

Raincross Women's Medical Group

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Well Women Yearly Checkup

What can you do to stay healthy and prevent disease? You can get certain screening tests, take preventive medicine if you need it, and practice healthy behaviors.

Top health experts from the U.S. Preventive Services Task Force suggest that when you go for your next checkup, talk to your doctor or nurse about how you can stay healthy no matter what your age.

Screening Tests: What You Need and When

Screening tests, such as mammograms and Pap smears, can find diseases early when they are easier to treat. Some women need certain screening tests earlier, or more often, than others. Talk to your doctor about which of the tests listed below are right for you, when you should have them, and how often.

The Task Force has made the following recommendations, based on scientific evidence, about which screening tests you should have.

- **Mammograms:** Have a mammogram every one to two years starting at age 40.
- **Pap Smears:** Have a Pap smear every one to three years if you have been sexually active or are older than 21.
- **Cholesterol Checks:** Have your cholesterol checked regularly starting at age 45. If you smoke, have diabetes, or if heart disease runs in your family, start having your cholesterol checked at age 20.
- **Blood Pressure :** Have your blood pressure checked at least every two years.
- **Colorectal Cancer Tests:** Have a test for colorectal cancer starting at age 50. Your doctor can help you decide which test is right for you.
- **Diabetes Tests :** Have a test to screen for diabetes if you have high blood pressure or high cholesterol.
- **Depression:** If you've felt "down," sad or hopeless, and have felt little interest or pleasure in doing things for two weeks straight, talk to your doctor about whether he or she can screen you for depression.
- **Osteoporosis Tests:** Have a bone density test at age 65 to screen for osteoporosis (thinning of the bones). If you are between the ages of 60 and 64 and weigh 154 lbs. or less, talk to your doctor about whether you should be tested.
- **Chlamydia Tests and Tests for Other Sexually Transmitted Diseases:** Have a test for Chlamydia if you are 25 or younger and sexually active. If you are older, talk to your doctor to see whether you should be tested. Also, talk to your doctor to see whether you should be tested for other sexually transmitted diseases.

Should You Take Medicines to Prevent Disease?

- **Hormones:** According to recent studies, the risks of taking the combined hormones estrogen and progestin after menopause to prevent long-term illnesses outweigh the benefits. Talk to your doctor about whether starting or continuing to take hormones is right for you.
- **Breast Cancer Drugs:** If your mother, sister or daughter has had breast cancer, talk to your doctor about the risks and benefits of taking medicines to prevent breast cancer.
- **Aspirin:** Talk to your doctor about taking aspirin to prevent heart disease if you are older than 45 and have high blood pressure, high cholesterol, diabetes or if you smoke.
- **Immunizations :** Stay up-to-date with your immunizations:
 - Have a flu shot every year starting at age 50.
 - Have a tetanus-diphtheria shot every 10 years.
 - Have a pneumonia shot once at age 65.
 - Talk to your doctor to see whether you need hepatitis B shots.

What Else Can You Do To Stay Healthy?

- **Don't Smoke.** But if you do smoke, talk to your doctor about quitting. You can take medicine and get counseling to help you quit. Make a plan and set a quit date. Tell your family, friends, and co-workers you are quitting. Ask for their support. If you are pregnant and smoke, quitting now will help you and your baby.
- **Eat a Healthy Diet.** Eat a variety of foods, including fruit, vegetables, animal or vegetable protein (such as meat, fish, chicken, eggs, beans, lentils, tofu or tempeh) and grains (such as rice). Limit the amount of saturated fat you eat.
- **Be Physically Active.** Walk, dance, ride a bike, rake leaves or do any other physical activity you enjoy. Start small and work up to a total of 20 to 30 minutes most days of the week.
- **Stay at a Healthy Weight.** Balance the number of calories you eat with the number you burn off by your activities. Remember to watch portion sizes. Talk to your doctor if you have questions about what or how much to eat.
- **Drink Alcohol Only in Moderation.** If you drink alcohol, one drink a day is safe for women, unless you are pregnant. If you are pregnant, you should avoid alcohol. Since researchers don't know how much alcohol will harm a fetus, it's best not to drink any alcohol while you are pregnant.

