Recent controversy about the value of the “well-woman exam” or annual exam has left many women confused about what is wise, what is necessary, and what is covered by insurance. Medical societies, physicians, opinion leaders, and media outlets differ greatly in their recommendations and reports to consumers. I hope to add clarity to aspects of the controversy and to give practical advice about this preventive health care tool.

A historical perspective
The annual well-woman evaluation is a time-tested and accepted health care routine. John C. Jennings, MD, president of the American College of Obstetricians and Gynecologists (ACOG) summed up the College’s recommendations in a July 2014 news release:

“We [ACOG] continue to urge women to visit their health care providers for annual visits, which play a valuable role in patient care. An annual well-woman visit can help physicians [sic] to promote healthy living and preventive care, to evaluate patients for risk factors for medical conditions, and to identify existing medical conditions, thereby opening the door for treatment. Annual well-woman visits are important for the quality care of women and their continued health.”

The annual exam usually evaluates the health of the heart and lungs, breast tissue, abdomen, and female organs. The examination of the female organs is known as the pelvic exam. Patients understand that the screenings and exams are intended, in part, to identify unrecognized conditions or diseases that may have no symptoms. Provider-patient discussions about quality of life include lifestyle counseling about nutrition management, smoking cessation, exercise, breast health, sexually transmitted diseases (STDs), contraception, osteoporosis prevention, and domestic abuse. This can catalyze discussion about how often and when certain exams should occur.

Annual exam questioned
A July 2014 article in the American College of Physicians’ Annals of Internal Medicine may have led some women to question the value of annual exams. The article led to widespread media reports and opinion pieces about the value of the annual exam; some of the coverage suggested that routine pelvic exams caused more harm than good. Our local Star Tribune newspaper furthered the controversy in a July 1, 2014 article entitled, “Mpls. VA Research: Most Women can Skip Pelvic Exams.”
The Annals article suggested that pelvic exams may lead to unnecessary testing and surgery, and that women avoid preventive evaluations because the pelvic exam is so unpleasant and painful. It also stated that the American College of Physicians “recommends against performing screening pelvic examinations in asymptomatic, nonpregnant, adult women (strong recommendation, moderate-quality evidence).”

What was the widespread conclusion among many women as a result of this article and the subsequent news coverage? Many concluded, “I may not need an annual exam.” Yet, while the article suggested that annual exams had no value, it jumped to the conclusion that they shouldn’t be performed. This conclusion is without a sufficient evidence base in the literature. Further, the harm that comes from studies such as this one leads to an unfortunate outcome: women are dissuaded from seeking preventive care and given a reason to avoid these necessary visits.

The true value of the annual and pelvic exams
Throughout my 35 years of obstetrics and gynecology practice, it has been my opinion that there is true value in the annual well-woman exam. Why? The pelvic exam, which includes examining the vulva, vagina, cervix, and uterus, can find “hidden” disease otherwise not discoverable. The concept that there is no value to the pelvic exam discounts the benefits of early detection of many noncancerous gynecologic conditions.

The annual exam also allows providers to help women remain healthy. If the guideline is valuable only for women who experience no symptoms of a possible condition (in other words, are “asymptomatic”), it puts the burden on the patient to decide what “asymptomatic” really means. Is a woman who has significant cramping with her menstrual period “asymptomatic”? Are women with vaginal discharge or premenstrual changes in bowel habits “symptomatic”? The provider can help the patient decide what is “normal.”

Many women also expect the pelvic exam as part of their well-woman annual exam, and are comforted when they hear, “your female organs are normal.” I find this especially true for the ovaries, for which there is such a cancer fear.

A word about the Pap smear
Much progress has been made in understanding both the natural history and cause of cervical cancer. The known relationship of the human papillomavirus (HPV) to cervical cancer has enabled changes to the screening regimen. Data analysis supports adding HPV testing to the Pap smear test (co-testing) and using a three-year testing interval to achieve results that are nearly equal to annual testing. This recommendation has been increasingly adopted since 2002. A newer option for cervical cancer screening, forwarded since 2012, consists of co-testing Pap and HPV at five-year intervals. As before, this option has been increasingly adopted.

There are several notable points: This cervical cancer screening occurs as part of the well-woman annual exam. The annual exam occurs yearly; the Pap smear from yearly to five years. Too, while the change of screening interval from yearly to every three years has little apparent increased risk, going to a five-year interval has much less supporting data. Other than financial, what are the benefits of a five-year screening regimen when balanced against the potential increased cervical cancer risk? Because of the remaining uncertainty of risk between these screening regimens, it is important to continue to allow the patient and provider to make a decision about frequency of cancer screening based on individual medical history and lifestyle.

Conclusion
The annual well-woman visit, with the co-occurring pelvic exam, and a Pap test with HPV analysis, are all valuable components of preventive health care. In spite of reports to the contrary, the major medical societies and most physicians still recommend these exams and screenings as part of a well-woman health routine.

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