

# Putting Prevention into Practice

*An Evidence-Based Approach*

## Screening for Gynecologic Conditions with Pelvic Examination

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► See related U.S. Preventive Services Task Force Recommendation Statement at <http://www.aafp.org/afp/2017/0815/od1.html>.

This PPIP quiz is based on the recommendations of the USPSTF. More information is available in the USPSTF Recommendation Statement and supporting documents on the USPSTF website (<http://www.uspreventiveservicestaskforce.org>). The practice recommendations in this activity are available at <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/gynecological-conditions-screening-with-the-pelvic-examination>.

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**CME** This clinical content conforms to AAFP criteria for continuing medical education (CME). See CME Quiz on page 222. Author disclosure: No relevant financial affiliations.

### Case Study

A 37-year-old woman presents to your office for her annual wellness visit. She is not due for a Papanicolaou (Pap) smear this year. She is not pregnant, reports no problems, and has no risk factors for sexually transmitted infections. She asks if she should have a pelvic examination today.

### Case Study Questions

1. To which one of the following women does the U.S. Preventive Services Task Force (USPSTF) recommendation statement on screening for gynecologic conditions with pelvic examination apply?

- A. A 35-year-old woman presenting with intermenstrual bleeding.
- B. A 16-year-old adolescent with no symptoms.
- C. A 21-year-old woman presenting for an annual wellness visit who notes pain with sexual intercourse.
- D. A 75-year-old woman with abnormal vaginal discharge.
- E. A 40-year-old woman with no symptoms.

2. According to the USPSTF, which one of the following statements is correct?

- A. There is a clear benefit to performing pelvic examinations in asymptomatic, nonpregnant women.
- B. The harms of performing pelvic examinations in asymptomatic, nonpregnant women far outweigh the benefits.
- C. There is strong evidence that pelvic examinations are inaccurate for detecting gynecologic diseases in asymptomatic, nonpregnant women.
- D. There is strong evidence that pelvic examinations have high accuracy for detecting gynecologic diseases in asymptomatic, nonpregnant women.
- E. There is insufficient evidence to assess the balance of benefits and harms of performing routine pelvic examinations in asymptomatic, nonpregnant women.

3. Which of the following conditions were excluded from the USPSTF recommendation statement on screening for gynecologic conditions with pelvic examination?

- A. Trichomoniasis.
- B. Genital herpes.
- C. Gonorrhea.
- D. Cervical cancer.

Answers appear on the following page.

### Answers

**1. The correct answer is E.** The USPSTF recommendation statement on screening for gynecologic conditions with pelvic examination applies to asymptomatic women 18 years and older who are not at increased risk of any specific gynecologic conditions, such as ovarian or cervical cancer. It does not apply to pregnant women or adolescents.<sup>1</sup>

**2. The correct answer is E.** The USPSTF found insufficient evidence to assess the balance of benefits and harms of performing screening pelvic examinations in asymptomatic, nonpregnant adult women 18 years and older.<sup>1</sup> There were no fair- or good-quality studies that evaluated the effectiveness of performing pelvic examinations in asymptomatic, nonpregnant adult women with regards to reducing disease-specific morbidity, improving quality of life, or reducing mortality.<sup>2</sup> There was limited, inadequate evidence on the accuracy of pelvic examinations to detect gynecologic disease in asymptomatic, nonpregnant women. Thus, the USPSTF was unable to recommend for or against performing routine screening pelvic examinations in asymptomatic, nonpregnant women.

**3. The correct answers are C and D.** The USPSTF sought evidence on the effectiveness of using pelvic examination to screen

for all asymptomatic gynecologic conditions other than cervical cancer, chlamydia, and gonorrhea; it was able to identify only limited evidence on its accuracy to detect ovarian cancer, bacterial vaginosis, genital herpes, and trichomoniasis.<sup>2</sup> The USPSTF found this evidence to be inadequate because the studies had limited generalizability to the current population of asymptomatic women presenting to primary care settings in the United States. The evidence on screening for cervical cancer, chlamydia, and gonorrhea was not reviewed for this recommendation statement because the USPSTF already recommends screening for these conditions in separate recommendation statements.

The views expressed in this work are those of the authors, and do not reflect the official policy or position of the Massachusetts General Hospital or the U.S. government.

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### REFERENCES

1. US Preventive Services Task Force. Screening for gynecologic conditions with pelvic examination: US Preventive Services Task Force recommendation statement. *JAMA*. 2017;317(9):947-953.
2. Guirguis-Blake JM, Henderson JT, Perdue LA. Periodic screening and pelvic examination: evidence report and systematic review for the US Preventive Services Task Force. *JAMA*. 2017;317(9):954-966. ■