A standard drink is one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.

(adapted from the American College of Obstetricians and Gynecologists handout)

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Pap Smear

Since it came into use more than 50 years ago, the Pap Smear has greatly reduced the number of deaths caused by cervical cancer in the United States. The Pap Smear is used to find changes in the cells of the cervix that could lead to cancer. Once these changes are treated, cancer can be prevented.

The Cervix:

The cervix is the lower, narrow end of a woman's uterus. It opens into the vagina (the birth canal). The cervix is covered by a thin layer of tissue. This tissue is like the skin inside your mouth.

What Is a Pap Smear?

The Pap smear or cervical cytology screening, is a simple test to look at cells taken from the cervix.

Who Should Have a Pap Smear?

Pap Smear are an important part of all women's health care. When and how often you have the test depends on your age and health history. You should have routine Pap tests if:

- You are 21 years of age or older or
- You became sexually active at least three years ago, even if you are younger than 21 years of age or are not having sex now

How Often Do You Need a Pap Smear?

All women should have a pelvic exam yearly.

Talk with your doctor about whether and how often you should have a Pap Smear. Women younger than 30 years should have a Pap Smear every year.

The Test Results:

Most labs in the United States use the "Bethesda System" to describe Pap test results. Under this system, your results will be placed in one of several groups:

- Normal (negative)
- Atypical squamous cells (ASC)
- SIL (squamous intraepithelial lesion)
 - Low-grade SIL (LSIL)
 - High-grade SIL (HSIL)
- Atypical glandular cells
- Cancer

Follow-Up:

Cells taken from the surface of the cervix sometimes look abnormal. Usually abnormal cells are not cancer. Abnormal cells may go through many stages of change before cervical cancer appears. This often happens over a number of years.

If the lab finds abnormal cells, your doctor may suggest more tests. This may be as simple as a repeat Pap test.

Your doctor also may want to test for human papillomavirus (HPV). HPV is a group of related viruses, a few of which are linked to cervical changes.

Sometimes an exam called a colposcopy may be advised. This exam uses a device like a microscope to look at the cervix.

If an area of abnormal cells is seen, your doctor may decide that a cervical biopsy is needed.

Treatment depends on the test results.

Is the Pap Smear Always Accurate?

As with any lab test, Pap test results are not always accurate. Sometimes, the results show abnormal cells when the cells are normal. This is called a "false-positive" result. A Pap Smear also may fail to detect abnormal cells when they are present. This is called a "false-negative" result.

Finally ...

The Pap test is the best way to find cell changes that may lead to cancer of the cervix. Routine Pap tests can help find problems early. If a Pap test finds abnormal cells, your doctor will suggest further tests or treatment.

(Adapted from the American College of Obstetricians and Gynecologists handout)

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For Women Ages 65 and Older: Well Women

Routine Health Care:

All women ages 65 and older should have a physical exam yearly.

Medications:

Sometimes staying healthy includes taking medication. When you visit your doctor, it's a good idea to bring a list of all the medications, vitamins and natural remedies you may be taking.

When taking medications:

- Be sure to take them as they have been prescribed.
- Do not skip dosages.
- Create a system to remind yourself to take medications at the right time.
- Do not stop taking the drug without talking to your doctor, even if you are feeling better.

Hormone Replacement Therapy:

After menopause, many women take hormone replacement therapy. This replaces the estrogen their body is no longer making.

The major benefits of hormone replacement therapy are that it prevents osteoporosis.

Like most treatments, hormone replacement therapy is not free of risks. The risk of cancer is increased.

You should keep taking hormone replacement therapy if it has been prescribed to you. If you choose to stop taking it, tell your doctor.

Diet:

A well-balanced diet is key to good health. Poor nutrition increases your risk of vitamin deficiency and related problems.

Include foods high in fiber in your diet. Drink eight glasses of water a day to prevent constipation.

