



Thank you again for joining us for the Swedish Women's Wellness Virtual Series on Gynecologic Health

The Swedish Women's Wellness Virtual Series promotes our vision of the Women's Wellness and Specialty GYN Services at Swedish. This program will provide every woman coordinated care that meets her unique needs now, and in the future, with a focus on prevention, menopause, sexual health and healthy aging.

We are grateful to Drs. Drescher, Dunsmoor-Su, and Grabinski for a candid discussion on the importance of regular screenings and discussion with gynecologic providers regarding abnormalities and cancer outcomes as our bodies age. Please find their contact information below and key highlights from the discussion.

Charles Drescher, M.D.

Located at Swedish First Hill

**To schedule an appointment:
206-991-2000**

Rebecca Dunsmoor-Su, M.D., MSCE, NCMP

Located at Swedish First Hill

**To schedule an appointment:
206-781-6161**

Emma Grabinski, M.D., FACOG

Located at Swedish First Hill

**To schedule an appointment:
206-215-6300**

How did the recommendations for screening intervals of cervical cancer screenings change? Is it concerning that the intervals of screening are farther apart now?

There have been a lot of great advancements in gynecologic health over the last few decades. As the generations of women who have received the HPV vaccine continue to age, they are more protected against the high-risk strains of HPV that are present in cervical cancers. Because of this, as women continue to age and continue to have normal screenings, the annual screenings are required less frequently due to lower risk.

Dr. Drescher acknowledged that changing screening intervals can be more confusing but explained that more individualized testing is actually beneficial to patients. If women are following their gynecologic provider's recommendations, their strategy will generally lead to very positive outcomes. If you and your provider work together to determine a schedule for testing, you'll have multiple opportunities to sample, detect, and intervene

which keeps your mortality and incidence rates of cervical cancer low.

Not all doctors continue to recommend a pelvic exam after a certain age. Do they continue to be useful after that age? Do they play any role in detecting early ovarian cancer?

Dr. Grabinski shared that although the pelvic exam is not effective at detecting early ovarian cancer, there is still value to having a regular pelvic exam for both the provider and the patient. Providers gain experience feeling what is normal and abnormal. While limited at detecting intra-uterine cancers, pelvic exams can help diagnose other abnormalities like skin changes or prolapse, or even more rare cancers on the vulva.

Aside from the actual examination, Dr. Grabinski pointed out the value of being able to educate people about their anatomy, and what signs and symptoms they should be listening to — whether it's dryness, pain during intercourse, bleeding after menopause among others.

Continued

Ovarian cancer has been referred to as a “silent killer” in the past. Is that still true?

Dr. Drescher shared that although ovarian cancer is a serious cancer and a focus of his research, there have been terrific strides made in lowering mortality rates. In fact, in the last 10 years, the survival rate for women with late-stage ovarian cancer has tripled. Beyond advancing breakthroughs in research, there's a greater focus on patient education and open dialogue between patients and providers.

This can mean that the cancer is not as “silent” as once thought, because a lot of research now suggests that many women who get diagnosed have symptoms that precede the cancer. Although symptoms like bloating and fatigue can be vague and attributed to other issues, increased awareness can point to earlier detection.

What hope is on the horizon to detect and treat early ovarian cancer?

Currently, there's a lot going on in research and prevention for early ovarian cancer, but we're not there yet, according to Dr. Drescher. There are two clinically available tests — a pelvic ultrasound or a CA125 blood test — but both are limited and not effective tools for early detection in the general population of women. However, there may be a role for those tests in women with high genetic risk.

As we're better understanding the natural history of ovarian cancer in designing screening programs, researchers must know what it is that we're trying to detect. Until recently that wasn't possible. One of the most interesting shifts in the last decade has been finding that most of what we consider to be this high-risk ovarian cancer actually arises in the fallopian tube.

Beyond the focus shifting from the ovaries to fallopian

tubes, early detection is capitalizing on the idea of the immune system as a signal amplifier. Meaning that when you get sick with a viral infection, your body's natural reaction is a huge immunological response to fight the infection. In the same way, we can focus on the body's immunological response to a tumor instead of the tumor itself, which is often noticeable first.

Other advances in imaging and the ability to get closer to the source of the cancer have made for improvements in early detection as well.

What role do family history and genetics have on screening for ovarian cancer?

Although genetic predispositions can carry risk for ovarian cancer, it's difficult to quantify that risk. Dr. Dunsmoor-Su explained that it is important to be aware of family history of ovarian cancer, but that there is a difference between one family member and many family members with ovarian cancer. Genetic counseling can be most beneficial if the affected family member is able to be tested for mutations. If that's not possible, you can have genetic counseling and testing on yourself to try to look for a mutation. Your risk is quite low if that testing is negative, unless your family history is extensive.

Overall, Dr Grabinski emphasized that gynecologic providers are here to serve you. They want to partner with you to help you have the best outcome possible. She stressed that no question is too embarrassing, and no concern is too small. Even if there is no easy solution, the providers are there to help you work through your concerns to the best possible quality of life. Your gynecologic organs will play a massive role in your health as you move through menopause and beyond, and effective and regular communication with providers can improve gynecologic health outcomes.

The program for Women's Wellness is supported through donations from our community. Contributions will help to create educational programs and materials, build out clinical services and address research needs to provide women with knowledge to navigate their healthcare while providing the highest level of care.

To view this webinar, along with others in the series, please visit: <https://swedishfoundation.org/VE/womenswellness>

If you are interested in supporting the creation of a comprehensive healthcare continuum for all women, please contact Lorna Kneeland, (206) 215-2217 or lorna.kneeland@swedish.org.

If you are interested in supporting this effort, please contact Lorna Kneeland, lorna.kneeland@swedish.org or 206-215-2217.

For additional information and to donate to the Women's Wellness and Gyn Specialty Services, please visit our website at: <https://swedishfoundation.org/women-health#women's-wellness>