CANADIAN HEALTH CARE AGENCY
EXPERIENCE THE NORTH

Adult and Geriatric Periodic Health Examination and Preventative Screening

Artist: Moses Amik Beaver

Module 14

Both Men and Women:

- Colorectal Screening
- Comprehensive Geriatric Assessment
- Osteoporosis Screening

Men's Health

- Well Men Assessment, Prevention and Screening:
- Prostate Screening

Common Conditions

- Acute Bacterial Prostatitis
- Benign prostatic hyperplasia
- Epididymitis
- Testicular torsion
- Erectile dysfunction

Women's Health

- Well Woman Assessment, Prevention and Screening:
  - Cervical screening
  - Breast Screening

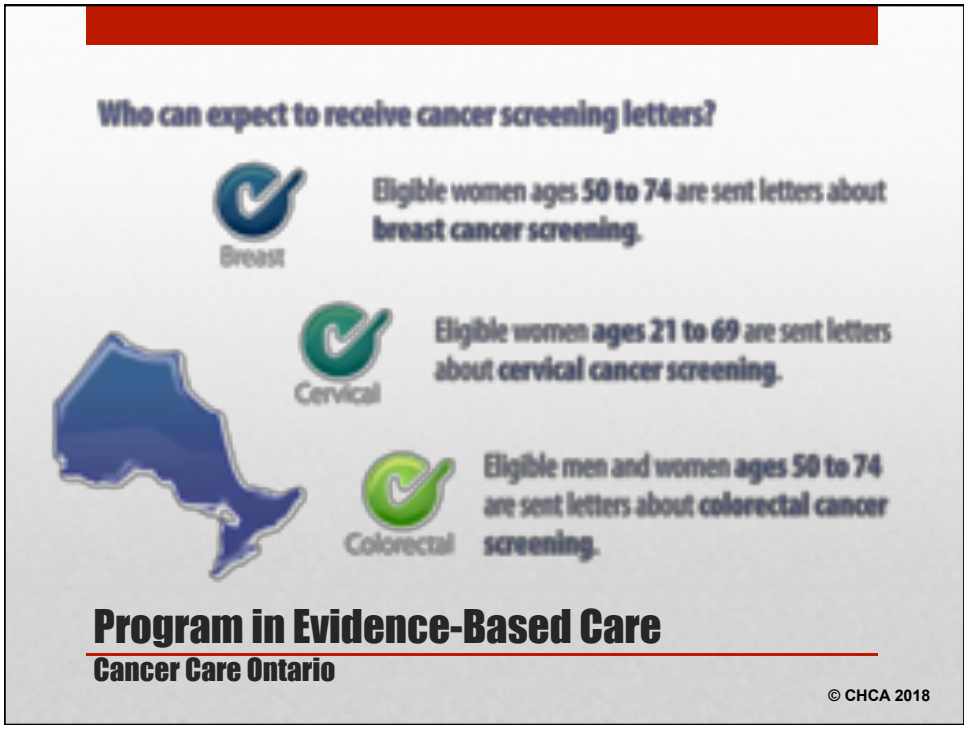
Common Conditions

- Dysmenorrhea
- Abnormal uterine bleeding
- Menopause

Screening Topics

- "Annual physicals" are no longer indicated
- Instead, regular and routine screening for chronic disease and cancer, along with episodic visits.
- Cancer Screening (Cancer Care Ontario)
  - Breast Screening
  - Cervical Screening
  - Colorectal Screening
- Chronic Disease Management
  - Cardiovascular Diseases
  - Respiratory Diseases
  - Metabolic Diseases
  - Bone Diseases

Preventative Assessment



Program in Evidence-Based Care

Cancer Care Ontario

Colorectal

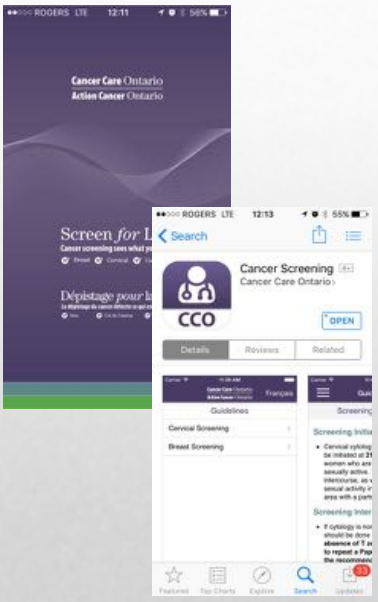
New update coming Spring 2019

When do AVERAGE adults start Colorectal screening?

- Screening with a fecal occult blood test (FOBT) every two years for asymptomatic people ages 50 to 74 without a family history of colorectal cancer.
- Abnormal FOBT results should be followed up with colonoscopy within eight weeks.
- People ages 50 to 74 without a family history of colorectal cancer who choose to be screened with flexible sigmoidoscopy should be screened every 10 years.

When do HIGH RISK adults start Colorectal Screening?

- Asymptomatic people get screened with colonoscopy if they have a family history of colorectal cancer that includes one or more first-degree relatives with the disease.
- Screening should begin at 50 years of age, or 10 years earlier than the age their relative was diagnosed, whichever occurs first.



Colorectal Screening Guidelines (April 2016)

Average Risk:

- People ages 50 to 74 with no first-degree relative who has been diagnosed with colorectal cancer
- No personal history of pre-cancerous colorectal polyps requiring surveillance or inflammatory bowel disease (i.e., Crohn's disease or ulcerative colitis)

Increased Risk:

- People with a family history of colorectal cancer that includes one or more first-degree relatives who have been diagnosed with colorectal cancer, but do not meet the criteria for colorectal cancer hereditary syndromes

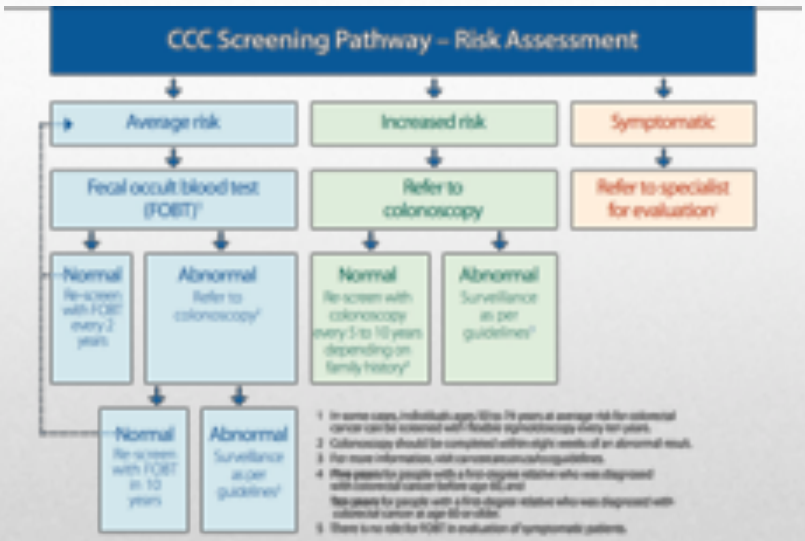
Colorectal Cancer Risk

- All adults age 50 to 74 at average risk.
- Performed every 2 years
- Can be done at home
- Abnormal results need colonoscopy f/u within 8 weeks.

Fecal Occult Blood Test (FOBT) (April 2016)

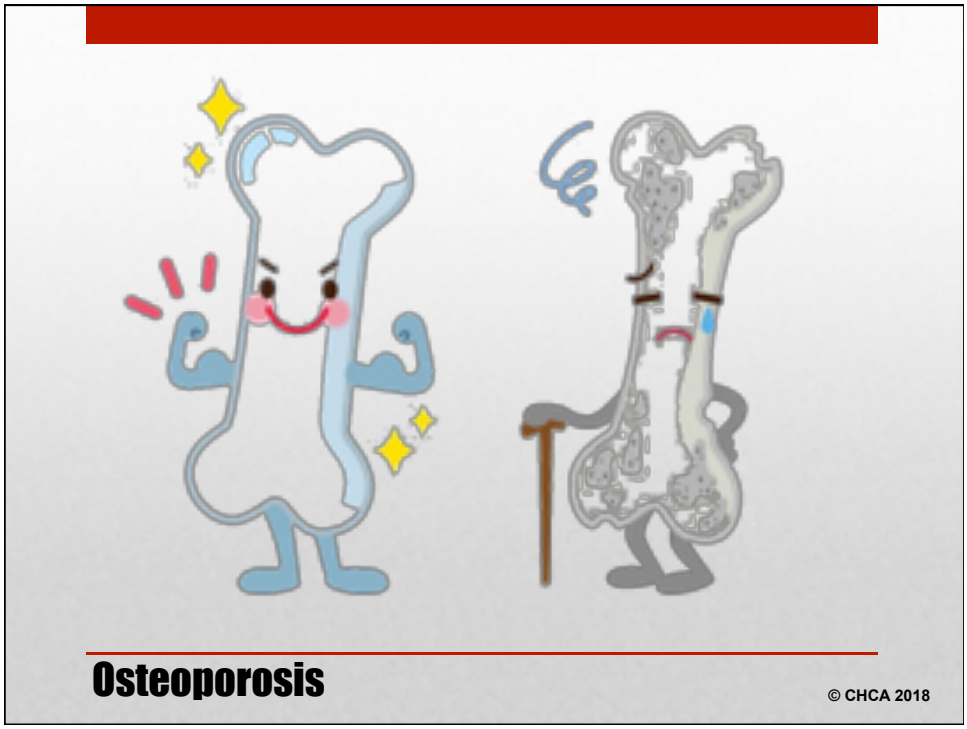
- People ages 50 to 74 without a family history of colorectal cancer who choose to be screened with flexible sigmoidoscopy should be screened every 10 years.
- People at increased risk

