Enlightened Well Woman Care

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Case 1

- 17 yr old young woman
- Never been pregnant
- Sexually active and interested in birth control
- Non-smoker
- What screening tests are important?
- What exam is important?

Case 2

- 28 yr old woman
- Monogamous relationship
- Non-smoker
- Has Mirena IUD ☺
- What screening tests are important?
- What exam is important?

Case 3

- 55 yr old woman
- No family history of breast or ovarian cancer
- Smoker
- Not sexually active
- What screening tests are important?
- What exam is important?

Some basic principles

- There are consequences to over-screening and over-treatment
- Sometimes less is more
- Avoid hazards of false positive tests
- Avoid unneeded work-ups
- First, do no harm

Screening Tests

- Screening tests are good when the prevalence of disease is high in the targeted population
- Screening tests are good when there is effective treatment for the disease being screened
- Screening tests are good when they are easy to administer, cause little discomfort, and are inexpensive and accurate

Why do less?

- Avoid a wasted visit- Improve access
- Avoid lost time for visits of little or no benefit
- Save health care dollars
- Remember screening tests are only a small part of preventive health care

Don’t hold birth control hostage!

http://www.self.com/images/health/2006/05/issues-accessing-birth-control-

Health screening visit vs Family Planning visit

- Never hold birth control hostage for pap smears
- Tailor visit to your patient's needs

2004 WHO Practice Recommendations for Contraception

- BP should be measured before OCPs, DMPA (depo) and Nexplanon
- No need for : Breast exam, pap, genital exam, STD screen, physical exam or lab tests
- They deemed these as not "contributing substantially to safe and effective use of hormonal contraceptive methods."
- They can actually be a barrier to contraception

Family Planning Visit

- Supports correct and consistent use of chosen contraception
- Checks for contraceptive satisfaction ☺
- Helps clarify reproductive life plan
- Encourages a healthy reproductive life
- STD screening

Well Woman Care = Health Screening Visit

- Improves health through anticipatory guidance and screening
- Improves woman's sense of well being through attention to "health visit" instead of "sick visit"
- Promotes therapeutic relationship between woman and provider
- Encourages positive action towards maintenance of health

If you aren't their Primary Care Provider

- Find out if they have one
- Don't duplicate services
- Having a primary care provider improves health outcomes!

Well Woman Visit

- Family Planning / STD screening PLUS
- Appropriate cancer screening
- Address alcohol use, drug use, smoking
- Intimate partner violence screening
- Depression screening
- Vaccinations

General Health Issues

- Diet and exercise
- Lab work- screening for high cholesterol and diabetes
- Osteoporosis screening
- Overweight and Obesity
- Blood pressure screening

Well Woman Care Differs Throughout a Woman's Lifecycle

- Early Womanhood--- HPV vaccine, other Vaccinations, STD screening, sexual education
- Womanhood--- Contraception, Options, Preconception Counseling, Pregnancy and Prenatal care, Mental Health, Cancer Screening, Vaccinations
- Late Womanhood and Grandmotherhood--- Menopause and Postmenopause, Cancer Screening, Vaccinations

Who do you listen to?

- There are many organizations with guidelines for well woman care
- AAFP, ACOG, ACS, AMA, USPSTF

Who Defines Well Woman Services?

US Preventive Services Taskforce

- Agency for Healthcare Research & Quality
- *Rigorous* evidence-based review process
- Multidisciplinary, non-industry expert panel
- Screening recommendations by disease and by four age groups + pregnancy
- Supports "opportunistic prevention" model

USPSTF 2007: Strength of Recommendation

		Comment	Intervention
A	Recommend	Net benefit is substantial	Offer or provide
B	Recommend	Net benefit is moderate	Offer or provide
C	Recommend against providing routinely	May be considerations that support the service in an individual patient	Offer only if other considerations to support
D	Recommend against	No net benefit (or) harms outweigh benefits	Discourage the use of this service
I	Evidence is insufficient	Evidence is lacking, poor quality, or conflicting	Benefits/harms can not be determined

www.uspreventiveservicestaskforce.org

Case 1
17 yr old young woman

- What's recommended according to USPSTF app?
- non-smoker
- sexually active
- not pregnant

