

GENERAL GYNECOLOGY

The FIGO systems for nomenclature and classification of causes of abnormal uterine bleeding in the reproductive years: who needs them?

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In November 2010, the Fédération Internationale de Gynécologie et d'Obstétrique (International Federation of Gynecology and Obstetrics), more commonly known as FIGO, formally accepted a new classification system for causes of abnormal uterine bleeding (AUB) in the reproductive years that was e-published in February 2011 and print published in April of the same year.¹ The system, based on the acronym PALM-COEIN (polyps, adenomyosis, leiomyoma, malignancy and hyperplasia—coagulopathy, ovulatory disorders, endometrial causes, iat-

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Key words: abnormal uterine bleeding, classification system, FIGO, heavy menstrual bleeding, leiomyoma

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rogenic, not classified), was developed in response to concerns about the design and interpretation of basic science and clinical investigation that relates to the problem of AUB.^{1,2}

So who needs this system? How was it developed? How should clinicians, educators, clinical investigators, and basic scientists use it when dealing with AUB in the reproductive years?

Background

When we try to evaluate studies that involve patients with AUB, a number of issues become readily apparent. First of all, there exists longstanding confusion concerning terminologies and definitions that are related to AUB. For example, what is “menorrhagia”? Is it a symptom? Is it a diagnosis? When 100 consecutive published research papers were reviewed for the use of the term, three-quarters of the papers considered it a symptom; the rest of the papers considered it a diagnosis. But even when it was used to describe a symptom, there was neither consistency regarding the menstrual pattern described nor

consistency for the presence or absence of coexisting disease.³ The same issues are apparent for terms such as metrorrhagia, menometrorrhagia, and dysfunctional uterine bleeding. This confusion has led to inconsistency in the design and interpretation of clinical trials and to miscommunication among health care providers, trainees, and patients.

Related to the issue of terminologies and definitions is the fact that there are a number of clinical entities that may cause or contribute to AUB, >1 of which may be present in any given woman. Furthermore, the contribution of adenomyosis, coagulopathies, and many leiomyomas and endometrial polyps is often in question, because many of these entities may be asymptomatic in a given individual.¹ Indeed, many clinical trials and even basic science studies are performed that do not even consider a number of potential diagnoses, which is a circumstance that brings into question the interpretation of the results and their appropriate application to clinical medicine.

TABLE 1

Terms abandoned in the FIGO nomenclature system

Dysfunctional uterine bleeding

Epimenorrhagia

Epimenorrhea

Functional uterine bleeding

Hypermenorrhea

Hypomenorrhea

Menometrorrhagia

Menorrhagia (all usages: essential menorrhagia, idiopathic menorrhagia, primary menorrhagia, functional menorrhagia, ovulatory menorrhagia, anovulatory menorrhagia)

Metrorrhagia

Metropathica hemorrhagica

Oligomenorrhea

Polymenorrhagia

Polymenorrhea

Uterine hemorrhage

FIGO, International Federation of Gynecology and Obstetrics.

Munro. FIGO system for abnormal uterine bleeding. *Am J Obstet Gynecol* 2012.

As a consequence of this unsatisfactory situation, an international working group was created under the aegis and responsibility of FIGO that is now known as the FIGO Menstrual Disorders Working Group. This group has developed a strategy of activities around outstanding issues that relate to AUB; the first products have been a new and flexible system of terminology and an equally flexible system for classification of causes of AUB in the reproductive years.^{1,4-6}

The process of developing the systems

The process began with a rigorous peer evaluation of the terminology and definitions that are related to AUB in the reproductive years that served as a prelude to the design of a new, culturally sensitive and unambiguous system of terminology and classification of causes that could be translated easily into multiple languages.⁴⁻⁶ It was recognized that such an endeavor would not be possible without funding, and not successful without the participation of a wide spectrum of relevant stake-

holders.^{1,6} Funding was obtained by means of unrestricted grants from pharmaceutical companies that were obtained and managed by a third-party health services organization, which allowed the organizers to function unencumbered by any corporate agenda or directives.

The process started in 2004 with the assembly of a multidisciplinary multinational set of gynecologists and hematologists, who were acknowledged experts in AUB, to participate in a face-to-face focused evaluation of the role and diagnosis of systemic disorders of hemostasis, commonly known as coagulopathies. The resulting articles were published simultaneously in *Fertility and Sterility* in 2005⁷⁻¹¹ and included a determination of the prevalence of disorders of hemostasis and their potential relationship with symptoms and, importantly, the appropriate screening techniques and laboratory procedures that would be required for diagnosis and consideration of options for management. This part of the process also helped to define context and the roles of primary care providers, gynecologists, and hematologists in the evaluation and treatment of women with these underdiagnosed systemic disorders.

The next steps were designed to rigorously evaluate definitions and to identify or develop new terminology that met the goals of simplicity, translatability, and acceptability to the wide spectrum of stakeholders. Another goal was to evaluate the need for a classification system and, if so confirmed, to implement a strategy that would be designed to culminate in a functional system that would be suitable for widespread use in research, teaching, and clinical care.^{1,4-6} Identified stakeholders included a worldwide spectrum of clinical investigators and other experts in the topic of AUB and representatives from the Food and Drug Administration, the World Health Organization, professional societies, and specialty journals that published AUB-related research. Investigators were selected on the basis of their contributions to the literature, and every attempt was made to include participants from a wide spectrum of countries and health care systems. Collectively, these individuals and organizations participated in a rigorous process using the

Delphi software system (Rand Corporation, Santa Monica, CA) that comprised months of remotely administered questions and revisions that served to determine a "baseline" that included areas of existing agreement and inconsistency.⁴⁻⁶ Issues were resolved in 2005 during a 3-day meeting of all participants that was held in Washington, DC, with a structured process that was supported by an electronic voting system that preserved anonymity.

This introductory process resulted in a number of recommendations that included adoption of the term AUB as an overarching concept, recognition that the current terminology and definitions were generally unacceptable and irreparable, and the creation of a new set of terms for describing normal and AUB in the reproductive years. Poorly defined and confusing terminologies such as *menorrhagia*, *metrorrhagia*, and *dysfunctional uterine bleeding* were abandoned and replaced with a new recommended set of terms that were unambiguous and translatable into most other languages (Table 1).^{4,5}

Work on the classification system was initiated during the Washington meeting and further developed over the next 24 months. The goals included support of the design and interpretation of clinical and even some basic science research and provision of a context for teaching students and residents/ trainees and for counseling patients. The abandoned term *dysfunctional uterine bleeding* was replaced with an evidence-based set of 3 categories that defined causes of AUB in women that were unrelated to structural abnormalities of the uterus.^{1,2} These 3 groups of diagnoses (coagulopathies, ovulatory disturbances, and endometrial disorders) are sometimes referred to as "nonstructural" causes of AUB and will be described in detail later.¹

Another important aspect of the classification system was clinician and patient access to the methods that would be required to evaluate adequately a patient's condition for cause regardless of country or health care system. It was determined that much of the categorization could take place with simple evaluations based on a structured history, readily available laboratory test results, and the use of ultrasound based tech-

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