Flexible Sigmoidoscopy (April 2016)



https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=358486

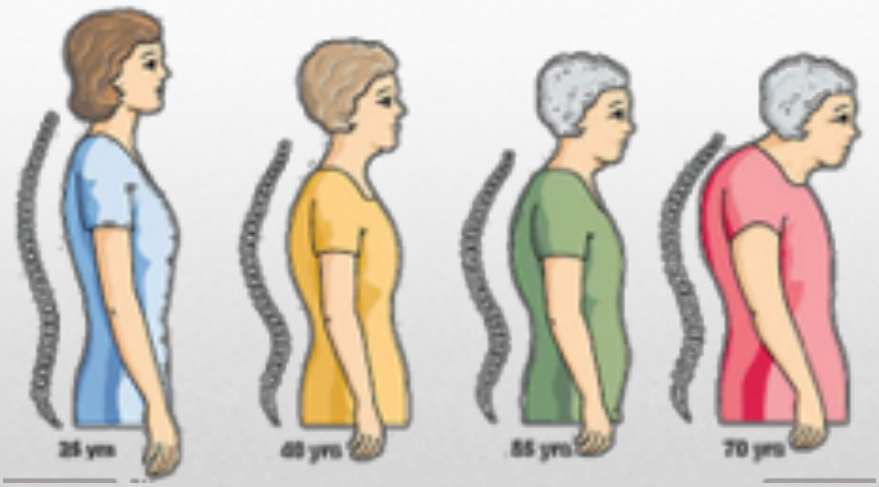
Colon Cancer Screening Pathway April 2016



Osteoporosis

- A skeletal disorder characterized by compromised bone strength and increased risk of fractures.
- Major risk factors:
  - Over age 65 years
  - Vertebral compression fractures
  - Fragility fracture over age 40 years
  - Family History of osteoporotic fracture (especially maternal hip)
  - Systemic glucocorticoid therapy
  - Propensity to fall
  - Early Menopause (pre age 45 years)

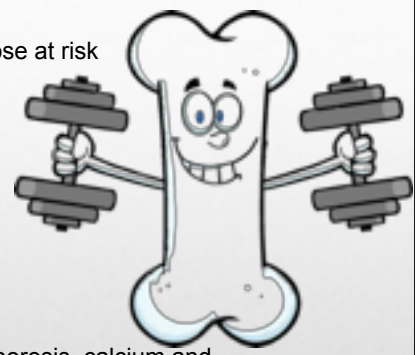
- **Physical Exam**
  - Gait
  - Height
  - Kyphosis
  - Bone Mineral Density scan for:
    - All patients >65 years
    - All patients with one or two risk factors
  - Suspect osteoporosis in women with back pain, decrease in height or thoracic kyphosis



Kyphosis associated with osteoporosis

Non-pharmacological Management:

- Institute a fall prevention program for those at risk
- Optimize eyesight
- Lifestyle changes
  - Weight bearing exercise
  - Smoking cessation
  - Decreased Alcohol consumption
- **Diet**
  - Diet high in calcium
  - For women with documented osteoporosis, calcium and vitamin D supplementation alone prevents osteoporotic fractures
- **Pharmacological Management:**
  - Alendronate, risedronate or raloxifene to prevent osteoporotic fractures
  - Hormone Replacement Therapy can be considered.



Management of osteoporosis

Comprehensive geriatric assessment

- Focuses on elderly individuals with complex problems
- Emphasizes functional status and quality of life
- Frequently takes advantage of an interdisciplinary team of providers

Comprehensive Geriatric Assessment

Functional Assessment: ADLs and IADLs

ADLs: ABCDE-TT	IADLs: SHAFT-TT
Ambulating	**S**hopping
Bathing	**H**ousework
Continence	**A**ccounting/Finances
Dressing	**F**ood Preparation
Eating	**T**ransportation
Transferring	**T**elephone
Toileting	**T**aking medications

