What Happened to My Annual Gynecologic Exam?

Todd R. Jenkins, MD, MSHA

What Happened to My Annual Exam?

• Learning Objectives
  – To understand the current views of attendees regarding the annual pelvic exam
  – To understand the evidence surrounding the annual pelvic exam
  – To understand the importance of the well woman exam

What Happened to My Annual Exam?

• Conflicts of Interest
  – I have no conflicts of interest to declare related to this presentation.
Does this patient need an annual pelvic examination?

• An 18 year old woman presents to you for a routine health visit. She became sexually active 1 month ago. She has no history of dysplasia, is not immunocompromised, has no symptoms, and is not pregnant.
  – Yes
  – No

Does this patient need an annual pelvic examination?

• A 35 year old woman with no new sexual partners in last 5 years presents for a routine health visit. She has had 3 consecutive normal annual Pap tests with you, the last of which was 1 year ago. She has no history of dysplasia, is not immunocompromised, has no symptoms, and is not pregnant.
  – Yes
  – No

Does this patient need an annual pelvic examination?

• A 55 year old woman presents to you for a routine health visit. Her uterus, cervix, and ovaries were removed last year at the time of hysterectomy for uterine fibroids. She has no history of dysplasia, is not immunocompromised, and has no symptoms.
  – Yes
  – No
Does this patient need an annual pelvic examination?

- Healthy 70 year old woman presents to you for a routine health visit. She has had annual Pap tests with normal findings for past 30 years. She has not been sexually active for the last 10 years. She has no history of dysplasia, is not immunocompromised, and has no symptoms
  - Yes
  - No

Does this patient need an annual pelvic examination?

- Do you believe that the annual pelvic exam has value?
  - Women
    - Yes
    - No
  - Men
    - Yes
    - No

National Survey Results “Would You Perform a Pelvic Exam?”

![Bar chart showing survey results](chart.png)
What Happened to My Annual Exam?


Skip Your Annual Physical

The New York Times

Stick a Tile to anything and locate it with your phone. As low as $15 per Tile
What happened to my Annual Exam?

Why Are Groups Challenging the Fundamental Annual Pelvic Exam?

- Evidence-based medicine
- Cost-effective medicine
- Growing recognition of harms of excessive screening

What's up with that!

What Happened to my Annual Exam?

US spends two-and-a-half times the OECD average

Both public and private sector moving to address the high costs of healthcare in the United States

What Happened to my Annual Exam?

Triple Aim Concepts

- Improve health of population
  - Reduce the incidence of disease
- Improve the experience of care
  - False positives
  - Harms
- Cost-effectiveness
What happened to my annual exam?

- 63.4 million annual gynecologic exams per year
- 2.6 billion dollars
- Total annual costs of preventive gynecologic exams + associated laboratory and radiologic services in the United States

Annual Pelvic Exam

A Closer Look at the Science

What happened to my annual exam?

**Pelvic Exam**
- Inspection of external genitalia
- Speculum examination of the vagina and cervix
- Bimanual examination of:
  - Adnexa
  - Uterus
  - Ovaries
  - Bladder
  - Rectovaginal
What happened to my Annual Exam?

- Potentially Detectable Pathology on Pelvic
  - Malignancies
  - Infections
  - Pelvic inflammatory disease (PID)
  - Other pathology (prolapse, fibroids, polyps)
  - Prior to provision of hormonal contraception

Malignancies: Cervix

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 21</td>
<td>Not recommended</td>
</tr>
<tr>
<td>21-65</td>
<td>Every 3 years in average risk women</td>
</tr>
<tr>
<td>30-65</td>
<td>Every 3 years with simultaneous HPV screening</td>
</tr>
<tr>
<td>&gt;65</td>
<td>Not recommended in women with negative prior screening</td>
</tr>
<tr>
<td>Previous Hyst</td>
<td>Not recommended unless history of CIN2 or greater</td>
</tr>
</tbody>
</table>
Malignancies: Ovarian

“No studies have evaluated the mortality and morbidity benefits of the routine pelvic examination as a screening test for ovarian cancer in asymptomatic, average risk women.”


