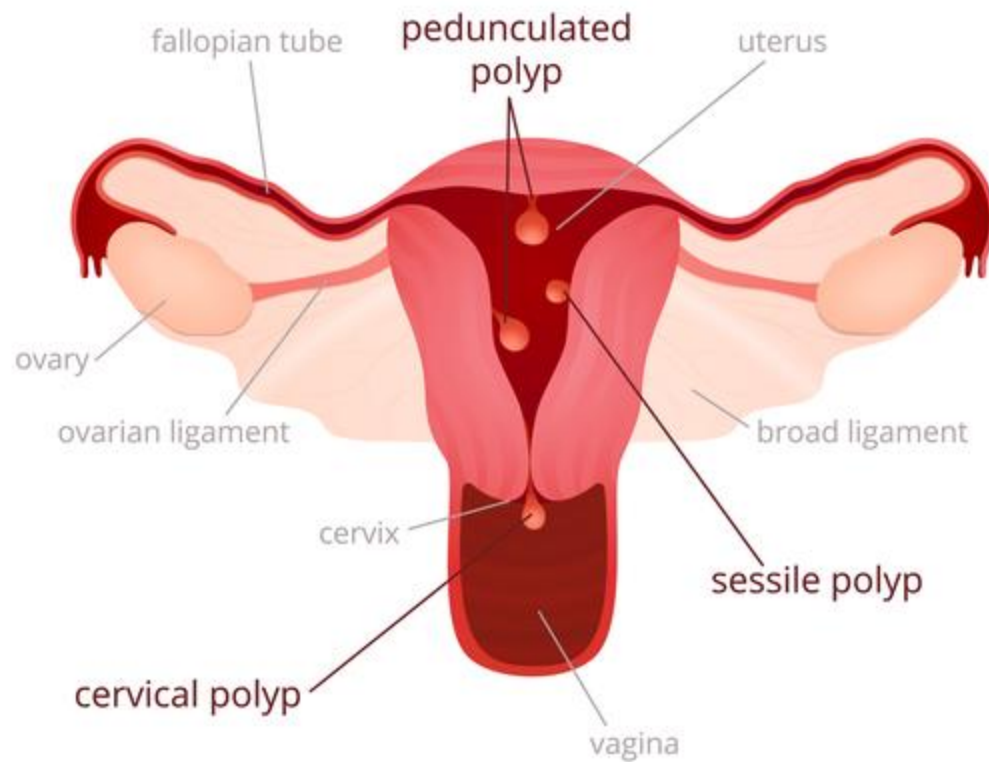
# PALM-COEIN Classification System

## Nomenclature and classification of uterine bleeding



ScienceDirect.com

# Polyps (AUB-P)



<https://www.fertilitysa.com/>

# Clinical Presentation Polyps



- AUB is the most common presenting symptom
- Occurs in 64-88% of women with polyps
- ***Intermenstrual bleeding*** is the most frequent symptom in premenopausal women with polyps
- Volume of bleeding is usually small (spotting)
- Some women experience heavier bleeding between menstrual cycles

## ■ Risk factors

- ☐ Increased levels endogenous or exogenous estrogen
- ☐ Tamoxifen
  - Develop 2-36 % of postmenopausal
  - Polyps may be large (>2 cm) and multiple
- ☐ Obesity
  - BMI  $\geq 30$

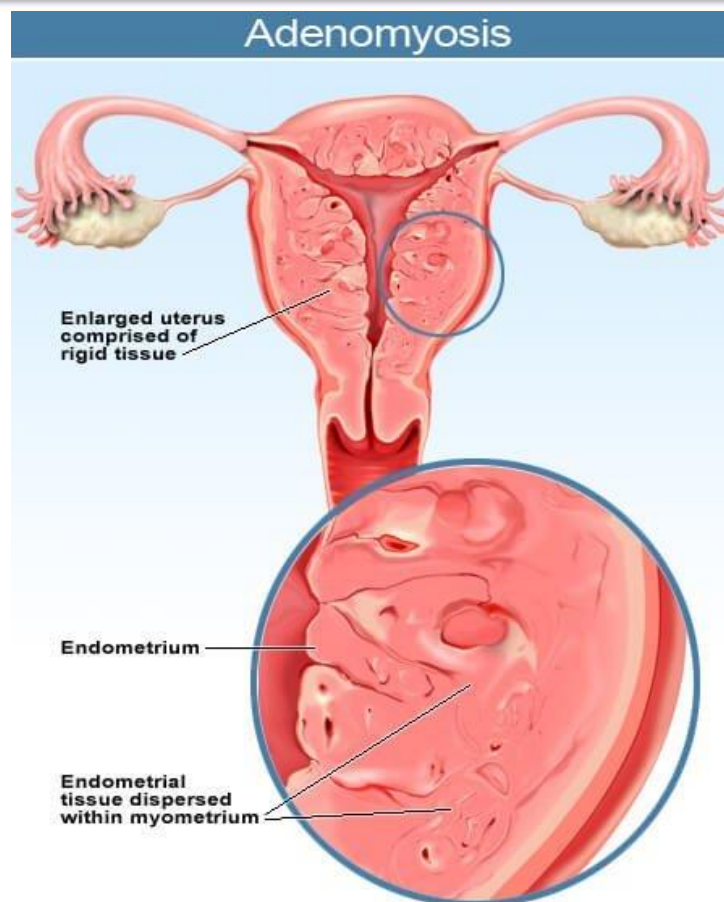
## ■ Pathogenesis

- ☐ Endometrial hyperplasia
- ☐ Overexpression of endometrial aromatase
- ☐ Gene mutations