5 I's of Geriatrics:

- Immobility
- Intellect
- Incontinence
- Iatrogenesis
- Impaired Homeostasis

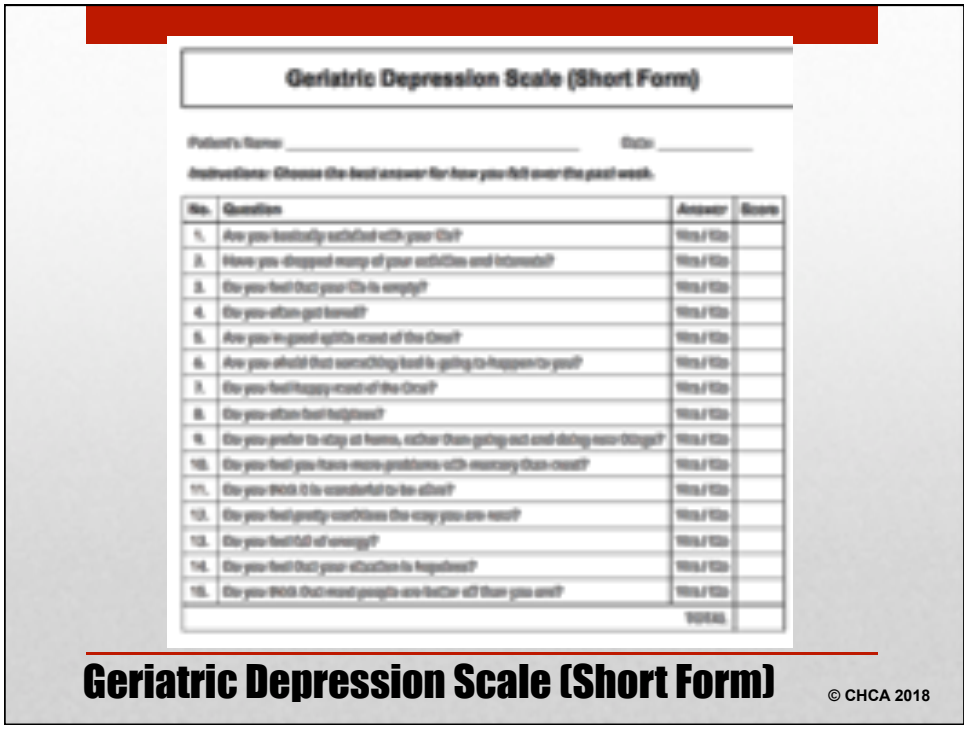
Comprehensive Geriatric Assessment

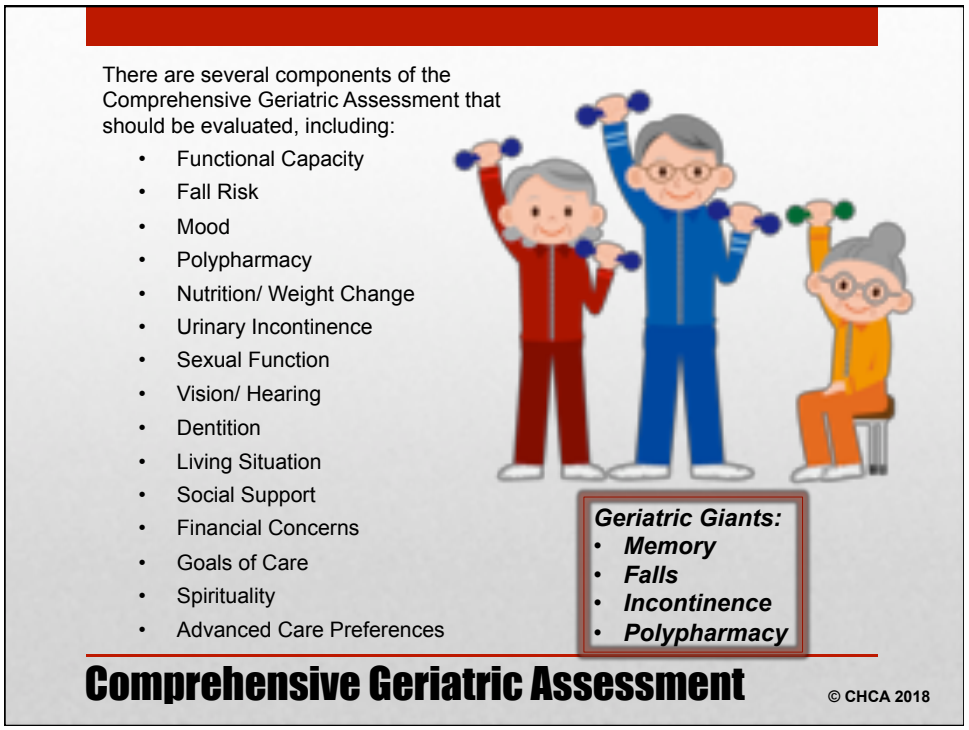
System	Symptoms	Possible Problems
Visual	Loss of near vision (presbyopia) Loss of central vision Loss of peripheral vision Glare from lights at night Eye pain	common with age macular degeneration glaucoma, stroke cataracts glaucoma, temporal arteritis
Auditory	Hearing loss Loss of high-frequency range (presbycusis)	acoustic neuroma, cerumen, Paget's disease, drug-induced ototoxicity common with age
Cardiovascular	Difficulty eating or sleeping, over-fatigue, shortness of breath, orthopnea	congestive heart failure (CHF)
Pulmonary	Chronic cough, shortness of breath	chronic obstructive pulmonary disease
Gastrointestinal	Constipation Fecal incontinence	hypothyroidism, dehydration, hypokalemia, colorectal cancer, inadequate fiber, inactivity, drugs fecal impaction, rectal carcinoma
Genitourinary	Urinary frequency, hesitancy Urinary incontinence	benign prostatic hyperplasia (BPH) estrogen deficiency, detrusor instability, BPH
Musculoskeletal	Proximal muscle pain/weakness Joint pain Back pain	polymyalgia rheumatica osteoarthritis, rheumatoid arthritis osteoarthritis, osteoporotic compression fracture, cancer
Neurologic/ Psychiatric	Syncope Transient loss of power, sensation or speech	postural hypotension, seizure, cardiac dysrhythmia, aortic stenosis, hypoglycemia transient ischemic attack
	Persistent aphasia or dysarthria Disturbance of gait Insomnia Loss of memory	stroke Parkinson's disease, stroke circadian rhythm disturbance, drugs, sleep apnea, mood disorder Alzheimer's disease, multiinfarct dementia
Extremities	Leg and foot swelling Leg pain	osteoarthritis, radiculopathy, intermittent claudication, night cramps CHF, venous insufficiency
Weight change	Refer to Nutritional Evaluation below	

Nutritional Health Checklist was developed for the Nutrition screening initiative for the elderly. The patient or practitioner may complete the questionnaire. A "yes" answer for any one of the ten questions listed below is a flag for a potential nutritional problem:

1. I have an illness or condition that made me change the kind and/ or amount of food I eat.
2. I eat fewer than two meals per day.
3. I eat few fruits, vegetables or milk products
4. I have three or more drinks of beer, liquor or wine almost every day.
5. I have tooth or mouth problems that make it hard for me to eat.
6. I don 't always have enough money to buy the food I need.
7. I eat alone most of the time.
8. I take three or more different prescribed or over-the-counter drugs per day.
9. Without wanting to, I have lost or gained 10lbs in the last six months.
10. I am not always able to shop, cook and/or feed myself.

Nutritional Health Checklist


Geriatric Depression Scale (Short Form)
Geriatric Depression Scale (Short Form)
© CHCA 2018


There are several components of the Comprehensive Geriatric Assessment that should be evaluated, including:
Functional Capacity
Fall Risk
Mood
Polypharmacy
Nutrition/ Weight Change
Urinary Incontinence
Sexual Function
Vision/ Hearing
Dentition
Living Situation
Social Support
Financial Concerns
Goals of Care
Spirituality
Advanced Care Preferences
Geriatric Giants:
Memory
Falls
Incontinence
Polypharmacy
Comprehensive Geriatric Assessment
© CHCA 2018

Mini Mental Status Exam /total score out of 30

- **Orientation: Time** - Year, Season, Month, Day, Date /5
  Place - Country, Province, City, Building, Floor /5
- **Registration:** Immediate Recall 3 unrelated items /3
- **Attention and Concentration**: spell WORLD backwards or serial 7's /5
- **Language: Name items -** (pen, watch) / 2
  Repetition - "no ifs, ands, or buts." /1
  3 Step Command – "take paper in left hand, fold it in half and place it on the floor with your right hand." / 3
  Read and Obey – CLOSE YOUR EYES. /1
  Writing – Write a full sentence
- **Drawing: Copy** – Intersecting Pentagons (10 edges, 2 bisecting) / 1

TOTAL out of 30. (Cognitive Impairment of 24/30 or less)

Geriatric Giants: Memory

Complete History and Physical Exam

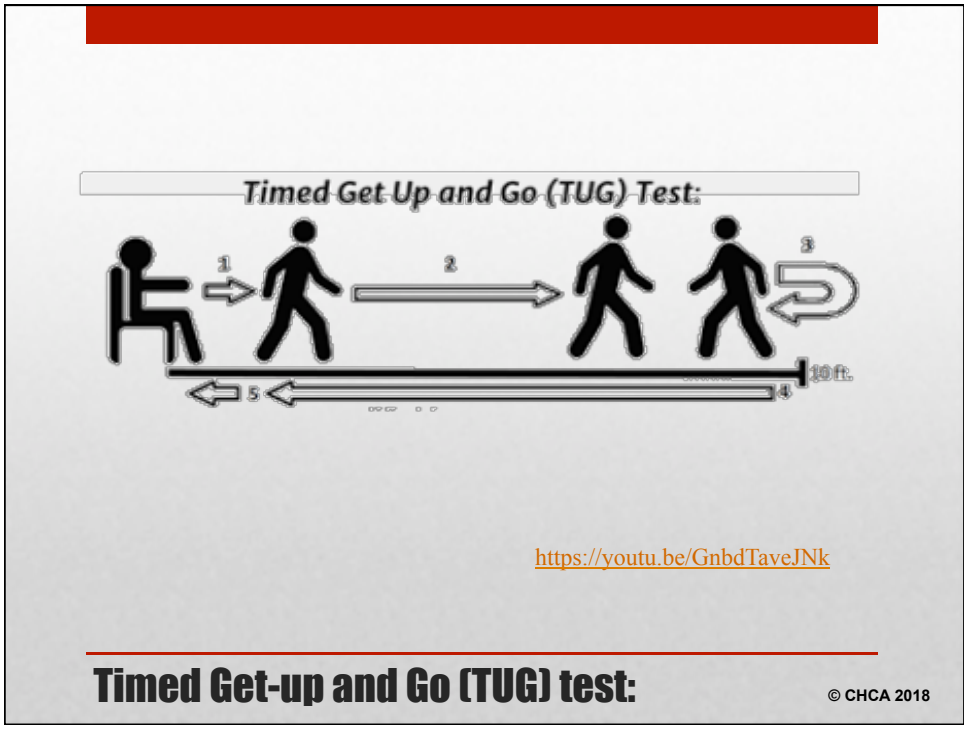
Specific Tests:
Get up and Go Test; Chair Stand; Romberg Test; Pull Test; 20 foot walk with 360° Turns

Identification of Precipitating Activity

Weakness of Leg Extension: Impaired Chair stand, slow gait, poor stair climbing	***Poor Balance:*** Positive Romberg Test; Positive Pull Test; Poor Vision	***Medication Toxicity***: Alcohol; Anticholinergics; Anticonvulsants; Digoxin; Nitrates; Sedatives	***Hypotension***: Orthostatic; Postprandial
Intervention: Resistance training; Quadriceps strengthening	***Intervention:*** Balance Training; Widen support bases (shoes, canes, walker), Correct Vision	***Intervention:*** Medical Review; reduce or eliminate nitrates, benzos,	***Intervention***: Medical Review; Behaviour Changes; Volume maintenance (compression stockings, salt)

Interventions for all patients:
evaluation and correction of loose rugs, poor lighting, movable furniture, bathtubs, clutter.

