

# Women's Health

## Done by:

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## Color Code:

Important | Notes | Extra

## Links:

- [Editing file](#)
- [Slides](#)
- [Menopause roll play \(revised by doctor\)](#)

## Objectives:

Students should focus on disease prevention, health promotion, and periodic health evaluation for women, which include:

- Screening for tobacco use, alcohol misuse, intimate partner violence, dyslipidemia, diabetes, blood pressure and depression.
- Use of Aspirin for primary prevention for CVD. Risks and unique presentations of CVD in women.
- Preconception and contraception counseling of premenopausal women.
- Counseling of high-risk sexually active women to reduce the risk of sexually transmitted infections.
- Screening of chlamydia, gonorrhea, and syphilis.
- Screening of cervical cancer, breast cancer, colorectal cancer, and osteoporosis
- Recommended immunizations for women.
- Counseling for menopause.

هذي الأهداف مكتوبة بالقايد المرسل لنا. ولكن بروف الجوهرة طلبت منا نتكلم عن أشياء معينة وما نعتد على هذي الأهداف. بالنسبة للإختبار فالدكتورة نورة قالت كل دكتورة راح تكتب اسئلتها بنفسها، وبروف الجوهرة لما سألناها قالت بتكتب الأسئلة من الأشياء اللي طلبتنا نتكلم عنها..



## Introduction

Please read it..

قبل لا نبدأ بنقولكم ايش فكرة السمينار هذا وعن ايش بنتكلم. بالبداية احنا طلبت منا الدكتورة نتكلم عن تغريد اللي عمرها فوق الـ 50 سنة وعندها سمنة. تغريد هذي حست بأعراض الـ Menopause بس لما راحت لجارتها وشرحت لها ايش تحس قالت لها جارتها انتبهي شكل فيك فقر دم! جاتنا تغريد واخذنا منها التاريخ المرضي وتكلمنا معها وعرفنا ان عندها اعراض سن اليأس. فبدأنا نتكلم مع تغريد عن مشكلتها الأساسية اللي هي Menopause ونشرح لها ايش هو، ايش اعراضه، وكيف ممكن نعالج الأعراض ونساعد بتحسناها، وهذي أشياء قد درسناها في النساء والولادة ومازين عليها ومراح تكون جديدة وصعبة باذن الله.

طبعاً زي ما انتوا عارفين في طب الأسرة ما نحل بس مشكلة المريض ونتركه، لا! نهتم فيه ككل من جميع الجوانب، فعشان كذا بعد ما حلينا مشكلتها الأساسية اللي هي جاية فيها نيغى نتكلم معها عن الـ Health promotion وكيف تعزز صحتها كمرأة. فراح نوضح إيش يعني صحة المرأة وإيش المفهوم الصحيح له وكيف اقدر اساعد تغريد هذي بالذات في تحسين صحتها وإيش الـ screening اللي هي بحاجتها. بحثنا عن مرجع متكامل لكل الركنديشنز لشخص بهذا العمر ولقينا الـ USPSTF، هذا ندخل فيه عمر المريضة و بعض عوامل الخطورة اللي عندها بالتالي يطلع لنا ايش اهم الأشياء اللي افحص المريضة و اعلمها وانبهها عنها حسب حالتها واللي يتناسب مع عمرها ووضعها الصحي ومشينا عليها، مثل الأكل الصحي، الضغط، السكر، الوقاية من امراض القلب، الهشاشة، بعض السرطانات، الاكتئاب وغيره. مراح نتكلم عن كل شيء طلع لنا بالتفصيل ولكن بنتكلم عن اهم الأشياء باختصار شديد جداً، واخر شيء راح نتكلم عن اهم أنواع السرطان اللي مفروض من ضمن خطة هذه المريضة اننا نفحصها وهي سرطان الثدي وسرطان عنق الرحم. **بالتالي نصيحة منا: اذا لقيتوا احد الأمراض زي الضغط والسكر فيه ركنديشنز مكتوبة هنا ومختلفة عن المحاضرة الأساسية اللي عطونا لها قايدلاين او سلايد منفصلة فامشوا على القايدلاينز حقت المحاضرات المختصة بالموضوع وليس على المكتوب هنا مثل الضغط والسكر. ولكن في حال ما شرح لنا التوبيك بشكل منفصل وماله قايد لاين امشوا على اللي مكتوب هنا مثل سرطان الثدي وعنق الرحم.**

يعني باختصار في هذا الملف راح نتكلم عن: سن اليأس، تعزيز الصحة بشكل مختصر (الضغط، السكر، الاكتئاب، الغذاء الصحي والحركة) وأخيراً سرطان الثدي وعنق الرحم. المعلومات بشكل عام ماهي جديدة كلياً واغلبها مارين عليها من قبل وسبق أخذناها بالنساء والولادة والجراحة وطب الأسرة.

