Women’s Health Guidelines Update

Mimi Secor, DNP, FNP-BC, NCMP, FAANP
Onset, Massachusetts

Disclosure
Mimi Secor, DNP, FNP-BC, NCMP, FAANP

Speaker:
- Hologic
- GenPath
- Shionogi

Mimi Secor, DNP, FNP-BC, NCMP, FAANP

- FNP for 39 years specializing in Women’s Health
- NP at Just Us Women (NP owned), N Attleboro, Mass
- DNP 2015, Rocky Mountain University, Provo, Utah
- Lifetime Achievement Award, 2013 from Mass NP Coalition
- Fast Facts about the GYN Exam, coauthor, 2012
- Visiting Scholar - Boston College
- Fellow in AANP
- Worked in Bethel, Alaska for 7 years (1992-1999)
Objectives
Upon completion of the session attendees will be able to:

- Discuss the epidemiology of selected conditions* including risk factors
- Explain key aspects of the most current guidelines/rationale for selected conditions*
- Describe controversies re: these guidelines

*Cervical Cancer, Breast Cancer, Osteoporosis, Contraception, STIs, Menopause

Overview

- Gyn Exam: USPSTF 2016 vs ACOG
- Cervical Cancer Screening: ASCCP 2012
- Contraception: CDC July 2016
- STIs: CDC 2015
- Menopause: NAMS 2015
- Osteoporosis: NOF 2015
- Breast Cancer Screening: USPSTF 2016

GYN Exam: USPSTF 2016
Insufficient Evidence to Exam Asymptomatic Women

- Justified if Clinical Indication:
  - STIs, VV, pregnancy, fibroids, AUB, over 50 y
- Shared decision between clinician & patient
- ACOG: 2015, Vulvar exam yearly,
  - pelvic negotiated
HPV 2016 Update: What’s New?

- Vaccine Update: NEW v9 Gardasil
- Cervical Cancer Screening Guidelines: New 2012
- Primary HPV Screening 2015:
- F/u of Abnormal Pap Guidelines: New 2013
- Abnormalities in HIV+ Post-Hysterectomy 2016
- Anal Cancer Screening: Controversial
- Oral Cancer Association: The New STI

HPV: Introduction

- Most common STI in US
- Cause of cervical cancer
- Associated with external genital warts, and cancer of the penis, vagina, vulva, anus & oropharynx!

Epidemiology of Cervical Cancer: Estimates for 2016

- About 12,900 new cases of invasive cervical cancer
- About 4,100 deaths from cervical cancer
- 266,000 deaths worldwide (2012)
- Hispanic Americans: #1 cause of cancer deaths
- Most common - in women < 50 years old

http://www.cancer.org/cancer/cervicalcancer/overviewguide/cervical-cancer-overview-key-statistics#top

References:
HPV Associated Cancers: 2004-2008

<table>
<thead>
<tr>
<th>Cancer site</th>
<th>Average number of cancers per year in sites where HPV is most/least common</th>
<th>Number probably caused by HPV*</th>
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<tbody>
<tr>
<td></td>
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<td>TOTAL</td>
<td>22,571</td>
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2012-2015 PAP Screening Guidelines*

Ages 21-29:
■ 1st Pap at age 21
■ Repeat every 3 years* OR

Ages 25-29: NEW
■ NEW: hrHPV screening every 3 years w reflex Pap

Age >30 years:
■ Pap and HPV = Primary screening every 5 years (preferred over Pap alone)
■ Pap ONLY = every 3 years OR
■ NEW hrHPV screening every 3 years w reflex Pap

Age 65 years: MAY STOP (if adequate screening x 10 yrs
And no history of CIN2 or greater in the past 20 years)
*If Low Risk = NO history of CIN 2, CIN 3, HIV+, immunocompromised, DES

HPV Vaccine Update:
NEW: 2 doses for Preteens 9-14 years old
>15 years then 3 Doses @ 0, 2, 6 months

Girls, Women: Ages 9-26 years
■ NEW: 9v Gardasil approved 2015
■ Cervical Cancer, Oral and Anal Cancer prevention!

