

## To Your Health!

By Judy Hargis, P.A.



### Women's Health Update

New recommendations for cervical and breast cancer screening for women came out in late 2009. It is important for all women to be familiar with these recommendations so they can talk to their health care provider about how these changes will impact their care. These are general guidelines and do not include individual risk factors that may affect screening for some individuals.

The pap test has been used for fifty years and has greatly reduced the number of cases of cervical cancer in the United States. It is used to find changes in the cervix that could lead to cervical cancer. The main cause of cervical cancer is the human papilloma virus (HPV). There are many types of HPV and a few of them cause cervical cancer. HPV is passed person to person during sexual activity. When women are exposed to the virus the immune system is usually able to clear the virus. But a few women will go on to develop cervical cancer.

Regular pap tests are an important part of women's health care. The pap test can detect abnormal cells early, before they progress to cervical cancer. The pap test can also include HPV testing and typing. The American College of Obstetricians and Gynecologists (ACOG) now recommend that women have their first pap test at 21. Women 21 to 29 should have the test every two years. After 30, women should have the pap test every three years. Most women may stop having pap tests at 65 or 70. Women who have had hysterectomies (removal of uterus and cervix) do not need a pap test unless they have had cervical or a reproductive cancer. The frequency of the pap test needs to be determined by your health care provider, based on your medical history and risk factors.

The Gardasil vaccine is now available for adolescent and young women. It can protect against two of the high risk HPV strains that develop into cervical cancer and two that can develop into genital warts. It will soon be available for young men as well. Even if you have had the vaccine, you will still need routine pap tests.

The US Preventive Services Task Force (USPSTF) recently issued new breast cancer screening recommendations. These recommendations have created a firestorm of controversy. They now recommend against routine mammograms for women before age 50 and suggest that screening end at age 74 years. These recommendations are in opposition to existing breast cancer screening guidelines supported by the American Cancer Society and American College of Radiology. Most women are aware of the impor-

tance of early detection of breast cancer. They know that mammograms are an important part of breast cancer screening.

These new recommendations came about after USPSTF determined that an abnormal mammogram in a woman 40 to 49 years-old is less likely to represent cancer than an abnormal mammogram in a woman greater than 60. Mammograms are less likely to find breast tumors in women younger than 50 years than in older women. This may be because younger women have denser breast tissue which makes it more difficult to find a tumor.

This is a complicated issue. Clinicians and patients may be inappropriately reassured by negative mammograms and inappropriately frightened by abnormal mammograms. It is important for women to talk to their health care providers about these new recommendations so they can make an informed decision about their screening mammograms. Some health care providers and patients may want to continue to begin screening at 40. I don't think that we have heard the last on this issue.

In the meantime, if we are going to begin screening mammograms at 50, we need to have access to a high quality clinical breast exam (CBE). Women need to be informed on what constitutes a high quality CBE and to feel comfortable asking providers to be thorough. A "Wham Bam Breast Exam" is not adequate and often misses the areas of the breasts where most breast cancers are located.

There has been some controversy on the value of Self-breast examination (SBE) but most breast cancers are self-detected. The studies that led to the recommendation that women not be taught SBE were poorly done or incomplete. Women do not need to perform SBE to diagnose breast lumps. The value is in being familiar with how their breasts feel so they know when there is a change.

The most important message to women when considering these recommendations is to be informed and talk to your health care provider. Be aware that these are recommendations, only, and each woman brings circumstances and risk factors that are unique to her. Remember that a healthy lifestyle – including regular exercise, low fat diet, smoking cessation and stress reduction – plays a role in cancer risk reduction.

I look forward to hearing from our readers. If there is a health topic that you would like more information on, please let us know. You can reach me at [health@the-independent.net](mailto:health@the-independent.net).

For more information on new recommendations for cervical or breast cancer screening go to: [www.cancer.gov](http://www.cancer.gov) or [www.acs.org](http://www.acs.org).

## Sign up for ORRC half marathon

The Oregon Road Runners Club will hold the Vernonia Half Marathon on Saturday, April 3.

The 13.1-mile race will begin at 9:30 a.m. in Vernonia's Anderson Park and run along the Banks-Vernonia State Trail, fin-

ishing at the Stub Stewart State Park Welcome Center. A limited edition long sleeve T-shirt is available, and all finishers will receive medals.

Online registration is available at [www.active.com](http://www.active.com) or forms can be printed at [www.orrc.net](http://www.orrc.net). Pre-race registration for ORRC members is \$22 without a shirt or \$42 with a shirt. Pre-registration for non-ORRC members is \$27 without a shirt or \$47 with a shirt. Day of race registration is \$40 without a shirt.

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## Donations down in this program

by Chris Thomas, Oregon News Service

Almost two-thirds of Oregon domestic violence programs participated in a recent National Census of Domestic Violence Services, counting how much and what types of assistance they provided in a single 24-hour period.

Results released this week find that in a single day, almost 600 Oregonians were in emergency shelters or transitional housing, more than 700 received other types of services, and 458 hotline calls were answered.

Kerry Naughton, crime survivors program director for the Partnership for Safety and Justice, says the most sobering statistic may be that 277 people did not get the help they asked for due to a lack of staff and money.

"Forty-five percent of the programs in Oregon reported that they don't have enough funding – and unfortunately, because of this funding shortage, women and children who are trying to flee abuse are often forced to return to, or remain in, dangerous situations, or they face homelessness."

Naughton says domestic violence program directors also reported shortages of basics, like diapers and baby food. Her group's Web site has a statewide list of shelters' needs for those who want to donate at [www.SafetyAndJustice.org](http://www.SafetyAndJustice.org).

Programs provide more than emergency shelter, says Naughton. They offer counseling, help families find housing and benefits, and go with them to court if necessary. She says the need for all those services has increased.

"It's really important to understand that the bad economy does not cause domestic violence, although it does certainly mean that victims have fewer resources – as well as domestic violence programs, which sadly, also have fewer resources to serve survivors."

One-third of the programs surveyed reported their shelters were full and there was no funding available to send families to hotels. Naughton says even when that is the case, hotline staff can help people find alternatives or make emergency plans. The toll-free national domestic violence hotline is 800-799-SAFE. The Domestic Violence Counts survey is online at [www.nnedv.org](http://www.nnedv.org).

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