Grade A Recommendations

- Chlamydia screening
- Folic acid supplementation for all woman planning or capable of pregnancy
- HIV screening if at increased risk
- Syphillis screening if at increased risk

Case 2
28 yr old woman

- What's recommended according to USPSTF app?
- non-smoker
- sexually active
- not pregnant

Grade A Recommendations

- Pap
- Chlamydia screen only if at increased risk
- Folic acid supplement
- HIV screen only if at increased risk
- BP check
- Syphillis screen only if at increased risk

Grade B Recommendations

- Screen for alcohol misuse
- BRCA mutation testing for woman at increased risk
- Depression screening
- Gonorrhea screening only for women at increased risk
- Healthy diet counseling
- Lipid screening for those at increased risk for CAD
- Obesity screening and counseling
- Screen for Type 2 Diabetes if BP > 135/80

Case 3
55 yr old woman

- What's recommended according to the USPSTF app?
- Smoker
- Not sexually active
- postmenopausal

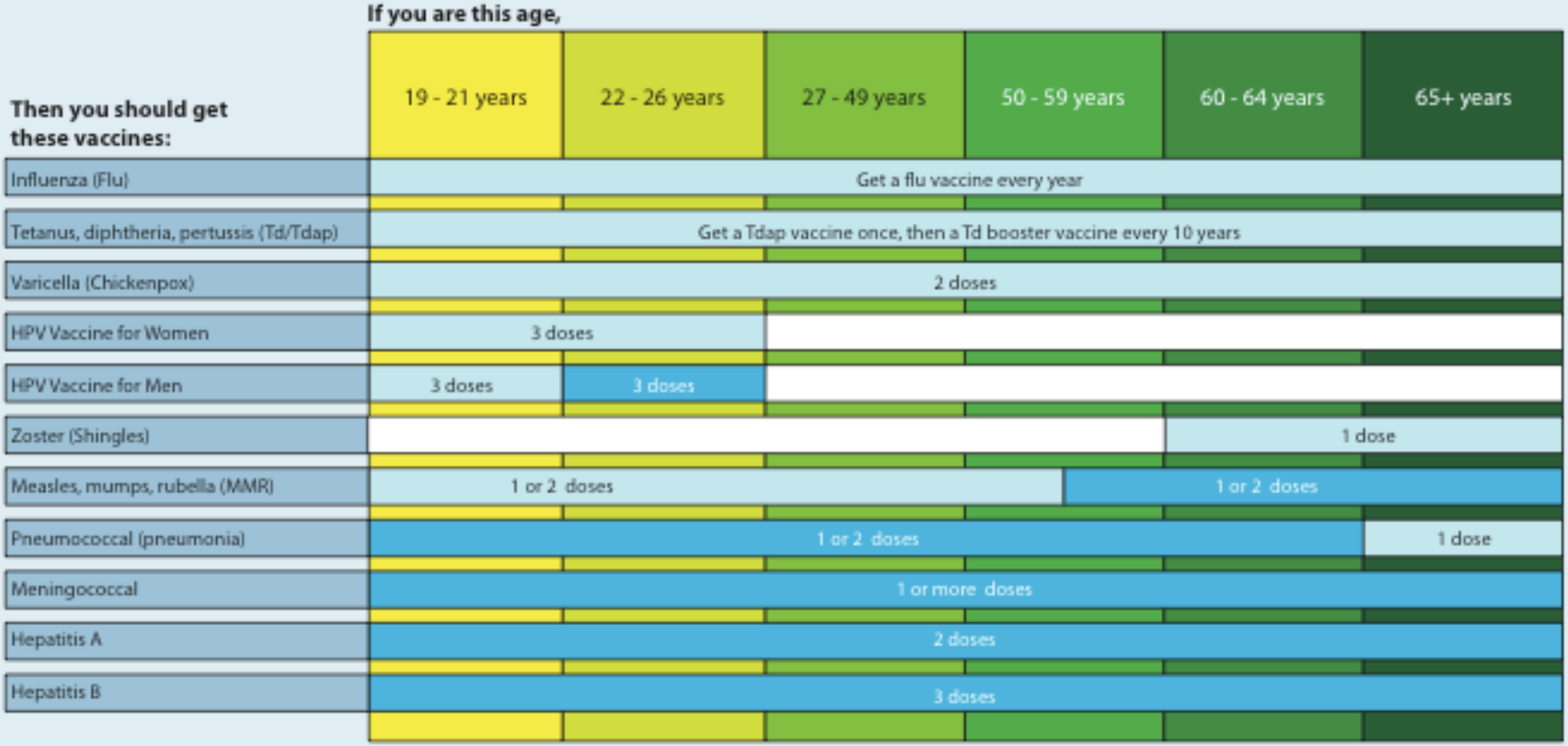
Grade A Recommendations

- Aspirin to prevent CVD
- Pap
- Colon cancer screening
- BP check
- Lipid screening
- Counsel on tobacco use

Immunizations

- Women should be immunized at recommended intervals unless there are individual contraindications
- HPV vaccine in early adolescence
- Tdap booster
- Rubella if not immune
- Influenza every year
- Go to http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html

Recommended Immunizations for Adults



Boxes this color show that the vaccine is recommended for all adults unless your doctor or nurse tells you that you cannot safely receive the vaccine.

Boxes this color show when the vaccine is recommended for adults with certain risks related to their health, job or lifestyle that put them at higher risk for serious diseases. Talk to your doctor or nurse to see if you are at higher risk.

No recommendation

TNOTES:

enza vaccine) [1]There are four different flu vaccines available—talk to your doctor or nurse about which flu vaccine is right for you.

vaccine for men) [2]There are two different kinds of HPV vaccine but only one HPV vaccine (Gardasil®) can be given to men. Gay men or men who have sex with men who are 22 through 26 years old should get HPV ne if they haven't already started or completed the series.

t vaccine) [3]If you were born in 1957 or after, you should have already gotten MMR vaccine. Talk to your doctor or nurse about how many doses you may need.