## ■ Epidemiology

- ☐ Rare among adolescents
- ☐ Prevalence appears to rise with increasing age
- ☐ Highest in premenopausal

# Adenomyosis (AUB-A)



Medicine Net

# Clinical Presentation Adenomyosis



- Dysmenorrhea
- ***Heavy menstrual bleeding***
  - Approximately 60% of women with adenomyosis
- Chronic pelvic pain may also occur
- Symptoms develop between 40 and 50 years
- Approximately 1/3 of women are asymptomatic

## ■ Epidemiology

- ☐ Affects 20 percent of women
- ☐ Epidemiology of the disease is limited
- ☐ More common in parous women
- ☐ Prior uterine surgery may also be a risk

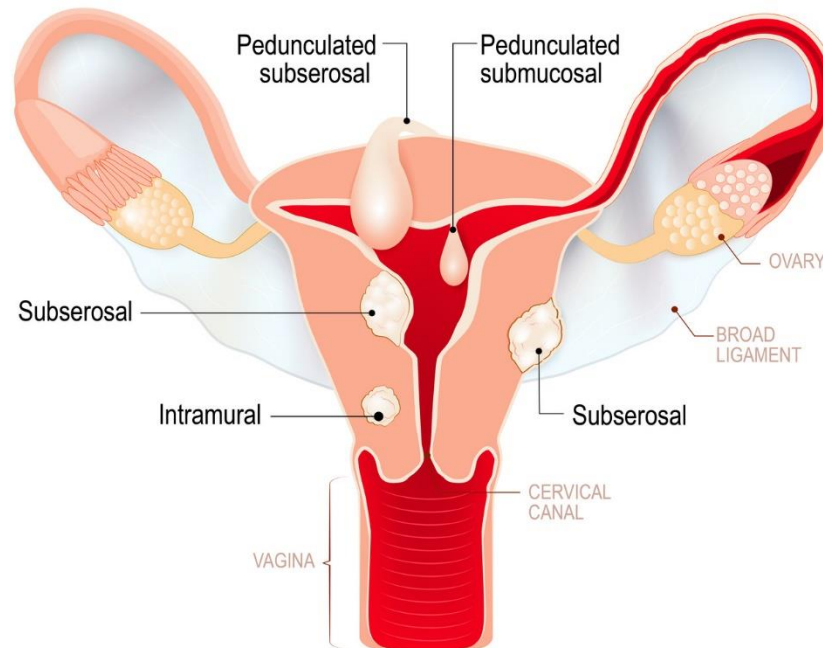
## ■ Pathogenesis

- ☐ Unknown
- ☐ Theory
  - Develops from endomyometrial invasion of the endometrium



# Leiomyoma (AUB-L)

## Types of uterine fibroids



<https://fertility.womenandinfants.org/>

# Clinical Presentation Leiomyoma



- Heavy or prolonged menstrual bleeding
  - Most common fibroid symptom
- Bulk-related symptoms
  - Enlarged and irregularly shaped uterus
  - Causes symptoms due to pressure from at particular locations
    - Pelvic pressure or pain
    - Back pain
    - Urinary tract or bowel issues
- Painful menses
  - Heavy menstrual flow and/or passage of clots

# Clinical Presentation Leiomyoma



- Majority are small and asymptomatic
- Symptoms are related to the number, size, and location
  - ☐ ***Heavy menstrual bleeding***
  - ☐ Increasing abdominal girth
  - ☐ Sense of abdominal fullness similar to pregnancy
  - ☐ AUB and menstrual cramps are the most common symptoms occurring in about 26 to 29% of women
- Symptoms are classified into categories
  - ☐ Heavy or prolonged menstrual bleeding
  - ☐ Bulk-related symptoms, such as pelvic pressure and pain
  - ☐ Painful menses

# Leiomyoma



## ■ Prevalence

- ☐ Increases with age during the reproductive years
- ☐ Occasionally noted in adolescents
- ☐ Most women have shrinkage of leiomyoma's after menopause

# Leiomyoma Risk Factors



## ☐ Race

- 2-3 greater risk in black women

## ☐ Parity

- Nullipara increases risk

## ☐ Early menarche

- <10 years old

## ☐ Obesity

- Increasing BMI

## ☐ Diet

- Red meat (1.7-fold)
- Ham (1.3-fold)

