



### **Mary's Center Breast Cancer Screening Guidelines:**

A recent report suggested that routine screening was no longer necessary for women 40+. While we respect the work of the US Preventative Services Task Force, we, at Mary's Center, are going to continue with the previous recommendations encouraging self breast exams and routine screening beginning at age 40.

#### **Below are the actual mammogram recommendations by the US Preventive Services Task:**

- The USPSTF recommends against routine screening mammography in women aged 40 to 49 years. The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.
- The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.
- The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older.
- The USPSTF recommends against teaching breast self-examination (BSE).
- The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.
- The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging (MRI) instead of film mammography as screening modalities for breast cancer.

## **Mary's Center Cervical Cancer Screening Guidelines:**

Mary's Center will follow the guidelines of The American College of Obstetricians and Gynecologists who recommends that cervical screening begins at age 21.

In addition, for those who do not have any abnormalities, screening for ages 21-29 is recommended every 2 years instead of every year and every 3 years for those older than 30 for those who have no abnormalities.

### **Below are the actual cervical cancer screening recommendations by the American College of Obstetricians and Gynecologists:**

#### **The following recommendations are based on good and consistent scientific evidence (Level A):**

- Cervical cancer screening should begin at age 21 years. Screening before age 21 should be avoided because it may lead to unnecessary and harmful evaluation and treatment in women at very low risk of cancer.
- Cervical cytology screening is recommended every 2 years for women between the ages of 21 years and 29 years.
- Women aged 30 years and older who have had three consecutive negative cervical cytology screening test results and who have no history of CIN 2 or CIN 3, are not HIV infected, are not immunocompromised, and were not exposed to diethylstilbestrol in utero may extend the interval between cervical cytology examinations to every 3 years.
- Both liquid-based and conventional methods of cervical cytology are acceptable for screening.
- In women who have had a total hysterectomy for benign indications and have no prior history of high-grade CIN, routine cytology testing should be discontinued.
- Co-testing using the combination of cytology plus HPV DNA testing is an appropriate screening test for women older than 30 years. Any low-risk woman aged 30 years or older who receives negative test results on both cervical cytology screening and HPV DNA testing should be rescreened no sooner than 3 years subsequently.

#### **The following recommendations are based on limited and inconsistent scientific evidence (Level B):**

- Sexually active adolescents (ie, females younger than age 21 years) should be counseled and tested for sexually transmitted infections, and should be counseled regarding safe sex and contraception. These measures may be carried out without cervical cytology and, in the asymptomatic patient without the introduction of a speculum.
- Because cervical cancer develops slowly and risk factors decrease with age, it is reasonable to discontinue cervical cancer screening between 65 years and 70 years of age

in women who have three or more negative cytology test results in a row and no abnormal test results in the past 10 years.

- Women treated in the past for CIN 2, CIN 3, or cancer remain at risk for persistent or recurrent disease for at least 20 years after treatment and after initial posttreatment surveillance, and should continue to have annual screening for at least 20 years.
- Women who have had a hysterectomy with removal of the cervix and have a history of CIN 2 or CIN 3—or in whom a negative history cannot be documented—should continue to be screened even after their period of posttreatment surveillance. Whereas the screening interval may then be extended, there are no good data to support or refute discontinuing screening in this population.

**The following recommendations are based primarily on consensus and expert opinion (Level C):**

- Regardless of the frequency of cervical cytology screening, physicians also should inform their patients that annual gynecologic examinations may still be appropriate even if cervical cytology is not performed at each visit.
- Women who have been immunized against HPV-16 and HPV-18 should be screened by the same regimen as nonimmunized women

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### **Pautas en Mary's Center Para Chequeos de Cáncer de Seno:**

Un reciente reporte sugirió que los chequeos rutinarios para el cáncer de seno ya no son necesarios para las mujeres mayores de 40 años.

Aunque respetamos el trabajo realizado por *US Preventative Services Task Force*, - quienes realizaron este reporte- nosotros en Mary's Center continuaremos con las recomendaciones anteriores que promueven el auto examen y los chequeos rutinarios a partir de los 40.

### **Pautas en Mary's Center Para Chequeos de Cáncer Cervical:**

Mary's Center continuará las pautas del Colegio Americano de Obstetras y Ginecólogos que recomiendan comenzar los chequeos para el cáncer cervical a partir de los 21 años.

Además, para aquellos que no presentan ninguna anormalidad en los resultados, los chequeos entre los 21-29 son recomendados cada 2 años y no cada año y cada 3 años para mayores de 30 años que no muestran resultados anormales.