


Rosenbaum P, Rubin D. Assessing the sensitivity of a screening test, and has a low sensitivity and high specificity 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: “pneumocytometric 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.


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