Obstetrician/Gynecologists often provide care to women over the course of their lifetime, typically from the reproductive age through menopause. Conditions for which screening is indicated vary in different lifetime intervals. This poster presents an overview of the optimal screening tools for the most prominent GYN conditions. Screening is defined as appropriate testing in asymptomatic patients who may have a pertinent prevalence of a condition. On the contrary, if a patient has symptoms, testing to reveal a diagnosis is indicated. Each of the following scenarios represents instances of screening procedures performed for the detection of relevant conditions.

MATERIALS and METHODS

The following routine clinical scenarios were reviewed, to report the apparent incidence of these practical behaviors and the results of finding the pathologic conditions for which screening is performed. The medical literature was mined to determine the extent of each described pattern.

INTRODUCTION

Screening tools for the most prominent GYN conditions. On the contrary, if a patient has symptoms, testing to reveal a diagnosis is indicated. Each of the following scenarios represents instances of screening procedures performed for the detection of relevant conditions.

RESULTS (continued)

Cervical Cancer Screening:

Exfoliative cytology of the uterine cervix using the Papanicolaou staining technique (the “Pap Smear”) has been used for more than half a century, to screen for cervical cancer precursors. Testing for high-risk Human Papillomavirus (HPV) serotypes has been considered as a screening replacement for this. The use of Cervical Cancer Screening, with whichever of these tools, has reduced the incidence of cervical cancer mortality by 70% over the past half century. In 2016, there were 22.6 million pap smears performed, and over 22,000 cases of cervical cancer recorded. Presumably, a portion of those may have prevented with treatable precursors (e.g., CIN III) with pap smear (or alternative) screening prior to that diagnosis. Hence, the specific preventative value of cervical cancer screening can potentially be estimated.

Other GYN Cancers:

The number of patient encounters for which ultrasound examinations were performed for screening of ovarian or endometrial cancer could not be easily quantified in this investigation. However, if no specific complaints are offered during a well woman ambulatory visit, but during the bimanual examination conducted at the time, an adnexal mass is encountered, further examination may be in order.

If the International Ovarian Tumor Analysis (IOTA) protocol is followed, as is becoming more commonplace, the early diagnosis of ovarian cancer may be determined in 25% of cases undergoing transvaginal sonography (TVUS) and biomarker detection (CA 125). There were over 22,000 new cases of ovarian cancer diagnosed in 2018, usually at Stage 3 or higher, with over 14,000 deaths recorded. This may indicate the value of bimanual examination screening for ovarian tumors.

CONCLUSIONS

As can be seen by these clinical scenarios, Obstetricians/Gynecologists routinely perform screening procedures in clinical practice, thereby diagnosing and treating a variety of conditions, often successfully eliminating clinical problems that would otherwise be expressed without such screening. This represents an important aspect of modern OB/GYN clinical practice, illustrated here. A recently published well-articulated and valid commentary described barriers to epidemiologic research in this clinical health area, primarily speaking to non-cancerous disease diagnosis and treatment. However, this poster recognizes substantial community health benefit resulting from ordinary routine obstetric/gynecologic practice, relating to both benign and malignant disease. The overlap of infectious disease (e.g., HPV transmission) and cervical cancer is especially pertinent, as it relates to cervical malignancy. Epidemiologic research in Obstetrics and Gynecology is still possible from the data collection which is currently in place, and we look forward to additional elements which further this effort.

REFERENCES


CONCLUSIONS

As can be seen by these clinical scenarios, Obstetricians/Gynecologists routinely perform screening procedures in clinical practice, thereby diagnosing and treating a variety of conditions, often successfully eliminating clinical problems that would otherwise be expressed without such screening. This represents an important aspect of modern OB/GYN clinical practice, illustrated here. A recently published well-articulated and valid commentary described barriers to epidemiologic research in this clinical health area, primarily speaking to non-cancerous disease diagnosis and treatment. However, this poster recognizes substantial community health benefit resulting from ordinary routine obstetric/gynecologic practice, relating to both benign and malignant disease. The overlap of infectious disease (e.g., HPV transmission) and cervical cancer is especially pertinent, as it relates to cervical malignancy. Epidemiologic research in Obstetrics and Gynecology is still possible from the data collection which is currently in place, and we look forward to additional elements which further this effort.

REFERENCES