Malignancies: Ovarian

• High-Risk Ovarian Cancer Screening Studies
  – PLCO Study
    • RCT of >78,000 women aged 55-74 followed for a median of 12.4 years
    • Bimanual exam initially included in trial but dropped after 5 years because “no cancers were detected solely by bimanual exam”

Malignancies: Ovarian

• High-Risk Ovarian Cancer Screening Studies
  – UK Collaborative Trial for Ovarian Cancer Screening (202,638 women)
    • Did not include pelvic examination in its protocol
Malignancies: Ovarian

The Role of the Obstetrician–Gynecologist in the Early Detection of Epithelial Ovarian Cancer

“There is currently no effective strategy for ovarian cancer screening.”

ACOG Committee Opinion No. 477. March 2011

Malignancies: Other

• “No studies have specifically evaluated the effect of the screening pelvic exam on non-ovarian and non-cervical cancer morbidity or mortality rates.”
  – Vulvar, vaginal, or endometrial cancer
• PLCO trial did not report any reductions in these outcomes


Infections/PID

• “No studies assessing the benefit of pelvic exams for these conditions.”
• Pelvic exam are not required for Chlamydia and gonorrhea.
  – Self-obtained vaginal swabs
  – Urine specimens.

What Happened to my Annual Exam?

Benign Findings
- Uterine Prolapse
- Uterine fibroids
- Benign ovarian cysts
- If the patient is asymptomatic, do we need to diagnose them?

What happened to my Annual Exam?

- Potentially Detectable Pathology on Pelvic
  - Malignancies
  - Infections
  - Pelvic inflammatory disease (PID)
  - Other pathology (prolapse, fibroids, polyps)
  - Prior to provision of hormonal contraception

COMMITTEE OPINION

Access to Contraception

"There is no medical or safety benefit to requiring routine pelvic examination or cervical cytology before initiating hormonal contraception."
What happened to my Annual Exam?

Potential Harms of Annual Pelvic Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>N</th>
<th>Range</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported pain or discomfort</td>
<td>4576</td>
<td>11-60%</td>
<td>35%</td>
</tr>
<tr>
<td>Reported fear, embarrassment, or anxiety</td>
<td>10,702</td>
<td>10-80%</td>
<td>34%</td>
</tr>
</tbody>
</table>

“Women who experienced pain or discomfort during their examination were less likely to have a return visit than those who did not.” (5 of 5 studies)

What happened to my Annual Exam?

- Potential Harms of the Annual Exam
  - Unnecessary surgery
  - 1.5% of women screened (29 out of 2000)
  - Unnecessary additional testing

"ACP recommends against performing screening pelvic examination in asymptomatic, nonpregnant, adult women."

---

What happened to my Annual Exam?

• ACOG Statement in Response to the ACP Guideline
• “…acknowledges that no current evidence supports or refutes an annual pelvic exam for asymptomatic, low-risk patient; instead suggesting that the decision about whether to perform a pelvic examination be a shared decision between the health care provider and patient based on her own individual needs, requests, and preferences.”

What Happened to My Annual Exam?

• Ole!

What Happened to my Annual Exam?

There is agreement that many components of the annual pelvic exam do not have any good science supporting their benefit

ACOG = Glass half full
ACP = Half Empty
Clinical Breast Exam (CBE)

What Happened to My Annual Exam?

• United States Preventative Services Task Force
  — “current evidence is insufficient to assess the additional benefits and harms of CBE beyond screening mammography in women 40 years and older.”
  — “teaching self breast exam does NOT reduce the mortality rate of breast cancer and it recommends AGAINST clinicians teaching women how to perform breast self-examination.”

What Happened to My Annual Exam?

• ACOG Committee Opinion Number 534
  — “8-17% of cases of breast cancer are missed by mammography alone”
  — “Some studies show that CBE and mammography together have a better sensitivity than mammographic screening alone for detecting breast cancer”
  — “CBE still is recommended as part of the periodic health examination women”
What Happened to My Annual Exam?