اللهم لا سهل إلا ما جعلته سهلاً، وأنت تجعل الحزن إذا شئت سهلاً. اللهم إني أسألك فهم النبيين وحفظ المرسلين والملائكة المقربين، اللهم اجعل ألسنتنا عامرة بذكرك، وقلوبنا بخشيتك، إنك على كل شيء قدير وحسبنا الله ونعم الوكيل

في حال استصعب عليكم أي محتوى قولوا لا إله إلا أنت سبحانك إني كنت من الظالمين ولا حول ولا قوة إلا بالله العلي العظيم. ولا ترددوا بالتواصل معنا بأي وقت



# Menopause

## Definition:

- Menopause is defined as 12 months of **amenorrhea**, associated with **elevation of (FSH, LH)**
- Average age is 51.5 years.
- When women may have changes in their monthly cycles, hot flashes, or other symptoms, it's called the **menopausal transition, or perimenopause**.

## Signs & Symptoms:

- Irregular menstruation
- Hot flashes
- Vaginal dryness and discomfort
- Sleep disturbances
- Emotional changes
- Memory problems, poor concentration
- Physical changes: a buildup of fat around the abdomen, weight gain, changes in hair color, texture, and volume, breast reduction and tenderness, urinary incontinence

## Menopause increases risk of:

- **Osteoporosis.** Because of lack of estrogen that protect the bones
- **Cardiovascular disease.** Because of lack of estrogen that have a positive effect on the inner layer of artery wall, helping to keep blood vessels flexible

## Management:

### 1. Non pharmacological treatments (Information and advice):

- a. Give information to menopausal women and their family members that includes:
  - i. An explanation of the stages of menopause common symptoms and lifestyle changes and interventions that could help general health and wellbeing.
  - ii. Benefits and risks of treatments for menopausal symptoms.
  - iii. Long-term health implications of menopause.
- b. Explain to women that as well as a change in their menstrual cycle they may experience a variety of symptoms associated with menopause, including:
  - i. Vasomotor symptoms e.g. hot flushes and sweats.
  - ii. Musculoskeletal symptoms e.g. joint and muscle pain.
  - iii. Effects on mood e.g. low mood.
  - iv. Urogenital symptoms e.g. vaginal dryness.
  - v. Sexual difficulties e.g. low sexual desire.

c. Give information about lifestyle modification and herbal remedies for menopausal symptoms:

**i. Lifestyle tips:**

1. Getting regular exercise.
2. Practicing relaxation and deep breathing exercises.
3. Having a healthful diet that includes plenty of fresh fruits, vegetables, and whole grains.
4. Quitting smoking and avoiding secondhand smoke.
5. Limiting the intake of alcohol.
6. Seeking counseling for anxiety, mood changes, and relationship concerns.
7. Establishing good sleeping habits and getting plenty of rest.
8. Doing kegel exercises<sup>1</sup> to strengthen the pelvic floor.
9. Talking to friends and family about the experience of menopause.
10. Exploring new ways of enjoying intimacy with a partner.
11. Joining a club, volunteering, or taking up a new hobby.
12. Keeping an active sex life.

**ii. Natural Remedies:**

1. Ginseng:<sup>2</sup> Research has shown that ginseng may help with some menopausal symptoms, such as mood symptoms and sleep disturbances, and with one's overall sense of well-being.
2. Black Cohosh:<sup>3</sup> There is some evidence that black cohosh may relieve hot flashes.
3. Soy protein: There is some evidence supporting the effect of soy protein in reducing the severity of vasomotor symptoms.

