

ARTICLE FOR THE DECEMBER 7 : “TODAY’S HEALTH FOR THE EMPOWERED WOMAN.” “OF MAMMOGRAMS AND PAP SMEARS”

This month’s article was intended to be “Diagnosis and Treatment of Uterine Cancer” but the most recent controversy surrounding mammography screening and pap smears compelled me to change gears a bit. After thirty years of being a “woman’s health care physician” I can, without reservation, attest to the lives saved by the early diagnosis of cervical and breast cancer. Patients, physicians, and even trial lawyers are well aware that the increasing survival rates of breast and cervical cancer are due to early diagnosis and treatment. Thirty years ago the risk of a woman getting breast cancer was roughly one in thirteen and now has risen to one in eight. Concurrently death rates have markedly decreased because early detection allows for better treatment with lumpectomy, radiation and/or chemotherapy and can avoid disfiguring mastectomy. In the case of pap smears, woman became more and more aware of the wisdom of getting pap smears to screen for cervical cancer when they had to have an annual exam in order to get a birth control pill refill. But part of that exam included a complete physical that included a breast exam, blood work and pelvic exam that went beyond just the pap smear and included examination of the ovaries and rectal exam. In short, in my practice it is rare for me to see a woman at her annual exam that does not get a pap smear and mammogram. There is some truth that mild pap smear abnormalities are over treated and equally true that continuously normal pap smears probably need not be done every year BUT the well woman exam should be done annually that should include breast exam and examination of ovaries at the very least. Many women see only their gynecologist and not any other doctor so this exam is very important. If there are to be revised guidelines about the timing of pap smears then an emphasis needs to be made that instead of “yearly pap” there should be a yearly “well woman exam”. It must also be remembered that pap smears have false negative rate of 15% so an abnormality that is missed could become a very large problem if there is a three year waiting period for the next one.

As far as mammograms are concerned one must understand that for a “mass” to be felt by the patient or her doctor it has been growing roughly for six years. The rationale behind mammography was that a mammogram could detect a cancer or precancerous growth before being palpated and therefore lumpectomy could be done before the tumor spread to lymph nodes or to the other breast. I cannot even begin to enumerate the large number of patients that I and my colleagues have seen that have had “routine mammograms” between age 40 and 50 where a tumor was detected, received early treatment and are alive today and enjoying life with their families. For a government study to reduce this concept to cost saving by bean counters is too ludicrous to comprehend. Unfortunately insurance companies will be only too glad to not pay for mammograms before age 50 should this go into effect. Woman of means could opt to pay out of pocket but what of the woman of limited income? She will be disproportionately affected. Today mammograms, then what? Do we not vaccinate against diphtheria because no one has seen a case of this in years? And what of colonoscopy? Most does not show cancer so stop doing them because it is too expensive to find a cancer? The whole issue comes down to wellness. In previous articles I have

emphasized that preventative medicine improves quality of life and longevity and is cost saving in the long run. To deviate from this concept is a huge step backward and on the surface begins to smell like rationing of health care which is anathema to most Americans.

So let me make it perfectly clear: the American College of Obstetricians and Gynecologist (of which I am a member) maintains its current advice that women in their 40's continue mammography screening every one to two years and women age 50 or older continue annual screening. Furthermore ob-gyns should continue to counsel women that breast self examination has the potential to detect palpable breast cancer and can be performed. The decision must be between doctor and patient and in the case of screening for cancer, it is essential.

As far as pap smears are concerned: ACOG recommends that women from ages 21-30 be screened every two years instead of annually for pap smear. Women age 30 and older who have had three consecutive negative pap smears may be screened once every three years and women with certain risk factors may need more frequent screening including those who have HIV, are immunosuppressed, and who have been treated for previous precancerous lesions of the cervix.

It must be emphasized again, that not having an annual pap smear does NOT preclude a well woman exam that includes the parameters mentioned above, counseling about life style issues (weight, sex, and other medical conditions). Following these guidelines will lead to empowerment through health. For any further questions, you may contact me through this newspaper or discuss with your own health care provider.