Geriatric Giants: Falls


Timed Get Up and Go (TUG) Test:
1
2
3
10 ft.
4
5
https://youtu.be/GnbdTaveJNk
Timed Get-up and Go (TUG) test:
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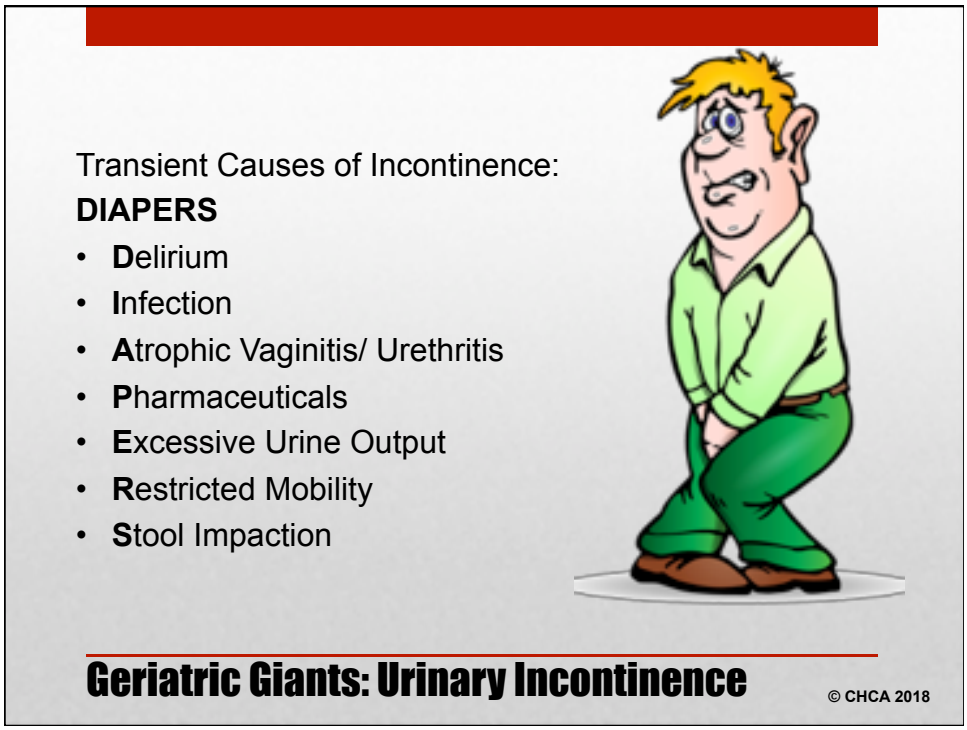
Transient Causes of Incontinence:
DIAPERS
• Delirium
• Infection
• Atrophic Vaginitis/ Urethritis
• Pharmaceuticals
• Excessive Urine Output
• Restricted Mobility
• Stool Impaction
Geriatric Giants: Urinary Incontinence
© CHCA 2018

Principles for prescribing in the elderly:
CARE
Caution, **C**ompliance
Age-adjusted dose
Review **R**egimen **R**egularly
Educate

BEERS criteria – a list of 48 medications to avoid in adults 65 yrs and older
eg: long-acting benzodiazepines, strong anticholinergics, high dose sedatives.

Geriatric Giants - Polypharmacy

Well Man Assessment, Prevention & Screening

Health Canada / Santé Canada FIRST NATIONS AND INUIT HEALTH BRANCH ONTARIO REGION	**Wellman Preventive Care Checklist** For average-risk, routine, male health assessments ♂	**Update Cumulative Patient Profile** (in patient's chart) Allergies ☐ Family History ☐ Medications ☐ Hospitalization ☐ Surgery ☐ Chronic disease ☐	Addressograph Name:____________ DOB:____________ Band#:____________ File #::____________ Date:____________

Legend: √ *Adequate, Acceptable* **R:** *Rebook for further discussion or refer* **N**: *see Nurses notes*
See: FNIHB Ontario Region Preventive Checklist Guideline

Current Concerns : ____

Review of Systems/ Functional Inquiry

System	No problem identified	Remarks	System	No problem identified	Remarks
HEENT	☐		MSK	☐	
CVS	☐		Neuro	☐	
Respiratory	☐		Integument	☐	
Breasts	☐		Mental Health/depression	☐	
GI	☐		General Health	☐	
GU/Menses	☐		Sleeping pattern	☐	
Family Planning / Contraception	☐		Relationship/ partner	☐	
Sexual Function	☐		History of abuse	☐	
Family (children) concerns	☐		Mobility issues	☐	

Alcohol	**No** ☐	**Yes** ☐	Cage finding for problem drinking Yes ☐ No ☐	Referral for Counselling Yes☐ No ☐	
Drugs	**No** ☐	**Yes** ☐	Detox program Yes ☐ No ☐	Referral for Counselling Yes☐ No ☐	
Smoking	**No** ☐	**Yes** ☐	Nicotine replacement therapy Yes ☐ No ☐	Referral for Counselling Yes☐ No ☐	

Recommendations/Discussions / Labs/Screening (within legislated scope of practice)

Dietary advice on fruits and green leafy vegetables options vs processed food ☐ http://www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index-eng.php *HC First Nations Food Guide*	**Colorectal Cancer screening Hemoccult multiphase (Occult blood stools)** **low risk** q 1-2 yrs (age 50-74) **Yes**☐ **No**☐ ☐ Done MD/NP referral for colonoscopy **Yes**☐ **No**☐
Adequate calcium intake (1000 to 1200 mg/d) Yes☐ No ☐ MD/NP referral	**Last optometrist visit** __________ Booked ☐
Adequate vitamin D: (*400 to 1000 IU) for adults under age 50 without osteoporosis or conditions affecting vit D absorption. Adults >50, supplements of between (800 -2000 IU*) Yes☐ No ☐ MD/NP referral Yes☐ No ☐	**Safe sex practices/STI counselling and screening for:** *Gonorrhea/Chlamydia/Syphilis/ HIV /Hep B(high risk) and Hep C (if IV drug user)* Yes☐ Booked ☐ Done ☐ MD/NP referral ☐
Bone Mineral Density > 65 or if at risk – N/A ☐ **Yes**☐ MD/NP referral ☐	**Lipid Profile** (> 50 yr or sooner if at risk) **Due** Yes☐ Booked ☐ Done ☐
Physical activity *Regular, moderate at least 3x /wk* ☐ **Avoid sun exposure**, *use protective clothing* ☐	**Screen with a FBG or A1C every 3 years ≥ 40 years of age** **Earlier and more frequent screening for those at very high risk.** **Due** Yes☐ Booked ☐
Oral Hygiene Brushing/flossing teeth /Denture Care ☐ Dentist referral ☐	**TB inquiry** ☐ screening if required (TST) administered ☐ **or CXR Booked** ☐

Page **1** of **3**

Preventative Care Check List: MEN

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Prostate Specific Antigen (PSA)

- Given the potential harms of screening, including over-diagnosis and over-treatment, Cancer Care Ontario (CCO) does not support an organized, population-based screening program for prostate cancer.
- Avoid prostate-specific antigen (PSA) testing in men with little to gain:
  - Men 70 years of age and older
  - Men with less than a 10 to 15 year life expectancy
- PSA screening is not routinely covered by OHIP.

Prostate Cancer Canada

Prostate Screening Guidelines October 2015

© CHCA 2018

- Considerations for men at increased risk
  - Men with a family history of prostate cancer due to prostate cancer in multiple generations, or
  - One or more first-degree relatives who were diagnosed with prostate cancer
  - Black men

Prostate Cancer Canada

Prostate Screening Guidelines October 2015

Common Problems in Men's Health

Definition: Acute Inflammation of the prostate

Etiology: Strep faecalis, Staph Aureus, and other gram neg organisms including E. Coli

Presenting with: lower back pain, dysuria, pain with defecation, fever & chills

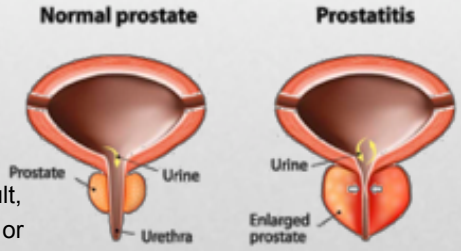
Diagnostics: include:

1. Urinalysis
2. Urine Culture

Consultation: Need for MD/NP consult, especially if the symptoms are severe or the client appears systemically unwell.

What is first line treatment for acute cases?
TMP/SMX 1 DS BID x 21 days

What is first line for chronic?
Ciprofloxacin 500mg BID

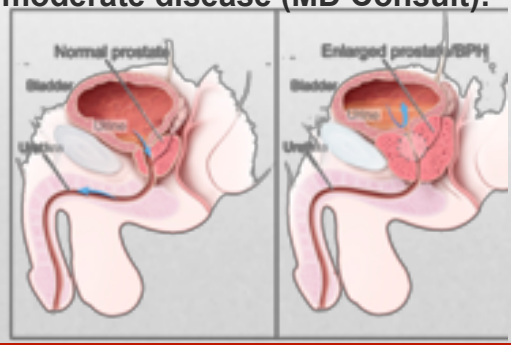


Acute and Chronic Prostatitis

Definition: Non-cancerous enlargement of the prostate

Name three common symptoms:

Treatment for mild to moderate disease (MD Consult):



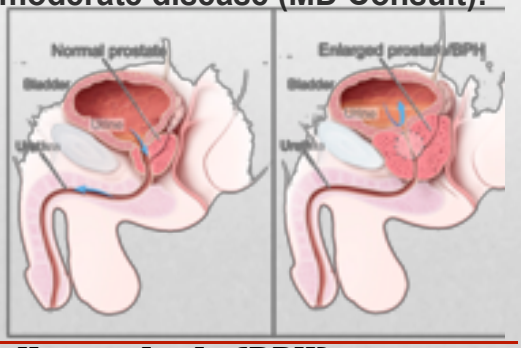
Benign Prostatic Hyperplasia (BPH)

Definition: Non-cancerous enlargement of the prostate

Name three common symptoms:

- Urinary retention
- Incomplete emptying
- Decrease in force of urine stream

Treatment for mild to moderate disease (MD Consult):



Benign Prostatic Hyperplasia (BPH)

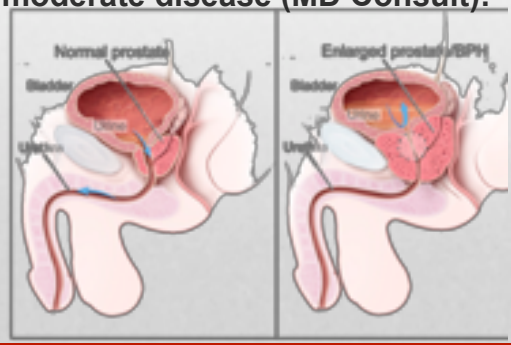
Definition: Non-cancerous enlargement of the prostate

Name three common symptoms:

- Urinary retention
- Incomplete emptying
- Decrease in force of urine stream

Treatment for mild to moderate disease (MD Consult):

- Tamsulosin (Flomax)
- Terazosin (Hytrin)



Benign Prostatic Hyperplasia (BPH)

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Epididymitis

Definition: Bacterial infection of epididymis leading to inflammation.

