The Well-Woman Task Force: Evidence-based well-woman care

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No Disclosures

Learning Objectives

At the end of this presentation the attendee should be able to:

1. Discuss the purpose of the Well-Woman Task Force and how recommendations were achieved

2. Decide if they agree with the recommendations for pelvic exams in asymptomatic women

3. Understand evidence behind differing guidelines for mammogram screening and develop a script for counseling patients in a shared-decision making model.

Affordable Care Act of 2010

Annual Well-Woman Visit =

Preventive Health Care

WITHOUT CO-PAY

….But what belongs in an annual Well-Woman Visit?

Yearly Pap?

Yearly Mammogram?

Well Woman Task-Force

Well Woman Task Force

Convened By:	
ACOG	
Participating Organizations:	
AAFP	AAP
AAPA (Physician Assistants)	ACNM
ACOOG (Osteopathic OB/Gyn)	American College of Physicians
Assoc of Reproductive Health Professionals	AWHONN
NANPWH (Nurse Practitioners in Women's Health)	National Medical Assoc
Planned Parenthood Federation of America	Society for Maternal Fetal Medicine
Society for Academic Specialists in General Obstetrics and Gynecology	Society of Gynecologic Oncology

Goal = Develop age-specific evidence-based well-woman care guidelines

AAP Bright Futures

Age categories

- Adolescents (age 13-18)
- Reproductive aged-women (age 19-45)
- Mature women (age 46-64)
- Women older than 64 years

Process

- Gathered existing guidelines
  - Department of Health and Human Services
  - Institute of Medicine
  - US Preventative Services Task Force
  - Centers for Disease Control
  - All participating organizations
  - Other significant organizations per topic

- Different Guidelines are written with different aims and perspectives

Final recommendations

- Evidence based guidelines
- Evidence-informed recommendations based on medical society and professional association recommendations
- Uniform expert agreement (ie; resolving conflicting guidelines or supplement above)

- Strong recommendation = evidence based or informed
- Qualified recommendation = expert consensus

First Guideline Published

2013-2014

Topic: Colorectal Screening

Evidence Based	**Evidence Informed**	**Uniform Expert Agreement**	**Final WWTF Recommendation and Strength of Recommendation**
Foundation for WWTF recommendations. Primarily USPSTF, IOM, and CDC guidelines.	Additional guidelines from medical societies used for developing consensus recommendations.	WWTF expert consensus: Describes resolution of conflicting guidelines *or* outlines expert opinion that does not have a strong evidence foundation.	"Strong" = Based on evidence-based or evidence-informed guidelines "Qualified" = Based on expert opinion alone

Adults (45–75)

Evidence-Based	Evidence-Informed	Uniform Expert Agreement	Final WWTF Recommendation
	ACP: Individualized assessment for risk of colorectal cancer is recommended. (http://annals.org/article.aspx?articleid=1090701)		Individualized assessment of risk, including family history and individualized counseling, is recommended. (Strong)
USPSTF: Screening for colorectal cancer should begin at age 50 and continue to age 75. (http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm)	ACP: All adults at average risk for colorectal cancer should be screened. (http://annals.org/article.aspx?articleid=1090701) ACG: Screening should start at age 50. For African Americans, begin screening age 45. (http://gi.org/guideline/color	Screening for all adults at average risk should begin at age 50, except for African Americans, for whom screening should begin at age 45.	Screening for colorectal cancer is recommended beginning at age 50. For African American women, screening should begin at age 45. (Strong)

Transition to WPSI: March 2016

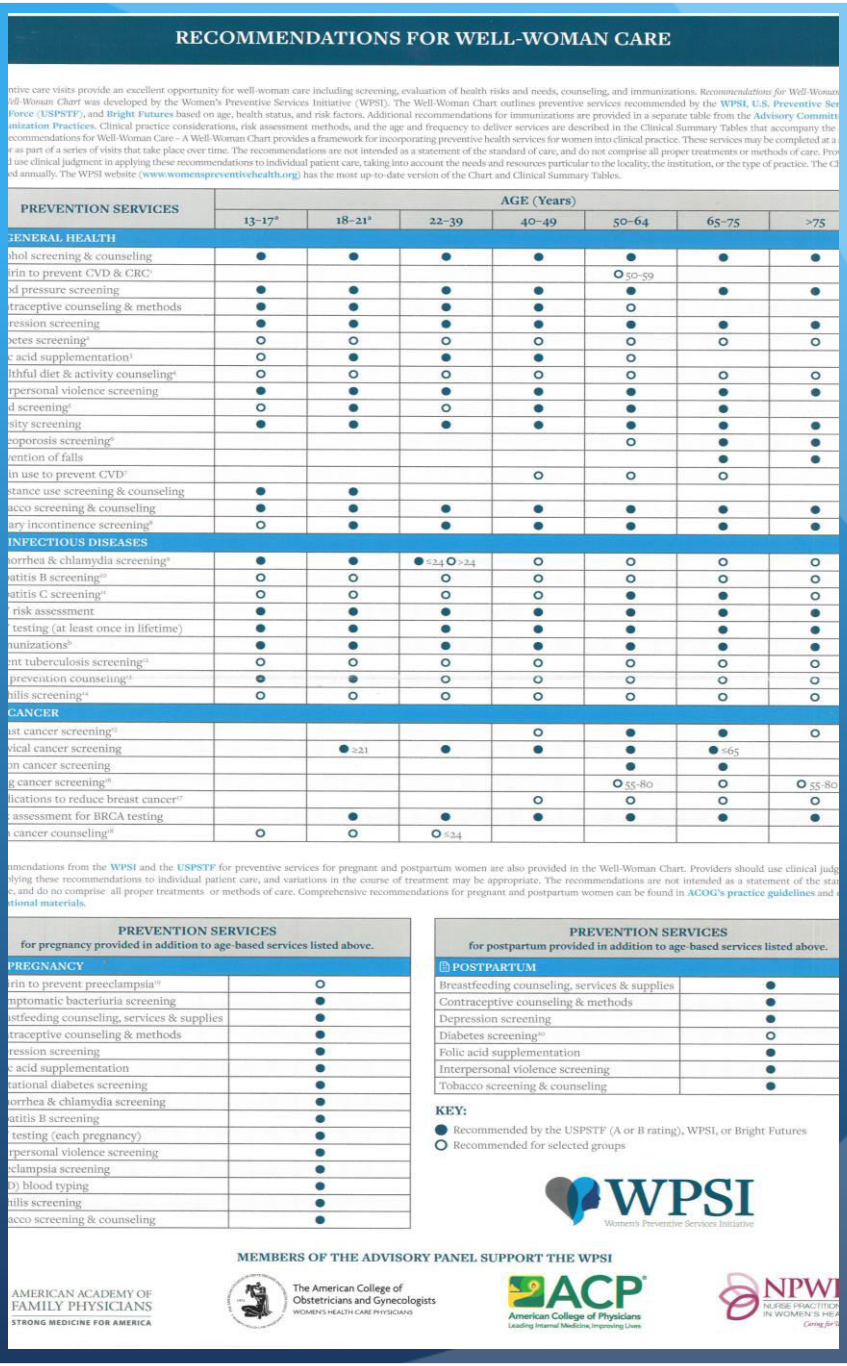
5 year agreement with:

U.S. Department of Health and Human Services
Health Resources and Services Administration
ACOG

The recommendations will ensure that women receive a comprehensive set of preventive services without co-payment, co-insurance or deductible.

ACOG, AAFP, ACP, NPWH remaining participants

WPSI table 2016



RECOMMENDATIONS FOR WELL-WOMAN CARE

ntive care visits provide an excellent opportunity for well-woman care including screening, evaluation of health risks and needs, counseling, and immunizations. *Recommendations for Well-Woman*
ell-Woman Chart was developed by the Women's Preventive Services Initiative (WPSI). The Well-Woman Chart outlines preventive services recommended by the **WPSI**, **U.S. Preventive Ser**
Force (USPSTF), and **Bright Futures** based on age, health status, and risk factors. Additional recommendations for immunizations are provided in a separate table from the **Advisory Committ**
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ed annually. The WPSI website (**www.womenspreventivehealth.org**) has the most up-to-date version of the Chart and Clinical Summary Tables.

PREVENTION SERVICES	AGE (Years)						
	13–17[a]	18–21[a]	22–39	40–49	50–64	65–75	>75
ENERAL HEALTH							
hol screening & counseling	●	●	●	●	●	●	●
irin to prevent CVD & CRC[c]					○ 50–59		
od pressure screening	●	●	●	●	●	●	●
traceptive counseling & methods	●	●	●	●	○		
ression screening	●	●	●	●	●	●	●
betes screening[d]	○	○	○	○	○	○	○
c acid supplementation[e]	○	●	●	●	○		
lthful diet & activity counseling[f]	○	○	○	○	○	○	○
rpersonal violence screening	●	●	●	●	●	●	●
d screening[g]	○	●	○	●	●	●	
sity screening	●	●	●	●	●	●	●
eoporosis screening[h]					○	●	●
vention of falls						●	●
in use to prevent CVD[c]				○	○	○	
stance use screening & counseling	●	●					
acco screening & counseling	●	●	●	●	●	●	●
ary incontinence screening[g]	○	●	●	●	●	●	●
INFECTIOUS DISEASES							
orrhea & chlamydia screening[a]	●	●	● ≤24 ○ >24	○	○	○	○
atitis B screening[m]	○	○	○	○	○	○	○
atitis C screening[n]	○	○	○	○	●	●	○
risk assessment	●	●	●	●	●	●	●
testing (at least once in lifetime)	●	●	●	●	●	●	●
nunizations[b]	●	●	●	●	●	●	●
nt tuberculosis screening[o]	○	○	○	○	○	○	○
prevention counseling[a]	●	●	○	○	○	○	○
hilis screening[a]	○	○	○	○	○	○	○
CANCER							
st cancer screening[p]				○	●	●	○
vical cancer screening		● ≥21	●	●	●	● ≤65	
n cancer screening					●	●	
g cancer screening[q]					○ 55–80	○	○ 55–80
lications to reduce breast cancer[r]				○	○	○	○
assessment for BRCA testing		●	●	●	●	●	●
cancer counseling[s]	○	○	○ ≤24				

mmendations from the **WPSI** and the **USPSTF** for preventive services for pregnant and postpartum women are also provided in the Well-Woman Chart. Providers should use clinical judg
plying these recommendations to individual patient care, and variations in the course of treatment may be appropriate. The recommendations are not intended as a statement of the sta
e, and do no comprise all proper treatments or methods of care. Comprehensive recommendations for pregnant and postpartum women can be found in **ACOG's practice guidelines** and
tional materials.

PREVENTION SERVICES
for pregnancy provided in addition to age-based services listed above.

PREGNANCY	
irin to prevent preeclampsia[t]	○
mptomatic bacteriuria screening	●
stfeeding counseling, services & supplies	●
traceptive counseling & methods	●
ression screening	●
c acid supplementation	●
tational diabetes screening	●
orrhea & chlamydia screening	●
atitis B screening	●
testing (each pregnancy)	●
rpersonal violence screening	●
eclampsia screening	●
D) blood typing	●
hilis screening	●
acco screening & counseling	●

PREVENTION SERVICES
for postpartum provided in addition to age-based services listed above.

POSTPARTUM	
Breastfeeding counseling, services & supplies	●
Contraceptive counseling & methods	●
Depression screening	●
Diabetes screening[u]	○
Folic acid supplementation	●
Interpersonal violence screening	●
Tobacco screening & counseling	●

KEY:

● Recommended by the USPSTF (A or B rating), WPSI, or Bright Futures
○ Recommended for selected groups

WPSI
Women's Preventive Services Initiative

MEMBERS OF THE ADVISORY PANEL SUPPORT THE WPSI

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACP
American College of Physicians
Leading Internal Medicine, Improving Lives

NPWH
NURSE PRACTITIONERS IN WOMEN'S HEA

What belongs in an annual Well-Woman Visit?

Yearly Pap?

Yearly Pelvic Exam?

Yearly Mammogram?

Pelvic exam

A 55yo postmenopausal woman presents for a WWE. She had Type 2 DM and has a BMI of 37. She is asymptomatic today without any gynecologic concerns, but one of her friends was recently diagnosed with ovarian cancer. Her last pelvic exam was 5 years ago when she had negative co-testing (pap and HPV screening) performed.

Does she need a bimanual exam with her cervical cancer screening today?

