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Pelvic Examinations for Ovarian Cancer Screening in Asymptomatic Adult Women

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Abstract

There is a discrepancy amongst organizations and the medical community whether bimanual pelvic examinations should be performed in asymptomatic women for routine screening. The purpose of this literature review was to determine whether bimanual pelvic examinations are beneficial for screening for ovarian cancer in comparison to no screening. In addition, research was conducted to see if healthcare providers’ professional beliefs align with the evidence and national recommendations, to determine women’s thoughts and beliefs regarding pelvic examinations, and identify other screening methods if bimanual pelvic exams are determined to be an invalid screening tool. Throughout peer reviewed articles and high-quality evidence, it was found that bimanual pelvic exams have low sensitivity for screening, which is not ideal due to false positives; however, several researchers still feel that this is an important screening tool. Also, many providers still consider the pelvic exam beneficial when performed annually on asymptomatic women as part of a well-woman examination, continuing routinely in the office. Research also shows that the majority of women do not feel uncomfortable or pain during a pelvic exam and the majority wish to continue having them performed on a regular basis. Combinations of different screening methods such as pelvic examination with serum CA-125 annually and serum CA-125 with transvaginal ultrasound screening were found to be effective in screening for ovarian cancer in asymptomatic women.

Keywords: bimanual pelvic examination, pelvic exam, ovarian cancer screening, CA-125, transvaginal ultrasounds, gynecological screening, adnexal mass, asymptomatic women

Introduction

• Prior to 2013, Pap testing was performed annually for cervical cancer screening and typically a pelvic examination would be performed in addition to a Pap every year
• In 2013, the American College of Obstetricians and Gynecologists (ACOG) changed recommendations for performing Pap testing from annually to every 3 years alone or 5 years if co-testing with HPV
• It is not clearly defined if pelvic examinations should be continued annually for ovarian cancer screening

Statement of the Problem

• 70% of ovarian cancer cases are diagnosed late, usually beyond the possible cure (Chagas, E. & Brazil, A., 2016)
• Most women with tumors of the ovaries or fallopian tubes are asymptomatic and approximately 75% of ovarian cancer diagnoses are metastatic with poor survival rates even with treatment (Adinolfi, Panakkakadav, Tiga, Seferiadis, & Lolis, 2016)
• Ovarian cancer that is found only in the ovary and has not metastasized is possibly of a cure (Chagas, E. & Brazil, A., 2016)
• Ovarian cancer is usually late detected with a low 5-year survival prognosis, and if bimanual exams may find some of these cases earlier, it is worth performing
• Pelvic exams have a high benign findings rate which can lead to additional cost, testing, anxiety, and possibly unnecessary surgery, however, there are necessary to find some cases of ovarian cancer early

All studies reviewed that were conducted to evaluate provider’s practices and beliefs show that the majority of providers, especially OB/GYN, still feel bimanual pelvic exams are an important part of the well-woman visit

Combining different screening methods (serum CA-125, TVU, pelvic exam) for ovarian cancer has proven to be effective but cost was not considered, further study needs to be completed and insurance coverage would be necessary for other screening methods

Discussion

• The U.S. Preventive Services Task Force (USPSTF) states: – there is not enough evidence to be for or against routine screening with pelvic examination – unsure of the benefits versus the harms because of the lack of studies – has not given a recommendation with a Grade for pelvic exams (USPSTF, 2017)
• The American Academy of Family Physicians (AAP) recommends against pelvic exams
  - Grade D by evidence of little benefit and possible harm (AAP, 2017)

References


References

Application to Clinical Practice

• Providers should discuss the potential risks and benefits of performing bimanual pelvic examinations and reach a mutual decision
• Establish a teaching template that provides individualized patient education and support through the diagnostic and therapeutic decision-making process. Project. Thank you to the UND librarians, Dawn Hackman in helping me solidly my topic idea and begin researching and Annick Nickum in assisting with citation. Also, thank you to my classmates in help editing and reviewing my project. Lastly, thank you to my family and friends, especially my husband and son, for all their love and support throughout this adventure.

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