## ☐ Genetics

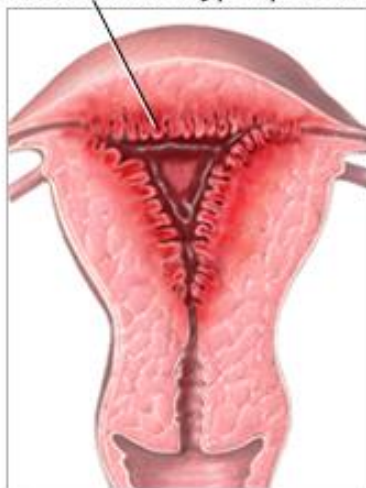
- Specific susceptibility genes

## ☐ Other factors

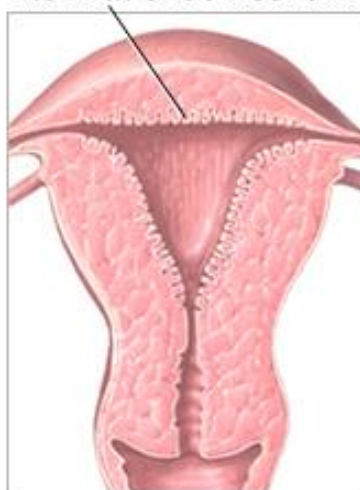
- Hypertension

# Endometrial Hyperplasia (AUB-M)

Endometrial hyperplasia



Normal endometrium



ADAM.

<https://medlineplus.gov/ency/imagepages/17087.htm>

# Clinical Presentation

## Endometrial Hyperplasia

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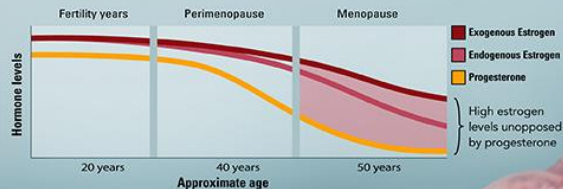
- AUB
- Abnormal findings on cervical cytology

# WHO Hyperplasia Classification

## Endometrial Hyperplasia

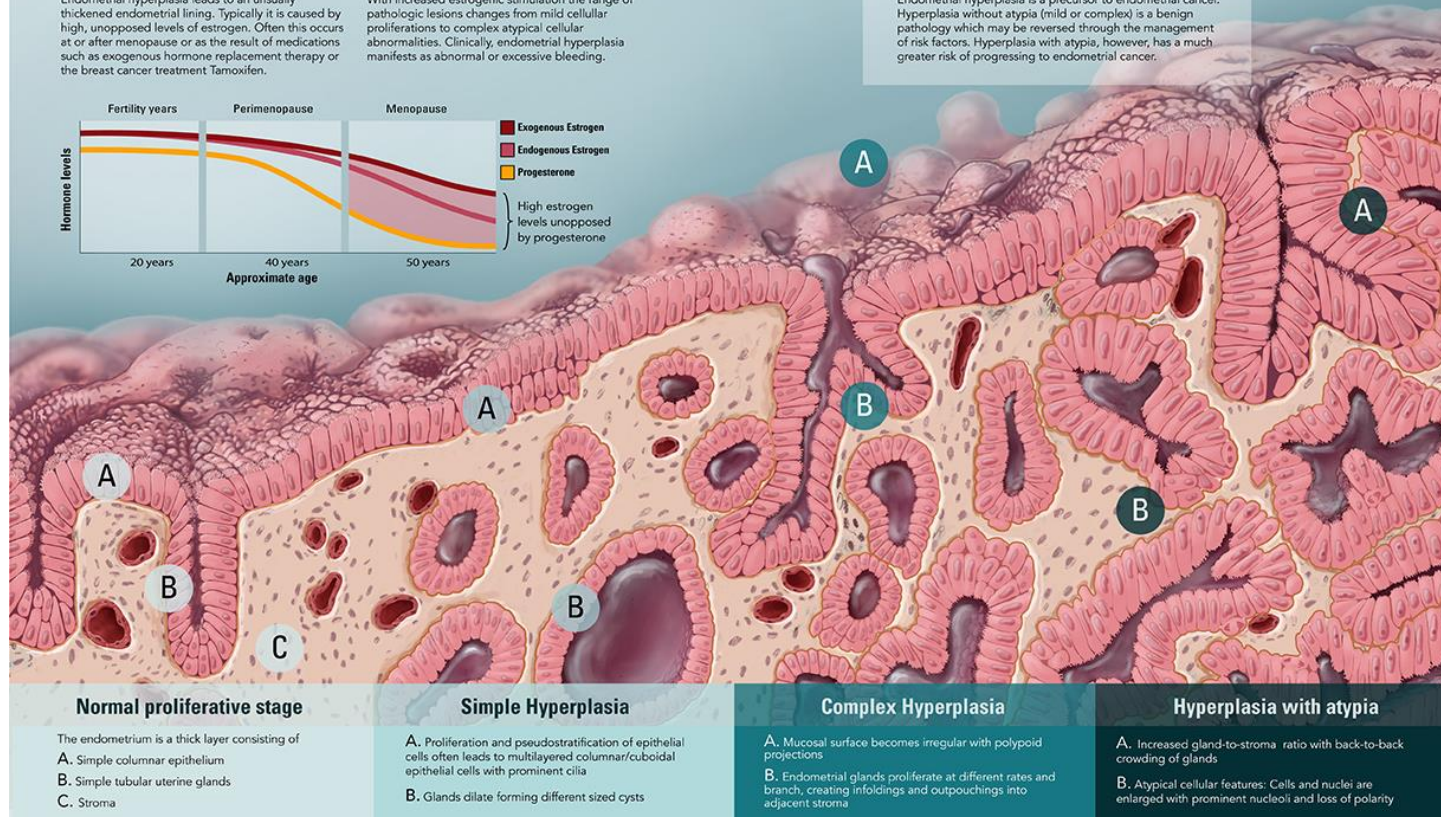
Endometrial hyperplasia leads to an unusually thickened endometrial lining. Typically it is caused by high, unopposed levels of estrogen. Often this occurs at or after menopause or as the result of medications such as exogenous hormone replacement therapy or the breast cancer treatment Tamoxifen.