**2. Pharmacological treatment:**

Give information to menopausal women and their family members about the following types of treatment for menopausal symptoms:

- i. Non-pharmaceutical, e.g. cognitive behavioral therapy (CBT).
  - ii. Non-hormonal, e.g. clonidine, and SSRIs e.g. **Paroxetine**.
  - iii. Hormonal, e.g. hormone replacement therapy (HRT).
- Consider **testosterone supplementation** for menopausal women with low sexual desire **if HRT alone is not effective**.
  - Offer vaginal **estrogen** to women with **urogenital atrophy** and continue treatment for as long as needed to relieve symptoms.
  - **Low-dose antidepressants** for **hot flashes**, even among women who do not have **depression** (SSRIs **like paroxetine**).

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<sup>1</sup> [Click here to know how kegel exercise can help.](#)

<sup>2</sup> Ginseng is a type of slow-growing perennial Chinese plant.

<sup>3</sup> Black cohosh is a flowering plant that's native to North America.

- Low-dose OCP for hot flashes, vaginal dryness and mood changes (not used a lot).
- Hormonal replacement therapy **is the last choice because of its risks**. After discussing with them the short-term (up to 5 years) and longer-term benefits and risks, offer women HRT for:
  - a. Vasomotor symptoms
  - b. To alleviate low mood that arises as a result of the menopause.
  - c. Low sexual desire
- **A women should not use hormone therapy if they have risk factors for the following health problems, or if they have a personal or family history of these issues:**
  - Heart disease
  - Blood clots
  - High levels of triglycerides in the blood
  - Gallbladder disease
  - Liver disease
  - Stroke
  - Breast cancer

## When to refer the patient?

Consider referring women to a healthcare professional with expertise in menopause if they have menopausal symptoms and contraindications to HRT or there is uncertainty about the most suitable treatment options for their menopausal symptoms.

## Health Promotion


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### What does women's Health mean?

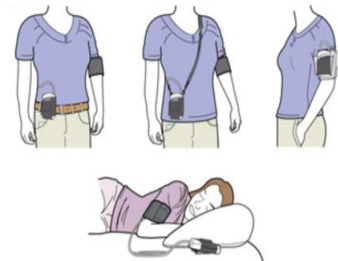
- **Traditional** women's health definition focused on reproductive and maternal health **but women's health is not only reproductive and maternal health** because actually it is anything a female can experience regarding her health (**anything starting from adolescence to geriatric age**).
- Women's health is an example of population health (women are a part of the general population).
- **Modern** concept of women health focuses on:
  - a. Promoting wellness through self care
  - b. Preventing illness through screening
  - c. Diagnosing, and managing conditions that are unique to women, more common in women, or more serious in women with manifestations, risk factors or interventions that are different for women than men.

زي ما قلنا لكم بالمقدمة، بحثنا عن مرجع متكامل لكل الركنديشنز لشخص بهذا العمر ولقينا USPSTF ، فلما بحثنا بعمر هذي المريضة وايش عندها، هذا اللي طلع معنا. مراح نتكلم عن كل شيء زي ما سبق قلنا لكم، فرکزوا على اللي عليهم هايلايت وبنشرح كل واحد منهم بشكل مختصر جدا

**Health promotion of an obese women above 50 years of age (according to United States Preventive Services Task Force) Recommendations:**

51 years female (USPSTF recommendations):		
<b>A (Recommended)</b>	<ul style="list-style-type: none"> <li>- Cervical Cancer screening</li> <li>- Colorectal Cancer screening</li> <li>- HIV, Syphilis screening (if sexually active)</li> <li>- High blood pressure screening</li> <li>- Tobacco cessation</li> </ul>	
<b>B (recommended)</b>	<ul style="list-style-type: none"> <li>- Breast cancer screening</li> <li>- Chlamydia, gonorrhea screening</li> <li>- Depression screening</li> <li>- Diabetes mellitus screening</li> <li>- Healthful diet and physical activity for CVD prevention</li> <li>- Hep.C screening (if high risk)</li> <li>- Latent TB screening (if risk)</li> <li>- Unhealthy alcohol consumption</li> <li>- Osteoporosis screening to prevent fractures</li> <li>- Weight loss to prevent obesity-related morbidity and mortality</li> </ul>	
<b>C (selectively recommended)</b>	<ul style="list-style-type: none"> <li>- Healthful diet and physical activity behavioral counseling</li> <li>- Skin cancer prevention</li> </ul>	

**Consider calculating the cardiovascular disease risk for you patients by ASCVD 10-years risk** (Check dyslipidemia seminar for more details)



**1. High Blood Pressure Screening (Recommendation A):**

- Screening starts in **age 18** years or older.
- **Screening:** happens in office

