

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

AAP Bright Futures

Important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan, JF, Shaw, JS, Duncan, GJ, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

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AGE

Prevalent

Recurrent

0-6 mo

6-12 mo

1-2 yr

2-3 yr

3-4 yr

4-5 yr

5-6 yr

6-11 yr

12-17 yr

18-24 yr

25-34 yr

35-44 yr

45-54 yr

55-64 yr

65-74 yr

75-84 yr

85-94 yr

95-104 yr

105-114 yr

115-124 yr

125-134 yr

135-144 yr

145-154 yr

155-164 yr

165-174 yr

175-184 yr

185-194 yr

195-204 yr

205-214 yr

215-224 yr

225-234 yr

235-244 yr

245-254 yr

255-264 yr

265-274 yr

275-284 yr

285-294 yr

295-304 yr

305-314 yr

315-324 yr

325-334 yr

335-344 yr

345-354 yr

355-364 yr

365-374 yr

375-384 yr

385-394 yr

395-404 yr

405-414 yr

415-424 yr

425-434 yr

435-444 yr

445-454 yr

455-464 yr

465-474 yr

475-484 yr

485-494 yr

495-504 yr

505-514 yr

515-524 yr

525-534 yr

535-544 yr

545-554 yr

555-564 yr

565-574 yr

575-584 yr

585-594 yr

595-604 yr

605-614 yr

615-624 yr

625-634 yr

635-644 yr

645-654 yr

655-664 yr

665-674 yr

675-684 yr

685-694 yr

695-704 yr

705-714 yr

715-724 yr

725-734 yr

735-744 yr

745-754 yr

755-764 yr

765-774 yr

775-784 yr

785-794 yr

795-804 yr

805-814 yr

815-824 yr

825-834 yr

835-844 yr

845-854 yr

855-864 yr

865-874 yr

875-884 yr

885-894 yr

895-904 yr

905-914 yr

915-924 yr

925-934 yr

935-944 yr

945-954 yr

955-964 yr

965-974 yr

975-984 yr

985-994 yr

995-1004 yr

1005-1014 yr

1015-1024 yr

1025-1034 yr

1035-1044 yr

1045-1054 yr

1055-1064 yr

1065-1074 yr

1075-1084 yr

1085-1094 yr

1095-1104 yr

1105-1114 yr

1115-1124 yr

1125-1134 yr

1135-1144 yr

1145-1154 yr

1155-1164 yr

1165-1174 yr

1175-1184 yr

1185-1194 yr

1195-1204 yr

1205-1214 yr

1215-1224 yr

1225-1234 yr

1235-1244 yr

1245-1254 yr

1255-1264 yr

1265-1274 yr

1275-1284 yr

1285-1294 yr

1295-1304 yr

1305-1314 yr

1315-1324 yr

1325-1334 yr

1335-1344 yr

1345-1354 yr

1355-1364 yr

1365-1374 yr

1375-1384 yr

1385-1394 yr

1395-1404 yr

1405-1414 yr

1415-1424 yr

1425-1434 yr

1435-1444 yr

1445-1454 yr

1455-1464 yr

1465-1474 yr

1475-1484 yr

1485-1494 yr

1495-1504 yr

1505-1514 yr

1515-1524 yr

1525-1534 yr

1535-1544 yr

1545-1554 yr

1555-1564 yr

1565-1574 yr

1575-1584 yr

1585-1594 yr

1595-1604 yr

1605-1614 yr

1615-1624 yr

1625-1634 yr

1635-1644 yr

1645-1654 yr

1655-1664 yr

1665-1674 yr

1675-1684 yr

1685-1694 yr

1695-1704 yr

1705-1714 yr

1715-1724 yr

1725-1734 yr

1735-1744 yr

1745-1754 yr

1755-1764 yr

1765-1774 yr

1775-1784 yr

1785-1794 yr

1795-1804 yr

1805-1814 yr

1815-1824 yr

1825-1834 yr

1835-1844 yr

1845-1854 yr

1855-1864 yr

1865-1874 yr

1875-1884 yr

1885-1894 yr

1895-1904 yr

1905-1914 yr

1915-1924 yr

1925-1934 yr

1935-1944 yr

1945-1954 yr

1955-1964 yr

1965-1974 yr

1975-1984 yr

1985-1994 yr

1995-2004 yr

2005-2014 yr

2015-2024 yr

2025-2034 yr

2035-2044 yr

2045-2054 yr

2055-2064 yr

2065-2074 yr

2075-2084 yr

2085-2094 yr

2095-2104 yr

2105-2114 yr

2115-2124 yr

2125-2134 yr

2135-2144 yr

2145-2154 yr

2155-2164 yr

2165-2174 yr

2175-2184 yr

2185-2194 yr

2195-2204 yr

2205-2214 yr

2215-2224 yr

2225-2234 yr

2235-2244 yr

2245-2254 yr

2255-2264 yr

2265-2274 yr

2275-2284 yr

2285-2294 yr

2295-2304 yr

2305-2314 yr

2315-2324 yr

2325-2334 yr

2335-2344 yr

