

# Evidence insufficient regarding screening for gynecologic conditions with pelvic examination

March 7 2017

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The U.S. Preventive Services Task Force (USPSTF) has concluded that the current evidence is insufficient to assess the balance of benefits and harms of performing screening pelvic examinations in asymptomatic, nonpregnant adult women for the early detection and treatment of a range of gynecologic conditions. This statement does not apply to specific disorders for which the USPSTF already recommends screening (i.e., screening for cervical cancer with a Papanicolaou smear, screening for gonorrhea and chlamydia). The report appears in the March 7 issue of *JAMA*.

This is an I statement, indicating that evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Many conditions that can affect women's health are often evaluated through [pelvic examination](#). These include but are not limited to malignant diseases, infectious diseases, and other benign conditions. Although the pelvic examination is a common part of the physical examination, it is unclear whether performing screening pelvic examinations in [asymptomatic women](#) reduces the risk of illness or death. To issue a new recommendation, the USPSTF reviewed the evidence on the accuracy, benefits, and potential harms of performing screening pelvic examinations in asymptomatic, nonpregnant adult women 18 years and older who are not at increased risk for any specific

gynecologic condition.

The USPSTF is an independent, volunteer panel of experts that makes recommendations about the effectiveness of specific preventive care services such as screenings, counseling services, and preventive medications.

## **Detection**

The USPSTF found inadequate evidence on the accuracy of pelvic examination to detect a range of gynecologic conditions. Limited evidence from studies evaluating the use of screening pelvic examination alone for ovarian cancer detection generally reported low positive predictive values. Very few studies on screening for other gynecologic conditions with pelvic examination alone have been conducted, and the USPSTF found that these studies have limited generalizability to the current population of asymptomatic women seen in primary care settings in the United States.

## **Benefits of Screening**

The USPSTF found inadequate evidence on the benefits of screening for a range of gynecologic conditions with pelvic examination. No studies were identified that evaluated the benefit of screening with pelvic examination on all-cause mortality, disease-specific morbidity or mortality, or quality of life.

## **Harms of Screening**

The USPSTF found inadequate evidence on the harms of screening for a range of gynecologic conditions with pelvic examination. A few studies reported on false-positive rates for [ovarian cancer](#), and false-negative

rates. Among women who had abnormal findings on pelvic examination, five percent to 36 percent went on to have surgery. Very few studies reported false-positive and false-negative rates for other gynecologic conditions. No studies quantified the amount of anxiety associated with screening pelvic examinations.

## Summary

Overall, the USPSTF found inadequate evidence on screening pelvic examinations for the [early detection](#) and treatment of a range of gynecologic conditions in asymptomatic, nonpregnant [adult women](#).

**More information:** Evidence Report and Systematic Review for the U.S. Preventive Services Task Force, *JAMA*. DOI: [10.1001/jama.2017.0807](https://doi.org/10.1001/jama.2017.0807)

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