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All Continuing Nursing Education credits related to this module will expire on 3/31/2016.

Cervical Cancer Module II:

History and Pelvic Exam

Objectives

Assessing clinical history and performing a thorough clinical examination are essential to managing risk and preventing a delayed diagnosis of cervical cancer. At the completion of this module, the clinician will be able to:

- Conduct a thorough health history.
- Determine the relative and absolute indicators that place a woman at higher than average risk.
- Identify the core competencies of a thorough physical exam.
- Distinguish suspicious findings that require further diagnostic workup.

Health History

The reproductive health history is an essential component of any exam. It is the foundation from which most recommendations for further evaluation occur. This module provides a basic review of the reproductive health history and is intended as a refresher for primary care clinicians, who complete medical histories as a routine but who may not include relevant questioning related to cervical health.

A comprehensive health history should be conducted for asymptomatic and symptomatic women. It begins with a thorough risk and symptom assessment and continues throughout the clinical exam. It occurs through verbal and nonverbal interaction between both the patient and clinician. A review of the reproductive history and discussion of the education materials concludes the visit.

The History Should Include:

- Identification and documentation of screening practices for cervical health, when they were performed, and the results of each test.
- A detailed description of any symptoms, their duration, and fluctuations associated with menstrual cycles.
- Assessment of cervical cancer risk¹.

Risk Factors Associated with Cervical Cancer:

Patients may ask health care professionals about risks associated with cervical cancer and what can be done to prevent it. Evidence reveals the following are risk factors for cervical cancer:

- Human Papilloma Virus (HPV) infection
- Lack of regular Pap tests
- Weakened immune system
- Age over 40
- Sexual history—many partners or partner with many partners
- Smoking cigarettes
- Using birth control pills for five or more years
- Having many children
- Diethylstilbestrol (DES) exposure
- History of abnormal Pap test
- Human Immunodeficiency Virus (HIV) infection

These risks can be used to guide screening recommendations through appropriate Pap test frequency and discussion of behavior modification as methods to reduce risk factors to minimize

cervical cancer risks. Since HPV is a virus transmitted through sexual contact, it is critical to have an understanding of cervical cancer as a sexually-transmitted disease². 80% of cervical cancers are caused by four (4) specific types of HPV: type 16 (50%), type 18 (20%) while types 31 and 45 account for 10%³. Behavior-changing prevention strategies that can be discussed with patients include the following:

1. Avoidance of HPV infection

- Abstinence from sexual activity
- Barrier protection and/or spermicidal gel during sexual intercourse
- Vaccination against HPV infection²

The two HPV vaccines, Gardasil and Cervarix, help to reduce the risk of cancerous or precancerous changes in the cervix if the injections are given before the infection occurs. Gardasil protects against HPV types 16, 18, 6, and 11 while Cervarix only reduces the risk for HPV infections caused by type 16 and 18. Since these vaccines only cover some of the cancer-causing (“high-risk”) types of HPV, women should continue to receive Pap test screening even after vaccination³.

2. Cervical cancer screening

- Regular gynecological examination and Pap testing

3. Avoidance of cigarette smoking (active or passive)

4. Reproductive behaviors

- High parity
- Long-term use of oral contraceptives

Understanding Benefits and Harms of Screening:

Data indicates that women who have been screened are less likely to develop or die from cervical cancer, because screening reveals abnormalities in early treatable stages--a benefit that increases with age. Screening recommendations carefully balance the benefits and harms associated with various screening techniques. Cytology only screening every three (3) years of women between the ages of 21-65 years provides a reasonable balance between the benefits and harms. HPV and cytology co-testing every five (5) years in women between the ages of 30-65 years offers a similar balance of benefits and harms⁴.

Screening Frequency:

3 Year Pap Track

Screen with cytology only

Age 21-65 years of age

Result of last Pap must be negative

No history of CIN II or III

No history of HIV infection

Not be immunocompromised

Not been exposed to DES

5 Year Pap Track

Screen with co-test: cytology and HPV

Must be at least 30-65 years of age

Last Pap result must be negative

No history of CIN II or III

No history of HIV infection

Not be immunocompromised

Not been exposed to DES

High Risk Women

All high risk women receive annual Pap smears with liquid based tests. To be high risk they must have at least one of the following: history of cervical cancer, CIN II or III, HIV positive, immunocompromised, or exposure to DES.