2345-2354 yr

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2425-2434 yr

2435-2444 yr

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2455-2464 yr

2465-2474 yr

2475-2484 yr

2485-2494 yr

2

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

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 were 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 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 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*	18-21*	22-39	40-49	50-64	65-75	>75
GENERAL HEALTH							
Alcohol screening & counseling	●	●	●	●	○	●	●
Aspirin to prevent CVD & CRC ^c					○ 50-59		
Blood pressure screening	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	○		
Depression screening	●	●	●	●	●	●	●
Diabetes screening ^d	○	○	○	○	○	○	○
Vitamin D acid supplementation ^e	○	○	○	○	○		
Healthful diet & activity counseling ^f	○	○	○	○	○	○	○
Interpersonal violence screening	●	●	●	●	●	●	●
Lead screening ^g	○	●	○	●	●		
Liver disease screening	●	●		●	●	●	●
Prostate cancer screening ^h					○		
Prevention of falls						●	●
Smoking cessation counseling	●	●		○	○	○	
Stress management counseling	●	●		●	●	●	●
Urinary incontinence screening ⁱ	○	●	●	●	●	●	●
INFECTIOUS DISEASES							
Gonorrhea & chlamydia screening ^j	●	●	● ≤24 ○ >24	○	○	○	○
Hepatitis B screening ^k	○	○	○	○	○	○	○
Hepatitis C screening ^l	○	○	○	○	●	●	○
Risk assessment	●	●	●	●	●	●	●
Tuberculosis testing (at least once in lifetime)	●	●	●	●	●	●	●
Vaccinations ^m	●	●	●	●	●	●	●
Latent tuberculosis screening ⁿ	○	○	○	○	○	○	○
Prevention counseling ^o	●	●	○	○	○	○	○
Shingles screening ^p	○	○	○	○	○	○	○
CANCER							
Colon cancer screening ^q		● ≥21	●	○	●	●	○
Cervical cancer screening				●	●	● ≤65	
Endometrial cancer screening						○	
Liver cancer screening ^r					○ 55-80	○	○ 55-80
Recommendations to reduce breast cancer ^s				○	○	○	○
Risk assessment for BRCA testing		●	●	●	●	●	●
Stomach cancer counseling ^t	○	○	○ ≤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 not comprise all proper treatments or methods of care. Comprehensive recommendations for pregnant and postpartum women can be found in ACOG's practice guidelines and related educational materials.

PREVENTION SERVICES for pregnancy provided in addition to age-based services listed above.		PREVENTION SERVICES for postpartum provided in addition to age-based services listed above.	
PREGNANCY		POSTPARTUM	
Aspirin to prevent preeclampsia ^u	○	Breastfeeding counseling, services & supplies	●
Asymptomatic bacteriuria screening	●	Contraceptive counseling & methods	●
Breastfeeding counseling, services & supplies	●	Depression screening	●
Contraceptive counseling & methods	●	Diabetes screening ^{vv}	○
Depression screening	●	Folic acid supplementation	●
Vitamin D acid supplementation	●	Interpersonal violence screening	●
National diabetes screening	●	Tobacco screening & counseling	●
Gonorrhea & chlamydia screening	●		
Hepatitis B screening	●		
Tuberculosis testing (each pregnancy)	●		
Interpersonal violence screening	●		
Preeclampsia screening	●		
Preterm birth screening	●		
Preterm birth blood typing	●		
Shingles screening	●		
Stress management counseling	●		

KEY:

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



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.

NPWI
Nurse Practitioner
IN WOMEN'S HEALTH
Caring for Women

What belongs in an annual Well-Woman Visit?

Yearly ~~PE~~?

Yearly Pelvic Exam?

Yearly Mammogram?