U.S. Department of

Is a Well Woman Visit Advised Annually?

- USPSTF says visits can be every 1-3 yrs depending on health status, risk factors and patient preference
- ACOG says annually

Is a physical exam always necessary?

- “Laying of hands” is therapeutic
- Parts of exam should be as needed
- Some visits may be mostly counseling, education and vital signs

Female cancer deaths	% Deaths	Screening Test
Lung	27 %	None
Breast	15%	Yes
Bowel, Rectum	10%	Yes
Lymphoma/Leukemia	7%	None
Pancreas	6%	None
Ovary	6%	None (low risk)
Uterus	3%	None
Cervix	1%	Yes

Screening tests available to prevent 26% of cancer deaths

Breast Cancer Screening Guidelines

	Previous Guideline	ACS 2003	USPSTF 2009
Breast Self Exam (BSE)	Monthly	Optional	[D]
Clinical Breast Exam (CBE)	Annually	20-39: Q3 yrs ≥ 40: annually	[I]
Mammogram	• Baseline @ 35 • 40-49: Q2 yrs • ≥ 50: yearly	≥ 40: annually	40-49: [C] 50-74: [B], every 2 years ≥75: [I]

Breast Self-Examination (BSE)

- Two very large RCTs (Shanghai, Russia)
  - Mortality, survival *equal* in treatment and controls
  - BSE *no better* than coincidental discovery of mass
- USPSTF 2009:[D] recommends against *teaching* BSE saying BSE is ineffective and potentially harmful
- American Cancer Society 2003
  - At ≥ 20 years old, inform of benefits, limitations
  - If BSE chosen, provide instruction in use
  - Acceptable not to do BSE or to do irregularly
  - Goal of BSE is "increased breast awareness"

Breast Self-Awareness (BSA)

- BSA is defined as women's awareness of the normal appearance and feel of her breasts
- Endorsed by ACOG and ACS
- The effect of BSA education has not been studied
- Rationale
  - ½ of breast cancer cases ≥50 y.o. and 70% of cases in younger women detected incidentally
  - New cases can arise during screening intervals, and BSA may prompt women not to delay in reporting breast changes based on a recent negative screening result

ACOG Practice Bulletin No. 122. 2011

Clinical Breast Exam (CBE)

Accuracy of CBE

- Sensitivity: 54%, specificity: 93-94%

- 10% of breast cancers detected on CBE alone, especially in younger women
- USPSTF 2009: [I] recommendation
- Most recommendations: start CBE at 40; perform annually (concurrent with mammogram) *except*
  - ACS 2012: 20-39 every 1-3 years, then annually
  - ACOG 2011: 20-39 every 1-3 years, then annually