Etiology: STIs, *Escherichia coli, Klebsiella, Proteus*

Physical Findings: Gradual onset of unilateral testicular pain and swelling, urethral discharge under foreskin, testicle tender and warm to the touch

Diagnostic Tests:

- Obtain midstream urine for urinalysis
- Urethral swabs for culture (N. gonorrhoea and Chlamydia)

Treatment: NSAIDs; ceftriaxone 250 mg IM single dose and doxycycline 100 mg PO bid for 10 days

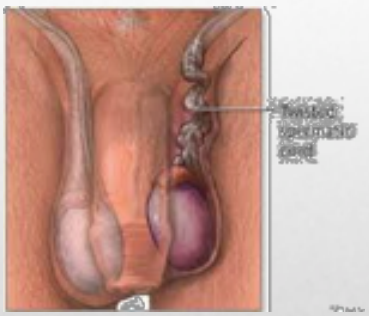
Testicular Torsion

Definition: Abnormal twisting of spermatic cord and testis, decreased blood supply, resulting in ischemic injury and pain.

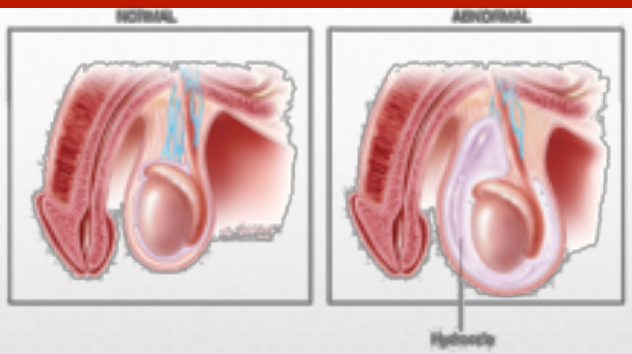
Etiology: spontaneous, trauma or physical activity

Physical findings: severe unilateral testicular pain in last 24 hours, unilateral scrotal swelling, testis acutely tender

Complications: Testicular atrophy or loss, abnormal spermatogenesis, infertility



Treatment: Consult for MEDEVAC for surgery immediately, manage with NSAIDs for pain



- A hydrocele testis is a painless accumulation of fluids around a testicle.
- Often caused by fluid secreted from a remnant piece of peritoneum wrapped around the testicle, called the tunica vaginalis.
- Provided there is no hernia present, hydroceles below the age of 1 year usually resolve spontaneously.
- On exam, an enlarged mass that trans illuminates with a pink or red glow.
- Primary hydroceles may develop in adulthood, particularly in the elderly and in hot countries, by slow accumulation of serous fluid, presumably caused by impaired reabsorption.

Hydrocele

Definition: The inability to achieve or maintain an erection sufficient for satisfactory sexual performance

Causes: organic (medication, trauma) or psychogenic (anxiety, etc.)

History: inability to achieve or sustain erection after penetration

Differential diagnoses:
- Vascular disease
- Hypogonadism
- Hyperprolactinemia
- Hypo/hyperthyroidism

Treatment:
- Encourage sexual intimacy, smoking cessation and avoidance of alcohol
- Educate about alternative sexual activities, importance of foreplay
- Pharmaceutical treatment can be initiated by physician or NP.

Erectile Dysfunction

Artist: NorvalMorrisseau

Well Woman Assessment, Prevention and Screening

Well Woman Preventive Care Checklist

Health Canada / Santé Canada

FIRST NATIONS AND INUIT HEALTH BRANCH ONTARIO REGION

Well Woman Preventive Care Checklist

For average-risk, routine female health assessments ♀

Update Cumulative Patient Profile (in patient's chart)

Allergies ☐
Family History ☐
Medications ☐
Hospitalization ☐
Surgery ☐
Chronic disease ☐

Addressograph

Name:_____
DOB:_____
Band#:_____
File #:
Date:_____

Legend: √ *Adequate, Acceptable* **R:** *Rebook for further discussion or refer* **N:** see Nurses notes **See: FNIHB Ontario Region Preventive Checklist Guideline**

Review of Systems/ Functional Inquiry

Current Concerns : _____

System	No problem identified	Remarks	System	No problem identified	Remarks
HEENT	☐		MSK	☐	
CVS	☐		Neuro	☐	
Respiratory	☐		Integument	☐	
Breasts	☐		Mental Health/depression	☐	
GI	☐		General Health	☐	
GU/Menses	☐		Sleeping pattern	☐	
Family Planning / Contraception	☐		Relationship/ partner	☐	
Sexual Function	☐		History of abuse	☐	
Family (children) concerns	☐		Mobility issues	☐	

Alcohol	No ☐	Yes ☐	Cage finding for problem drinking	Yes ☐ No ☐	Referral for Counselling	Yes☐ No ☐
Drugs	No ☐	Yes ☐	Detox program	Yes ☐ No ☐	Referral for Counselling	Yes☐ No ☐
Smoking	No ☐	Yes ☐	Nicotine replacement therapy	Yes ☐ No ☐	Referral for Counselling	Yes☐ No ☐

Recommendations/Discussions / Labs/Screening (within legislated scope of practice)

Dietary advice on fruits and green leafy vegetables options vs processed food ☐ *http://www.hc-sc.gc.ca/fn-an/pubs/foim-guim/index-eng.php HC First Nations Food Guide*

Folic acid- Low risk (0.4-1 mg) OD
Childbearing women (dispense Vitamin) ☐ N/A ☐
High risk 4-5 mg consult MD/NP referral ☐

Adequate calcium intake (1000 to 1200 mg/d) Yes☐ No ☐ MD/NP referral

Adequate vitamin D: *(400 to 1000 IU) for adults under age 50 without osteoporosis or conditions affecting vit D absorption. Adults >50, supplements of between (800 -2000 IU)*
Yes☐ No ☐ MD/NP referral

Bone Mineral Density > 65 or if at risk – N/A ☐ **Yes☐** MD/NP referral ☐

Peri/Menopausal Symptoms/Concerns N/A ☐ **Yes☐** MD/NP referral ☐

Physical activity *Regular, moderate at least 3x /wk* ☐
Avoid sun exposure, *use protective clothing* ☐

Oral Hygiene Brushing/flossing teeth /Denture Care ☐ Dentist referral ☐

Breast screening: 30 to 69: Discuss risk of breast cancer, along with the benefits and risks of mammography. **MD/NP referral if needed Yes ☐**
Low risk 50 to 74: Mammogram q 2 yrs OBSP Booked ☐ _____

Colorectal cancer (Occult blood stools screening)
(age 50-74) **Yes☐ No☐ or** MD/NP referral for colonoscopy **Yes☐ No☐**

PAP *Cervical Cytology* age 21 + (if are or have been sexually active) repeat q 3 years until 70 (see guidelines) **Due** Yes☐ No☐

Safe sex practices/STI counselling and screening for: *Gonorrhea/ Chlamydia/Syphilis/ HIV /Hep B(high risk) and Hep C (if IV drug user)*
see nurses notes ☐ Done ☐ Booked ☐ MD/NP referral ☐

Lipid Profile (> 50 yr or sooner if at risk) **Due** Yes☐ Booked ☐

Screen with a FBG or A1C every 3 years ≥ 40 years of age
Earlier and more frequent screening for those at very high risk.
Due Yes☐ Booked ☐ MD/NP referral ☐

Last optometrist visit Booked ☐

TB inquiry ☐ screening if required (TST) administered ☐ **or**
CXR Booked ☐ MD/NP referral ☐

Page 1 of 3

Revised December 2015

Preventative Care Check List: WOMEN

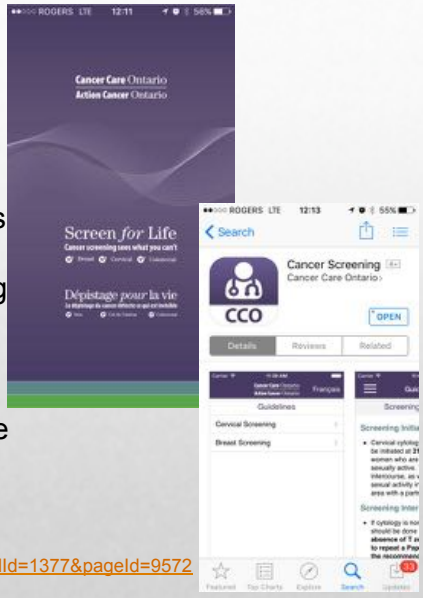
Cervical

When do women start cervical screening?