Screening Frequency	
Annually	3 - 5 years interval
40 years or older and for those who are at increased risk for high blood pressure: High-normal blood pressure (130 to 139/85 to 89 mm Hg) - Overweight or obese - African Americans -	18 to 39 years with normal blood pressure without risk factors (do not have other risk factors)

- **Diagnosis confirmation:** recommended outside clinical setting before starting treatment (ex. ABPM ambulatory BP monitoring)

## 2. Diabetes Mellitus Screening (Recommendation B):

- As a part of cardiovascular risk assessment.
- In adults **aged 40 to 70** years who are overweight or obese.
- Screening for abnormal blood glucose (via fasting blood glucose or HgA1C).
- **Frequency:** every 3 years may be a reasonable approach for adults with normal blood glucose levels.
- More frequent screening for adults with increased risk as:
  - a. Family history of diabetes
  - b. Have a history of gestational diabetes
  - c. Polycystic ovarian syndrome
- **In our community, since almost everyone has a family member with DM or has a risk factor, it is better to screen for DM annually (if patient has normal glucose levels).**
- **Diagnosis of diabetes:**
  - If Elevated glucose level in repeated test (same test) on a different day (Two abnormal levels, even if few months apart)
  - Offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

## 3. Depression Screening (Recommendation B):

- Recommended in the general adult population, including pregnant and postpartum women.
- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
- There is little evidence regarding the optimal timing for screening
- Consider asking about domestic violence and abuse
- Depression can be screened by tools as Patient Health Questionnaire (PHQ-9) →

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

## 4. Healthful diet and exercise (CVD prevention) and weight loss to prevent obesity-related morbidity and mortality (recommendation B):

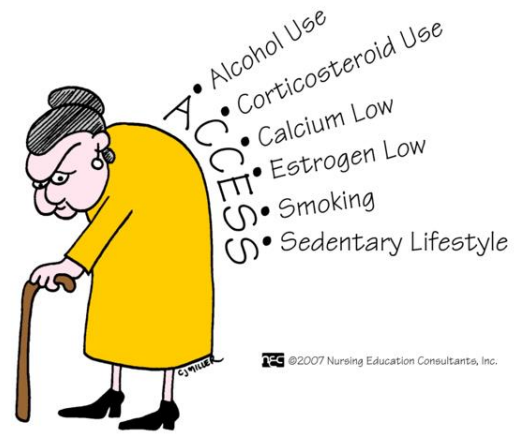
- The 150 rule →



## 5. Osteoporosis screening to prevent fractures (Recommendation B):

### Why to screen?

- 70% of osteoporotic fractures happens in women.
- Fractures (especially hip) are associated with ambulation limitation, chronic pain and disability.
- Risk of primary osteoporosis increase with age.
- Who are at increased risk of osteoporosis and its fractures?
  - a. People with family history of osteoporotic major fractures (as hip) - Low body mass index
  - b. And the following: →



“Access” (leads to) Osteoporosis

### Recommendations for preventing osteoporotic fractures:

- Vitamin-D supplementation.
- Adding calcium rich food to diet (Laban, white cheese...).
- Weight bearing exercises (as squat).
- Adequate exposure to sun.

### 10-year FRAX risk of major osteoporotic fracture (MOF)

#### Questionnaire:

1. Age (between 40 and 90 years) or Date of Birth Age: <input type="text"/> Date of Birth: Y: <input type="text"/> M: <input type="text"/> D: <input type="text"/>	10. Secondary osteoporosis <input checked="" type="radio"/> No <input type="radio"/> Yes
2. Sex <input type="radio"/> Male <input type="radio"/> Female	11. Alcohol 3 or more units/day <input checked="" type="radio"/> No <input type="radio"/> Yes
3. Weight (kg) <input type="text"/>	12. Femoral neck BMD (g/cm <sup>2</sup> ) Select BMD <input type="text"/>
4. Height (cm) <input type="text"/>	<input type="button" value="Clear"/> <input type="button" value="Calculate"/>
5. Previous Fracture <input checked="" type="radio"/> No <input type="radio"/> Yes	
6. Parent Fractured Hip <input checked="" type="radio"/> No <input type="radio"/> Yes	
7. Current Smoking <input checked="" type="radio"/> No <input type="radio"/> Yes	
8. Glucocorticoids <input checked="" type="radio"/> No <input type="radio"/> Yes	
9. Rheumatoid arthritis <input checked="" type="radio"/> No <input type="radio"/> Yes	