Pelvic exam

A 55yo postmenopausal woman presents for a WVE. 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

Screening for cervix cancer
Screening for BV

Screening for Trichomoniasis
Screening for asymptomatic

Screening for all cause mortality

Reduced morbidity
Improved quality of life



Possible Harms to pelvic exam

Pain

Anxiety

False reassurance

Special Considerations

Hx of vulvar dysplasia (VIN)

Hx of cervical dysplasia (CIN)

HIV

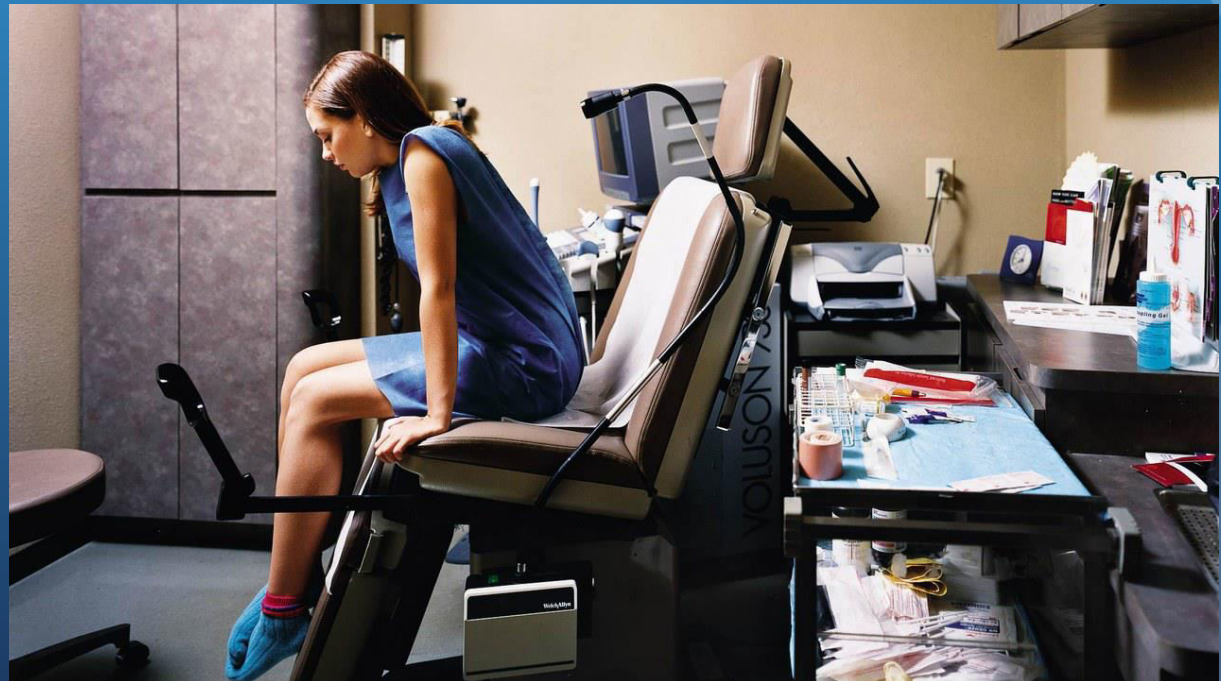
Immunocompromised

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 WVE. 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 ~~PE~~?

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

Procrastination is
cancer's breast friend.
Do a breast self-exam
(BSE) today.



som_{ee}cards
user card

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 Self-Awareness

What changes to look for?



