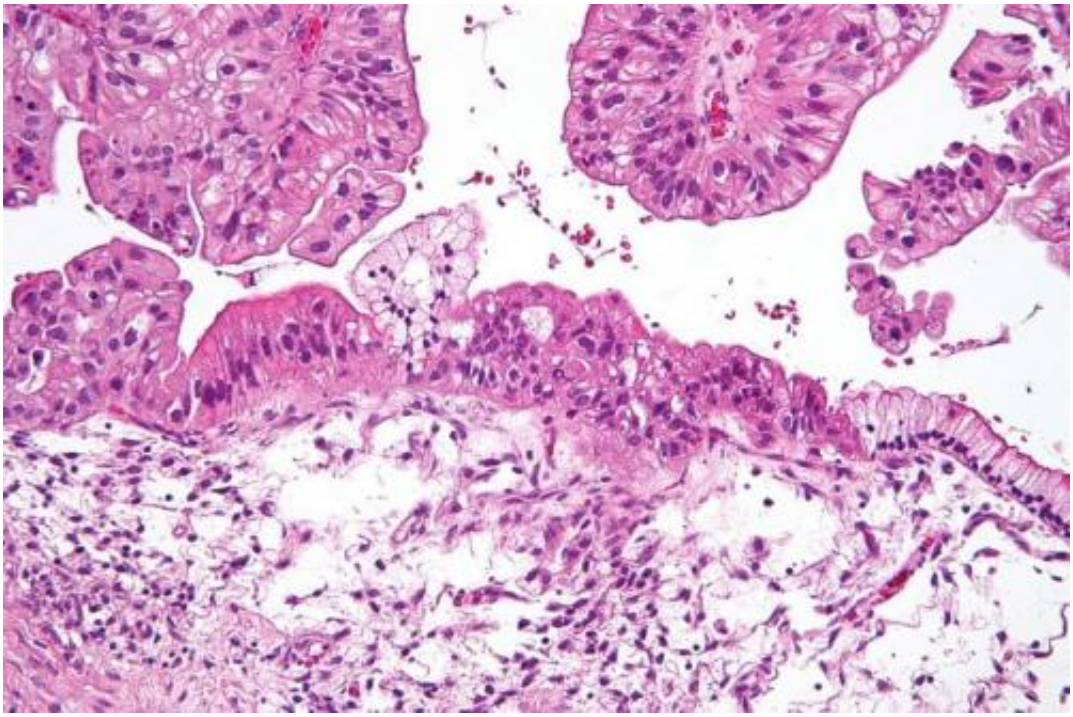
Researchers find bimanual exam doesn't accurately screen for ovarian cancer

April 2 2015, by Sydney Devine



Intermediate magnification micrograph of a low malignant potential (LMP) mucinous ovarian tumour. H&E stain. The micrograph shows: Simple mucinous epithelium (right) and mucinous epithelium that pseudo-stratifies (left - diagnostic of a LMP tumour). Epithelium in a frond-like architecture is seen at the top of image. Credit: Nephron /Wikipedia. CC BY-SA 3.0

The most commonly performed ovarian cancer screening test—the bimanual exam—is unlikely to benefit healthy women, according to a study led by researchers at the University of Georgia.

UGA's Mark Ebell, a family physician and professor of epidemiology in the College of Public Health, and other researchers published a study recently in the *American Journal of Preventive Medicine* looking at how well the physical examination can detect ovarian cancer in otherwise healthy patients.

Specifically, the study examined the accuracy of the bimanual pelvic exam to determine if it's accurate enough to identify ovarian cancer. The exam is typically part of a routine pelvic exam and allows doctors to potentially detect abnormalities occurring in a woman's cervix.

The study found the bimanual exam, much like other screening tests, is not an accurate examination for screening ovarian cancer in healthy women.

"We found that it only detected about half of the cancers that were there," Ebell said. "And when the bimanual exam was abnormal, only about 2 percent of the time was a cancer detected in these women."

Based on the findings, "we think that for most healthy women, their time can be better spent discussing other health issues rather than spending time doing an annual bimanual exam looking for ovarian cancer," he said.

Although the bimanual exam was found to be inaccurate in these specific studies, Ebell said that this type of exam is still important as part of a physical exam when women are having specific symptoms that could point to possible ovarian cancer. However, in healthy patients who have no symptoms and are in for a routine checkup, the bimanual exam doesn't seem to be helpful.

"The bimanual exam is less accurate than blood tests or ultrasounds for detecting ovarian cancer, and even those tests have not been shown to

prevent death due to ovarian cancer when used as a screening test," Ebell said.

These results are particularly relevant, since recent guidelines from the U.S. Preventive Services Task Force and others only recommend a Pap test to screen for cervical cancer every three to five years for average risk women. Thus, the question of whether women still need an annual bimanual exam has become an important one.

"I'm interested in understanding how we can help physicians and patients make the best use of their time together to make decisions that reflect the best evidence, not to just do things because we've always done them," Ebell said.

Since this study, Ebell continues to research whether symptoms can help detect ovarian cancer, or at least identify women at increased risk who may benefit from further testing.

"Ovarian cancer is a devastating condition, and it can affect women in the prime of their life.
There continues to be research to try to find a better test for ovarian cancer, and it's really important that we keep working on that," Ebell said.

More information: "A Systematic Review of the Bimanual Examination as a Test for Ovarian Cancer," *American Journal of Preventive Medicine*, Volume 48, Issue 3, March 2015, Pages 350-356, ISSN 0749-3797, dx.doi.org/10.1016/j.amepre.2014.10.007

Provided by University of Georgia