



# Office of Health Services Technical Assistance Bulletin



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Issue 6

## Practical Applications of Medical, Mental Health and Substance Abuse Policies and Procedures

Charlie Crist, Governor  
Frank Peterman, Secretary

*Serving the Children of DJJ Providing Quality Medical, Mental Health & Substance Abuse Services*

### Cervical Screening Guidelines From ACOG

#### ACOG: Cervical Screening Should Begin at Age 21

**Committee Opinion #463. *Obstetrics & Gynecology*. 2010;116:469-472.**

The American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care has issued a new committee opinion updating recommendations on cervical cancer screening that were originally released in November.

The updated guideline confirms the recommendation that cervical cancer screening in adolescents should not begin until age 21 years, regardless of the age of onset of sexual activity; however, it also discusses exceptions to this recommendation.

According to the opinion, published in *Obstetrics & Gynecology*, evidence from several recent studies indicates that cervical cancer screening before age 21 years does not change the rate of cervical cancer in that age group. Previous recommendations for cervical screening from ACOG and the American Society for Colposcopy and Cervical Pathology were based on time since onset of vaginal intercourse.

The vast majority of adolescent girls should wait until they turn 21 before they have their first Pap test.

The first major recommendation issued by ACOG was that women younger than age 21 should avoid screening for cervical cancer. The evidence used for this recommendation is compelling. Although cervical cancer is rare before the age of 21, cytologic abnormalities

are common and can lead to labeling, anxiety, extended surveillance, and invasive procedures, such as colposcopy. If colposcopy is performed, the ACOG guidelines devoted to the management of histologic abnormalities recommend restraint in the treatment of most biopsy-confirmed precancerous lesions identified in young women.

**Even though most teen girls no longer need Pap screening, they should continue with annual visits to their gynecologist.**

#### Exceptions

The committee listed certain exceptions to the screening recommendation. Adolescents who have HIV and others with weakened immune systems should begin routine cervical screening right away. According to the opinion, adolescents with weakened immune systems cannot fend off viral infections, such as human papillomavirus, as easily as those with healthy immune systems.

Because of this, HIV-infected adolescent girls should have cervical screening twice in the first year after HIV diagnosis and once a year thereafter. In addition, sexually active adolescents

who have weakened immune systems from organ transplant or long-term steroid therapy should also be screening 6 months apart in the first year after they begin having sex and then continue with annual tests.

Any adolescent girl with a normal immune system who has one or more Pap test with normal results should not be screened again until age 21 years. Teens who have had a previous abnormal test followed by two normal tests can also wait until age 21 years to be rescreened.

#### Other Recommendations

**In addition, these guidelines recommend against HPV testing for adolescents.**

There's no point in testing for HPV because it's so common among teens, and 90% of HPV infections are naturally resolved by the immune system within 2 years.

Adolescents have been over-treated for something that typically resolves on its own. We know that unnecessary treatments compromise the cervix and increase a teen's risk of having a preterm birth later in life.

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#### ACOG Cervical Screening Guidelines: 2009

Age	Recommendation for Screening
Younger than 21 years	Avoid Screening
21 to 29 years	Be screened every two years
30 to 65 or 70 years	Possible screening every three years
65 to 70 years	May discontinue screening

For more thorough information, see accompanying article.

**Overarching Goals**—The long term vision and planning for the Office of Health Services is to extensively improve the quality of medical, dental, mental health, substance abuse and developmental disability services provided to the youth in our care through increased resources, improved staffing, early troubleshooting for problem areas and improved collaborations with other state Agencies.

## Office of Health Services—Cervical Screening

Finally, the opinion discussed the management of cervical intraepithelial neoplasia in adolescents. Adolescents who have low-to high-grade dysplasia — with the exception of cervical intraepithelial neoplasia 3 (CIN 3) — generally should be managed by periodic observation.

The guidelines recommend that re-screening be delayed until age 21 when the Pap test results show regression of the dysplasia, but annual screening is also an acceptable alternative. Although rare in adolescents, CIN 3 is considered a significant precancerous condition that does require treatment with cryotherapy, laser therapy or loop electro-surgical excision.

### New Guidelines Balance Benefits and Harms of Screening

The new guidelines issued for cervical cancer screening by the American College of Obstetricians and Gynecologists are based on solid research evidence and balance fairly the harms and benefits of cancer screening.

The next major change to the recommendations was that women aged 21 to 29 should be screened every two years and women 30 and older who have had three consecutive negative results for intraepithelial lesions and malignancy should reduce screening to once every three years.

This recommendation is based on evidence showing that among women in this age group, as the number of previous normal tests increases, the likelihood of underlying cervical neoplasia decreases substantially. Based on this evidence, continuing to screen these women will result in “needless interventions” that have little effect on the incidence of cervical cancer.

Finally, ACOG recommended that screening be discontinued for women aged between 65 and 70 who have had at least three consecutive negative cytology test results and no abnormal test results in the previous 10 years.

Regardless of the recommendations, when new guidelines for cancer screening are issued, it is important that physicians discuss changes with their patients and answer questions that patients may have. In this case, “clinicians should inform women that the changes in the guidelines have not been prompted by financial considerations but by careful consideration of the estimated balance between benefits and harms.

Sawaya GF. *N Engl J Med.* 2009; doi:10.1056/NEJMp0911380.

### Dr. Johnson Welcomes Maggie Gaddie, LMHC, Senior Behavioral Analyst, Central Region, Detention



Maggie Gaddie was born and raised in Kentucky and moved to Florida after graduating from Lindsey Wilson College. While in Kentucky she

worked as a mental health technician in a crisis unit, as a school based therapist, and worked in private practice. Upon her arrival to Florida, she began to work for Camelot Community Care as a therapist. While with the company she worked in therapeutic foster care, and continuously substituted at several detention facilities.

Maggie began to work at Falkenburg Academy in January of 2007. Maggie worked at Falkenburg Academy for nearly four years and was the Unit Leader and Clinical Director/DMHA before taking the position as the Senior Behavioral Analyst for the Central Region, Detention. Maggie worked at several DJJ sites, including residential and detention during her tenure with Camelot.

She was recently awarded both the Employee of the Month at Falkenburg Academy and for the Central Region (Residential Services).

Maggie's passion is serving the youth in our care. Her number one concern is their safety and well-being.

### January is National Cervical Cancer Screening Month:

*Click Below for Information Links*

**Cervical Cancer Information**  
[HPV-Associated Cervical Cancer Statistics \(CDC\)](#)  
[Cervical Cancer \(Medline Plus\)](#)  
[Cervical Cancer \(National Cancer Institute\)](#)  
[What You Need To Know About™ Cervical Cancer \(National Cancer Institute\)](#)  
[Cervical Cancer \(National Women's Health Information Center\)](#)

**HPV Information**  
[HPV-Associated Cancers \(CDC\)](#)  
[Human Papillomavirus Infection \(CDC\)](#)  
[Genital HPV Information Fact Sheet \(CDC\)](#)  
[Human Papillomavirus Vaccine \(CDC\)](#)  
[Human Papillomavirus Vaccine Questions and Answers \(CDC\)](#)  
[Human Papillomaviruses and Cancer: Questions and Answers \(National Cancer Institute\)](#)  
[What Every Woman Should Know About Cervical Cancer and the Human Papilloma Virus \(American Cancer Society\)](#)

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