



## U.S. Preventive Services Task Force Issues Final Recommendation Statement on Screening for Gynecologic Conditions With Pelvic Examination

*More research is needed for the Task Force to recommend for or against performing pelvic exams in adult women without any signs or symptoms*

WASHINGTON, D.C. – March 7, 2017 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on screening for gynecologic conditions with pelvic examination in women without any signs or symptoms (asymptomatic). After reviewing the evidence, the Task Force found that more evidence is needed before it can recommend for or against using the pelvic exam to screen asymptomatic women age 18 and older for conditions other than cervical cancer, chlamydia, and gonorrhea. **This is an I statement.**

This statement is about the effectiveness of the pelvic exam, a type of physical exam, which is different than the annual well-woman visit. The Task Force does not have a recommendation on annual well-woman visits. A pelvic exam is a check of a woman's pelvic organs (the vagina, cervix, uterus, fallopian tubes, and ovaries) that clinicians use to look for multiple gynecologic conditions. The I statement applies to women age 18 and older who do not have any signs or symptoms of gynecologic conditions, who are not at increased risk for these conditions, and who are not pregnant. In separate recommendations, the Task Force already recommends using screening tests for early detection of cervical cancer, chlamydia, and gonorrhea.

### Grade in this recommendation:

**I:** The balance of benefits and harms cannot be determined.

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“The Task Force is calling for more research to better understand the benefits and harms associated with performing screening pelvic exams to detect gynecologic conditions in women without any gynecologic signs, symptoms, or risk factors,” says Task Force member Maureen G. Phipps, M.D., M.P.H. “Until more research is available, clinicians should continue to use their clinical judgment, taking each patient’s individual values, preferences, and circumstances into consideration when deciding with patients whether or not a pelvic exam should be performed.”

“This is not a recommendation against performing pelvic exams,” says Task Force chair Kirsten Bibbins-Domingo, Ph.D., M.D., M.A.S. “At this time, there simply is not enough evidence to determine the benefits and harms of using pelvic exams to screen for conditions other than cervical cancer, chlamydia, and gonorrhea.”

This is the first time that the Task Force has reviewed the evidence and made a statement on this topic. This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from June 28 to July 25, 2016.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based

recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Phipps is the department chair and Chace-Joukowsky professor of obstetrics and gynecology and assistant dean for teaching and research on women's health at the Warren Alpert Medical School of Brown University. She is also a professor of epidemiology in the School of Public Health at Brown University. In addition, she is the chief of obstetrics and gynecology at Women & Infants Hospital of Rhode Island and the executive chief of obstetrics and gynecology at Care New England.

Dr. Bibbins-Domingo is the Lee Goldman, MD, endowed chair in medicine and professor of medicine and of epidemiology and biostatistics at the University of California, San Francisco (UCSF). She is a general internist, attending physician, and the director of the UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital.

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