With increased estrogenic stimulation the range of pathologic lesions changes from mild cellular proliferations to complex atypical cellular abnormalities. Clinically, endometrial hyperplasia manifests as abnormal or excessive bleeding.



### Risk of endometrial cancer

Endometrial hyperplasia is a precursor to endometrial cancer. Hyperplasia without atypia (mild or complex) is a benign pathology which may be reversed through the management of risk factors. Hyperplasia with atypia, however, has a much greater risk of progressing to endometrial cancer.





# Endometrial Cancer



- Indicator of risk of endometrial carcinoma
  - Presence of nuclear atypia
- Cancer risk based on histologic category
  - Simple hyperplasia without atypia 1%
  - Complex hyperplasia without atypia 3%
  - Simple atypical hyperplasia 8%
  - Complex atypical hyperplasia 29%

# Endometrial Hyperplasia



## ■ Epidemiology

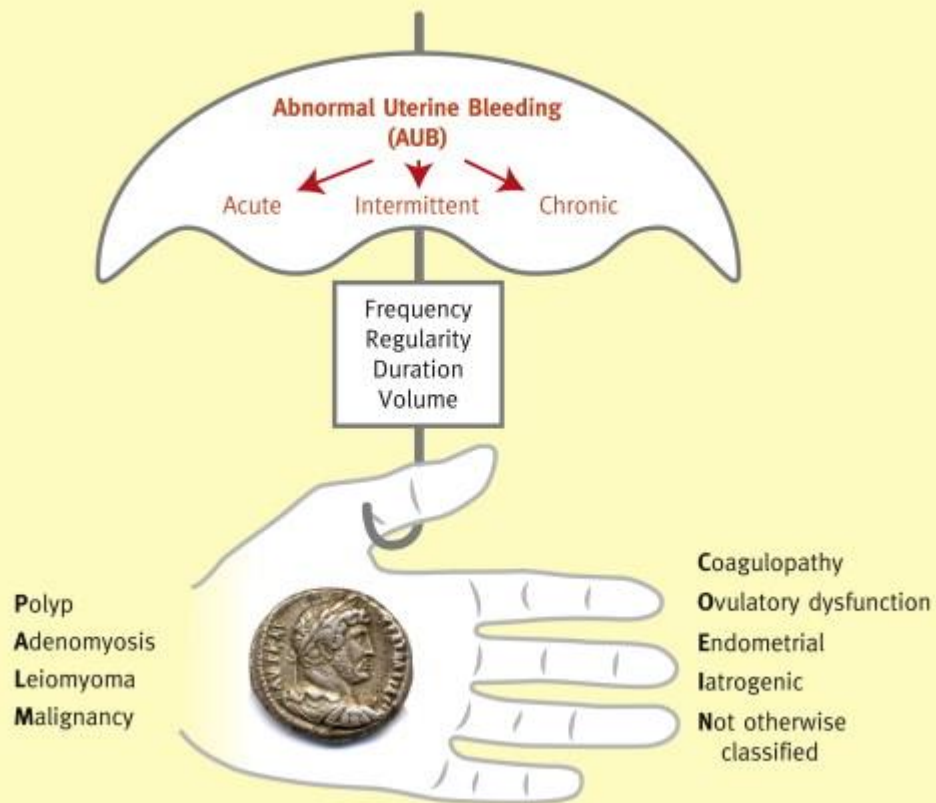
- ☐ Incidence 133 per 100,000 women
- ☐ Rare <30 years
- ☐ Simple and complex hyperplasia without atypia
  - Women age 50 to 54
- ☐ Atypical hyperplasia
  - Women age 60 to 64

## ■ Risk factors

- ☐ Exposure to continuous estrogen unopposed by a progestin
- ☐ Lynch syndrome (hereditary nonpolyposis colorectal cancer)