- 21 yrs old as part of routine exam regardless of sexual activity
- If negative, then repeat pap smears are done every 3 yrs
- If positive – then depending on grade, different screening schedules.

When do women stop screening?

- At 70 years of age with three clear pap tests (no cervical abnormalities) in 10 years and no history of dysplasia.



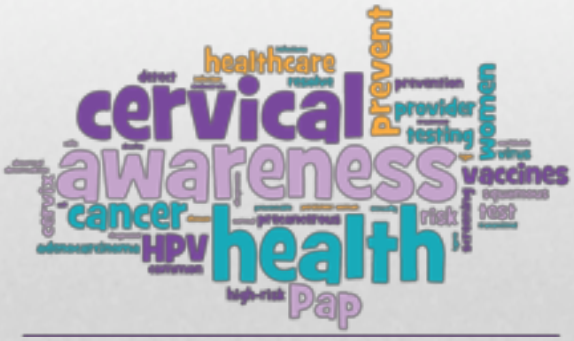
https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=9572

Cervical Screening Guidelines May 2012

Pelvic Examination Procedure Videos

True or False. Patient's should:

1. Avoid intercourse 24 hours before the test?
2. Avoid coming for a pap during menstruation?
3. Defer the pap test due to abnormal bleeding?

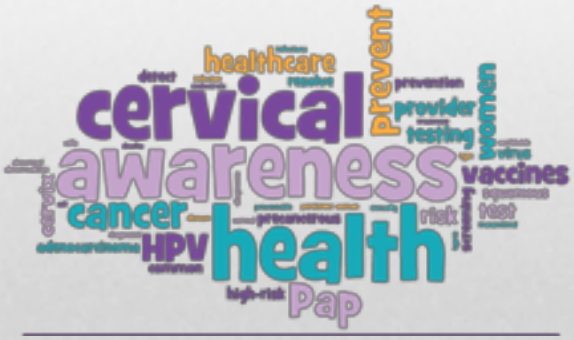


Common Pap Questions

True or False. Patient's should:

1. Avoid intercourse 24 hours before the test?
2. Avoid coming for a pap during menstruation?
3. Defer the pap test due to abnormal bleeding?

True

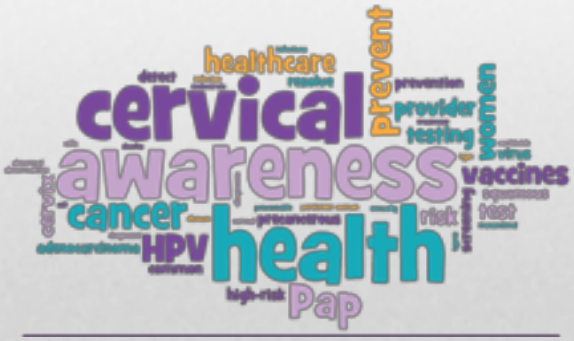


Common Pap Questions

True or False. Patient's should:

1. Avoid intercourse 24 hours before the test?
2. Avoid coming for a pap during menstruation?
3. Defer the pap test due to abnormal bleeding?

True
True

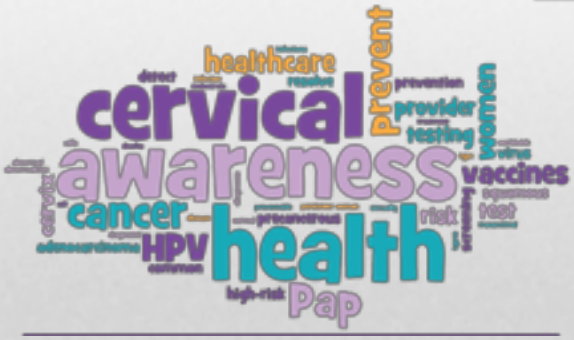


Common Pap Questions

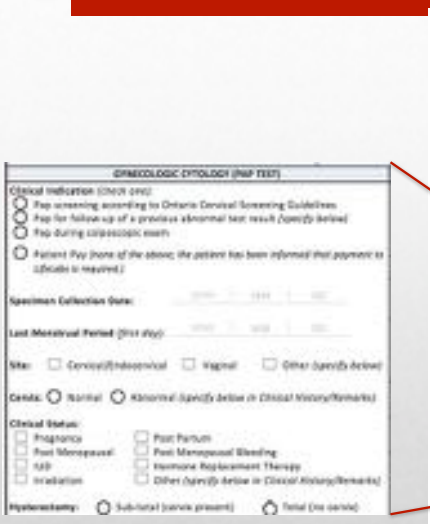
© CHCA 2018

True or False. Patient's should:

1. Avoid intercourse 24 hours before the test? True
2. Avoid coming for a pap during menstruation? True
3. Defer the pap test due to abnormal bleeding? False!



Common Pap Questions



CYTOLOGY & HPV TESTING REQUISITION

LifeLabs Medical Laboratory Services

Requesting Clinician/Practitioner

Name

Address

Clinician/Practitioner Billing Number

Laboratory Use Only

Clinician/Practitioner Phone Number

Patient Chart Number

Health Card Number (HCN)

Version

Sex M F

Date of Birth YYYY | MM | DD

Copy to Clinician(s)/Practitioner(s) (fill in all fields):

Name

Billing #

Province

Other Province's Registration Number

Patient Phone Number

Patient Last Name (as per Health Card)

Patient First Name & Middle Names (as per Health Card)

Patient Address (including postal code)

GYNECOLOGIC CYTOLOGY (PAP TEST)

Clinical Indication (check one):

- Pap screening according to Ontario Cervical Screening Guidelines
- Pap for follow-up of a previous abnormal test result (specify below)
- Pap during colposcopic exam
- Patient Pay (none of the above; the patient has been informed that payment to LifeLabs is required.)

Specimen Collection Date: YYYY | MM | DD

Last Menstrual Period (first day): YYYY | MM | DD

Site: Cervical/Endocervical Vaginal Other (specify below)

Cervix: Normal Abnormal (specify below in Clinical History/Remarks)

Clinical Status:

- Pregnancy
- Post Partum
- Post Menopausal
- Post Menopausal Bleeding
- IUD
- Hormone Replacement Therapy
- Irradiation
- Other (specify below in Clinical History/Remarks)

Hysterectomy: Sub-total (cervix present) Total (no cervix)

HPV TESTING

HPV Testing (High Risk only - no genotyping available)
(The patient has been informed that payment to LifeLabs is required.)

Specimen Collection Date: YYYY | MM | DD

NON-GYNECOLOGIC CYTOLOGY

OHIP/Insured Third Party/Uninsured WSIB

Specimen Collection Date: YYYY | MM | DD

# of Specimens Submitted # of Slides Submitted

Urine: Voided Catheterized Bladder Wash

Respiratory: Sputum Bronchial Brush Bronchial Wash

Site/Side (if applicable):

Fluids: Pleural Peritoneal CSF

Other (specify)

Site/Side (if applicable):

Thyroid: Left Right Cyst Nodule Single Multiple

Breast: Left Right Cyst fluid FNA of Mass Nipple Discharge

Fine Needle Aspiration Biopsy: Left Right Kidney Salivary Gland Lung Liver Lymph Node (specify) Pancreas Other (specify):

