

UPDATE IN WOMEN'S HEALTH

EMILY KIMBLE, MD, FACOG

OBJECTIVES

Discuss current cervical cancer screening guidelines

Discuss mammography finding of dense breast tissue

Discuss Zika virus and fertility



WELL WOMAN EXAM

- **An opportunity to counsel patients**
- **Woman who have NO Symptoms**

ANNUAL HEALTH ASSESSMENT

- **Screening for diseases**
- **Counseling on lifestyle**
- **Preventative measures, such as immunizations**

PELVIC EXAMINATION

- **External Genitalia Inspection**
- **Speculum Exam of the Vagina and Cervix**
- **Bimanual Exam of Uterus, cervix, adnexa**

UNDER 21 WELL WOMAN EXAM

- **HPV prevention counseling**
 - **Screen for STI**
 - **Education**
- 

UNDER 21 WELL WOMAN EXAM

- **External genitalia is only exam needed in this age group**
- **NO pap smear is needed prior to 21**
- **No Evidence supports need for internal exam**

UNDER 21

Counsel patient about HPV vaccination

- Recommended in ages 9-26
- Covers the HPV strains that cause 70% of cervical cancer
- Expected to see decrease in number of cases cervical cancer in 20 years

UNDER 21

Pap Smear NOT needed

- Extremely low incidence of cervical cancer before age 20 - 0.1%
- Even if sexually active, HPV acquired is cleared within 1-2 years (8m is average)

UNDER 21


Finding abnormal paps in this age group

- Increases anxiety
- Increases morbidity
- Increases expense

**Cervical Cancer occurs 15-25 years
after initial HPV infection**

UNDER 21

Screening for Gonorrhea and Chlamydia

- 25% of adolescents have one of these 2 diseases
 - Nucleic Acid Amplification in the urine (instead of cervical swab)
 - Not a clean catch Screening
- 

UNDER 21

Treatment for Chlamydia

- Zithromax 1 gm for one dose
- Partner needs treatment
- Retest in 3 months

TREATMENT FOR GONORRHEA

Dual Therapy

- Rocephin 250mg IM
- Zithromax 1 gm times one

- Retest in 3 m

CONTRACEPTION



Consideration should be given for Nexplanon or IUD's in this age group

Long acting reversible contraception more effective

AGE 21-29 EXAM

Begin Cervical Cancer Screening

All components of the pelvic exam



AGE 21-29

Pap Smears Only

- Only HPV testing if ASCUS result
- This age group HPV testing reflects transient infections (high prevalence and low incidence of cervical cancer)
- Every 3 years

HPV COTESTING


Increases sensitivity

Decreases specificity

Than cytology screening alone



BREAST SELF AWARENESS

- A woman's awareness of the normal appearance and feel of their breasts
 - May or may not include a systematic self breast exam
 - 70% of breast cancers in this age group are detected by the women themselves
- 

CLINICAL BREAST EXAM

- **Recommended every 1-3 years**
- **Value is not clear in this age group, but still recommended by ACOG, ACS, NCCN**

ZIKA VIRUS

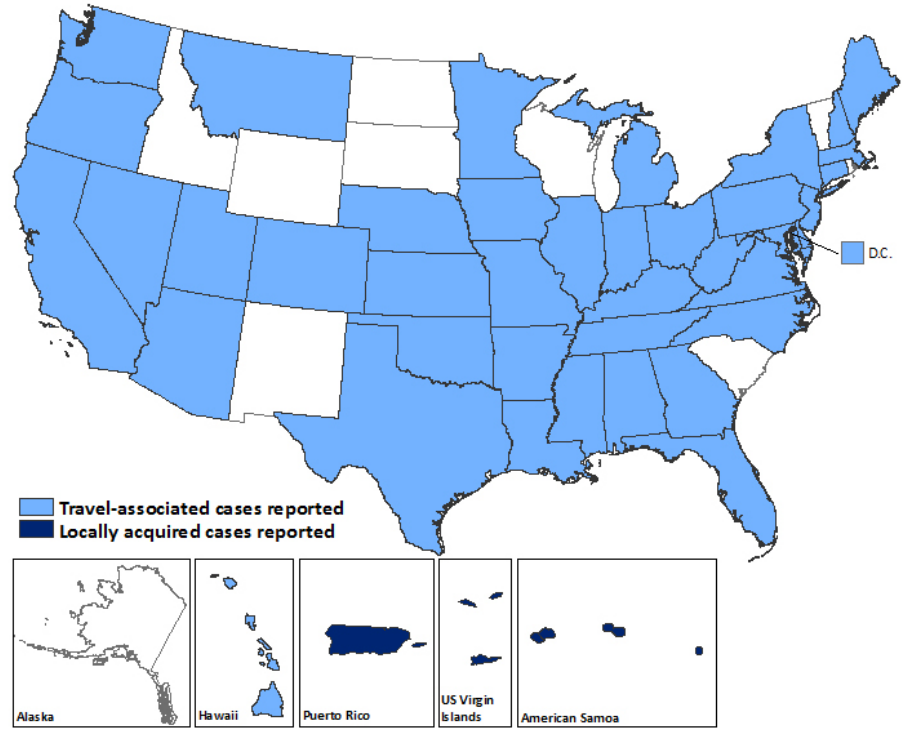
- Spread by *Aedes* mosquito
- Seen in South American and Carribean
- Symptoms include
 - Fever
 - Rash
 - Joint pain
 - Conjunctivitis