**Note: continue studying the topic from (Osteoporosis TBL)**



# Breast Cancer

## Is it common? In which age group?

Yes, it is. In the past it was popular in the old age group but now there is a Saudi research paper published in 2018 that showed that a total of 6922 females breast cancer cases were recorded in the Saudi cancer registry from 2001 to 2018. The highest overall percentage was (38.6 and 31.2%) of breast cancer were documented in women's who were 30-44 and 45-59 years of age, respectively! So, **Why has become widespread in the young age group?**

1. First, because routine screening is better and more widespread
2. Because of the development, the development has added a lot to us, but in return we have become more vulnerable to radiation around us in all its forms. In addition to that is unhealthy life style.

## Misconception:

Misconception	Correction
Only women with a family history of breast cancer are at risk	While women with a family history are at higher risk, the researches showed that, only 10% of women diagnosed with breast cancer have a family history!
There's nothing you can do to decrease your breast cancer risk	There are many things you can do to decrease your breast cancer risk like maintain a healthy diet, limit your fat intake, exercise regularly.
A mammogram can cause breast cancer to spread	A mammogram is an X-ray of your breast and is the best way to detect breast cancer. While mammograms require a small dose of radiation, the risk of harm from this exposure is extremely low. The benefits always outweigh the risk.
Only women can develop breast cancer	While the risk is low, men can develop breast cancer and carry a higher mortality rate.
All lumps mean breast cancer	If you find a lump during a routine a self-exam, there is no need to panic. Many of these lumps are caused by cysts or scar tissue. Other symptoms of breast cancer include pain, swelling, redness or thickening of the skin.
Everyone's breast cancer is the same	As a person's genetic make-up is different, some breast cancers are small, yet aggressive. Some grow slowly and are not life-threatening. The treatments and outcomes for each patient are different.

## Risk factors:

Modifiable	Non Modifiable
<ul style="list-style-type: none"> <li>- Radiation. <b>The most important modified risk factors.</b> الدكتورة حَرَصَت كثير على نقطة الاشعاع وانه كثير أبحاث اثبتت اللي يتعرضون أكثر للجوالاات واللابتوب والأجهزة على منطقة الصدر هم أكثر عرضة ان يحدث سرطان لا سمح الله على نفس الصدر.</li> </ul>	<ul style="list-style-type: none"> <li>- Family history. <b>The most important non modifiable risk factor.</b></li> <li>- Age: 8 out of 10 women can have breast cancer after their 50<sup>th</sup>.</li> </ul>

- Not being physically active & Being overweight or obese after menopause.
- Taking hormones: Some forms of hormone replacement therapy (those that include both estrogen and progesterone) taken during menopause can raise risk for breast cancer when taken for more than five years.
- Reproductive history: Having the first pregnancy after age 30, not breastfeeding, and never having a full-term pregnancy can raise breast cancer risk.

- Previous breast cancer or diagnosis.
- Breast density: Women who have more dense breast tissue may have a higher risk of developing this disease.
- Genetic mutations: Inherited changes (mutations) to certain genes, such as BRCA1 and BRCA2.

Population	Recommendation	Grade (What's This?)
Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with <i>BRCA 1/2</i> gene mutation	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 ( <i>BRCA 1/2</i> ) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	<b>B</b>
Women whose personal or family history or ancestry is not associated with potential harmful <i>BRCA 1/2</i> gene mutations	The USPSTF recommends against routine risk assessment, genetic counseling, or genetic testing for women whose personal or family history or ancestry is not associated with potentially harmful <i>BRCA 1/2</i> gene mutations.	<b>D</b>

## Assessment of Risk for Breast Cancer:

Various methods are available to identify women at increased risk for breast cancer, including formal clinical risk assessment tools or assessing breast cancer risk factors without using a formal tool. Numerous risk assessment tools, such as the National Cancer Institute (NCI) Breast Cancer Risk Assessment Tool, estimate a woman's risk of developing breast cancer over the next 5 years. The Breast Cancer Risk Assessment Tool (BCRAT) is based on a statistical model known as the Gail Model. The tool uses a woman's own personal information to estimate risk of developing invasive breast cancer over specific periods of time, including:

- Age
- Age at the start of menstruation
- Age at first live birth of a child
- Number of first-degree relative (mother, sisters, daughters) with breast cancer
- Number of previous breast biopsies (whether positive or negative)
- Presence of atypical hyperplasia in a biopsy

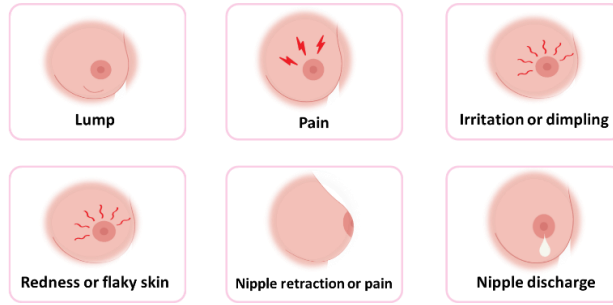
باختصار هذا موقع نجاوب فيه الأسئلة بناء على معلومات المريضة وهو يطّلع لنا النسبة للخمس سنين المقبلة، نفس فكرة ASCVD 10-years risk بالضبط.

First live birth	Unknown
	No births
	<20 years old
	20-24 years old
	25-29 years old
	≥30 years old
First-degree relatives with breast cancer Include only mother, sisters and daughters	Unknown 0 1 >1
Previous breast biopsy	Unknown 0 1 >1
Race/ethnicity	White
	African-American
	Hispanic
	Asian-American
	American-Indian/Alaskan Native
	Unknown

### Result:

Please fill out required fields.

## Signs & Symptoms:



**How can we reduce the risk?** Avoid radiation, healthy life style, Regular check-ups at the oncologist, surgeon, or family doctor, Self examination.

## Breast Cancer Screening:

Breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat.

### Breast Cancer Screening Tests:

1. **Breast Self-Awareness: Being familiar** with how your breasts look and feel can help you notice symptoms such as lumps, pain, or changes in size that may be of concern. Although it does not reduce breast cancer mortality and may increase false positive rates.

### 2. Clinical breast examination

انتبهوا لنقطة الفحص الذاتي والفحص بالعيادة، احنا قلنا انها **ماهي ريكومندد للتشخيص او السكرينتك خلاص**، ولكن هذا ما يعني اننا نسويها كمتابعة دورية لنفسنا ونكون فاميلير مع أي اختلاف.

3. **Mammogram:** Mammograms are the **best way to find breast cancer early**, when it is easier to treat and before it is big enough to feel or cause symptoms.

### 4. Ultrasound.

## When to screen?

US Preventive Services Task Force	
<b>Women aged &lt; 40</b>	The decision to start screening mammography in women prior to age 40 years should be an individual one and we do for them <b>ultrasound only</b> . أي سيدة قبل ال40، قرار اني اسوي لها فحص يعتمد حسب لو عندها أي اعراض او لاحظت شيء او عندها أي عامل خطورة يستدعي اني اسوي لها. في حال قررت اسوي لها بسوي لها الترا ساوند موم امو قرام. المامو قرام ما يتسوى لأي وحدة اقل من 40 سنة أبدا. ولو المريضة جاتي وهي ملاحظة أي اختلاف بصدرها بس انا وقت الفحص ما لقيت شيء لازم اسوي لها الترا ساوند وما اعتمد على فحصي لان هي تعرف نفسها أكثر مني.
<b>Women aged 40 to 49 with average risk</b>	The decision to start screening mammography in women prior to age 50 years should be an <b>individual one</b> . بمعنى احنا عارفين ان قبل 40 ما قدر اسوي مامو أصلا، وفوق ال50 اسوي. طيب بينهم؟ حسب قرارك انتي لو المريضة عندها رسك فاكثورز ولا اعراض مقلقة لازم اطلب لها لان الفايده هنا تعدت الضرر وهو الاشعاع

	<p>القوي للمامو، بس لو المريضة قلقانة فقط بس ماعندها عامل خطورة او شيء يخوفني هنا اطلب لها الترا ساوند بس عشان اتطمئن وتتطمئن.</p> <p>Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s.</p>
<b>Women aged 50 to 74 with average risk</b>	<p>Biennial screening mammography is <b>recommended</b></p> <p>هنا اسوي لها مافيهها كلام ولا قرارات شخصية</p>
<b>Women aged 75 or older with average risk</b>	<p>Current evidence is <b>insufficient</b> to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.</p>
<b>Women with dense breasts</b>	<p>Current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast US, MRI, digital breast tomosynthesis (DBT), or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.</p>

### What happens if my mammogram is normal?

Continue to get mammograms according to recommended time intervals.