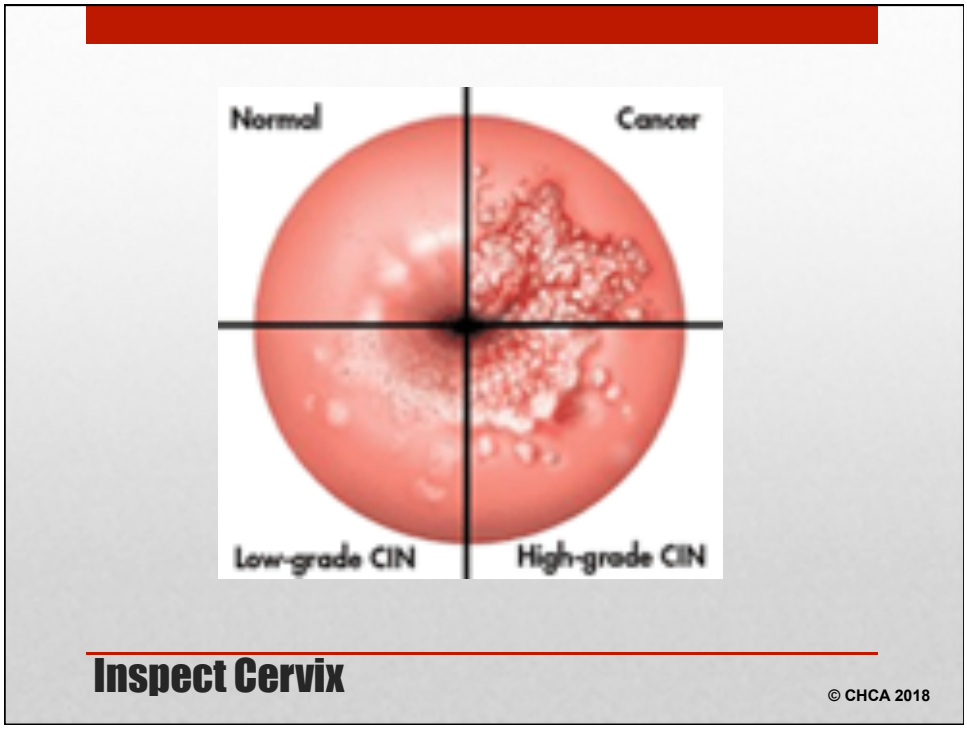
Other Site (specify):

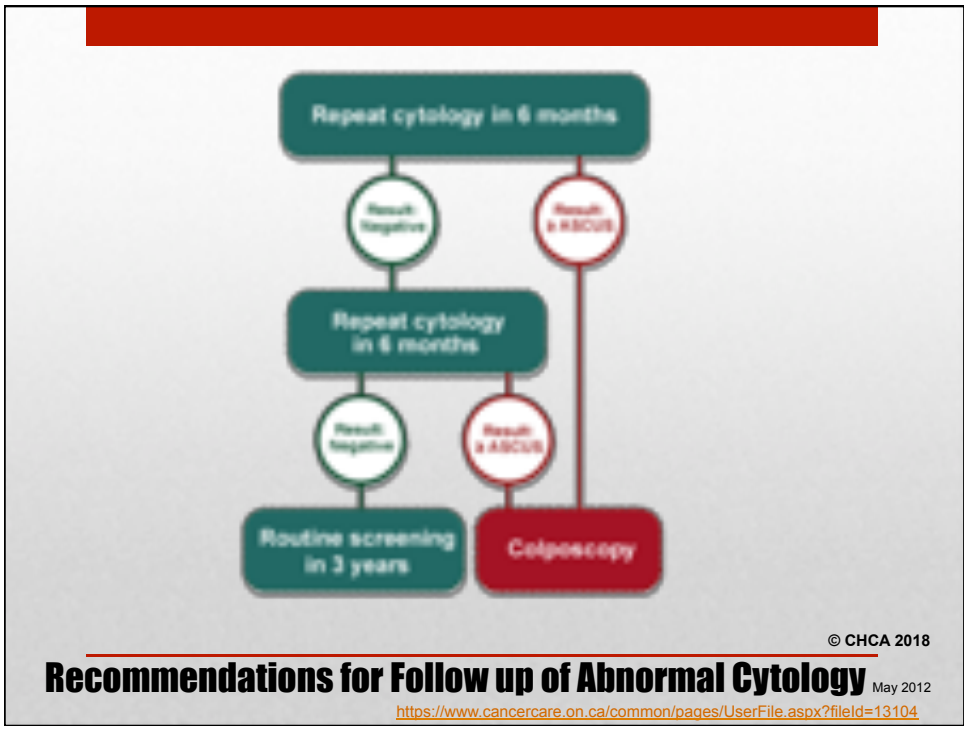
Clinical History/Remarks:

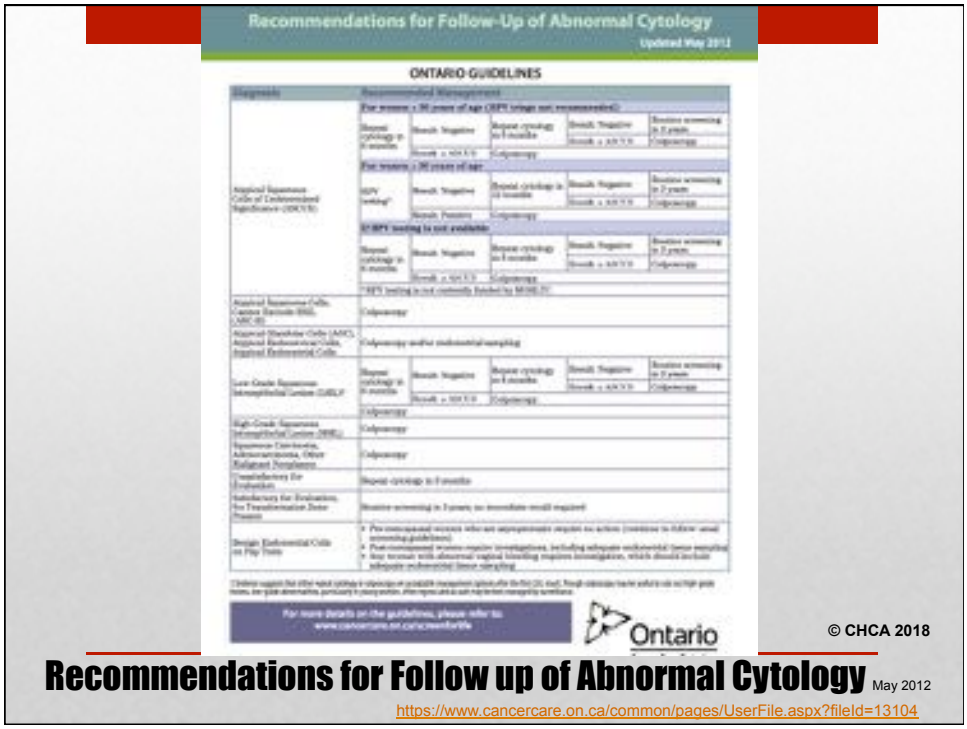
Inadequate clinical information may hinder diagnosis. For accurate and timely cytologic diagnosis, provide all information required.

Laboratory Use Only

Cytology Requisition


Normal
Cancer
Low-grade CIN
High-grade CIN
Inspect Cervix
© CHCA 2018


Repeat cytology in 6 months
Repeat cytology in 6 months
Routine screening in 3 years
Colposcopy
© CHCA 2018
Recommendations for Follow up of Abnormal Cytology
May 2012
https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13104


Recommendations for Follow-Up of Abnormal Cytology
ONTARIO GUIDELINES
Ontario
© CHCA 2018
Recommendations for Follow up of Abnormal Cytology
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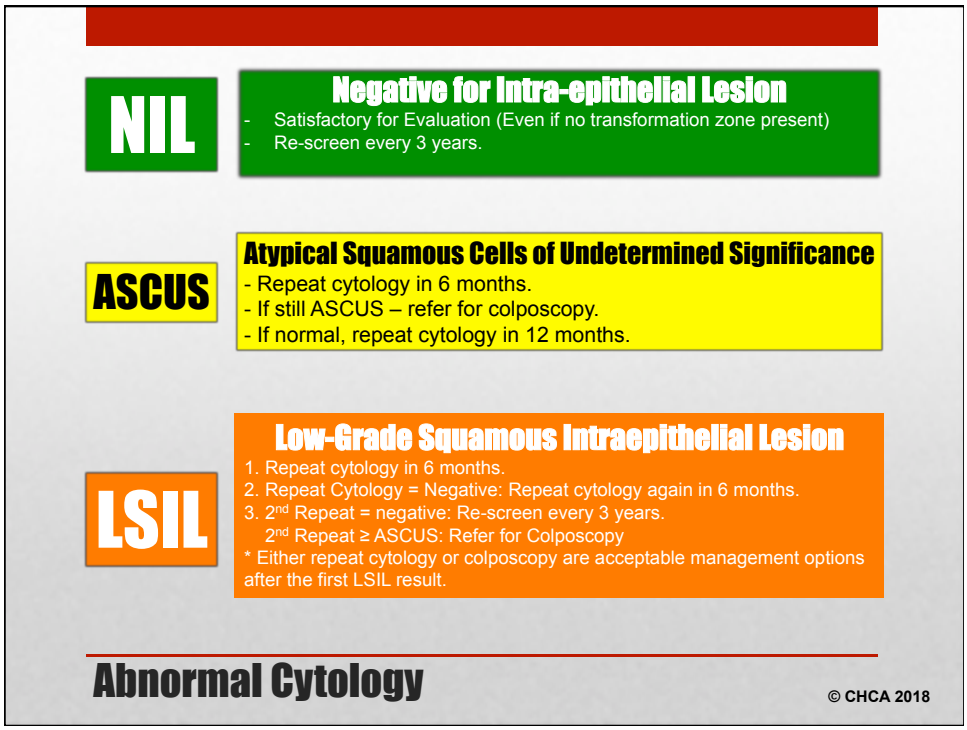