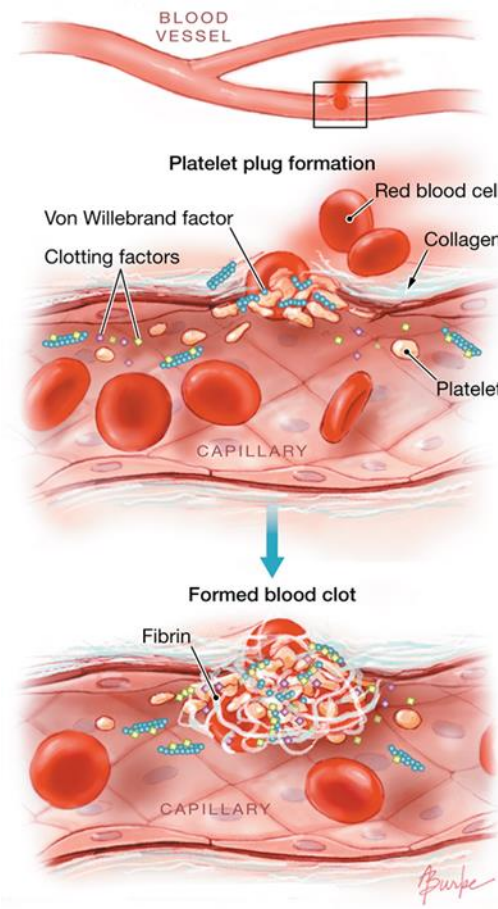
# PALM-COEIN Classification System

## Nomenclature and classification of uterine bleeding



ScienceDirect.com

# Coagulopathy (AUB-C)



Global Treatment Services Pvt .Ltd

# Clinical Presentation Coagulopathy



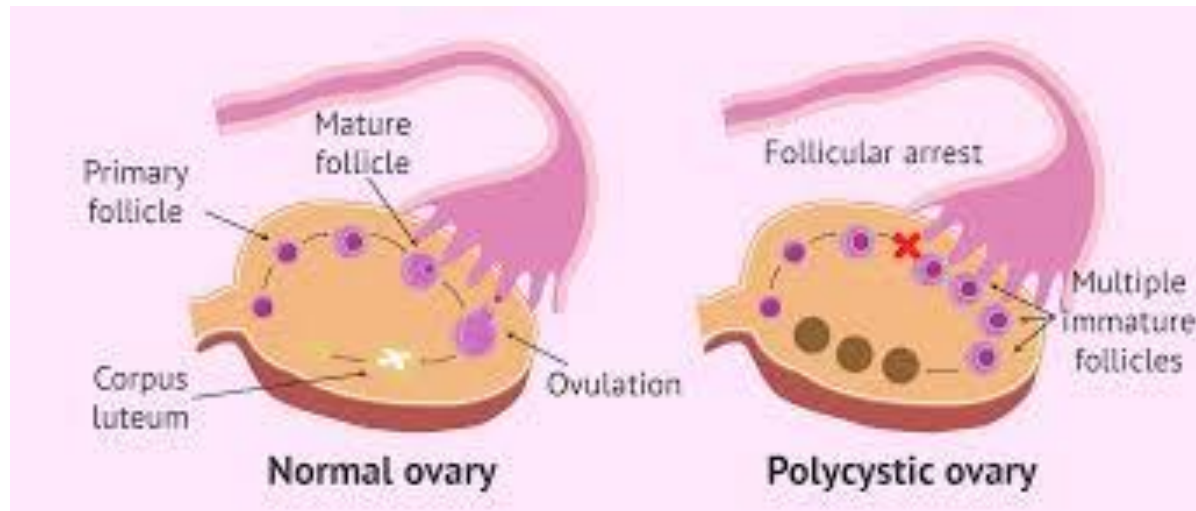
- History of bruising, epistaxis, anemia
- Thrombocytopenia or myelosuppression caused by chemotherapy
- *Heavy menstrual bleeding*
  - Common consequence of the use of anticoagulant drugs

# Epidemiology Coagulopathy



- 13% of women with *heavy menstrual bleeding* have biochemistry detectable systemic disorders of hemostasis
- Most common bleeding disorder in women
  - ❑ Von Willebrand disease affects up to 1% of the U.S. population
  - ❑ An autosomal dominant disorder
  - ❑ Caused by a defect in or deficiency of von Willebrand factor
- Women may also have mild hemophilia (“symptomatic carriers”)
  - ❑ Carrying the gene and also exhibit symptoms
  - ❑ Hemophilia A or factor VIII deficiency
  - ❑ Hemophilia B or factor IX deficiency
  - ❑ Rare factor disorders factor I, II, VI, VII, XI and XIII deficiency