Boys, Men: Ages 9-21 years

Recommendations by CDC & ACIP
Advisory Committee on Immunization Practices of CDC
HPV Vaccination: NEW
May Benefit Women > 25 years

- Safe and Effective
- Benefits older women
- Despite their lower risk
- Insurance coverage may be problematic


NEW 2015: 9-Valent HPV Vaccine by Merck

- HPV sub-types 6, 11, 16, 18, 31, 33, 45, 52, 58
- Prevents approx. 90% of Cervical Cancer
  - If immunized, no need to administer
- If incomplete series, finish with 9v Gardasil


The HPV Vaccine: Is Making a Difference!

- HPV prevalence has declined steeply !!!
  Even though vaccine coverage remains incomplete
  Decline:
  - 64% in 14-19 year olds (from 2003-06 vs 2009-12) from 11.5% to 4.6%
  - 34% in 20-24 year olds from 18.5% to 12.1%
  - Vaccinated: prevalence declined 91% !!!!
  - Unvaccinated: decline ONLY 13% (NO herd immunity in US !!!)
Atypical Squamous Cells (ASC): by Age

- **ASC-US (undetermined significance): 21-24 years**
  - repeat PAP at 12 months (no HPV or HPV+)
  - if NEGATIVE = Routine screening
  - if POSITIVE = Colposcopy

- **ASC-US: > 24 years**
  - reflex HPV, if POSITIVE = Colposcopy

- **ASC-H: Colposcopy and Endocervical Sampling**

Follow-up: Colposcopy Indications

- **ASC-H: COLPO FOR ALL**
- **LSIL (low grade squamous intraepithelial lesion)**
  - If < 24 years - OBSERVE, REPEAT 1 year
  - If > 24 years - COLPO
- **HSIL (high grade squamous intraepithelial lesion)**
  - Mod or severe dysplasia, CIN 2 or 3, and carcinoma in situ: COLPO FOR ALL
- **Atypical glandular cells (AGC): Favor neoplasia**
  - COLPO FOR ALL

CDC MEC SPR 2016: NEW App Contraception Guidelines

US MEC = Medical Eligibility Criteria
- By condition
- By method
US SPR = Selected Practice Recommendations
- Initiation
- Exams and tests
- Routine f/u
- Missed doses
- Bleeding abnormalities
### CDC Contraception 2016
#### f. Minor surgery without immobilization

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<th>Method</th>
<th>Category</th>
<th>Clarification</th>
<th>Evidence</th>
<th>Comment</th>
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### CDC Contraception 2016
#### g. Other vascular disease or diabetes of >20 years’ duration

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### CDC Contraception 2016
#### b. Migraine
#### ii. With aura

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### Ischemic heart disease, current or history

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### Disease (e.g., obesity, smoking, diabetes, hypertension, low HDL, high LDL, or high triglycerides)

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### Obesity

**a. BMI ≥30 kg/m²**

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</table>
CDC STIs 2015: NEW

- New App
- Updates:
  - HIV - Universal screening
  - HSV - IGG serology
  - Chlamydia, GC: NAAT
  - Trich - Teens and > 40 (7 days if HIV)
  - BV - x 7 days Rx, Pregnancy- Oral or Vaginal
  - PID - Low threshold for diagnosis
  - Sexual Assault – STI testing update
  - Syphilis- On increase esp. in WOMEN

Menopause Guidelines: 2015
North American Menopause Society-NAMS

- “Menopro” App
- Consumer and Clinician resources

Within 10 years of LMP (FMP)
- Vasomotor Symptoms (VMS)- Systemic E2
- Vulvovaginal Atrophy (VVA) –Local E2
- = Genitourinary Syndrome of Menopause
- E2 - Lowest dose, shortest duration
Osteoporosis

- Disease of low bone mass with microarchitectural disruption

T-score:
- -1.0 to -2.5 (Osteopenia)
- -2.5 and below (Osteoporosis)

Osteoporosis: Risk Factors

- Caucasian, Asian
- Advanced age
- Previous fracture!!!
- Long-term glucocorticoid therapy
- Low body weight (< 127 lbs)
- Cigarette smoking
- Excess alcohol intake

Osteoporosis Screening: Guidelines

- DXA scan: dual x-ray absorptiometry
- Age 65: START screening !!!
- NO Pre-menopausal Screening unless risk factors
Osteoporosis

T-score:
- -1.0 to -2.5  (Osteopenia)
- -2.5 or lower (Osteoporosis)

Fracture risk:
- FRAX calculation (App)

Fracture risk:
- FRAX calculation (App)
  - 10 year estimate of fracture risk
  - Step by step
  - Easy
  - Determines if treatment is necessary