Possible Benefits to pelvic exam

Screening for cervix cancer
Screening for GC/CT

Scre cer
for BV
r Trichomonia
reenin
reening fo tomatic
d all cause m
Re orbidity
Improve Life

Possible Harms to pelvic exam

Pain

Anxiety

False reassurance

Special Considerations

Hx of vulvar dysplasia (VIN)

Hx of cervical dysplasia (CIN)

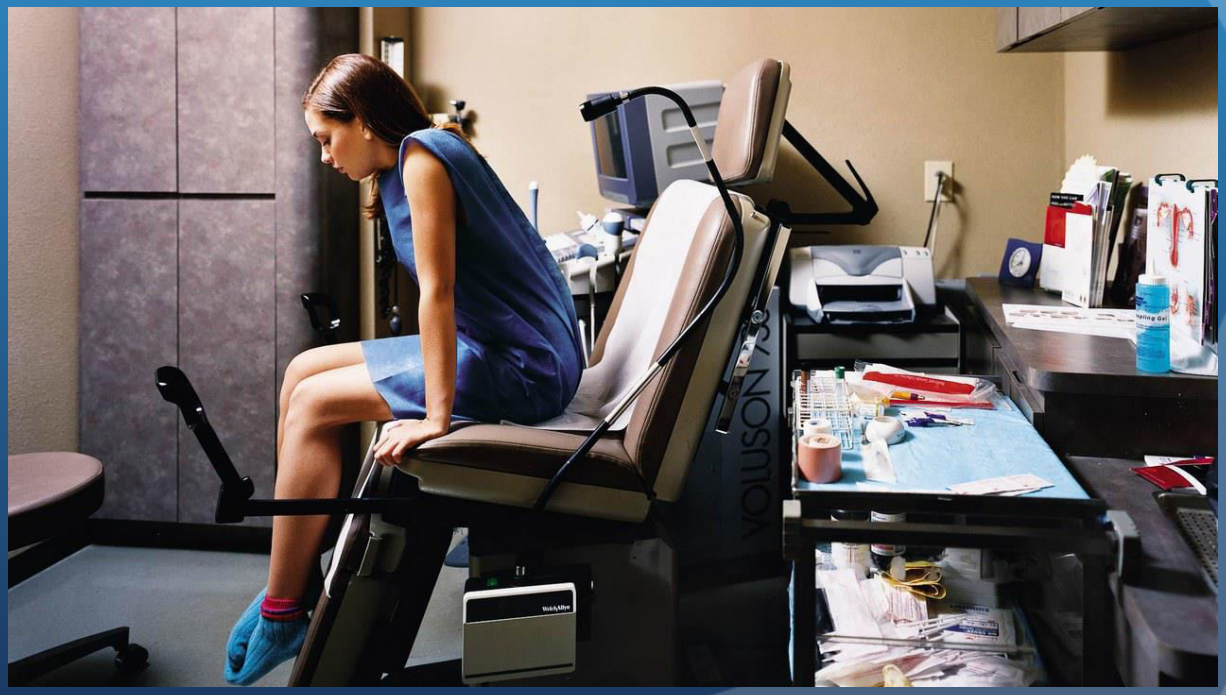
HIV

Immunocompromised

DES exposure (1971)

Pelvic exam is NOT needed to:

- Initiate contraception (except IUD)
- Screen for cervicitis



Expert Consensus?

- USPSTF 2011 and 2017: Insufficient evidence for screening pelvic exam
- ACP 2014: Recommend AGAINST screening pelvic exam
- ACOG 2014: Yearly pelvic exam for women ages 21 and above!
- WWTF 2014: Shared decision making between patient and physician
- ACOG 2018: Shared decision making between patient and physician

A 55yo postmenopausal woman presents for a WWE. She had Type 2 DM and has a BMI of 37. She is asymptomatic today without any gynecologic concerns, but one of her friends was recently diagnosed with ovarian cancer. Her last pelvic exam was 5 years ago when she had negative co-testing (pap and HPV screening) performed.

Does she need a bimanual exam with her cervical cancer screening today?

Answer: Shared Decision Making--no false reassurance!

What belongs in an annual Well-Woman Visit?

Yearly P[illegible]?

Yearly Pelvic Exam?

Yearly Mammogram?

Breast Cancer Screening

A healthy premenopausal 45year old Caucasian woman presents for well-woman care. She has no family or personal history of breast cancer. Menarche was at age 13. She has had one child at age 25years. She has never had a mammogram or a breast biopsy.

Gail Model = 0.9% 5year risk and 10.6% lifetime risk
AVERAGE RISK patient

How do you recommend the patient be screened for breast cancer?

Breast Cancer Screening: SBE

Rationale

Women <50years = up to 71% self detect breast cancer

Women >50years = up to 50% self detect breast cancer

Early detection (<2cm) improves survival and minimizes need for radical surgery and/or chemo and radiation

