

AFP Clinical Answers

Breast Cancer Screening, Plantar Warts, IUD Insertion, Osteoporosis, Anal Fissures

What is the most effective breast cancer screening strategy in women at average risk?

According to the American College of Physicians, the most significant breast cancer screening benefit for women at average risk is from biennial mammograms in women 50 to 74 years of age, which can decrease breast cancer-related deaths without affecting overall longevity. Annual mammography increases false-positive results by 45% with little to no difference in outcomes. Starting screening at age 40 has a small effect on breast cancer mortality at the cost of increasing false-positive results by more than 60%. There is no mortality benefit to screening women 75 years or older or with a life expectancy less than 10 years because screening benefits are not seen for 11 years.

<https://www.aafp.org/afp/2020/0201/p184.html>

Is cryosurgery more effective than salicylic acid in the treatment of plantar warts?

Cryosurgery is as effective as daily treatment with salicylic acid in the treatment of plantar warts, with higher reported patient satisfaction.

<https://www.aafp.org/afp/2020/0401/p399.html>

Do preprocedure medications affect the pain of IUD insertion?

A meta-analysis of randomized controlled trials found that topical lidocaine preparations including gels, creams, and sprays modestly decrease pain with tenaculum placement but not during intrauterine device (IUD) insertion. The use of a paracervical block with unbuffered lidocaine does not decrease pain with either step. However, a paracervical block using buffered lidocaine may decrease pain with uterine sounding and IUD placement, and overall pain. Tramadol and naproxen administered one hour

before the procedure decrease pain with IUD placement.

<https://www.aafp.org/afp/2020/0115/p119.html>

How should osteoporosis be monitored in adults with cerebral palsy?

In patients 18 years or older with cerebral palsy, the Fracture Risk Assessment Tool or the QFracture tool can be used to determine whether the patient's risk of osteoporosis merits treatment. If the patient is at high risk, dual energy x-ray absorptiometry can confirm the diagnosis before treatment is initiated. Calcium and vitamin D supplements and bisphosphonates have been shown to improve bone density and reduce fracture rates.

<https://www.aafp.org/afp/2020/0215/p213.html>

How should anal fissures be treated?

Dietary modification that includes adequate fiber intake improves quality of life and is recommended in the treatment of multiple benign anal conditions, such as anal fissures. In addition to measures aimed at softening the stool, therapies for chronic anal fissures should include topical nitroglycerin 0.4% ointment, topical calcium channel blockers, or onabotulinumtoxinA (Botox) injections. Manual stretching should not be used to treat anal fissures.

<https://www.aafp.org/afp/2020/0101/p24.html>

Tip for Using AFP at the Point of Care

Looking for more information about breast cancer? Visit AFP's "Cancer" collection at <https://www.aafp.org/afp/cancer>. Check out more than 70 other collections in AFP By Topic at <https://www.aafp.org/afp/topics>.

A collection of AFP Clinical Answers is available at <https://www.aafp.org/afp/answers>.