

Cervical Cancer Screening Guidelines

The US Preventive Services Task Force, American Cancer Society, and similar guidelines recommend routine screening for cervical cancer in biological females starting at age 21 with a Pap smear/test every 3 years. Those age 30 to 65 years who want to lengthen the screening interval may have routine screening with a combination of a Pap smear and human papillomavirus (HPV) testing every 5 years.

Cervical cancer is most often caused by certain strains of HPV, a common sexually transmitted infection that can occur without symptoms. The immune systems of most people eliminate HPV without negative health consequences. Only a small fraction of individuals with persistent HPV infection develop cervical abnormalities that could lead to cancer, and this takes many years. Screening in accordance with the following guidelines provides a framework for achieving very low cancer rates while avoiding over-screening that can lead to false positives and the unnecessary potentially harmful medical interventions that can result.

Current Routine Cervical Cancer Screening Recommendations:

- **Age <21:** should not be screened for cervical cancer (or HPV). Cervical cancer is extremely rare in this age group because the immune systems of those under 21 spontaneously clear HPV infections over a period of months. Transient infections in this age group are not associated with cervical cancer risk and are not a reason for medical intervention.
- **Ages 21–29:** should receive routine screening every three years. This is typically done by conventional Pap testing alone. HPV testing should not be done in those under 30, because HPV is typically transient and not related to a risk of cervical cancer in this age group. Significant harms can result from unnecessary HPV screening in those under 30.
- **Ages 30–65:** can be routinely screened by conventional pap at three year intervals. If individuals in this age group wish to extend the time between testing to five year intervals, they can elect to have a Pap test combined with HPV testing.
- Screening should be discontinued in **those older than 65** who have no history of cervical intraepithelial neoplasia, pre-cancerous findings, or cervical cancer and a recent history of normal Paps. Those who have had a hysterectomy with removal of the cervix and have no history of precancerous or cancerous findings should discontinue routine cervical cancer screening, regardless of age.

HPV vaccine for individuals under age 26 can reduce the risk of infection with Human Papilloma Virus. Since this vaccine reduces but does not eliminate risk, HPV vaccinated individuals should follow the same cervical cancer screening guidelines as those that are unvaccinated.

**Individuals with a history of abnormal pap tests, cervical cancer, or who are HIV-positive, immunocompromised, or were exposed to diethylstilbestrol (DES) in utero may need more frequent screening than described below. (Discuss this with your healthcare provider).

For more information, go to:

- **CDC:** www.cdc.gov/cancer/cervical/index.htm
- **Preventive Services Task Force:** www.uspreventiveservicestaskforce.org/uspstf11/cervcancer/cervcancerrs.htm
- **American Cancer Society:** www.cancer.org/cancer/cervicalcancer/index

Information Regarding Chlamydia and Gonorrhea

- Chlamydia and gonorrhea are frequently occurring infections that can affect people of all genders. Chlamydia is one of the most common sexually transmitted infections (STIs) in the United States.
- **Symptoms** can include vaginal or urethral discharge, genital bleeding, burning with urination, frequent urination, lower abdominal pain, etc. **Chlamydia and gonorrhea can also be present with no symptoms at all.** Therefore, both people can be infected with and transmit these infections without even knowing it.
- Even without symptoms, chlamydia and gonorrhea can cause permanent damage to a person's reproductive system if left untreated. This can make it difficult or impossible to get pregnant later on.
- Chlamydia and gonorrhea are spread by vaginal, anal, or oral sex with someone who is infected. If your sex partner is biologically male you can still get chlamydia and/or gonorrhea even if they do not ejaculate.
- For biological females, a test for chlamydia and/or gonorrhea can be taken during a pelvic exam or can be done through a urine specimen or self-collected vaginal swab without a pelvic exam.
- For biological males, testing is usually done with a urine specimen for routine screening, when symptoms of urethral burning or discharge from the penis develop, or when notified of infection in a sexual partner.
- The Centers for Disease Control and Prevention (CDC) recommends that **all sexually active biological females under 25 years of age** have a chlamydia test and a gonorrhea test done annually regardless of symptoms or history of exposure because the cervical physiology of those in this age group makes them more susceptible to infection.
- Periodic chlamydia and gonorrhea testing is also recommended for people of any age if (since their most recent test) they've had a new sexual partner, multiple sexual partners, or a recent sexual partner has been diagnosed with chlamydia and/or gonorrhea, or they have symptoms.
- Chlamydia and gonorrhea can be treated with antibiotics. Treatment reduces the risk of medical complications and limits the spread of the infection to others.
- The use of latex condoms with sexual activity can reduce the risk of transmission of Chlamydia, Gonorrhea, and other STIs, including HIV/AIDS. Condoms are available to registered students at the SSU Student Health Center Pharmacy without a prescription for a very discounted fee. Condoms may also be purchased at most drugstores.