Texture change



Dimpling



Lymph discharge



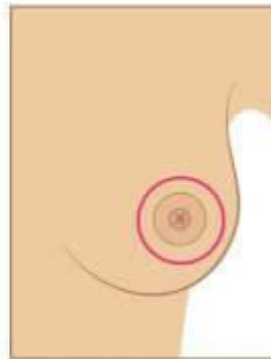
Bloody discharge



Redness/Rash



Lumps in the armpit



Nipple inversion



Lump

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

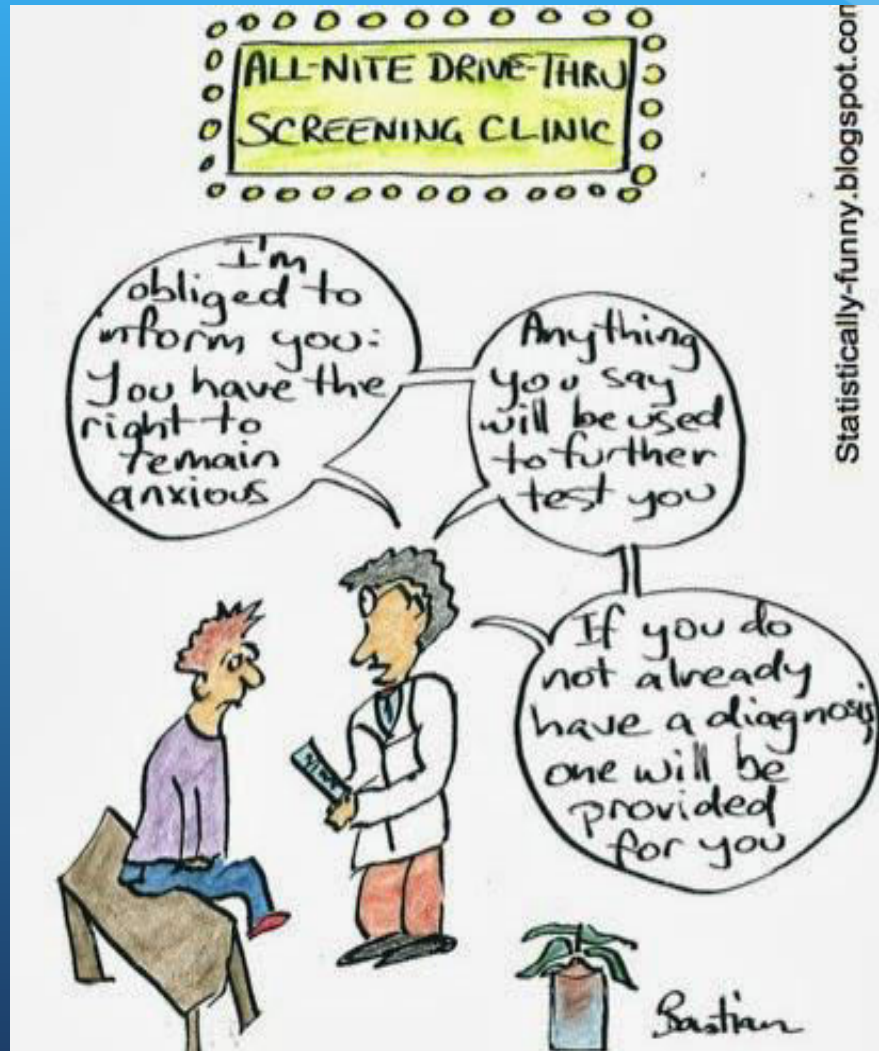
Overdiagnosis

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

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Yearly ~~PE~~?

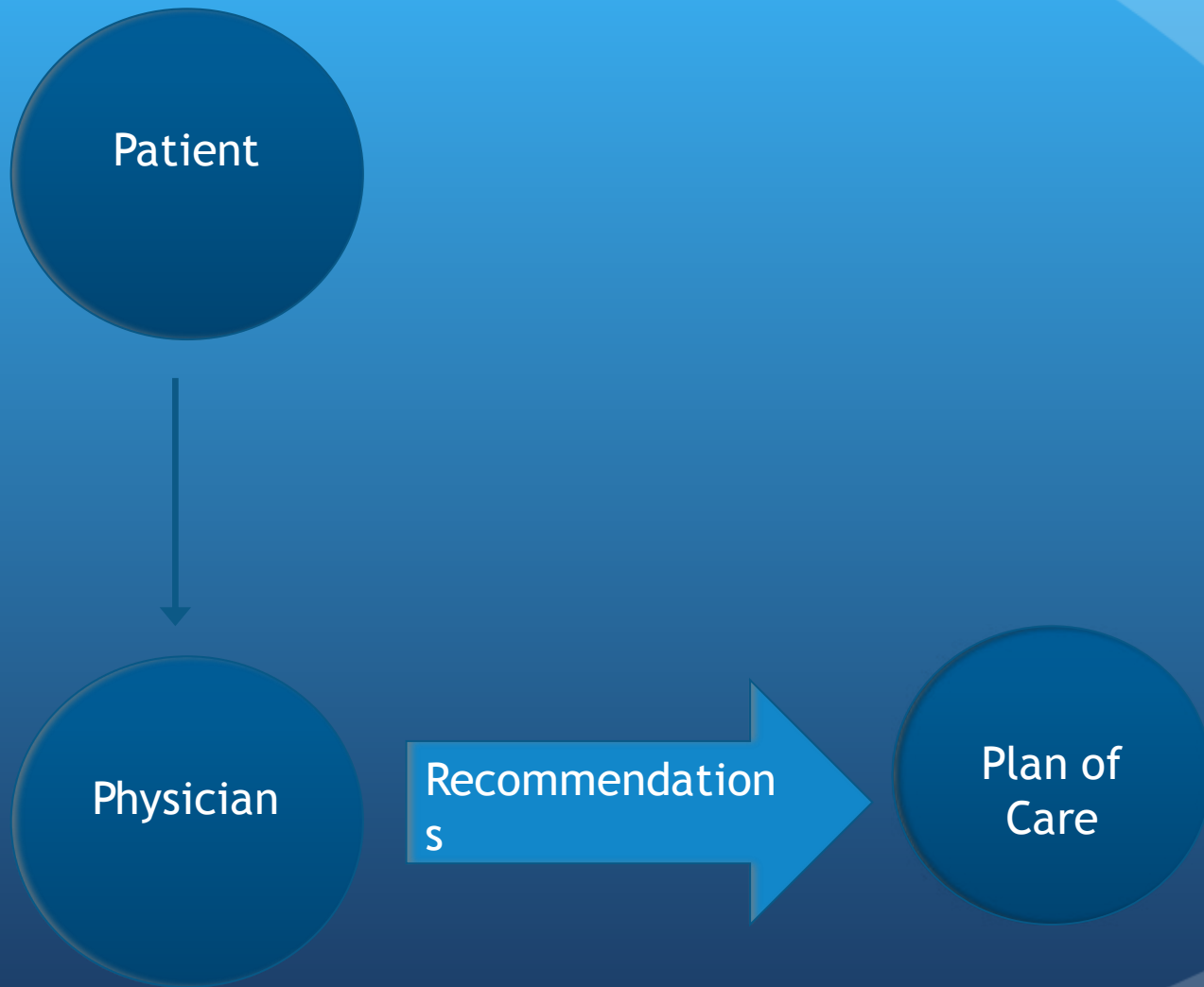
Yearly ~~?~~ Pelvic Exam?