# Ovulatory Dysfunction (AUB-O)



<https://www.invitra.com/en/polycystic-ovary-syndrome/>

# Epidemiology Ovulatory Dysfunction

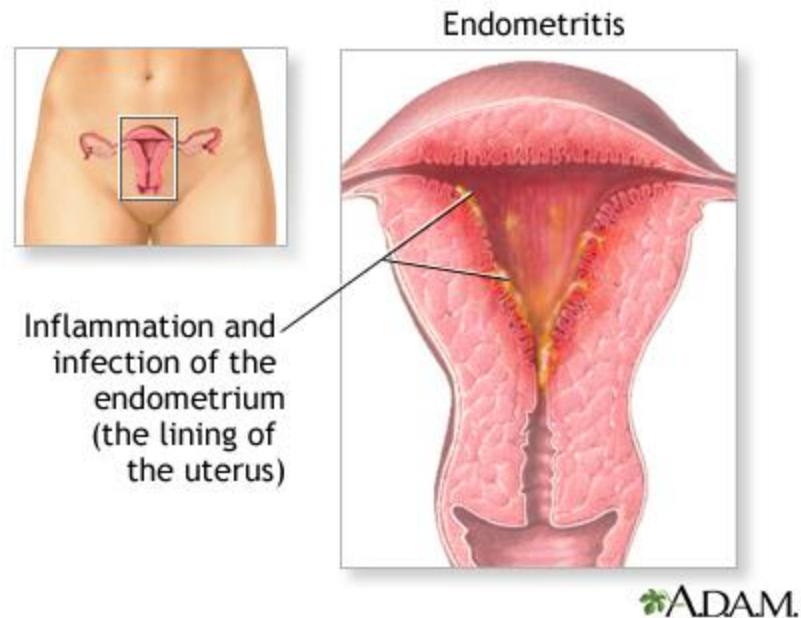


## ■ Conditions associated with ovulatory dysfunction

- ☐ Polycystic ovary syndrome
- ☐ Hypothyroidism
- ☐ Hyperprolactinemia
- ☐ Mental stress
- ☐ Obesity
- ☐ Anorexia
- ☐ Weight loss
- ☐ Extreme exercise such as elite athletes

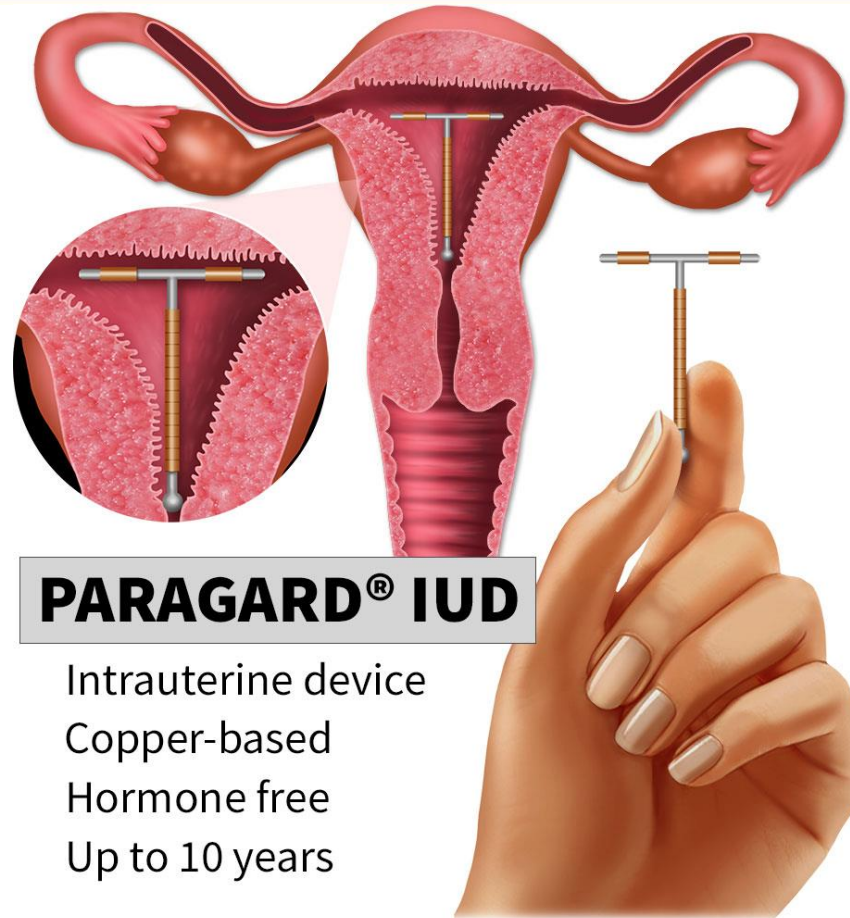


# Endometrial (AUB-E)



- Heavy menstrual bleeding
  - Issue with mechanisms regulating the endometrial stability
- Intermenstrual bleeding or prolonged bleeding
  - Endometrial inflammation
  - Infection (particularly Chlamydia)
  - Abnormalities in endometrial vasculogenesis

# Iatrogenic (AUB-I)



## **PARAGARD® IUD**

Intrauterine device  
Copper-based  
Hormone free  
Up to 10 years

<https://www.gblawyers.com/paragard-iud-lawsuit/>

- Systemically administered single-agent or combination gonadal steroids
  - ☐ Impact the control of ovarian steroidogenesis via effects on the Hypothalamic-Pituitary-Ovarian axis (HPO axis)
  - ☐ Exert a direct effect on the endometrium
- Continuous cycling or progestin-only agents
  - ☐ Any bleeding is considered to be unscheduled and classified as AUB-I