For further information see <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm> and <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm>, or to make an appointment, contact the SSU Student Health Center at (707) 664-2921.

Oral Contraceptive Pill Information

Oral contraceptive pills (OCPs) are an extremely effective form of birth control. They come in two types:

- Combination oral contraceptive pills (contain both estrogen and progestin)
- Progestin-only pills

The majority of people on OCPs take combination oral contraceptive pills. These are more effective than the progestin-only pills. The progestin pills (“mini-pills”) are helpful for biological females who are unable to take pills which contain estrogen.

How do they work? OCPs work primarily by inhibiting the ovaries from releasing eggs (inhibiting ovulation). The pill also produces thicker mucous so that it is more difficult for sperm to travel. The pills may also act on the lining of the uterus to make implantation more difficult.

Advantages:

- OCPs are extremely effective. If used perfectly, only 1 out of 1,000 users will become pregnant within a year.
- They are reversible. There is no loss of fertility.
- They are considered safe for most biological females. OCPs are one of the most extensively and scientifically studied medications available.
- OCPs may decrease menstrual cramps and pain. Menstrual periods may become lighter and shorter.
- There is a decreased risk of ovarian and endometrial cancer.
- There is a decreased rate of benign breast disease.
- OCPs may prevent functional ovarian cysts.
- They can decrease ectopic pregnancy.
- They may help preserve bone mineral density.
- They may improve acne.

Disadvantages:

- OCPs do not protect against sexually transmitted infections (STIs), including HIV/AIDS.
- They may rarely cause nausea and vomiting.
- There is an increased risk of blood clots.
- Some individuals may have spotting between menstrual cycles.
- Some individuals may have an elevation in blood pressure.
- OCPs can accelerate the development of gallbladder disease in those who already have gallbladder problems.
- Some individuals may develop benign liver tumors.
- Some individuals may develop or have worsening of headaches.

Oral contraceptive pills are not recommended for those who have the following conditions:

- A history of blood clots
- Active liver disease
- A history of breast cancer
- Migraine headaches associated with neurological symptoms

- Over 35 years old and smoke heavily (20 or more cigarettes a day)
- Pregnant
- A history of stroke or coronary heart disease
- High blood pressure greater than 160/100
- Diabetes with involvement of the eye, kidney, nerves or blood vessels
- Diabetes for more than 20 years

Possible minor side effects of oral contraceptive pills:

- Nausea and vomiting, rarely (taking the pill with food may help reduce nausea)
- Spotting between periods
- Breast tenderness and swelling
- Headache
- Mood changes
- Weight gain

Some of these minor side effects will go away after 3 to 4 cycles of pills.

Serious side effects: Serious side effects include high blood pressure and formation of blood clots.

Notify your healthcare provider immediately if you have any of these symptoms:

- Abdominal pain (severe)
- Chest pain
- Headache (severe)
- Eye problems, visual disturbances
- Severe localized leg pain (calf or thigh)

The easy way to remember this is to know the mnemonic “ACHES”.

People who are on OCPs have a 14 times higher risk for blood clots during long plane flights than those who are not on OCPs. Ways to reduce this risk include maintaining hydration before and during the flight, avoiding diuretics like alcohol and caffeine, taking walks in the aisle, doing sitting exercises (e.g., lifting toes, turning ankles, lifting heels and moving toes), or wearing compression stockings.

Pill interactions: Here are examples of some medications which can interact with OCPs. Check with your health care provider if you have any questions.

- Anti-seizure medications (i.e., phenytoin, phenobarbital, carbamazepine)
- Griseofulvin (anti-fungal medication)
- Rifampin (medicine used for tuberculosis)

Do antibiotics interfere with the effectiveness of oral contraceptive pills? There have been anecdotal reports of antibiotics interacting with OCPs. However, none of these reports have been solidly proven. There is no definitive evidence that antibiotics (other than rifampin) interfere with OCPs. Because of the controversy surrounding this issue, some people choose to use a back-up method (i.e., condom) while taking antibiotics and OCPs.

