

Show Notes: Episode 3 In the clinic – Annual Check - Up

Questions discussed in the podcast:

- 1) Ava has had normal PAP test and is asymptomatic. Her last PAP was 3 years ago. For sexually active women with normal tests, the Canadian Task Force recommends the following:
 - a) Start at age 19, test every 1 years, and stop at age 70*
 - b) Start at age 19, test every 3 years, and stop at age 70*
 - c) Start at age 25, test every 1 years, and stop at age 70*
 - d) Start at age 25, test every 3 years, and stop at age 70***
 - e) Start at age 25, test every 5 years, and stop at age 70*

* If last 3 PAP tests, in 10 years were negative.

The incidence of cervical cancer per 100,000 women is 0.3 at ≤ 19 years and 3 at 20-25 years of age. Their PAP test abnormality rate is 10% (or 10,000 / 100,000). Thus, many will have unnecessary tests/interventions.

- 2) The Canadian Task Force recommends not performing a routine screening pelvic examination to screen for noncervical cancer (like ovarian cancer), pelvic inflammatory disease, or other gynecological conditions in asymptomatic women.
 - a) **True**
 - b) False

The recommendation for the PAP tests continues but not adding the rest of the pelvic examination.

- The ovarian cancer screening RCT of 78,216 women follow ~12 yrs initially used bimanual exam, Ca-125 & ultrasound. Bimanual exam did not identify any cancers & was dropped. Ultrasound and Ca-125 did not reduce ovarian cancer mortality but did increase false positives and unnecessary surgery.
- Other identified screening harms: embarrassment, anxiety and discomfort.

- 3) The use of water-soluble lubricant on speculum during the PAP test will
 - a) Not reduce discomfort and could lower the PAP test quality
 - b) Not reduce discomfort but will not effect the PAP test quality
 - c) Reduce discomfort but could lower the PAP test quality
 - d) Reduce discomfort and will not effect the PAP test quality**

5 RCTs have investigated if water soluble lubricant (example K-Y Jelly™) negatively impacts the quality of the PAP test cytology. All have found lubricant does not reduce the quality of PAP test cytology.

Two studies investigated pain and found lubricant reduced pain/discomfort (example from 2.2 out of 10 without lubricant to 1.4 out of 10 with lubricant)

- 4) Additional screening that may be relevant for Ava at this time includes
- a) TSH
 - b) CBC
 - c) Cholesterol
 - d) Mammogram
 - e) Chlamydia & Gonorrhea
 - f) None of the Above

Task Force: "We recommend opportunistic screening of sexually active individuals <30 years who are not known to belong to a high-risk group, annually, for chlamydia & gonorrhea at primary care visits, using a self- or clinician-collected sample."

The estimated prevalence of chlamydia between 15-29 years is ~5-7%.

Opportunistic screening: without requiring a separate screening visit, and not only during sexual health visits.

Plan:

Ava had a PAP test today and cervical swab for chlamydia and gonorrhea. [one year between her PAPs you 'opportunisticly' had her do a vaginal self-swab as part of an unrelated visit]. You did not do any additional pelvic exam.

Her IUD was put in approximately 2 years ago so it is good for 3 more years.

Unless she hears otherwise, her next PAP is due in 3 years. You put a recall in the EMR so that staff will recall her then.

References & Links:

Canadian Preventive task Force for Preventive Healthcare. Recommendations for screening for cervical cancer. CMAJ. 2013 Jan 8;185(1):35-45. And clinician algorithm: <https://canadiantaskforce.ca/wp-content/uploads/2016/06/2013-cervical-cancer-clinician-algorithm-en.pdf>

Pelvic Exam: Tonelli M, Connor Gorber S, Moore A, et al. Can Fam Physician. 2016 Mar;62(3):211-4. Qaseem A, Humphrey LL, Harris R, et al. Ann Intern Med. 2014 Jul 1;161(1):67-72.

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Additional Screening: Recommendation on screening for chlamydia and gonorrhea in primary care for individuals not known to be at high risk. <https://canadiantaskforce.ca/>

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