NIL
Negative for Intra-epithelial Lesion
- Satisfactory for Evaluation (Even if no transformation zone present)
- Re-screen every 3 years.
ASCUS
Atypical Squamous Cells of Undetermined Significance
- Repeat cytology in 6 months.
- If still ASCUS – refer for colposcopy.
- If normal, repeat cytology in 12 months.
LSIL
Low-Grade Squamous Intraepithelial Lesion
1. Repeat cytology in 6 months.
2. Repeat Cytology = Negative: Repeat cytology again in 6 months.
3. 2nd Repeat = negative: Re-screen every 3 years.
2nd Repeat ≥ ASCUS: Refer for Colposcopy
* Either repeat cytology or colposcopy are acceptable management options after the first LSIL result.
Abnormal Cytology
© CHCA 2018

Abnormal Cytology

HSIL — High-Grade Squamous Intraepithelial Lesion

ASC-H — Atypical Squamous Cells - Cannot Exclude HSIL

AGC/AEC — Atypical Glandular Cells
Atypical Endocervical Cells
Atypical Endometrial Cells

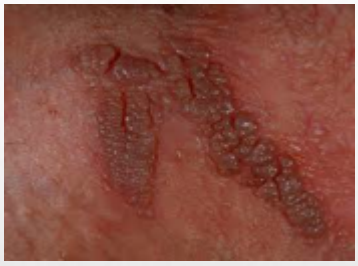
Malignancy — Squamous Carcinoma, Adenocarcinoma, Other Malignant Neoplasms

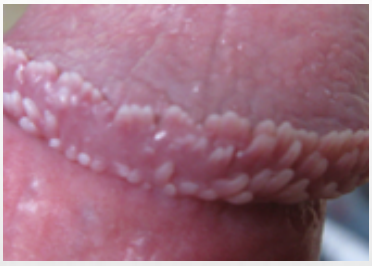
- Refer for Colposcopy

Benign Endometrial Cells on Pap Tests

1. Pre-menopausal women who are asymptomatic require no action (continue to follow usual screening guidelines)
2. Post-menopausal women require investigations, including adequate endometrial tissue sampling
3. Any woman with abnormal vaginal bleeding requires investigation, which should include adequate endometrial tissue sampling

Human Papilloma Virus - HPV





- 70% of HPV infections in youth may regress to subclinical in 1 year; 90% in 2 years.
- If infection persists, even sub clinically, high risk of developing precancerous lesions of vulva and cervix, leading to invasive cancer
- This may take years.
- Four main treatment options:
  - Watch and wait
  - Cryotherapy
  - Conization
  - LEEP or Loop Electrosurgical Excision Procedure.

August 2016: Ontario Gardasil program expansion:

1. Men who identify as gay, bisexual, as well as other men who have sex with men (MSM), including trans people who identify as MSM under age 26.
2. School-Based Immunization Program to start in grade 7 and now includes boys.

- Protective against HPV [4 types (6,11,16, 18)] which cause approximately 90% of genital warts, 92% of anal cancers, 63% of penile cancers, and 89% of mouth and certain types of throat cancers.
- HPV vaccination can be either a 2 dose or 3 dose series.
- Which series depends on the age in which the client receives their first dose and whether they are immunocompetent.

GARDASIL®

Gardasil

- Breast cancer mortality in the Ontario population declined by roughly 42 per cent for women ages 50 to 74 between 1990 and 2012.
- The decline in mortality rates is likely due both to improved breast cancer treatment and to increased participation in mammography screening.
- Screening mammography has the ability to detect breast cancers when they are small, less likely to have metastasized to the lymph nodes, and more likely to be successfully treated with breast-conserving surgery and without chemotherapy.
- There are still many women who would benefit from regular breast cancer screening because only 59 per cent of Ontario women ages 50 to 74 were screened for breast cancer with mammography between 2012 and 2013.

Breast Cancer Screening

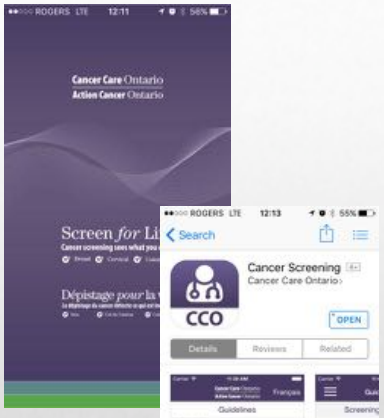
October 2015

When do AVERAGE women start breast screening?

- Women ages 50-74 years
- Screening mammogram every two years for most women.

There are several instances where a woman will be automatically recalled by the program in one year.

- Documented pathology of high-risk lesions;
- A personal history of ovarian cancer;
- Two or more first-degree female relatives with breast cancer at any age;
- One first-degree female relative with breast cancer under age 50;
- One first-degree relative with ovarian cancer at any age;
- One male relative with breast cancer at any age;
- Breast density ≥75 per cent at the time of screening; or
- Recommended by the radiologist at the time of screening.



Breast Screening Guidelines

October 2015

When do HIGH RISK women start breast screening?

- Women age 30 to 69 years of age identified as high risk

What are the screening recommendations for HIGH RISK women?

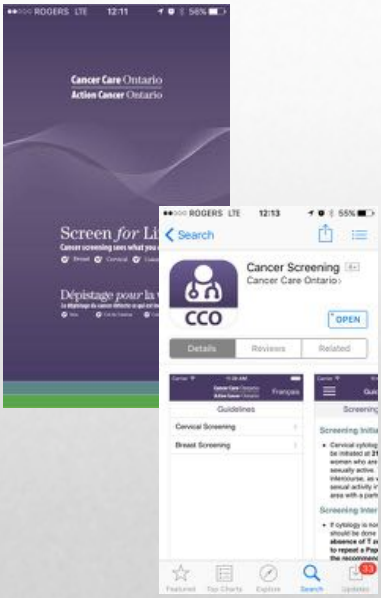
- Screening mammogram and screening breast magnetic resonance imaging (MRI) every year (or, if appropriate, screening breast ultrasound) at OBSP high risk sites.

What are the eligibility for criteria for high risk screening?

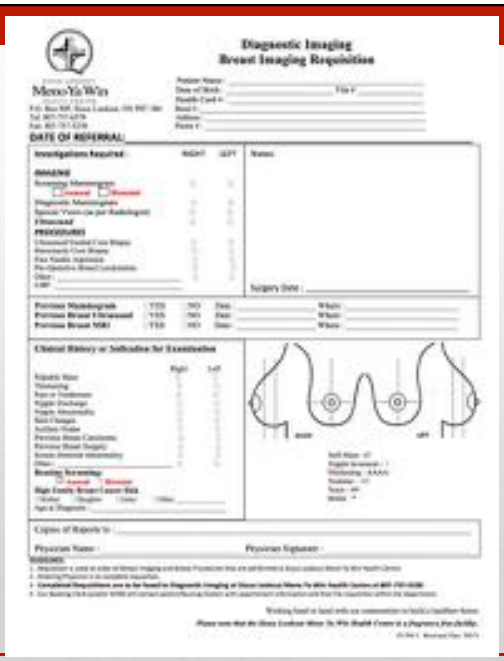
- Physician referral;
- Valid Ontario Health Insurance Plan number;
- No acute breast symptoms; and
- Fall into one of the following risk categories:

Category A: Personal or Family History
(BRCA1 or 2)

Category B: Genetic Assessment



Breast Screening Guidelines October 2015



Artist: Norval Morrisseau

COMMON ISSUES IN WOMEN'S' HEALTH

Definition: pain accompanied with menses.

- **Etiology:** high amounts of prostaglandins
- **Diagnostic:** By exclusion, exam, pap smear, responded to low dose OCs.
- Rule out secondary causes.
- **Treatment:**
  - NSAIDS
  - Heat

Secondary Causes:

- Endometriosis
- Uterine tumors/fibroids

Dysmenorrhea

Definition: Uterine bleeding that is abnormal in amount, duration or timing

Abnormal Uterine Bleeding

Definition: Cessation of menses, resulting from loss of ovarian follicular activity, for minimum 12 months.

History:
- between 39-51 years old,
- irregular menstrual cycles,
- palpitations, weight gain, vaginal dryness

Physical findings:
- depression,
- breast atrophy,
- vaginal walls are smooth, thin, pale, dry,
- uterus and cervix are smaller

Consultation:
- Elective consultation MD/NP if symptoms are severe, complications are present, client is less than 40 years of age, or client desires hormone replacement therapy (HRT).

Diagnostic tests:
- Only if diagnosis is unclear or if the client is less than 40 years of age; consult physician
- Bone density testing
- Screening mammography q2years between ages of 50 and 69
- Pap as per guidelines
- Any bleeding after menopause needs investigation

Management:
- Calcium 1200mg
- Vitamin D (< 50 years: 400-2000 IU

Menopause