How to take the pill: OCPs usually come in packages of 21 or 28 pills. Choose a time of day that will work best for you, and take one pill daily at that same time. You may want to associate your pill with

something else that you do at the same time every day or set your cell phone or other alarm in order to alert you. There are many ways to start OCPs. Here are three popular methods:

- **Sunday start:** Take the first pill in your pack on the first Sunday after your period begins, even if you have not finished your period. (If your period starts on a Sunday, start the pill on that Sunday.) Use an additional method of birth control (i.e. condoms and foam) during the first 7 days of taking your pills. **OR...**
- **Day 1 of period start:** Start the first active pill during the first 24 hours of your period. Pick the calendar label strip that starts with the first day of your period and place on the dispenser over the area that has the days of the week. You do not need to use an additional method of birth control.
- **Quick start:** Start the pills the day you pick them up (regardless of the timing of your period). Most people who choose this option will need to use a backup method (such as condoms) for at least 7 days after starting the pills.

What happens if I forget to take a pill?

- If you miss **1** active pill, take the forgotten pill as soon as you remember. Take the next pill due at the regular time. This means you may take the forgotten pill, later on its usual day or take 2 pills on the next day.
- If you miss **2** active pills in a row **in the first two weeks** of your pack, take 2 pills as soon as you remember and 2 pills the next day to get back in your regular pill sequence. Then take your usual 1 pill per day at the usual time until you finish the pack. If you miss **2** pills in a row **during the 3rd week of your pill cycle**, OR if you miss **3 or more pills** in any week, you must use an additional method of birth control:
 - **If you are a Day 1 Starter-** throw out the rest of the pill pack and start a new pack that same day.
 - **If you are a Sunday Starter-** keep taking 1 pill every day until Sunday. On Sunday **THROW OUT** the rest of the pack and start a new pack of pills that same day.
 - **You need to use an additional method of birth control (i.e. condoms) for the next 7 days to help avoid pregnancy.** You may not have your period this month but this is expected. However, if you miss your period 2 months in a row, call or come into the Student Health Center because you might be pregnant.
- **Emergency contraception** is warranted if no back-up method has been used during the 2 or more days of missed pills or during the initial 7 consecutive days of restarting pills.

Information on Depo Provera

What is it? Depo Provera (medroxyprogesterone) is an injectable form of hormonal contraception that protects against pregnancy for 3 months after each injection. Injections are repeated every three months as long as contraception by this method is desired. The active ingredient of Depo Provera is a progesterone hormone which is similar to (but not the same as) the natural progesterone produced by the ovaries. Depo Provera works by preventing ovulation (the monthly ripening of egg cells), and by changing cervical mucus so it is difficult for sperm to enter the cervix.

How effective is it? When the proper 3-month shot sequence is followed, Depo Provera is more than 99% effective in preventing pregnancy.

What are the side effects? Most people have irregular and unpredictable periods while on Depo Provera, especially during the first 6 months of use. After 12 months of use, about 50% of people stop having periods altogether. This is generally not a medical problem. Minor weight gain (about 5 lbs.) occurs in some users. Depo Provera decreases the density and strength of bone, an effect that is influenced by the age of first use and the duration of use. Studies thus far have shown a reversibility of this effect when Depo Provera is discontinued. Because building bone starts in your teen years and continues until age 30, when you reach your peak bone mass, taking adequate calcium and vitamin D and doing weight-bearing exercise is especially important when using Depo Provera.

What are the advantages of Depo Provera?

- It does not contain estrogen, a hormone found in most birth control pills. Estrogen is responsible for some birth control pill side effects.
- There is no daily pill to remember.
- Depo Provera is safe for use by nursing mothers.
- Depo Provera has no lasting effect on fertility. Most people who try to become pregnant will become pregnant within 12 to 18 months.

Who should not use Depo Provera? You should not use Depo Provera if you:

- Are pregnant
- Have undiagnosed abnormal vaginal bleeding
- Have breast cancer
- Have had a stroke or blood clots
- Have liver disease
- Are allergic to Depo Provera

Does Depo Provera increase my risk of cancer? Studies show that Depo Provera does not increase a person's overall risk of developing cancer of the breast, ovary cervix or liver. It dramatically lowers the risk of endometrial (uterine) cancer.

What else should I know about Depo Provera? Like other non-barrier methods of contraception, Depo Provera does not protect against sexually transmitted infections including HIV. Therefore, users are advised to consider the concurrent use of condoms, especially if they are not in a long-term mutually monogamous relationship, or if the past or present risk behaviors or STI status of their sexual partner is not known. Although it does not impair long-term fertility, those who plan to have a baby within 2 years should choose another form of contraception.