Updates On Obstetrics and Gynecology for PCP

Sonnie Kim-Ashchi, MD, FACOG, daVinci Robot Master Gyn Surgeon
What Do I Do?
Too many Captains?
• Cervical screening tests
• Mammogram
• HRT (Hormon Replacement Therapy)
• Genetic Testing

Guidelines per ACOG, USPSTF, SGO, ASCCP and more
**Pap smears**

- I do Pap on my 18 year old patients because she has been sexually active since 16.
- I did Pap smear with HPV for 28 year old patients.

**Screening mammogram**

- I order it for 42 year old patient.
- I order breast MRI for 50 year old patient whose breast felt “cystic”.

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**Moment of Truth**
• Cervical cancer screening SHOULD begin at age 21 years.
• Yes, regardless of sexual activity!
• Message! No pap before 21.
• Please 😊
• Very Important Message!!!
• Yearly testing is neither necessary nor recommended for “most” women.
• Cervical cancer is “a rather indolent disease”
• Unnecessary treatment such as colpo and/or LEEP and anxiety

Pap Smear per ACOG
• Gardasil
• Cervarix

**HPV Vaccines ages 9-26**
• Women aged 21-29 years Pap test every 3 years
• No HPV testing
• Exception-Atypical Cells of Undetermined Significance (ASCUS) Run HPV reflex

Pap Smear
Women aged 30-65 years **Pap test and HPV test** every 5 years “preferred”.

**Pap alone** every 3 years “acceptable”
• No more Pap test if 65 years older
• Exceptions-- h/o moderate or severe cervical dysplasia or cervical cancer. Either 3 negative Pap tests in a row or 2 negative co-tests in a row within 10 years, with the most recent test done within 5 years. Continue for 20 years after treatment or spontaneous regression.

Cervical Cancer screening
• “More frequent” screening
• Patients with h/o CIN2, CIN3 or cancer
• HIV patients
• Immunocompromised s/p organ transplants
• H/o Diethylstilbestrol (DES) in utero.
• What about patients who had total hysterectomy?
• NO more unless h/o CIN2 or greater prior to hysterectomy due to vaginal cuff recurrence

Pap Smears
• The Society of Gynecologic Oncology (SGO) and the American Society of Colposcopy and Cervical Pathology (ASCCP) considers HPV DNA test as a primary cervical cancer screening tool.

• SGO-HPV testing starting at 25
• 14 High-Risk HPV types - HPV 16 and 18 - Colposcopy
• Other 12 High-Risk HPV types - Pap test

Pap Smear
• Not all cervical cancer is HPV related!
“Co Testing”– Cytology Pap smears AND HPV testing
• Ages 21-29- Pap Smears every 3 years
• Ages 30-65- Pap smear with HPV co-testing every 5 years OR Pap smears every 3 years.
• HPV genotyping- if high risk strain is present, colposcopy.
• Does h/o having HPV vaccines change any of the guidelines? NO. Even the 9-valent vaccine does not cover all cancer-associated HPVs
• If abnormal pap test, either refer to gynecologist for colposcopy or repeat Pap test with HPV.
• To avoid false-negative or false-positive results, inform the patient to avoid douching, sexual intercourse, using vaginal medications or hygiene products for 2 days before Pap test.
• No Pap test if patient is on her menses- unnecessary workups if endometrial cells present especially after the age of 40
Screening Mammogram

USPSTF final recommendation

- Before 50- should be “individualized” C recommendation

ACOG recommendation

- Annual mammogram starting at age 40
- Self breast examination

U.S. Preventive Services Task Force

ACOG Committee Opinion
• Annual mammogram starting at age 40
• Self breast examination

Screening Mammogram - ACOG recommendation
- **Before 50** - should be “individualized” based on personal values, preferences, health history and others
- C recommendation
- Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service.
- Note: The above statement is undergoing revision
• Women aged 50-74 years should undergo biennial screening mammogram.
• B recommendation
• USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
• 75 years and older—ineffective evidence for or against screening
Hormone Replacement
• Until 2001
• “Hormone pill will be the last pill any postmenopausal women will take before she dies”

• Since 2001
• Women's Health Initiative-Do NOT take HRT unless hot flashes are so bad that it interferes with the quality of her life at the lowest dose for shortest duration