Exercise:

Regular exercise is one of the best things you can do to promote better health. Exercise can help to:

- Lower your blood pressure and cholesterol level
- Lower your risk of heart disease, stroke, and type 2 diabetes
- Strengthen your heart, lungs, and bones
- Keep a healthy weight
- Keep your joints flexible and muscles strong
- Give you more energy
- Reduce stress, anxiety and depression
- Improve balance

Harmful Things:

Quitting smoking and cutting back on drinking alcohol has benefits at any age. Alcohol use can be a problem in older women.

Using tobacco increases a woman's risk of chronic health problems and premature death.

When older smokers quit, they increase their life expectancy, reduce their risk of heart disease, and improve lung function and circulation.

Mental Health:

As people age, they go through life changes that can affect their mental health.

Depression is a medical disorder, like diabetes, high blood pressure or heart disease. Many women ages 65 and older face situations that can trigger depression, such as:

- Retirement
- The deaths of spouse and friends
- Chronic illness
- Being alone
- Concerns about finances

If you're feeling down most of the time, this may signal depression. Talk about it with your doctor.

Abuse:

Sometimes older women are victims of abuse or domestic violence. Neglect also may occur. Don't let the abuse go on. Seek help from someone you trust.

Injury Prevention:

Falls and injuries can pose a serious health risk for women ages 65 or older.

Sexuality:

Changes brought about by aging or illness can affect sexual response in both men and women.

Women also may enjoy sex more at this stage of life.

A woman aged 65 or older may have a healthy interest in sex.

Keep in mind the need for safe sex doesn't stop. You still need to prevent sexually transmitted diseases. Using a latex condom when you have sex and finding out about your partner's sexual history will help.

Finally

The changes that aging brings are a natural part of life. Take note of the changes in your body. Talk with your doctor about them. Have routine screening tests.

Your lifestyle plays a large part in keeping you healthy and active. Take care of yourself — mind and body —to stay healthy and active for a long time to come.

(Adapted from the American College of Surgery handout)

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Human Papillomaviruses and Cancer

HPV

Human papillomaviruses (HPVs) are a group of more than 100 types of viruses. They are called papillomaviruses because certain types may cause warts, or papillomas, which are benign (noncancerous) tumors. The HPVs that cause the common warts, which grow on hands and feet, are different from those that cause growths in the mouth and genital area. Some types of HPVs are associated with certain types of cancer.

Of the more than 100 types of HPVs, more than 30 types can be passed from one person to another through sexual contact. HPV infection is one of the most common sexually transmitted diseases (STDs). Some types of HPVs may cause warts to appear on or around the genitals or anus. Genital warts (technically known as condylomata acuminatum) are most commonly associated with two HPV types, numbers 6 and 11. Warts may appear within several weeks after sexual contact with a person who has HPV, or they may take months or years to appear; or they may never appear. HPVs also may cause flat, abnormal growths in the genital area and on the cervix (the lower part of the uterus that extends into the vagina). HPV infections often do not cause any symptoms.

HPVs and Cancer Risk

HPVs are now recognized as the major cause of cervical cancer. Studies also suggest that HPVs may play a role in cancers of the anus, vulva, vagina and penis, and some cancers of the oropharynx (the middle part of the throat that includes the soft palate, the base of the tongue, and the tonsils).

Some types of HPVs are referred to as "low-risk" viruses because they rarely develop into cancer; these include HPV-6 and HPV-11. HPV viruses that can lead to the development of cancer are referred to as "high-risk." Both high-risk and low-risk types of HPVs can cause the growth of abnormal cells, but generally only the high-risk types of HPVs may lead to cancer. Sexually transmitted, high-risk HPVs have been linked with cancer in both men and women; they include HPV types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68 and 69. These high-risk types of HPVs cause growths that are usually flat and nearly invisible, as compared with the warts caused by HPV-6 and HPV-11. It is important to note, however, that the majority of HPV infections go away on their own and do not cause any abnormal growths.