Osteoporosis Management

- Weight bearing exercise
- Resistance training!!! (wt lifting)
- Stop cigarette smoking
- Avoid excess alcohol
- Avoid corticosteroids, anticonvulsants
Osteoporosis Management

- Calcium: Daily intake of 600-1200 mg/day
- Preferred calcium source: FOOD !!!
- Vitamin D deficient: Vitamin D3
  – 1000-2000 (or 4,000) IU/day
  varies re: reference
- National Osteoporosis Foundation
  www. NOF.org

Osteoporosis: Medications

- Bisphosphonates: Alendronate (Fosamax 70 mg q d), Ibandronate (Boniva), Risedronate (Actonel): Take w 8 oz water, sit 60 mins, 5 y
- Zoledronic acid (Reclast): 5 mg IV x 1 yearly
- Denosumab (Prolia): Osteoclast inhibitor, 60 mg SC q 6 months
- Teriparatide (Forteo): 20 mcg SC daily x 2 y
- Raloxifene (Evista): 60 mg oral daily, hx DVT !
- Calcitonin (Miacalcin): 200 iu spray alternating nostrils q d

Oral Bisphosphonates:
Considered first line for most patients

- Inhibits bone resorption:
  remains active in bone for weeks, months, maybe years !!!
- Increases bone mass:
- Reduces risk of fracture:
  Alendronate (Fosamax®) weekly
  Risedronate (Actonel®) weekly
  Ibandronate (Boniva®) monthly
  (does NOT reduce hip Fx risk)
Breast Cancer
Malignant tumor of the breast

85% of breast cancer occurs in women > 50 years

Incidence

<table>
<thead>
<tr>
<th>Age of woman</th>
<th>Risk of Breast Cancer</th>
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<tbody>
<tr>
<td>By age 30</td>
<td>1 in 2,212</td>
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<tr>
<td>By age 40</td>
<td>1 in 235</td>
</tr>
<tr>
<td>By age 50</td>
<td>1 in 54</td>
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<tr>
<td>By age 60</td>
<td>1 in 23</td>
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<tr>
<td>By age 70</td>
<td>1 in 14</td>
</tr>
<tr>
<td>By age 80</td>
<td>1 in 10</td>
</tr>
<tr>
<td>Ever</td>
<td>1 in 8</td>
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</table>

Breast Cancer: Risk Factors
- Gender and Age: esp. > 65 years
- Genetic predisposition/Family history
  - BRCA 1, 2 genetic mutations
- Reproductive history: low parity
- Estrogen exposure:
  - Early menarche < 12 years
  - Late menopause > 55 years
  - Estrogen medications
Screening: Average Risk-NEW

- Mammogram: (3D more accurate!!)
  ACS: Start age 45, (may begin 40-44 years)
    - Then yearly
    Age 55+ every 2 years*
    - Yearly screening may be offered
  USPSTF NEW 2016:
    Start age 50,
    Then every 2 years
- Clinical Breast Exam and Self-breast Exam:
  ACS: NOT recommended
  *If life expectancy is at least 10 years
  ACS, USPSTF, ACOG, NCI, AMA

Breast Masses

- Most common:
  Fibroadenomas, Cysts
- Benign complaints:
  CAN mimic breast cancer
  And vice versa!

Diagnostic Studies

- US: < 30 years
  - for female/male < 30 years, w focal mass,
    or symptom
  - first line in pregnancy,
    or < 30 years
  - to assess mass identified on
    mammography
- Mammography: > 30 years
  - for any female/male > 30 years with a
    breast complaint
- Tomosynthesis: f/u if dense breasts on mammo
Diagnostic Studies

- **WHY Breast Ultrasound?**
- Differentiates fluid-filled cyst from solid mass!

Summary of Objectives

Upon completion of the session attendees will be able to:

- Discuss the epidemiology of selected conditions* including risk factors
- Explain key aspects of the most current guidelines/rationale for selected conditions* (Pharm 25%)
- Describe controversies re: these guidelines

*Cervical Cancer, Breast Cancer, Osteoporosis, Contraception, STIs, Menopause

Resources and “Apps”

- “CDC Contraception 2016”, CDC.gov
- Medications/contraceptives: “MPR”
- Pap F/u: “ASCCP mobile”, ASCCP.org
- CDC: “STD 2015”
- Menopause: “Menopro”, Menopause.org
- Osteoporosis: “FRAX”, NOF.org
- Breast Cancer: ACS.org