Yearly ~~?~~ Mammogram?

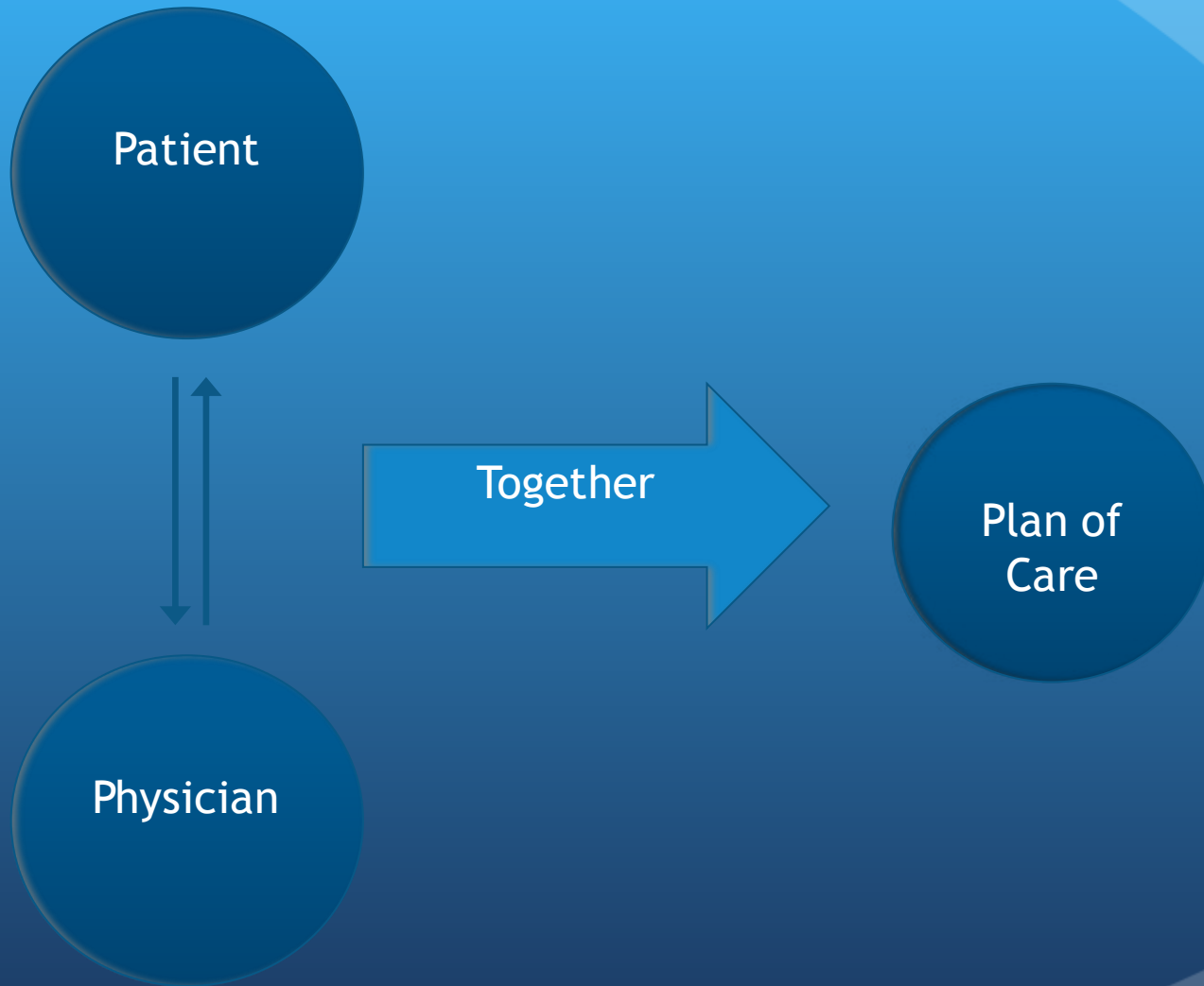
Shared Decision Making

- 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



Understanding Risk (Step 2)

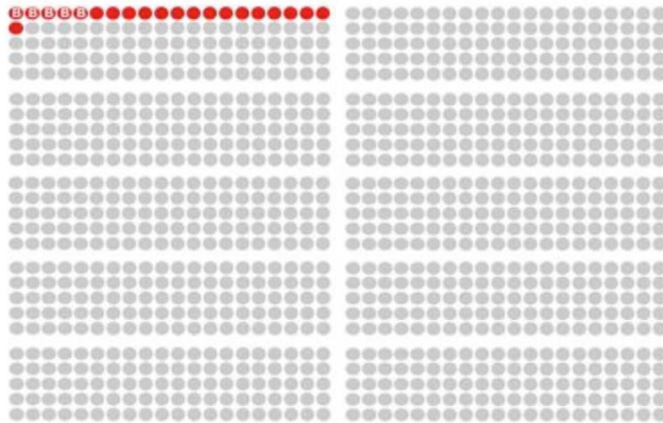
Breast Cancer Early Detection

by mammography screening

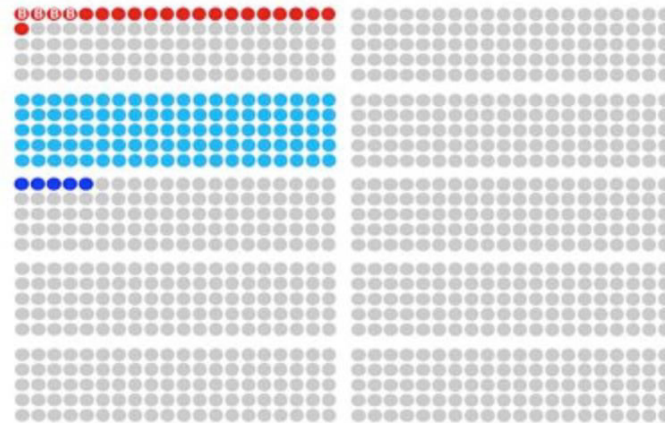
Numbers for women aged 50 years or older who participated in screening for 10 years or more

○ ○ ○ ○ HARDING CENTER FOR
○ ○ ○ ○ RISK LITERACY
●

1000 women without screening:



1000 women with screening:



● Women who died from breast cancer:	5	4
● Women who died from all types of cancer:	21	21
● Women who learned after a biopsy that their diagnosis was a false-positive:	—	100
● Women who were diagnosed and treated for breast cancer unnecessarily:	—	5
● Remaining women:	979	874

Source:

Gøtzsche, PC, Jørgensen, KJ (2013). *Cochrane Database of Systematic Reviews* (6): CD001877
Numbers in the facts box are rounded. Where no data for women above 50 years of age are available, numbers refer to women above 40 years of age.
www.harding-center.mpg.de

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?

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 ²					○ 50–59		
Blood pressure screening	●	●	●	●	●	●	●
Contraceptive counseling & methods	●	●	●	●	●	●	●
Depression screening	●	●	●	●	●	●	●
Diabetes screening ³	○	○	○	○	○	○	○
Folic acid supplementation ¹	○	○	○	○	○	○	○
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 not 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



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