### What happens if my mammogram is abnormal?

ماراح ندخل في تفاصيل العلاج، باختصار: جاتك وحدة باي سبب استدعاك تسوين لها مامو وعطيتها موعداً بعد أسبوعين مثلاً عشان تشوفين النتيجة وطلعت فعلاً فيها خصائص الكانسر وش تسوين؟ ترسلينها لأخذ خزعة وتحولينها على الجراحة وبناء على نتيجة الخزعة هم بيقررون هل تحتاج إزالة جراحية أو اشعاع أو كيماوي. ومهم جداً انك تتواصلين مع الجراحة بحيث يعطونها موعداً سريعاً خاصة خاصة لو نتيجة المامو مقلقة وكذلك هي عندها عوامل خطورة أو ريد فلاقس. (ركزت عليه الدكتورة)

## Cervical Cancer

### What is cervical cancer screening?

Used to find changes in the cells of the cervix that could lead to cancer. How does cervical cancer occur? cervical cells become abnormal and, over time, grow out of control. In advanced cases it can invade adjacent organs

**What causes cervical cancer?** Human papillomavirus (invasive type 18, 16)

### Symptoms and Signs:

- Mainly asymptomatic.
- Blood spots or light bleeding between or following periods, Menstrual bleeding that is longer and heavier than usual, Bleeding after intercourse, douching, or a pelvic examination, increased vaginal discharge, Pain during sexual intercourse

**Why is cervical cancer screening important?** It usually takes 3–7 years for high-grade changes in cervical cells to become cancer.

### How is cervical cancer screening done?

- For a Pap test, the sample is examined to see if abnormal cells are present.
- For an HPV test, the sample is tested for the presence of 13–14 of the most common high-risk HPV types.

### How often should I have cervical cancer screening and which tests should I have?

- Women aged 21–29 years should have a Pap test alone every 3 years. HPV testing is not recommended.
- Women aged 30–65 years should have a Pap test and an HPV test (co-testing) every 5 years (preferred). It also is acceptable to have a Pap test alone every 3 years.

### When should I stop having cervical cancer screening?

After the age 65 years if you do not have a history of moderate or severe abnormal cervical cells or cervical cancer, and you have had either three negative Pap test results in a row or two negative co-test results in a row within the past.

### If I have had a hysterectomy, do I still need cervical cancer screening?

The decision is based on whether your cervix was removed, why the hysterectomy was needed, and whether you have a history of moderate or severe cervical cell changes or cervical cancer.

### Are there any women who should not follow routine cervical cancer screening guidelines?

Women who have a history of cervical cancer, are infected with human immunodeficiency virus (HIV), have a weakened immune system, or who were exposed to diethylstilbestrol (DES) before birth may require more frequent screening and should not follow these routine guidelines.

### Other risk factors for cervical cancer include:

- Giving birth to many children.
- Smoking cigarettes.
- Using oral contraceptives ("the Pill").
- Having a weakened immune system.

### Vaccines?

- One licensed HPV vaccine available in the United States:
- Gardasil 9 (human papillomavirus 9-valent vaccine, recombinant; 9vHPV) Gardasil 9 protects against 9 types of cancer-causing HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58.
- CDC recommends starting the series before their 15th birthday. Adolescents who receive their two doses less than five months apart will require a third dose of HPV vaccine. Teens and young adults who start the series at ages 15 through 26 years still need three doses of HPV vaccine. Also, three doses are recommended for people with certain immunocompromising conditions aged 9 through 26 years.

Population	Recommendation	Grade (What's This?)
Women 21 to 65 (Pap Smear) or 30-65 (in combo with HPV testing)	The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years. See the <a href="#">Clinical Considerations</a> for discussion of cytology method, HPV testing, and screening interval.	<b>A</b>
Women younger than 30 years, HPV testing	The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.	<b>D</b>
Women younger than 21	The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.	<b>D</b>
Women Older than 65, who have had adequate prior screening	The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. See the <a href="#">Clinical Considerations</a> for discussion of adequacy of prior screening and risk factors.	<b>D</b>
Women who have had a hysterectomy	The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.	<b>D</b>