Women \geq age 65

Stop screening if adequate negative history such as three consecutive negative cytology results or two consecutive negative co-test results in the last ten years. All with a history of CIN II or greater continue screening for at least 20 years.

Post Hysterectomy

If hysterectomy was due to cancer or precancerous condition then perform a yearly Pap test regardless of the presence or absence of the cervix.

If the hysterectomy was not due to cancer and the woman has a cervix, then perform a Pap test according to the three or five year Pap track recommendations. If there is no cervix present discontinue Pap tests¹.

Pelvic Exam

The pelvic exam allows visual and manual assessment of the vulva, vagina, cervix, uterus, rectum and pelvis. It also includes assessment of the ovaries and a Pap test to screen for cervical cancer⁵.

The clinician performs an external visual exam of the vulva to rule out abnormalities. Internal visualization of the vagina and cervix requires the use of a speculum-- a plastic or metal-hinged instrument shaped like a duck's bill — to spread open the vaginal walls. The Pap test or Pap smear is performed by the clinician prior to removal of the speculum⁵.

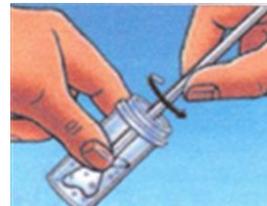
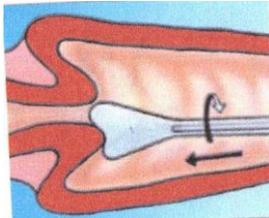
Pap Test Collection:

Insert speculum using a small amount of warm water as the lubricant.

Gently remove excess exudate or blood from the cervix with an OB/GYN swab.

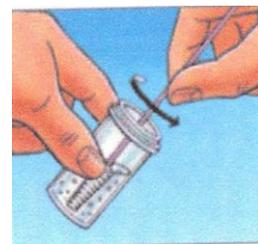
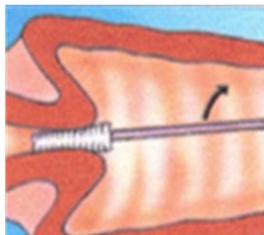
ThinPrep/Ectocervix sample

To collect samples from the ectocervix use the plastic spatula. Swirl the spatula vigorously ten times in the PreservCyt® Solution then discard the spatula.



ThinPrep/Endocervix sample

Insert the cervical brush until only the bottom most fibers are exposed. Slowly rotate ¼ or ½ turn in one direction. Do Not Over-Rotate. To rinse the brush rotate and push the brush against the vial wall ten times in the PreservCyt® Solution. Swirl the brush vigorously to further release material from the bristles then discard the brush¹.



BreastCare/Reproductive Health

Women who are both BreastCare and Reproductive Health clients will follow the following procedures for Surepath Pap Test collection:

- Insert speculum using a small amount of warm water as the lubricant.
- Gently remove excess exudate or blood from the cervix with an OB/GYN swab.

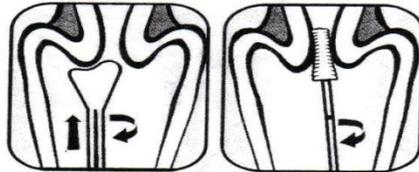
Plastic Spatula

- Rotate plastic spatula 360° at the cervical os
- Use the cytobrush to take the endocervical test
- Cytobrush is contraindicated in pregnant patients
- Gently insert the tip into cervical canal and rotate clockwise in one direction for 180°
- Snap the devices at the red scoring line
- Drop the detachable heads of the devices into the Preservative Fluid Collection Vial¹

BD SurePath™ Test Sample Collection with Combination Brush/Plastic Spatula Detachable Head Device.⁴

1A. Collect

Insert the contoured end of the Pap Perfect® plastic spatula and rotate 360° around the entire exocervix.

