

Supplementary Table 3. The proportion of women with postcoital bleeding investigated in secondary care who have cancer.^a

Study	Country	Age range years	Number of women	Symptoms	Proportion with cancer		
					Vaginal	Endometrial	Cervical
MacKenzie & Bibby, 1977 ⁵⁹	England	Not given	193	Intermenstrual bleeding or postcoital bleeding/discharge as the indication for dilatation and curettage.	0%	0%	0%
Allen <i>et al</i> , 1990 ⁶⁰	Australia	Not given	539	Postcoital or intermenstrual bleeding as the perceived indication for a diagnostic procedure of dilatation and curettage and/or hysterectomy.	0%	0.7%	1%
Shalini <i>et al</i> , 1998 ⁶¹	India	Not given	110	Postcoital bleeding presenting to a colposcopy clinic.	0%	0%	6%
Decloedt & Fenton, 1999 ⁶²	England	19–93	18	Postcoital bleeding as the indication for referral to an outpatient hysteroscopy clinic following assessment in a general gynaecology clinic.	0%	0%	0%
Rosenthal <i>et al</i> , 2001 ¹³	England	18–64	314	Postcoital bleeding presenting to a colposcopy clinic (for 57% of the women it was the main reason).	0.3%	0.6%	3%
Jha & Sabharwal, 2002 ¹¹	England	Not given	45	Postcoital bleeding and a negative smear or no smear presenting to a colposcopy clinic. The one case of vaginal carcinoma was in a woman with no cervix.	2%	0%	0%
Morrison <i>et al</i> , 2003 ⁴	England	Not given	51	Suspicious lesions of the vagina or cervix or with a 4-week or longer history of postcoital bleeding referred to a suspected gynaecological malignancy clinic.	0%	0%	0%
Selo-Ojeme <i>et al</i> , 2004 ⁶³	England	Not given	248	Referred to a general gynaecology or colposcopy clinic with a diagnosis of postcoital bleeding.	0%	0%	0%

^aSome of the studies included women without postcoital bleeding in the study group.