

ARTICLE/WEBSITE REVIEW

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Website Review

NLH Primary Care Question Answering Service

"Is doing a pelvic examination with a routine cervical smear any use and do any guidelines exist?"

This thoughtful question was posed on the new pilot site provided by TRIP (Turning Research Into Practice) for the National Library of Health (NLH). The question continued: "In our surgery, some doctors routinely carry out pelvic examination on all women who have their routine smear test, arguing that this would detect any gynaecological pathology present (e.g. ovarian cancer, fibroids). I do not agree with such practice as a 3-yearly pelvic examination on asymptomatic patients does not fulfil the criteria for a screening test, and has a low sensitivity and specificity for detecting cancer".

The reply summarised five references, all of which agreed with the questioner that pelvic

examination was a poor tool for detecting ovarian cancer. Among the references quoted was the 6th edition of *Cancer Medicine*, which stated that: "The sensitivity and specificity of pelvic examination for the detection of ovarian cancer are imprecisely defined but certainly poor. Many small but potentially life-threatening tumors cannot be felt by palpation nor can the examination differentiate benign from malignant conditions. It is estimated that 10,000 pelvic examinations are required to detect one ovarian cancer, and that cancer may not be an early tumor. Generally, detection by bimanual pelvic examination reveals advanced disease".

The other references included the Scottish Intercollegiate Guidelines Network (SIGN) Guideline for ovarian epithelial cancer, which concluded that: "presymptomatic screening by grey scale ultrasound (with or without Doppler), CA125, pelvic examination, or combinations of these, are not effective in detecting tumours at an early stage. No clear evidence was identified as to whether screening in high-risk groups has an impact on mortality from ovarian cancer".

TRIP could find no guidelines that suggested including a pelvic examination at the time of a routine cervical smear. Of course, none of the readers of this Journal are doing a pelvic examination as a screening tool in an asymptomatic patient, but they might come across professionals who have not considered the purpose of pelvic examinations and can pass on the website and the references.

If you have a question of general interest to health professionals in primary care you might consider posting it on this site, which is a very useful resource.

Websites: NHL Home: <http://www.library.nhs.uk/>. Primary Care Question Answering Service provided as a pilot service by TRIP Database: <http://www.clinicalanswers.nhs.uk/index.cfm?question=177>.

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