ZIKA VIRUS

Causes microcephaly when passed to a fetus during pregnancy

- Seizures
- Developmental Delay
- Intellectual disabilities
- Hearing loss

ZIKA VIRUS



ZIKA AND FERTILITY

Suggested timeframe to wait before trying to get pregnant		
Possible exposure via recent travel or sex without a condom with a man infected with Zika		
	Women	Men
Zika symptoms	Wait at least 8 weeks after symptoms start	Wait at least 6 months after symptoms start
No Zika symptoms	Wait at least 8 weeks after exposure	Wait at least 8 weeks after exposure. Talk with your healthcare provider

AGE 30-65 EXAM


Pap smears with cotesting every 5 years

- Newly Acquired HPV still has small risk of persistence
- Positive HPV in this age group more indicative of persistent infection
- CIN 3 on Screening test to invasive cancer takes 10 years

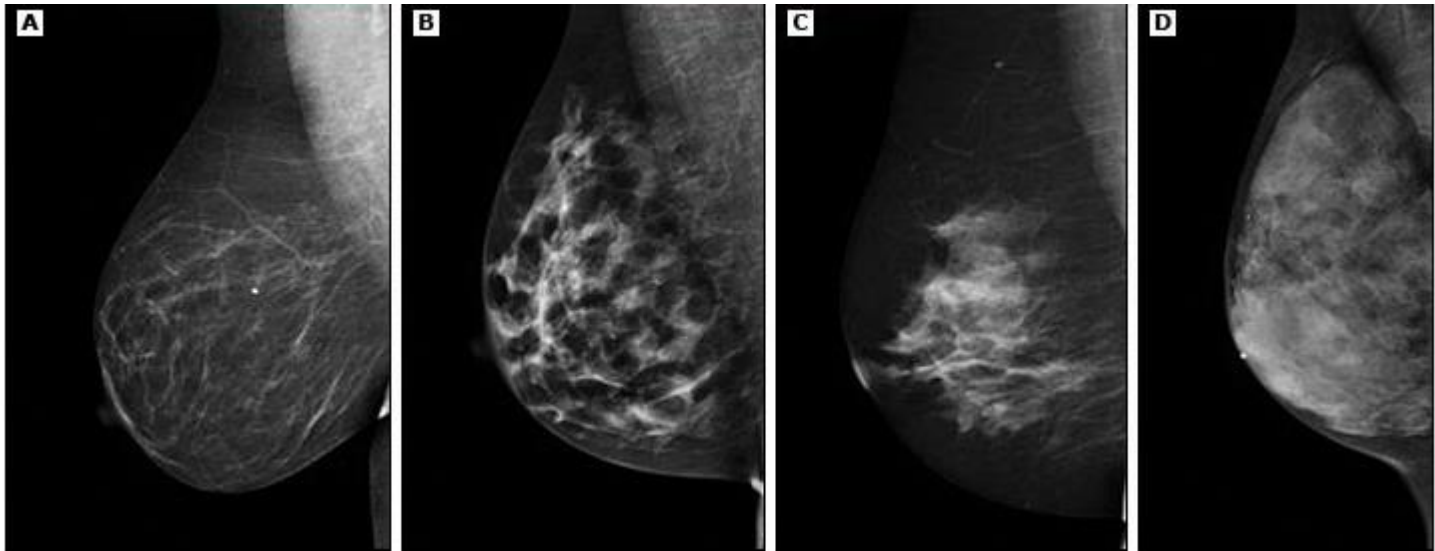
AGE 30-65

- **Annual clinical breast exam starting at age 40**
 - Increased sensitivity than Mammogram alone
- **Breast self awareness**
- **Mammograms every 1 year at age 40**

DENSE BREAST MANAGEMENT

- Diagnosed on Mammogram
 - Reduces accuracy of mammo to find breast cancer
 - Independent risk factor for breast cancer
 - Ohio passed legislation requiring patients be informed of their breast density
- 

BREAST DENSITY



BREAST DENSITY MANAGEMENT

Management determined by risk models
and discussion with patient

- Gail model
<http://www.cancer.gov/bcrisktool/>
- Hughes risk assessment model used by KBEC

SUPPLEMENTAL TESTS

Whole Breast Ultrasound

- Increases sensitivity in small cancers
- Decreases specificity
- Biopsy rate is 3 times that of mammogram alone

SUPPLEMENTAL TESTS

MRI

- Recommended for women with >20% chance of breast cancer
- Studies continue on MRI for negative mammogram with increased breast density
- Increase cost, increase risk with contrast medium