Precancerous Cervical Conditions

Abnormal cervical cells can be detected when a Pap test is done during a gynecologic exam. Various terms have been used to describe the abnormal cells that may be seen in Pap tests. In the Bethesda system (the major system used to report the results of Pap tests in the United States), precancerous conditions are divided into low-grade and high-grade squamous intraepithelial lesions (SILs). Squamous cells are thin, flat cells that cover internal and external surfaces of the body, including the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the passages of the genital, respiratory, and digestive tracts. Other terms sometimes used to describe these abnormal cells are cervical intraepithelial neoplasia (CIN) and dysplasia. Low-grade SILs (mild dysplasias) are a common condition, especially in young women. The majority of low-grade SILs return to normal over months to a few years. Sometimes, low-grade SILs can progress to high-grade SILs. High-grade SILs are not cancer, but they may eventually lead to cancer and should be treated by a doctor.

Risk Factors for HPV and Cervical Cancer

Behaviors, such as beginning sexual intercourse at an early age (especially age 16 or younger) and having many sexual partners, increase the chance that a woman will develop an HPV infection in the cervix. Most HPV infections go away on their own without causing any type of abnormality. It is important to note that infection with high-risk HPV types may increase the chance that mild abnormalities will progress to more severe abnormalities or cervical cancer. Still, of the women who do develop abnormal cell changes with high-risk types of HPV, only a small percentage will develop cervical cancer if the abnormal cells are not removed. Studies suggest that whether a woman develops cervical cancer depends on a variety of factors acting together with high-risk HPVs. The factors that may increase the risk of cancer in women with HPV infection include smoking, having many children, and human immunodeficiency virus (HIV) infection.

Screening and Follow-up for Precancerous Cervical Conditions

Screening for cervical cancer consists of regular Pap tests for women who are sexually active or who have reached 18 years of age. If high-grade abnormal cell changes are found on a Pap test, colposcopy and biopsy of any abnormal areas are recommended. (Colposcopy is a procedure in which a lighted magnifying instrument called a colposcope is used to examine the vagina and cervix. Biopsy is the removal of a small piece of tissue for diagnosis.) If low-grade changes are found, repeat Pap tests or colposcopy may be recommended.

Treatment of HPV Infection

Although there is currently no medical cure to eliminate a papillomavirus infection, the SILs and warts these viruses cause can be treated. Methods used to treat SILs include cryosurgery (freezing that destroys tissue), laser treatment (surgery using a high-intensity light), LEEP (loop electrosurgical excision procedure, the removal of tissue using a hot wire loop), as well as conventional surgery. Similar treatments may be used for external genital warts. In addition, three powerful chemicals (podophyllin, bichloroacetic acid, and trichloroacetic acid) will destroy external genital warts when applied directly to them. Podofilox (podophyllotoxin) can be applied topically either as a liquid or a gel to external genital warts. Imiquimod cream has also been approved to treat external warts. Also,

fluorouracil cream (sometimes called 5-FU) may be used to treat the warts. Some doctors use interferon alpha to treat warts that have recurred after being removed by traditional means. Imiquimod and interferon alpha work by stimulating the immune (defense) system to fight the virus.

Current Research

The ASCUS/LSIL Triage Study (ALTS), a major study organized and funded by the National Cancer Institute (NCI), is currently evaluating different management approaches for women with mildly abnormal Pap test results. (ASCUS and LSIL are acronyms for the two mild abnormalities detected by Pap tests. ASCUS stands for atypical squamous cells of undetermined significance and LSIL for low-grade squamous intraepithelial lesions.) Preliminary findings from the ALTS study suggest that testing cervical samples for HPV is an excellent option to help direct follow-up for women with an ASCUS Pap test result. Repeat Pap tests or direct referral to colposcopy remain options for the follow-up of ASCUS results. The final study results, which are expected to be published in about three years, will help women and their doctors decide what course of action to take when mild abnormalities show up on Pap tests.

Researchers at NCI and elsewhere are studying how HPVs cause precancerous changes in normal cells and how these changes can be prevented. They are using HPVs grown in the laboratory to find ways to prevent the infection and its associated disease and to create vaccines against the viruses. Vaccines for certain papillomaviruses, such as HPV-16 and HPV-18, are being studied in clinical trials (research studies with people) for cervical cancer; similar trials for other types of cancer are planned.

