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## National guidelines breast cancer screening

People with cervix will also notice a change following a visit to the OB-GYN thanks to new guidelines for cervical cancer screenings. These new rules are designed to reduce stress and increase the detection of most cervical cancer-causing viruses. The American Cancer Society's updated cervical cancer screening requirements now suggest that people with cervix go through human papillomavirus virus (HPV) primary testing - instead of a Pap test - every five years, starting at the age of 25 and continuing to be 65. More frequent Pap tests (every three years) are still acceptable tests in offices without access to hpv primary testing. The previous ACS guidelines, released in 2012, advised screening to begin at the age of 21. Women can start (test) them later. They can do it less often, said Dr. Alexi Wright, director of gynecological oncology results research at Dana-Farber Cancer Institute in Boston, who was not involved in developing updated recommendations. The test (detect) the virus causes cervical cancer and whether a woman has infection or not. This allows us to better understand the risk of developing cervical cancer. Oncologists get sweet surprises amid their own battle with cancer June 29, 202004:10The American Preventive Task Force and the American College of Obstetricians and Gynecologists (ACOG) recommendations currently differ from the ACS guidelines. They encourage priest tests every three years for ages 21-29, followed by a joint test of the Pap test and hpv primary test of 30-65 every five years, or only a Pap test every three years. In a statement shared today, ACOG said it look forward to reviewing the new ACS recommendations to determine whether they should update their clinical guidance. In the meantime, ACOG confirms current cervical cancer screening policies, which include all three cervical cancer screening strategies (high-risk human papillomavirus testing alone, cervical cytology alone and co-testing), wrote Dr. Christopher M. Zahn, vice president of practical activities at ACOG. ... The current screening guidelines reflect a balance of benefits and potential harms and support shared decision-making between patients and their clinicians. Both Pap tests and HPV tests require cells collected around the cervix, so the collection experience remains similar. Pap tests detect changes in the cells of the cervix and are somewhat unreliable. Wright said there's a 50-50 chance they'll miss an important change or incorrectly mark cells as abnormal. But hpv's primary test detects the virus, which makes up 99% of cervical cancer. If the tests are positive, doctors will better understand the patient's risk of cancer. The update is based on decades of studies comparing the effectiveness of the HPV study (Pap tests), Debbie Saslow, Executive Director, HPV & GYN Cancer at the American Cancer Society said today, by email. This brings relief to people as there are fewer unclear expect a stressful Pap test women with greater certainty, a more accurate test, can really be useful, Wright said. Many anxiety - which is severe - can happen around tests, which are considered pathological, but in fact may not be significantly abnormal. While first screening at 25 instead of 21 may seem as if it also lacks younger people's risk of cervical cancer, Saslow said that's not true. Less than 1% of cervical cancer is detected under the age of 25 - amount to about 130 per year. That number is declining thanks to HPV vaccination, he said. These cases have not decreased as a result of screening, and the numbers are similar in countries that start screening later. Screening is simply not beneficial at this age. What everyone should know about the HPV vaccine May 15, 201701:31The rate of cervical cancer and its deaths has decreased significantly over the past 40 years, according to the Centers for Disease Control and Prevention. While screening helped, the HPV vaccine contributed to the decline. When it comes to teen girls, infections of cancer and warts that cause HPV strains decreased by 86%, and among young women these infections were down 71%, according to the CDC. Recent estimates show that 60% of adolescent girls and 42% of adolescent boys received one or more doses of HPV vaccine. Wright urges parents to use the vaccine to prevent head, neck, neck, penis and cancer. It is a vaccine designed to prevent cancer, said Wright. I hope that this combination of vaccination and screening and treatment will be able to eradicate (HPV-causing cancer) in this country. This story was updated on July 30, 2020 and includes a comment from the American College of Obstetrics and Gynecologists (ACOG) and current HPV vaccination rates. There have been a lot of back-and-forths in recent years over mammogram screening to prevent breast cancer, and major health groups still disagree. Here's what the debate is all about. This article originally appeared on Time.com. 45 years old. 50 years old. Once. Once every two years. If you try to reach a consensus on when and how often women should be screened for breast cancer through mammography, you will not find a universal agreement. Being confused and conflicting as the advice seems to back and forth leads to a personalized vision for breast cancer screening that should be more effective for individual women. Instead of general statements that would sweep women who are at high risk of having the same screening schedule as lower-risk women, for example, we are emerging from a more flexible system after discussing with a female doctor to be more tailored to their own risk. The main groups agree that most women should receive their