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
  ▪ Conjuctivitis
ZIKA VIRUS

Causes microcephaly when passed to a fetus during pregnancy

- Seizures
- Developmental Delay
- Intellectual disabilities
- Hearing loss
ZIKA VIRUS
### ZIKA AND FERTILITY

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td><strong>Possible exposure via recent travel or sex without a condom with a man infected with Zika</strong></td>
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<tr>
<td><strong>Zika symptoms</strong></td>
<td>Wait at least 8 weeks after symptoms start</td>
<td>Wait at least 6 months after symptoms start</td>
</tr>
<tr>
<td><strong>No Zika symptoms</strong></td>
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<td>Talk with your healthcare provider</td>
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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

• 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
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