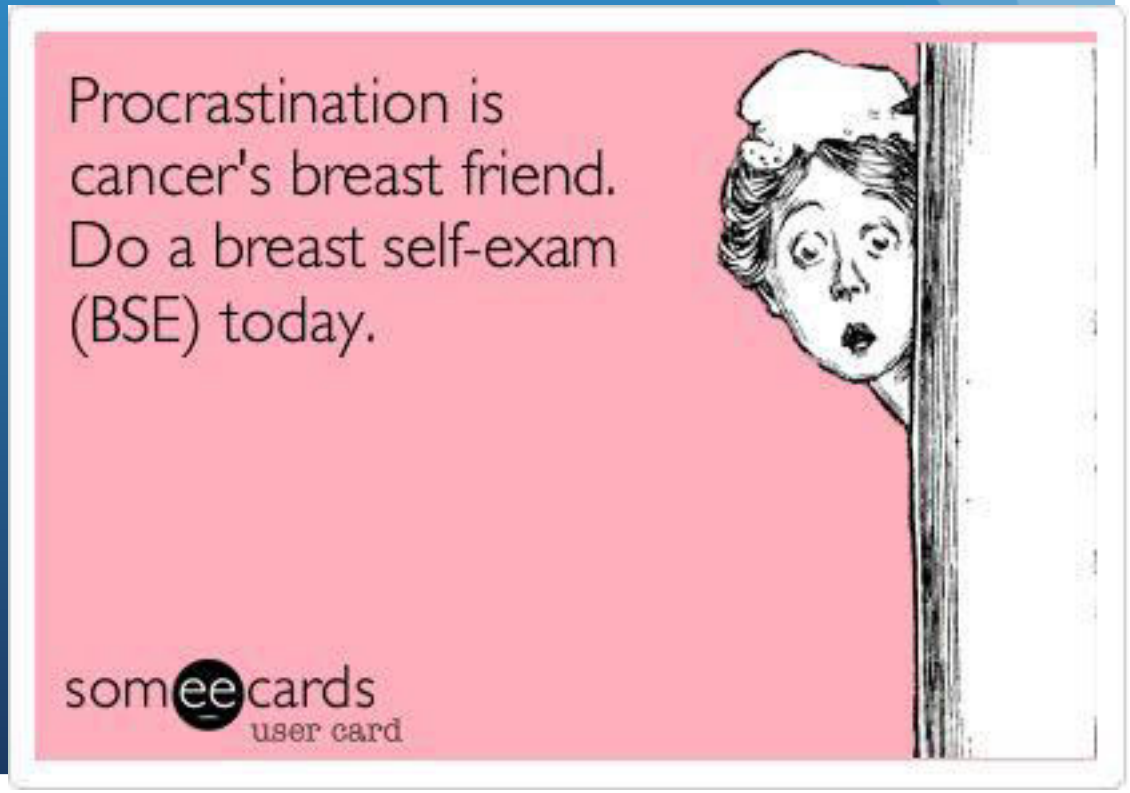
Breast Cancer Screening: SBE

Problems

Masses must be at least 2cm to be palpated

Most palpable masses *are not cancer*

Increases intervention (breast biopsies) without decreasing mortality from breast cancer



Breast Cancer Screening: SBE

USPSTF: 2009 and 2016 Recommends AGAINST SBE

Cochrane 2003 review data

American Cancer Society: 2016 Recommends AGAINST SBE

WWTF: Promote Breast Self-Awareness

Breast Cancer Screening: CBE

Trained clinicians must do better, right?

Breast Cancer Screening: CBE

ACS Systematic Review:

55 false-positive tests/one case of cancer

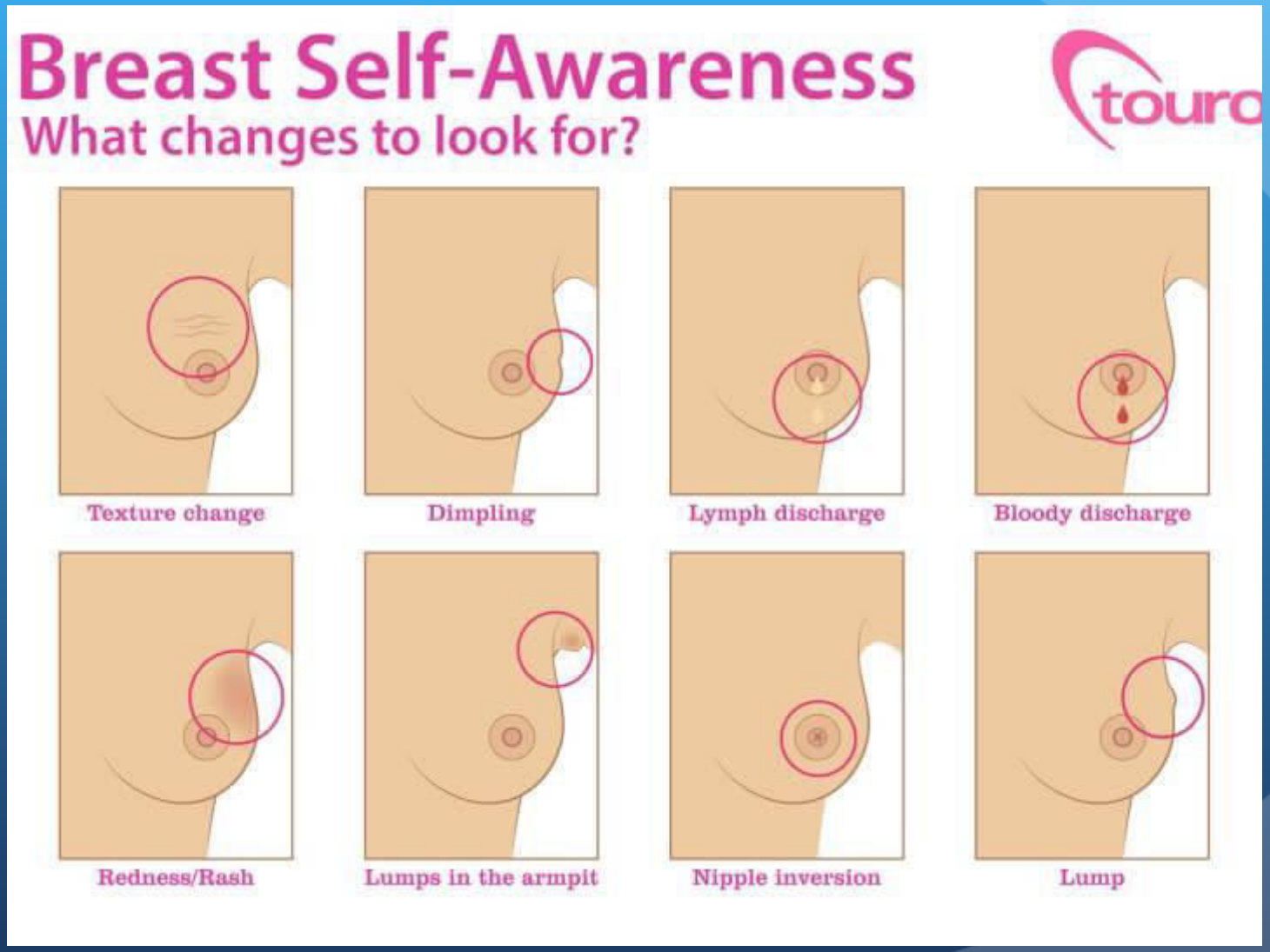
Estimated 2–6% more cases of invasive cancer than mammography alone…

HOWEVER, no evidence of improved outcomes by detection of these additional cases of cancer

Breast Cancer: CBE

- ACS 2015: Recommends against CBE
- USPSTF 2009 & 2016: Insufficient evidence to recommend for or against
- National Comprehensive Cancer Network:
  - Every 1-3years for women 25-39years
  - Yearly for women 40years and greater
- WWTF: Shared Decision making between patient and provider, following NCCN recommendations
- ACOG 2017: Shared Decision making between patient and provider, following NCCN recommendations

No SBE and No CBE? Then what?