ACOG, ACS, & NCCN Recommendations Regarding CBE

<table>
<thead>
<tr>
<th>Less than age 20</th>
<th>CBE should not be performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 21 – 39</td>
<td>CBE every 1-3 years</td>
</tr>
<tr>
<td>Age 40 and older</td>
<td>CBE should be performed annually</td>
</tr>
</tbody>
</table>

All three organizations recommend the teaching of breast self-awareness

What Happened to My Annual Exam?

What happened to my Annual Exam?

“You’ve got a rare condition called ‘good health’. Frankly, we’re not sure how to treat it.”
What Happened to My Annual Exam?

- If your annual exam is just a “breast and pelvic”
- If you invite women back in 12 months for their “annual pap”
- If your annual visit takes less than 5 minutes
- There is no science to support the need for the exam.

What Happened to My Annual Exam?

- Currently, I still recommend annual well-woman exams
- I emphasize that it is not just a breast and pelvic exam but a comprehensive evaluation
- If patients inquire, I participate in shared decision-making regarding the need for an annual exam
- Stay tuned…
ACOG Well-Woman Recommendations

**Ages 13-18:**
- Screening
- Laboratory and other tests
- Evaluation & counseling
- Immunizations

**Ages 19-39:**
- Screening
- Laboratory and other tests
- Evaluation & counseling
- Immunizations

**Ages 40-64:**
- Screening
- Laboratory and other tests
- Evaluation & counseling
- Immunizations

**Ages 65 Years and older:**
- Screening
- Laboratory and other tests
- Evaluation & counseling
- Immunizations

---

ACOG Well-Woman Recommendations

**Age 40 – 64 Evaluation & Counseling**

- Physical examination
- Blood pressure
- Blood work
- Urinalysis
- PAP smear
- Colposcopy
- Mammogram
- Breast self-examination
- Pap smear
- Cervical cytology
- Breast self-examination
- Urinalysis
- Blood pressure
- Blood work
- Colonoscopy
- Screening for diabetes
- Screening for hypertension
- Screening for osteoporosis
- Counseling on smoking cessation
- Counseling on weight management
- Counseling on healthy eating
- Counseling on physical activity
- Counseling on sexual health
- Counseling on mental health
- Counseling on substance abuse
- Counseling on violence prevention
- Counseling on family planning

---

ACOG Well-Woman Recommendations

**Age 40 – 64 Laboratory and Other Testing**

<table>
<thead>
<tr>
<th>Test</th>
<th>Recommended Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAP smear</td>
<td>Every 3 years</td>
<td></td>
</tr>
<tr>
<td>Colposcopy</td>
<td>If abnormal PAP smear</td>
<td></td>
</tr>
<tr>
<td>Mammogram</td>
<td>Every 2 years</td>
<td></td>
</tr>
<tr>
<td>Blood work</td>
<td>As indicated</td>
<td></td>
</tr>
<tr>
<td>Urinalysis</td>
<td>As indicated</td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>As indicated</td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td>As indicated</td>
<td></td>
</tr>
<tr>
<td>Screening for diabetes</td>
<td>As indicated</td>
<td></td>
</tr>
<tr>
<td>Screening for hypertension</td>
<td>As indicated</td>
<td></td>
</tr>
<tr>
<td>Screening for osteoporosis</td>
<td>As indicated</td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>As indicated</td>
<td></td>
</tr>
</tbody>
</table>

---
What Happened to My Annual Exam?

Why Do I Still Schedule Annual Well-Woman Visits?

Lingering Questions
- What is the value of taking one day a year to stop and make an assessment of your health?
- Will women continue to come for the evidence-based screening that they need if we discontinue annual exams?

What Happened to My Annual Exam?

Why Do I Still Schedule Annual Well-Woman Visits?

- What about all of the “doorknob” issues?
- Will women make an appointment to discuss them?
  - Sexual dysfunction
  - Depression
  - Domestic violence
  - Incontinence