SUPPLEMENTAL TESTS


Low risk of breast cancer (<15%)

- No supplemental test recommended
- Studies continue on MRI for negative mammogram with increased breast density

Intermediate risk (between 15-20%)

- No consensus
- Consideration should be given for breast US, depending on the patient

AGE 65+

- **No need for pap if no history of abnormal paps**
 - **If VIN, CIN2 or higher, pap smears 20 years after resolution**
 - **Atrophy from menopause can give false positives**
- 

AGE 65+

- **Can go back to external genitalia exam only**
- **As the patient ages, decide with the patient whether they want this to continue**

MAMMOGRAPHY

- After age 75, discussion with the patient to decide whether or not to continue mammogram

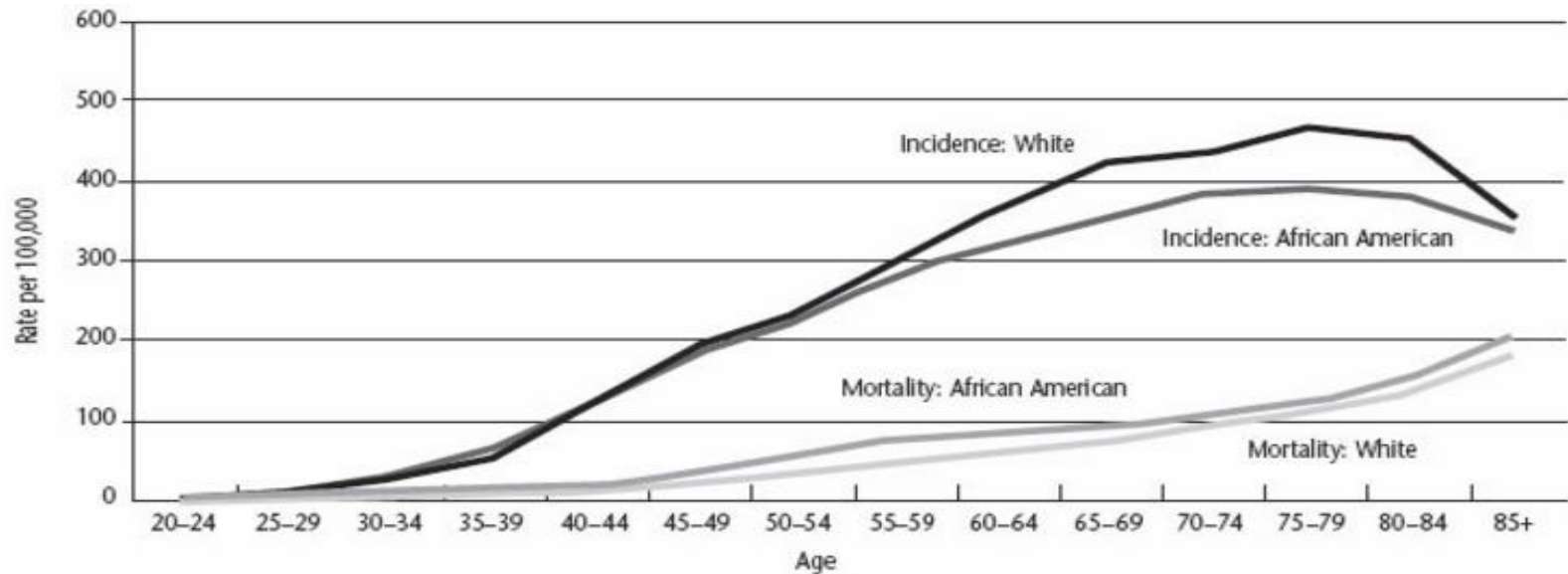


Fig. 1. Female Breast Cancer—Incidence and Mortality Rates by Age and Race, United States, 2002–2006. Data from Incidence—North American Association of Central Cancer Registries, 2009. Mortality—National Center for Health Statistics, Centers for Disease Control and Prevention, 2009. Reprinted with permission from American Cancer Society. Breast Cancer Facts & Figures 2009–2010. Atlanta: American Cancer Society, Inc.

SPECIAL CONSIDERATIONS

After hysterectomy, BSO for benign conditions


- No need for cytology
 - Unless history of VIN, CIN2, HIV or DES in utero
 - Risk of vaginal cancer very low
- Annual can be external genitalia

SUMMARY

Cervical Cancer Screening

- **Start at age 21**
- **Cytology every 3 years from ages 21-29**
- **Cytology +HPV every 5 years from age 30-65**
- **May stop at 65**

SUMMARY

- **Breast self awareness from age 20**
 - **Mammogram yearly at 40**
 - **Patients must be informed if they have dense breast tissue**
 - **Supplemental breast MRI for patients with a risk greater than 20%**
- 

ZIKA VIRUS

- **Avoid pregnancy for 8 weeks after exposure in either man or woman and infection in woman**
 - **Avoid pregnancy for 6 months after infection in male partner**
- 