Breast Cancer Screening: Mammography

	American College of Obstetricians and Gynecologists	U.S. Preventive Services Task Force	American Cancer Society	National Comprehensive Cancer Network
Clinical breast examination	May be offered* every 1–3 years for women aged 25–39 years and annually for women 40 years and older.	Insufficient evidence to recommend for or against.†	Does not recommend‡	Recommend every 1–3 years for women aged 25–39 years. Recommend annually for women 40 years and older.
Mammography initiation age	Offer starting at age 40 years.§ Initiate at ages 40–49 years after counseling, if patient desires. Recommend by no later than age 50 years if patient has not already initiated.	Recommend at age 50 years.‖ Age 40–49 years: The decision to start screening mammography in women before age 50 years should be an individual one.¶	Offer at ages 40–45 years.¶ Recommend at age 45 years.#	Recommend at age 40 years.
Mammography screening interval	Annual or biennial§	Biennial‖	Annual for women aged 40–54 years‡ Biennial with the option to continue annual screening for women 55 years or older‡	Annual
Mammography stop age	Continue until age 75 years. Beyond age 75 years, the decision to discontinue should be based on a shared decision-making process that includes a discussion of the woman's health status and longevity.	The current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years and older.†	When life expectancy is less than 10 years‡	When severe comorbidities limit life expectancy to 10 years or less

Table from: ACOG Practice Bulletin 179

Breast Cancer Screening: Mammography

Breast Cancer Screening: Mammography

Benefits

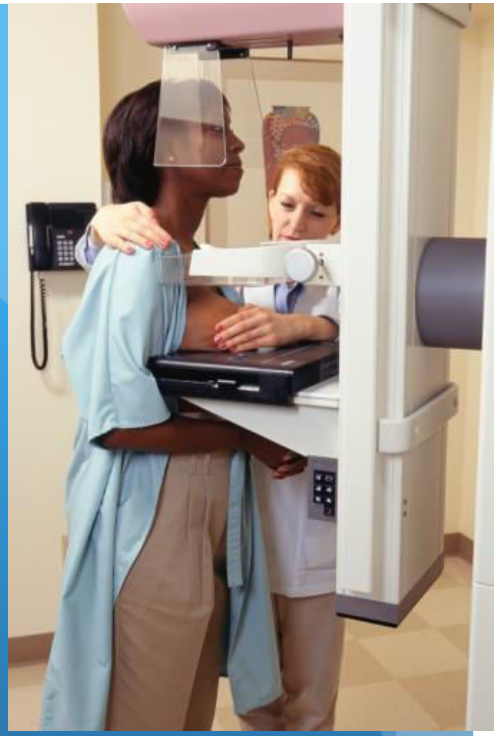
Detection of non-palpable tumors

Reduced mortality (15-20%)

Decreased need for advanced cancer treatment

Increased life expectancy

Breast Cancer Screening: Mammography



Benefits

Screening 10,000 women over 10 years

Women 60-69, 21 fewer breast cancer deaths

Women 50-59, 8 fewer breast cancer deaths

Women 40-49, 3 fewer breast cancer deaths

Mammography: Harms

False Positive Results

USPSTF and ACS Systematic Reviews over 10 years of screening:

61% of "positive" mammograms will be false positives (Annual Screening)

42% of "positive" mammograms will be false positives (Biennial Screening)

Women 40-49 years using combined hormones or with dense breasts more likely to have false positive

A women's first mammogram is more likely to have a false positive result

Mammography: Harms

Anxiety & Distress

Women with a call back have ↑ anxiety, cancer-specific worry and distress

Distress persists for some women, even after negative follow-up studies

Women with false positive results are less likely to return for their next screening test

Mammography: Harms

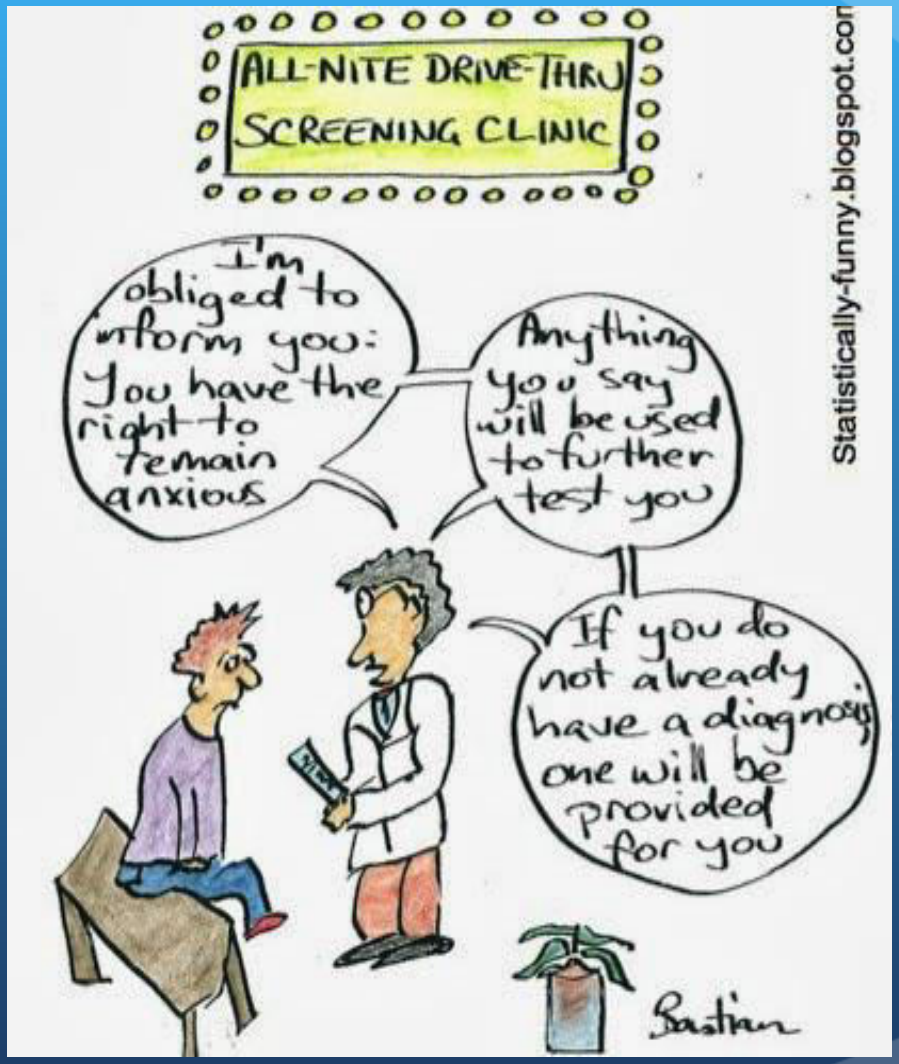
Overdiagnosis

Detection of a cancer that would not have progressed to symptomatic cancer if left undetected