- Compliance issues gonadal steroids
  - ☐ Missed, delayed, or erratic use of pills, transdermal patches, or vaginal rings
- Anticonvulsants and antibiotics
  - ☐ Rifampin (Rifadin) and Griseofulvin (Gris-PEG)
- Cigarette smoking
- Levonorgestrel-releasing intrauterine system (LNG-IUS)
- Tricyclic antidepressants
  - ☐ Amitriptyline (Elavil)
  - ☐ Nortriptyline (Aventyl)
  - ☐ Phenothiazines

- Unexplained reason or poorly understood reason for endometrial instability
  - ☐ Arteriovenous malformations
  - ☐ Chronic endometriosis
  - ☐ Myometrial hypertrophy
  - ☐ Other disorders defined by only biochemical markers
  - ☐ Any future entities not yet classified

# General Evaluation AUB



## ■ General assessment

- ☐ Rule out undiagnosed pregnancy
- ☐ Ensure blood is emanating from the cervical canal, rather than another location
- ☐ Women with both acute and chronic AUB should be evaluated for anemia
  - Complete Blood Count (CBC)
- ☐ Once the bleeding has been confirmed
  - Proceed in a systematic fashion addressing each of the components of the PALM-COEIN classification system

# General Evaluation AUB



## ■ Diagnosis of Chronic AUB

- ☐ Requires experience of 1 or a combination of unpredictability, excessive duration, abnormal volume, or abnormal frequency of menses for at least the previous 3 months
- ☐ Structured history to determine
  - Ovulatory function
  - Potential related medical disorders
  - Medications
  - Lifestyle factors that might contribute to AUB
- ☐ Understanding the future fertility desires of the woman
- ☐ Ancillary investigations include
  - Hemoglobin and/or a hematocrit assessment
  - Appropriate tests for features that could contribute to an ovulatory disorder (thyroid function, prolactin, and serum androgens)



# General Evaluation AUB



## ■ Initial positive screen screening AUB-C comprises

- ☐ Heavy menstrual bleeding since menarche

- ☐ One of the following:

- Postpartum hemorrhage
- Surgical-related bleeding
- Bleeding associated with dental work
- Two or more of the following symptoms:
  - Bruising 1–2 times per month
  - Epistaxis 1–2 times per month
  - Frequent gum bleeding
  - Family history of bleeding symptoms

# Screening for AUB-C



- A positive screen further testing is necessary
- Often following consultation under the direction of a hematologist
- Such tests may include
  - Assays for von Willebrand factor

# Screening for AUB-O

## ■ *Ovulation*

- ☐ Predictable cyclic menses every 22–35 days

## ■ *Anovulation*

- ☐ Bleeding irregular in timing and flow, and often interspersed with episodes of amenorrhea
- ☐ Diagnostic tests
  - Timed to the best estimate of mid-luteal phase
  - ☐ Measurement of serum progesterone
  - ☐ Endometrial biopsy

# Uterine Evaluation



- Guided by history and other elements of the clinical situation
  - ☐ Patient age
  - ☐ Presence of an apparent chronic ovulatory disorder
  - ☐ Presence of other risk factors for endometrial hyperplasia or malignancy
- For those at increased risk
  - ☐ Endometrial biopsy is probably warranted
  - ☐ If there is a risk of structural anomaly
    - “Screening” transvaginal ultrasound (TVUS) examination

# Endometrial Evaluation

- ❑ Endometrial biopsy is not required for AUB
- ❑ Endometrial biopsy is based on risk of atypical hyperplasia or carcinoma
  - Age >45 years
  - Personal and genetic risk factors
    - ▷ Family history nonpolyposis colorectal cancer syndrome
  - Consider Sexually Transmitted Infection (STI) evaluation in symptomatic patients
  - Persistent AUB that is unexplained or not adequately treated
    - ▷ In association with hysteroscopic evaluation of the uterine cavity

# Uterine Evaluation



- For those at increased risk
  - ❑ Endometrial biopsy
  - ❑ If there is a risk of structural anomaly
    - Transvaginal ultrasound (TVUS) examination
      - Abnormal TVUS examination or endometrial sampling has not provided an adequate specimen
        - Hysteroscopy and saline infusion sonography (SIS)
  - ❑ MRI may be of value, if available

# Evaluation of Endometrial Cavity Structures



- Transvaginal ultrasound
  - ☐ performed first or early in the course of the investigation
- Negative ultrasound
  - ☐ Endometrial cavity may presumptively be considered normal
- Positive ultrasound consult with specialist
  - ☐ Sonohysteroscopy and hysterosonography or hysteroscopy

# Evaluation of Endometrial Cavity Structures



## ■ With the PALM-COEIN classification

- ☐ P (for endometrial and endocervical polyps) is confirmed only with documentation of 1 or more clearly defined polyps, generally with either SIS or hysteroscopy
- ☐ Usually, a patient may be categorized with 1 or more submucosal leiomyomas (AUB-LSM) with either SIS or hysteroscopy