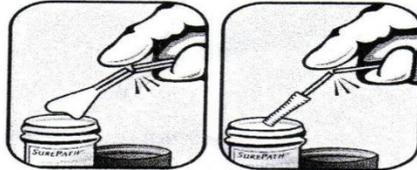


1B. Collect

Insert Cytobrush® Plus GT into the endocervix until only the bottom-most bristles are exposed at the os. Slowly rotate 1/4 to 1/2 turn in one direction. To reduce unnecessary bleeding, do not over-rotate brush.

2A. Drop

Snap the device handle at the red scoring line and drop the detachable head of the device into the BD SurePath™ vial.



2B. Drop

Snap the device handle at the red scoring line and drop the detachable head of the device into the BD SurePath™ vial.

3A. Next

Place cap on vial; do not tighten cap until 'Step #3B Send.' Go to Cytobrush® Plus GT 'Step #1B. Collect.'



3B. Send

Place the cap on the vial and tighten. Send the BD SurePath™ vial to the lab for processing.

Warning: Do Not Use Cytobrush® Plus GT on pregnant patients or for endometrial sampling. See BD SurePath™ Sample Collection Kit product insert for complete Directions for Use.

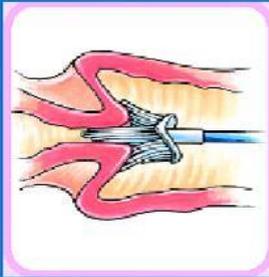
Cervical Brush/Broom

If using a cervical brush or broom the following collection method is recommended:

- Position tip of longer bristles in cervical os
- Rotate clockwise $\frac{1}{4}$ - $\frac{1}{2}$ turn while bristles begin to stiffen
- Continue rotating in a clockwise direction and gently push towards the cervix until the shorter bristles begin to bend extending over the ectocervix
- Complete five – 360° rotations
- Remove device and pop off 'broom' head into SurePath® vial¹,

BD SurePath™ Sample Collection Method for Rover's® Cervex-Brush® With Detachable Head

1. Collect



1. Insert into endocervical canal. Rotate broom **five times** in a clockwise direction.

2. Drop



2. Drop detachable head of device into BD SurePath™ vial.

3. Send



3. Place cap on vial and tighten. Send BD SurePath™ vial to lab for processing.

SurePath® Collection Product Insert — Doc. No. 779-10001-02 Rev C
Cervex Brush® Rovers Medical Devices B.V., Oss - The Netherlands
www.roversmedicaldevices.com



Interpretation of Specimen Categories

Satisfactory

Adequate specimen for interpretation

Presence or absence of endocervical transformation zone and other quality indicators

Unsatisfactory

Specimen rejected

Specimen processed and examined but unsatisfactory for evaluation

Negative

No intraepithelial lesions

No malignancy found

Normal report

No evidence of neoplasia

Tracking:

Use the Pap Test/HPV Log (BC-7)

Retrieve results from Laboratory website within 7 days of collection date

Print, date & initial the results, then enter on BC-7

Document Pap/HPV results on BreastCare Record (BC-1)

Pap/HPV results and recommendations entered within five (5) days into Common Customer Management System¹.

References

1. Arkansas Department of Health, BreastCare Policy and Procedure Manual 3/21/13.
<http://adhfilehold/fh/filehold/webclientportal/libraryform.aspx>
2. Centers for Disease Control and Prevention, Division of Cancer Prevention and Control 5/9/13. <http://www.cdc.gov>
3. Grimes, D., MD, MPH, FACOG, FAPM. (2013). Cervical cancer screening and prevention in Arkansas: A 100 year history [Power Point slides].
4. U.S. Preventive Services Task Force, Screening for Cervical Cancer, Clinical Summary of U.S. Preventive Services task Force Recommendation, 3/2012.
<http://www.uspreventiveservicestaskforce.org/>
5. Mayo Foundation for Medical education and research, 8/10/13.
<http://www.mayoclinic.com/health/pelvic-exam/MY00657>