AFP Clinical Answers

Uterine Fibroids, Traumatic Brain Injury, Treating Obesity, Breast Cancer Survivors

What are the effectiveness and harms of treatments for uterine fibroids, and what is the risk of finding unexpected leiomyosarcoma?

Medical therapy (gonadotropin-releasing hormone agonists, mifepristone, ulipristal) or uterine artery embolization reduces fibroid size, reduces bleeding, and improves fibroid-related quality of life. High-intensity focused ultrasound reduces fibroid size, but its effect on quality of life is unknown. Myomectomy and hysterectomy improve quality of life. The risk that a uterine mass that is believed to be a fibroid is actually a leiomyosarcoma ranges from fewer than one to as many as 13 per 10,000 women who opted for surgical management.

https://www.aafp.org/afp/2019/0301/p330.html

What is the role of imaging in mild traumatic brain injury (concussion)?

Head computed tomography should not be routinely performed to assess patients with mild traumatic brain injury. Imaging should be used only to eliminate concerns of more significant injuries and not for evaluation of uncomplicated concussion.

https://www.aafp.org/afp/2019/0401/p426.html
https://www.aafp.org/afp/2019/0401/p462.html

What are the benefits of intensive, multicomponent interventions for treating obesity?

The U.S. Preventive Services Task Force found that behavior-based weight loss interventions in adults with obesity can lead to clinically significant improvements in weight status and reduced incidence of type 2 diabetes mellitus among adults with obesity and elevated plasma glucose levels. The U.S. Preventive Services Task Force also found that behavior-based weight loss maintenance interventions are associated with less weight gain after the cessation of interventions compared with control groups. Intermediate outcomes (such as prevalence of high blood pressure or metabolic syndrome, use of cardiovascular disease medications, or estimated 10-year risk of cardiovascular disease) were seldom reported. Effects of interventions on these outcomes were mixed.

https://www.aafp.org/afp/2019/0415/p515.html

What are guideline recommendations for surveillance of breast cancer survivors for cancer recurrence?

Breast cancer survivors should receive a history and physical examination every three to six months for the first three years after treatment, every six to 12 months for two more years, then annually thereafter. Radiologic surveillance for breast cancer survivors should consist of annual mammography of both breasts or the remaining breast. Annual magnetic resonance imaging should be performed only in patients at high risk of recurrence. Risk factors for recurrence include a calculated lifetime risk of more than 20%, a strong family history of breast or ovarian cancer, and a personal history of Hodgkin disease.

https://www.aafp.org/afp/2019/0315/p370.html

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