OR

Detection of indolent disease (i.e.: DCIS)

Overdiagnosis



Mammography: Harms

Overdiagnosis

1: 8 women are overdiagnosed

For every 1 cancer death avoided,
2-3 women are treated unnecessarily

Risk of overdiagnosis is decreased by:
Screening at an older age
Less frequent screening

Mammography: Harms

Radiation Exposure

Deaths from mammography induced breast cancers (USPSTF)	
Women 50-59, biennially	2/100,000
Women 40-49, annually	11/100,000

Screening 100,000 women ages 40-74 annually:
Radiation will cause 125 cases of breast cancer
16 breast cancer deaths|
968 cancer deaths will be prevented

Annals of Int Medicine 2016; 164: 215-225.

Breast Cancer Screening: Mammography

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Table from: ACOG Practice Bulletin 179

What belongs in an annual Well-Woman Visit?

Yearly P[illegible]?

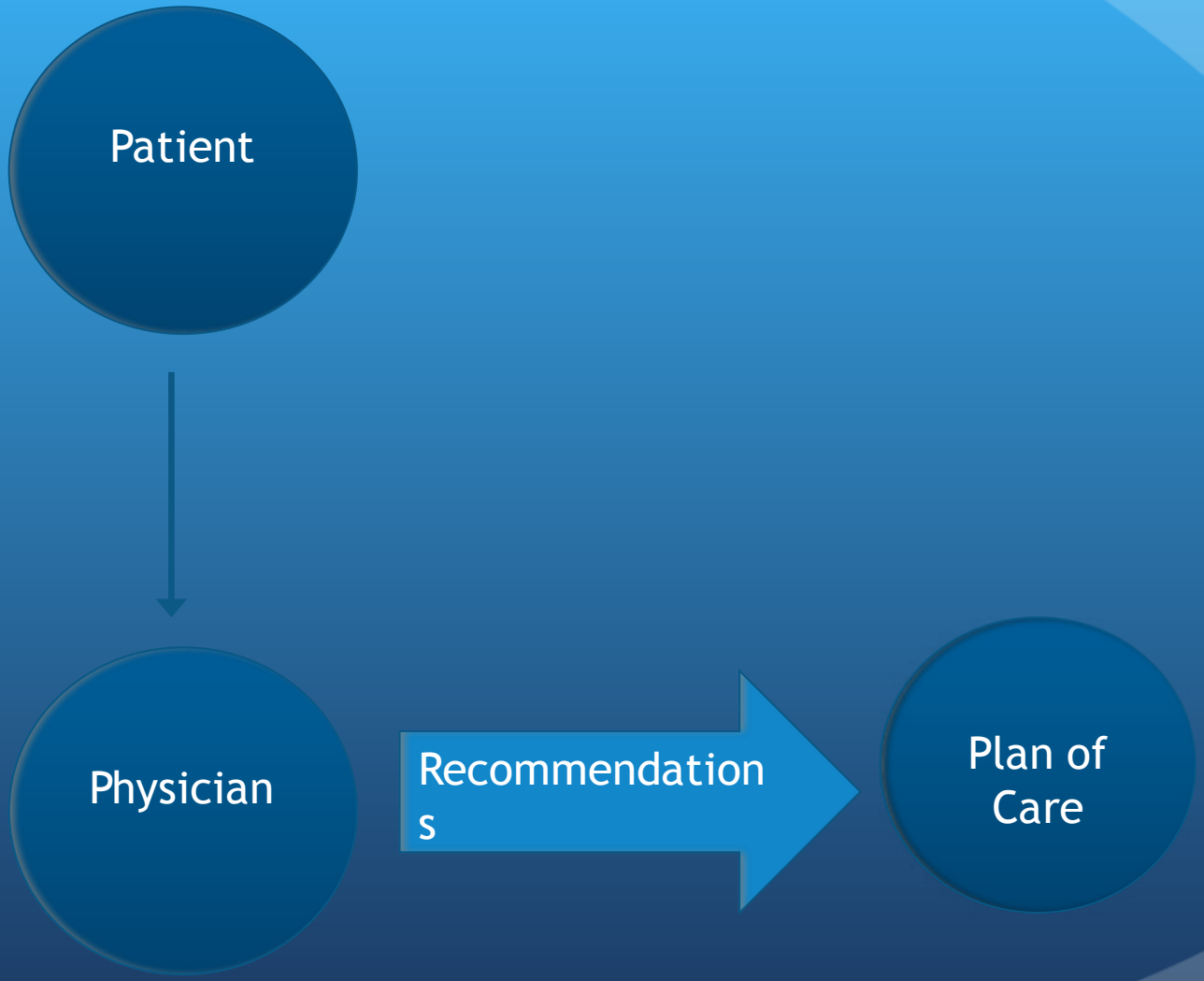
Yearly Pelvic Exam?

Yearly Mammogram?