USPSTF: Screening Mammography

November 2009

The USPSTF recommends

- *Biennial* mammography 50-74 years [B]
- *Against* routine mammography 40-49 years [C]

- Evidence is insufficient to assess benefits, harms of
  - Mammography in women >75 years old [I]
  - Digital mammography or MRI (vs film) [I]

USPSTF: Screening Mammography

December 2009

- The USPSTF recommends against *routine* screening mammography in women aged 40 to 49 years [C]
  - "The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms"

Screening Mammography Guidelines

USPSTF 2009

Age (years)	Recommendation
25-39	Screen if specified high risk factors
40-49	Discuss pros and cons of screening*
50-59	Encourage screening*
60-69	Strongly encourage screening*
70-74	Discuss pros and cons of screening*
>75	Little data

***When done, perform routine mammography biennially**

Screening Mammography: Benefits

- Sensitivity (positive when cancer present): 80-95 %
- Specificity: (negative when cancer absent): 93-97 %
  - False positive (pos in absence of cancer): 3-7 %
- Breast cancer deaths after ≥ 10 yrs screening
  - ACS meta-analysis 24% reduction
  - Women 50-69 years old 20-35% reduction

Screening Mammography: Harms

- Harms more likely in younger women
- Physical and psychological harms of *over-diagnosis*
  - Unnecessary diagnostic imaging tests
  - Biopsies in women without cancer
  - Inconvenience due to false-positive screening results
- Harms of *over-treatment* of a breast cancer that would
  - Not become apparent during a woman's lifetime
  - Have become apparent, but wouldn't shorten life

Exceptions

- Annual mammogram starting 10 years before the age of diagnosis of 1st degree relative with breast CA but not before age 30
- Annual mammogram after diagnosis of breast CA
- Annual mammogram starting at age 25-30 if BRCA2 carrier
- Annual mammogram starting at age 20-25 if BRCA1 carrier

Cervical Cancer Screening

- Most *successful* cancer screening program in the US
  - 70% reduction in cervical cancer deaths in past 60 years
  - 2010: 12,000 new cervical cancers; 4,200 deaths per year
- Advances in cervical cancer prevention since 1940s
  - Liquid-based cytology
  - hrHPV-DNA testing… co-testing and triage of test results
  - HPV vaccination… primary prevention of cervical cancer
  - Evidence-based cytology screening guidelines

Cervical Cytology Guidelines

ACOG 2009

Criteria	Recommendation
• Women under 21 yrs old	Avoid screening
• 21-29 years old	Screen every 2 years
• 30 to 65 or 70 years old	May screen every 3 years
• 65 or 70 years old and older	May discontinue screening
• HIV-positive • Immunosuppressed • Exposed in utero to DES	Screen annually

USPSTF Cervical Cytology Guidelines

March 2012

Criteria	Recommendation	Grade
• 21 to 65 years old	Every 3 years	A
• Cytology + HPV combination, 30-65 years old	Every 5 years	A
• Women under 21 yrs old	Avoid screening	D
• Age ≥65 with adequate prior screening and not high risk	Avoid screening	D
• Total hyst for benign disease	Avoid screening	D
• HPV testing, alone or in combination, < 30 years old	Avoid screening	D

Triple A Guideline: ACS, ASCCP, Am Society for Clinical Pathology

CA CANCER J CLIN March 2012

Years of Age	Screening
<21	No screening
21-29	Cytology alone every 3 years
30-65	Preferred: HPV + cytology every 5 years* OR
	Acceptable: Cytology alone every 3 years*
>65	No screening, following adequate neg prior screens
After total hysterectomy	No screening, if no history of CIN2+ in the past 20 years or cervical cancer ever

***If cytology result is negative *or* ASCUS + HPV negative**

Triple A: HPV Positive, Cytology Negative

- Occurs in 2.6% (age 60-65) to 11% (age 30 to 34)
- Option 1: repeat co-testing in 12-months
  - If co-test positive or LSIL+: colposcopy
  - If co-test negative or HPV-negative ASC-US: rescreen with co-testing in 5 years
- Option 2: *reflex test* for HPV16 or HPV16/18 genotypes
  - If HPV16 or HPV16/18 positive: colposcopy
  - If HPV16 or HPV16/18 negative: co-test in 12-months
    - Then manage as in option 1
- *Do not* immediately colposcope HPV positive/ cyto negatives