# Myometrial Assessment

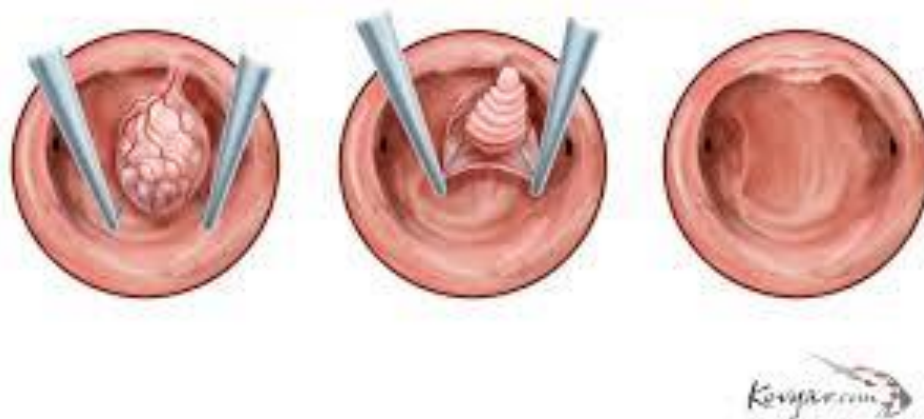


## ■ Leiomyoma assessed

- ☐ TVUS and transabdominal ultrasound
- ☐ Negative ultrasound plus either hysteroscopy or SIS fail to identify leiomyomas patient would be classified as L0
- ☐ Positive ultrasound lesion leads to an L1 assignment
  - Place consult for specialist for the secondary and tertiary subclassification
  - Perform some combination of TVUS, SIS, hysteroscopy, and MRI

# Treatment AUB-P

## Hysteroscopic Polypectomy



<https://www.angelsfertility.com/services/hysteroscopic-polypectomy/>

# Treatment AUB-A



- Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
- Levonorgestrel-releasing intrauterine device (LNG-IUD)
  - Mirena, Skyla, Liletta
- Conservative excision if focal
- Uterine artery embolization or endometrial ablation if the adenomyosis depth is less than 2.5 mm
- Extensive disease
  - Hysterectomy is recommended

# Treatment AUB-L



- Asymptomatic
  - ☐ No treatment is required
- Symptomatic
  - ☐ GnRH agonists Leuprolide (Lupron)
  - ☐ Mifepristone (Mifeprex/RU486)
  - ☐ Ulipristal acetate (Ella)
  - ☐ Aromatase inhibitors
  - ☐ Uterine artery embolization
  - ☐ Hysterectomy
  - ☐ Myomectomy

# Treatment AUB-M



- Preserve fertility

- High-dose progesterone treatment can be utilized with close follow-up

- Hysterectomy is recommended due to the high incidence of progression to endometrial cancer

# Treatment AUB-O



- ☐ Treatment Goals = Prevention
  - ☐ Anemia
  - ☐ Endometrial intraepithelial neoplasia
  - ☐ Endometrial cancer
- Progestins
- Combined hormonal contraception
- Medroxyprogesterone (Provera)
- Injectable medroxyprogesterone acetate (Depo-Provera)
- Micronized progesterone (Prometrium)
- Levonorgestrel-releasing intrauterine device (LNG-IUD)

# Treatment AUB-E



- NSAIDs
- Tranexamic acid
- Combined hormonal contraception
- Levonorgestrel-releasing intrauterine device
- Menstrual ablation

# Treatment AUB-I & AUB-N



## ■ *Iatrogenic: AUB-I*

- ☐ Bleeding usually resolves when the causative medication has been discontinued

## ■ *Not Classified: AUB-N*

- ☐ The treatment goal for women with AUB-N is to control AUB with previously mentioned therapies



# Key Takeaways



- Treatment is based on
  - ❑ Specific etiology of AUB
  - ❑ A woman's reproductive wishes
  - ❑ Prevention of morbidity from AUB
- Use of the PALM-COEIN system helps
  - ❑ Eliminate confusion about the etiology of AUB
  - ❑ Provide effective communication of that diagnosis to other providers
  - ❑ Result in better coordination of care
  - ❑ Facilitate research on the etiology and treatment of this condition and the prediction of endometrial cancer

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# Questions?

# How to Obtain Continuing Education Credits



To receive CE/CME credit, you must register by 0800 ET on 24 January 2020 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 6 February 2020 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL <https://www.dhaj7-cepo.com/content/clinical-communities-speaker-series-23-jan-2020>
2. Click on the REGISTER/TAKE COURSE tab
  - a. If you have previously used the CEPO CMS, click login.
  - b. If you have not previously used the CEPO CMS, click register to create a new account.
3. Click "ENROLL."
4. Follow the onscreen prompts to complete the following for each session you wish to claim CE/CME Credit:
  - a. Read the Accreditation Statement
  - b. Select the CE/CME credit type(s) you are seeking
  - c. Complete the Evaluation
  - d. Take the Posttest
  - e. Download your Certificate(s)
  - f. Complete the Commitment to Change survey (optional)
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at [dha.ncr.j7.mbx.cepo-cms-support@mail.mil](mailto:dha.ncr.j7.mbx.cepo-cms-support@mail.mil)