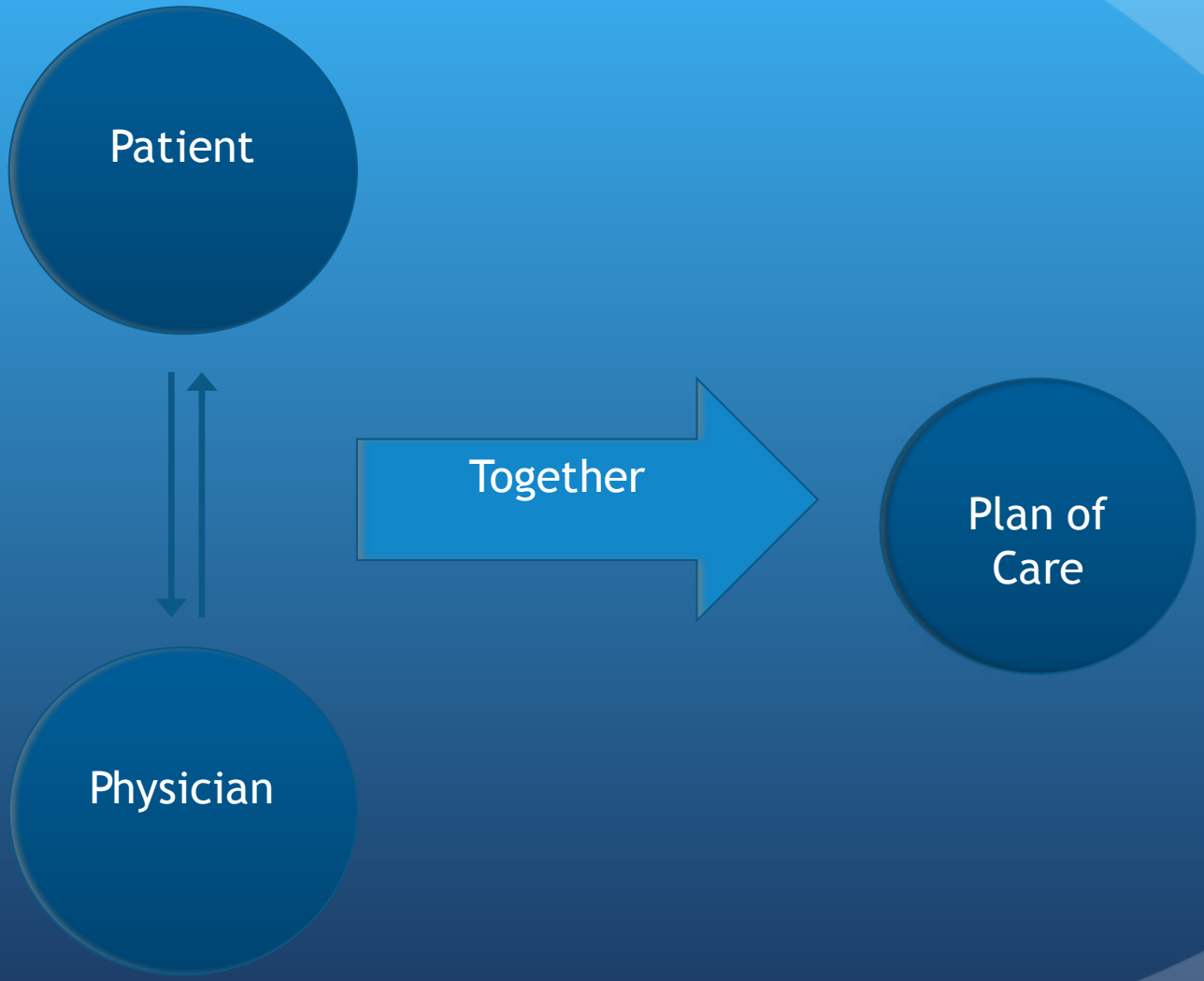
Shared Decision Making

- Patient centered communication and care
- Responsive to and respectful of patient preferences, needs and values

Traditional Paradigm



Shared Decision Making

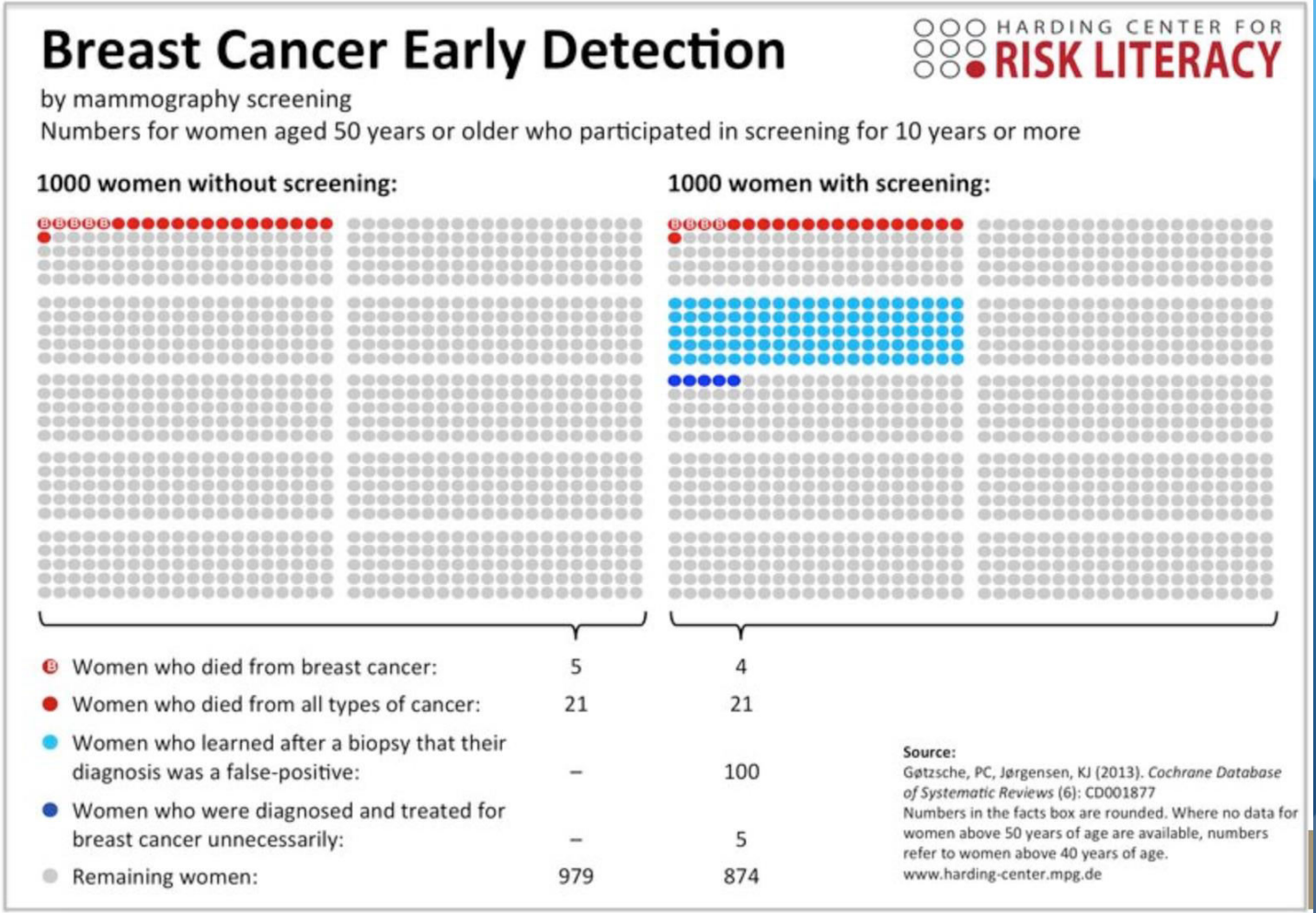


The SHARE Approach

5 Essential Steps of Shared Decision Making

AHRQ.gov

Understanding Risk (Step 2)



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Gail Model = 0.9% 5year risk and 10.6% lifetime risk AVERAGE RISK patient

How do you recommend the patient be screened for breast cancer?