first screening between 45 and 50, and that women in the family with breast cancer should start earlier. When mammograms appeared in the 1970s as a means of detecting breast cancer, it was in the age of the war on cancer. A Understanding the cancer then-as it still is, was that finding cancer early, when the tumors are still small, leads to the best chance of treating it and helps women live longer. Cancer was stigmatized horribly at the time and was often taboo to talk about, so doctors struggled to get the public to accept the disease and introduce the idea of getting tested as soon as possible to control it. The general advice was to screen as soon as possible and as often as practically possible. Although the assumption was that screening would save longer lives and more lives from cancer, there was conflicting data on whether this was indeed the case. This made intuitive sense, but studies showed that women who were regularly screened did not necessarily avoid dying of breast cancer than women who were not screened. Even at the age when doctors suggested that women begin mammograms-40-was somewhat arbitrary, based on the fact that cancer, and breast cancer, in particular, is usually a disease that occurs in the elderly. These studies also show that the large number of lesions found by mammography, some of which were false positives, led to a surge in further studies, biopsies and radical treatments, including mastectomy and even prophylactic mastectomy, in which women choose to have both breasts removed, even if there is only one tumor. Studies have found that mammograms in the U.S. can lead to 30% higher false positive results, which make a suspicious lesion turn out to be non-cancerous. New scientific evidence has infiltrated in recent decades as enough women have been examined and followed for years to document the rates of breast cancer and causes of death. When the potential benefit of saving lives for breast cancer was weighed on the risks over diagnosis and over treatment, these results are an eye-opener: they do not consistently show that mammograms do more good than harm. Still, the intuitive message behind screening that looking for cancer helps find and treat it was so powerful that it was difficult for doctors and the public to question mammograms. Then the U.S. Preventive Services Task Force (USPSTF), a group of independent experts convened by the government, which is tasked with such topics, reviewed the evidence in 2009. The task force's mission is to advise on the basis of the strictest scientific studies. If there is no evidence that something is useful, then the working group does not recommend it. MORE: I treated breast cancer for years as a doctor. Then I was diagnosed when the USPSTF reviewed the literature on mammograms, they came to a surprising conclusion. There is little evidence to support the benefits of mammograms in younger women, they found. For them, biopsies of suspected lesions, or additional procedures, if screening has taken lesions, the benefits of advanced breast cancer protection. After analysis it was suggested that most women should start mammogram screening at the age of 50, not 40, and that they should be screened once a year, not once a year. The recommendation wreaked havoc on the cancer community and caused confusion among women. Breast cancer advocates were convinced that counseling would lead to an increase in breast cancer rates, not to mention deaths from breast cancer, if more women delayed screening and had their cancer picked up later when treatments were less effective. The Susan G. Komen group, for example, expressed concern that younger women feel less urgent to be mammograms. There is enough uncertainty about the age at which mammography should begin, and the frequency of screening that we don't want to see a change in policy screening mammography at this time, the group said in a 2009 statement responding to the USPSTF's findings. Within a few years, studies show that anywhere from 6% to 17% fewer women in their 40s, depending on their ethnicity, are becoming mammograms. However, according to the latest data from the SEER cancer database, the number of deaths from breast cancer decreased by nearly 2% every year between 2005 and 2014, even after uspstf recommendations. MORE: 6 Surprising Things That Can Improve Breast Cancer Treatment The Rate of New Breast Cancer Diagnoses Is Not Shot Up As a Result of The Advice. The researchers say it may reflect the fact that some cases of detected mammograms among women in their 40s may not have had cancer after that, but lesions that were picked up in the study and then removed or treated. The American Cancer Society now takes the middle path between previous guidelines and the USPSTF's advice, saying that women should start talking to doctors about mammogram screening when they reach 45. Most groups agree that women after the age of 75 do not need to be screened regularly, only if they are in the family or have other causes of suspicion that there is a high risk of developing cancer. The lesson of changing advice is that it is still important for women to get screened for breast cancer since detecting tumors early is linked to longer lives and fewer deaths from the disease. But when women need to start tests, and how often, it largely depends on her specific risk factors for breast cancer: whether she smokes and whether she is in the family with the disease, for example. The latest recommendations reflect refining mammogram counseling toward a personalized regimen that women and doctors come up with that will, in the end, give women the strongest chance of preventing and surviving the disease. This story was originally published on time