Laboratory research has indicated that HPVs produce proteins known as E5, E6 and E7. These proteins interfere with the cell functions that normally prevent excessive growth. For example, HPV E6 interferes with the human protein p53. p53 is present in all people and acts to keep tumors from growing. This research is being used to develop ways to interrupt the process by which HPV infection can lead to growth of abnormal cells and, eventually, cancer.

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Abnormal Pap Test Results

The Pap test is a way to find cell changes on the cervix. If a Pap test shows these changes, the result will be called abnormal. In some cases, these abnormal cells may lead to cancer. You may need treatment. In most cases, the treatment will be performed in your doctor's office with good results.

The Cervix:

The cervix is the lower, narrow end of a woman's uterus. It opens into the vagina (the birth canal). The cervix is covered by a thin layer of tissue. This tissue is like the skin inside your mouth.

The Pap Test:

The Pap test, sometimes called a Pap smear or cervical cytology screening, is an important part of women's health care. This test looks at cells taken from the cervix.

Most labs in the United States use the "Bethesda System" to describe Pap test results. With this system, your results will be placed in one of several groups:

- *Normal (negative)*: There are no signs of cancer or precancer.
- *Atypical squamous cells (ASC)*: Some abnormal cells are seen.
- *SIL (squamous intraepithelial lesion)*: Changes are seen in the cells that may show signs of precancer.
 - *LSIL*: Early, mild changes are seen in the cells.
 - *HSIL*: Moderate or severe cell changes are seen.
- *Atypical glandular cells*: Cell changes show that further testing is needed because of an increased risk of precancer or cancer of the cervix, uterus or other female reproductive organs.
- *Cancer*: Abnormal cells have spread deeper into the cervix or to other tissues.

Abnormal Results:

A Pap test result that is not normal usually is caused by an infection such as human papillomavirus (HPV) or types of vaginal irritation.

Squamous Intraepithelial Lesion:

SIL is found in women of all ages. It can range from mild, moderate and severe to carcinoma in situ (CIS). CIS is not yet cancer.

Human Papillomavirus Infection:

Human papillomavirus infection can cause abnormal Pap test results. However, most women infected with HPV have normal Pap test results. It is a very common infection that can be passed from person to person.

Certain types of HPV are linked to cancer in both women and men.

In some cases, an HPV test can be done to help clarify the Pap test results.

Further Testing:

A woman who receives an abnormal Pap test result may need further testing. Sometimes you may only need a repeat Pap test because many cell changes go away on their own.

Further testing methods, such as colposcopy and biopsy, can help identify the reason for the abnormal test result.

Colposcopy:

Colposcopy lets your doctor look at the cervix through a special device similar to a microscope. It can detect problems of the cervix that cannot be seen with the eye alone.

Biopsy:

If an area of abnormal cells is seen, your doctor may decide that a cervical biopsy is needed.

Treatment:

Treatment of cervical changes depends on the severity of the problem.

Electrosurgical Excision:

Electrosurgical excision often is used for women with HSIL. This method is sometimes called a loop electrosurgical excision procedure (LEEP). LEEP often is done in the doctor's office.

Cone Biopsy:

Another technique used to obtain a tissue sample is a cone biopsy. In this procedure, a cone-shaped wedge of the cervix is removed. General or spinal anesthesia may be used for a cone biopsy.

Freezing and Laser Treatment:

With cryotherapy, abnormal tissue is frozen and later sheds. Sometimes, laser treatment in which a beam of light destroys abnormal tissue is used.

Risks:

Although problems seldom occur after treatment for cervical changes, there are some risks. You may be at increased risk for preterm birth or infertility. There is also a risk of infection after the procedure.

Follow-up:

It may take a few weeks for your cervix to heal. While your cervix heals, you may have:

- Vaginal bleeding (less than a normal menstrual flow)
- Mild cramping
- A brownish-black discharge
- A watery discharge (with cryotherapy)

For a few weeks after the procedure, you should not have sex or use tampons or douches.

Finally:

If you are concerned about abnormal Pap test results, talk to your doctor. Keep in mind that most problems that cause abnormal Pap test results, when found early, can be treated.

(Adapted from the American College of Obstetricians and Gynecologists handout)