HRT
• Unopposed Estrogen effect-Hyperplasia or/and even endometrial cancer
• IF patients’ hot flashes are so bad,,, use progesterone and estrogen if she still has an intact uterus.
Do you ask your patients about their obstetrical and gynecological histories?
• h/o Gestational DM?
• Obstetricians order 2 hour GTT 6 to 12 weeks after delivery. Of those women with h/o GDM, up to ¼ chance to develop type II DM afterward especially if patients don’t reach their ideal body weight after delivery

Ask birth weight and gestational weeks ---Birth weight 9 pounds at 41 weeks vs 7 pounds at 34 weeks?
• h/o Pre eclampsia or gestational HTN

Increased risk of developing HTN and cardiovascular diseases
- h/o Abnormal Pap
- h/o LEEP
- h/o PCOS
- h/o infertility treatment
- h/o miscarriages or still birth „„how many times?“
• H/o PCOS- 10-20% risk of insulin resistance or DM
• Increased risk of hypertension
• Increase risk of heart diseases
• Increased chance of endometrial cancer
• Increased risk of depression ?low self esteem
• Recommendation
• Healthy balanced diet
• Regular exercises
• Goal BMI between 19 and 25
Gynecological History

- H/o infertility treatments
Hereditary Genetic Cancer
Genetic Testings

- Family Cancer Syndromes
  - Ask family history especially, breast, ovarian, uterine, colon, pancreatic, melanoma and prostate cancer

- Myrad-BRCA, Lynch Syndrome,
- Counsyl
- BRCAssure
- VistaSeq
- Buccal Smears or blood test
• BRCA 1 vs. BRCA 2 vs BRCA 3

High risk for breast and ovarian cancer. Also pancreatic, prostate, peritoneal cancer

These mutations more common in Ashkenazi Jewish descent

If positive, consider double mastectomy and bilateral oophorectomy.
**Hereditary NonPolyposis Colorectal Cancer syndrome (HNPCC), aka Lynch Syndrome**

- Right colon cancer in association with endometrial, uterine, bile duct, ovarian, pancreatic cancer
- 60% due to MSH2 mutation, 30% due to MLH1 mutation, 10% unknown
- 90% of individuals with a known mutation will develop colon cancer

**Cancer Risks in Lynch Syndrome**
- Colon: 78%
- Endometrial: 60%
- Ovarian: 11%
- Stomach: 19%
- Biliary tract: 18%
- Urinary tract: 10%
- CNS: 4%
- Sebaceous gland: 9%
Do you still refer your patients to gynecologists for Total Abdominal Hysterectomy?
• Endometrial ablation - Outpatient setting or in the office

Minimally invasive surgery
Minimally Invasive GYN surgery

- daVinci robot assisted myomectomy or hysterectomy/
- Single site daVinci hysterectomy
Minimally Invasive GYN surgeries

- NO, NO, NO Total Abdominal Hysterectomy unless uterus is 20 cm or long, even then more options
- daVinci robotic surgery - less blood loss, less risk for infection, less painful, less use of postop narcotic medication, quicker return to normal life, and more cosmetic.
• CoolSculpting
• MonaLisa

Cosmetogynecology
CoolSculpting

- Natural apoptosis with freezing
- 25 to 30% fat reduction
How CoolSculpting Works

1. Many of us have bulges of stubborn fat like muffin tops.
2. Those unwanted bulges contain fat cells, which can be resistant to diet and exercise but not to CoolSculpting.
3. CoolSculpting uses controlled cooling to target and crystallize fat cells.
4. Crystallized fat cells gradually die off, then are naturally eliminated from your body.
5. In the weeks and months following treatment, remaining fat cells condense, reducing the fat layer.
6. CoolSculpting lets you say goodbye to stubborn fat.

WHERE WOULD YOU LIKE TO CHANGE YOUR BODY?
- Chin
- Chest
- Flanks
- Stomach
- Upper back
- Lower back
- Inner thighs
- Outer thighs
- Knees

CoolSculpting
New Laser Treatment

Treating vaginal atrophy of menopause, laxity, urinary incontinence.

MonaLisa Touch

MonaLisa
Thank you for your attention 😊
• No Pap Smears until 21
• Screening mammogram starting at 40 yearly but watch out for the new recommendations
• NO Hormone therapy unless hot flashes “ affect “ the quality of life
• No Estrogen only when there is uterus intact
• It is ok to order genetic tests if necessary. You don’t have to be genetics specialist.
• Look for gyn surgeon who do minimally invasive procedures. Total abdominal hysterectomy is barbaric in year 2016!!