Other Important Messages

- For women 65 and older
  - "Adequate screening" is defined as…
    - 3 consecutively negative results in prior 10 years, *or*
    - 2 negative co-tests, most recently within 5 years

- Women treated for CIN 2+ or AIS must be *regularly screened* for 20 years, even if 65 or older
  - With cytology alone Q 3 years or HPV+ cytology Q5 years

Summary of Cervical Cancer Guidelines

	Under 21 years old	21-29 years old	30-65 Years old	>65 years old	Hyst, benign
USPSTF 2012	[D]	Every 3 y	Co-test: Q5 Cytology: Q3	None*	[D]
Triple A 2012	None	Every 3 y	Co-test: Q5 Cytology: Q3	None*	None
ACOG 2012	"Avoid"	Every 3 y	Co-test: Q5 Cytology: Q3	None*, unless new partner	None
hrHPV test	*Never*	Reflex only	Co-test or reflex	None	None

*** If adequate prior screening with negative results**

Co-test: cervical cytology plus hrHPV test

Cytology: cervical cytology (Pap smear) alone

Why these guidelines make sense

- HPV infections are transient and common in young women
- CIN3 peaks in the late 20s
- Spontaneous regression of CIN1 and CIN2 is common
- In teens screening does not reduce mortality
- There are consequences to over screening (emotional harm) and overtreatment (preterm birth with LEEP)

Ovarian Cancer Screening

- Options for screening
  - (Bimanual) Pelvic examination
  - Transvaginal pelvic ultrasound (TVS)
  - Serum Tumor Marker: CA-125
- Not recommended for low risk asymptomatic women
  - Low sensitivity, specificity for early disease
  - Low prevalence of disease
  - High cost of evaluation

Ovarian Cancer Screening

USPSTF (2012)

- Screening asymptomatic women with ultrasound, tumor markers, or exam is *not recommended* [D]
- Insufficient evidence to recommend for or against in asymptomatic women at increased risk [I]

Pelvic Exam at the Well-Woman Visit

ACOG Committee Opinion 524; August 2012

- Women younger than 21 years
  - Pelvic exam only when indicated by medical history
  - Screen for GC, chlamydia with vaginal swab or urine
- Women aged 21 years or older
  - "ACOG recommends an annual pelvic examination"
    - No evidence supports or refutes routine exam if low risk
  - If asymptomatic, pelvic exam should be a "shared decision"
    - Individual risk factors, patient expectations, and medico-legal concerns may influence these decisions
  - If TAH-BSO, decision "left to the patient" if asymptomatic

Routine Cancer Screening in Women

Age	18-20	21-25	26-29	30-39	40-49	50-59
Cervix CA • Cytology • Co-testing	None None	Q 3 yrs	→	→ Q5 yrs	→	→
CBE • ACS	None	Q 3 yrs	→	→	Annual with MG	→
Mammogram • ACS • USPSTF	None	Hi Risk	→ [I]	→	Annual Q2y [C]	~~Q2y [B]~~
Colorectal cancer	None	Hi Risk	→	→	→	[A]

ACOG: Am College of Ob-Gyn
ACS: American Cancer Society
CBE: Clinical breast exam
CDC: Centers for Disease Control
USPSTF: US Prev Services Task Force

Routine STI Screening

Age	18-20	21-25	26-29	30-39	40-49	50-59
CT (Both)	Annually	→	Targeted	→	→	→
GC (Both)	Targeted	→	→	→	→	→
HIV						
- CDC	Once, then Hi risk only	→	→	→	→	→
- USPSTF	Hi Risk	→	→	→	→	→
Syphilis - Both	Hi Risk	→	→	→	→	→

ACOG: Am College of Ob-Gyn
ACS: American Cancer Society
Both: CDC+USPSTF

CDC: Centers for Disease Control
USPSTF: US Prev Services Task Force

Routine Metabolic Screening

Age	18-19	20-25	26-29	30-39	40-49	50-59
BP	≤Q2 yrs	→	→	→	→	→
BMI	≤Q2 yrs	→	→	→	→	→
T2DM • ADA • USPSTF		Hi Risk HTN [B]	→ →	→ →	Q3y HTN[A]	→ →
Lipids • ATP • USPSTF		Q5 yrs Hi Risk	→	→	→	→

ATP: Adult Treatment Panel
CHD: coronary heart disease
HTN: hypertension
T2DM: Type 2 diabetes mellitus
USPSTF: US Prev Services Task Force

What May Be the *Real* Value of Health Screening Visits?