Answer: Discuss varying mammogram recommendations and assist patient in a shared-decision making process

Shared Decision Making Script

- S: Let's discuss mammogram screening…
- H: There are different recommendations on when to start mammogram screening—40 vs 45 vs 50years—and how frequent to perform screening—yearly or every other year. These differences are based on balancing the benefits and harms of screening.
- A: What is most important to you? What do you worry about when thinking about breast cancer screening?
- R: What I hear you saying is… Based on these concerns I recommend you… Do you agree that this is the best plan for you right now?
- E: Re-evaluate Treatment Plan at next year's Well-Woman Visit. Last year we decided to… Would you like to make any changes to this plan?

Shared Decision Making

Evidence Based Well-Woman Care

Yearly Pap?

Yearly Pelvic Exam?

Teaching Self Breast Exam?

Yearly Clinical Breast Exam?

Questions?

RECOMMENDATIONS FOR WELL-WOMAN CARE

Preventive care visits provide an excellent opportunity for well-woman care including screening, evaluation of health risks and needs, counseling, and immunizations. *Recommendations for Well-Woman Care – A Well-Woman Chart* was developed by the Women's Preventive Services Initiative (WPSI). The Well-Woman Chart outlines preventive services recommended by the **WPSI**, **U.S. Preventive Services Task Force (USPSTF)**, and **Bright Futures** based on age, health status, and risk factors. Additional recommendations for immunizations are provided in a separate table from the **Advisory Committee on Immunization Practices**. Clinical practice considerations, risk assessment methods, and the age and frequency to deliver services are described in the Clinical Summary Tables that accompany the chart. The Recommendations for Well-Woman Care – A Well-Woman Chart provides a framework for incorporating preventive health services for women into clinical practice. These services may be completed at a single visit or as part of a series of visits that take place over time. The recommendations are not intended as a statement of the standard of care, and do not comprise all proper treatments or methods of care. Providers should use clinical judgment in applying these recommendations to individual patient care, taking into account the needs and resources particular to the locality, the institution, or the type of practice. The Chart is updated annually. The WPSI website (**www.womenspreventivehealth.org**) has the most up-to-date version of the Chart and Clinical Summary Tables.

PREVENTION SERVICES	AGE (Years)						
	13–17[a]	18–21[a]	22–39	40–49	50–64	65–75	>75
GENERAL HEALTH							
Alcohol screening & counseling	●	●	●	●	●	●	●
Aspirin to prevent CVD & CRC[1]					○ 50–59		
Blood pressure screening	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	○		
Depression screening	●	●	●	●	●	●	●
Diabetes screening[2]	○	○	○	○	○	○	○
Folic acid supplementation[3]	○	●	●	●	○		
Healthful diet & activity counseling[4]	○	○	○	○	○	○	○
Interpersonal violence screening	●	●	●	●	●	●	●
Lipid screening[5]	○	●	○	●	●	●	
Obesity screening	●	●	●	●	●	●	●
Osteoporosis screening[6]					○	●	●
Prevention of falls						●	●
Statin use to prevent CVD[7]				○	○	○	
Substance use screening & counseling	●	●					
Tobacco screening & counseling	●	●	●	●	●	●	●
Urinary incontinence screening[8]	○	●	●	●	●	●	●
INFECTIOUS DISEASES							
Gonorrhea & chlamydia screening[9]	●	●	● ≤24 ○ >24	○	○	○	○
Hepatitis B screening[10]	○	○	○	○	○	○	○
Hepatitis C screening[11]	○	○	○	○	●	●	○
HIV risk assessment	●	●	●	●	●	●	●
HIV testing (at least once in lifetime)	●	●	●	●	●	●	●
Immunizations[b]	●	●	●	●	●	●	●
Latent tuberculosis screening[12]	○	○	○	○	○	○	○
STI prevention counseling[13]	●	●	○	○	○	○	○
Syphilis screening[14]	○	○	○	○	○	○	○
CANCER							
Breast cancer screening[15]				○	●	●	○
Cervical cancer screening		● ≥21	●	●	●	● ≤65	
Colon cancer screening					●	●	
Lung cancer screening[16]					○ 55-80	○	○ 55-80
Medications to reduce breast cancer[17]				○	○	○	○
Risk assessment for BRCA testing		●	●	●	●	●	●
Skin cancer counseling[18]	○	○	○ ≤24				

Recommendations from the **WPSI** and the **USPSTF** for preventive services for pregnant and postpartum women are also provided in the Well-Woman Chart. Providers should use clinical judgment in applying these recommendations to individual patient care, and variations in the course of treatment may be appropriate. The recommendations are not intended as a statement of the standard of care, and do no comprise all proper treatments or methods of care. Comprehensive recommendations for pregnant and postpartum women can be found in **ACOG's practice guidelines** and **other educational materials**.

PREVENTION SERVICES for pregnancy provided in addition to age-based services listed above.	
PREGNANCY	
Aspirin to prevent preeclampsia[19]	○
Asymptomatic bacteriuria screening	●
Breastfeeding counseling, services & supplies	●
Contraceptive counseling & methods	●
Depression screening	●
Folic acid supplementation	●
Gestational diabetes screening	●
Gonorrhea & chlamydia screening	●
Hepatitis B screening	●
HIV testing (each pregnancy)	●
Interpersonal violence screening	●
Preeclampsia screening	●
Rh(D) blood typing	●
Syphilis screening	●
Tobacco screening & counseling	●

PREVENTION SERVICES for postpartum provided in addition to age-based services listed above.	
POSTPARTUM	
Breastfeeding counseling, services & supplies	●
Contraceptive counseling & methods	●
Depression screening	●
Diabetes screening[20]	○
Folic acid supplementation	●
Interpersonal violence screening	●
Tobacco screening & counseling	●

KEY:

● Recommended by the USPSTF (A or B rating), WPSI, or Bright Futures
○ Recommended for selected groups

WPSI
Women's Preventive Services Initiative

MEMBERS OF THE ADVISORY PANEL SUPPORT THE WPSI

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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Caring for Women