Laine, Ann Intern Med 2002:136:701

- "Carves out a time and a place for prevention"
- Opportunity for behavioral anticipatory guidance
- Establishment of the clinician-patient relationship
- Increased sense of patient well-being; positive action toward self-maintenance of health
- More likely to seek care when a problem occurs
- Desirable tests more likely to be done at Health Screening visits than during problem-oriented care

Promoting Prevention through the Affordable Care Act

Howard K. Koh, M.D., M.P.H., and Kathleen G. Sebelius, M.P.A.

- **Specified preventive services must be covered with no cost-sharing for deductibles and co-payments**
- **Preventive services include**
  - **USPSTF grade [A] or [B] recommendations**
  - **AAP Bright Futures recommendations for adolescents**
  - **CDC ACIP vaccination recommendations**
- **2011: *additional* women's preventive services not addressed by USPSTF… to "close the gaps"**

Reproductive Health	Cancer	Healthy Behaviors	Pregnancy related	Immunizations	Chronic conditions
STI and HIV counseling ; all sexually active F)	Breast Cancer •Mammography	Alcohol S&C	•Alcohol S&C	•TdaP, Td booster, •MMR, varicella	CV: HTN, lipids
Ct, GC, Syphilis screening	•Genetic S&C	Tobacco C&I	•Tobacco C&I	Influenza	T2DM screen
HIV screening (adults at HR; all sexually active F)	•Preventive medication counseling	Diet counseling if CVD risk	•Folic acid supplement	•Hepatitis A, B •Meningococcal	Depression screen
Contraception (women w/repro capacity	Cervix: • Cytology • HPV + cytology	Interpersonal and DV S&C	•GDM screen •Rh screen •Anemia screen	•HPV (women 19-26)	Osteo-porosis screen
	Colorectal: • FOBT, • Colonoscopy, • Sigmoid	Well-woman visits	•STI screen •Bacteruria screen	•Pneumococcal •Zoster	Obesity screen; C&I if obese
			•Lactation Supports		

S&C: screening and counseling

C&I: counseling and interventions

Stroke Prevention

- The USPSTF recommends that women 55 to 79 years of age take around 75 mg of aspirin per day when the benefit of ischemic stroke reduction outweighs the increased risk of gastrointestinal hemorrhage
- A tool to help determine an individual's risk of stroke is available at : http:www.westernstroke.org/PersonalStrokeRisk1.xls.

Osteoporosis Screening and Prevention

- Screening with DEXA (dual energy x-ray absortiometry) is recommended for women 65 years and older
- USPSTF recommends using WHO's Fracture Risk Assesment Tool to help risk-stratify women younger than 65
- A 2011 meta-analysis found that Calcium and Vitamin D may reduce fractures in adults

Calcium/Vitamin D and weight bearing exercise

- USPSTF 2012 stated current evidence is insufficient to assess benefits and risks of Calcium and Vitamin D supplementation for prevention of fracture in premenopausal and non-institutionalized postmenopausal women
- NIH recommends a total daily intake of 1,000 mg of calcium for women 19-50 years old and 1200 mg for women >50 in addition to 600-800 IU of Vitamin D
- ACOG recommends counseling women about weight bearing exercise, muscle strengthening, smoking cessation, moderation of alcohol and fall-prevention

Summary

- Well woman care is an opportunity to focus on disease prevention, screening and health promotion
- Don’t confuse family planning visit with health screening visit
- The recommendations are constantly evolving- find an up to date source like USPSTF and stay tuned!

Thanks

- To Michael Policar MD, MPH, professor of OBGYN at UCSF School of Medicine for inspiring this talk and letting me reference his old talks and most recent slides

References

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- U.S. Preventive Services Task Force Recommendation Statements