

**Change 145**  
**Manual of the Medical Department**  
**U.S. Navy**  
**NAVMED P-117**

**16 Dec 2013**

To: Holders of the Manual of the Medical Department

1. **This Change** revises Chapter 15, section V, article 15-111, References and Resources and article 15-112, Annual Health Assessment Recommendations for Active Duty Women.

2. **Summary of Changes**

a. Chapter 15, article 15-111. Updated references and resources.

b. Chapter 15, Article 15-112

(1) Recommend cervical cytology screening for women 21-29 years of age every 3 years by cytology alone, and no screening before 21 years of age.

(2) Recommend screening for women aged 30-65 years of age to be every 5 years with cytology and HPV co-testing (preferred), or every 3 years with cytology alone.

(3) Recommend screening women who have had cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia), and adenocarcinoma in situ (AIS) for at least 20 years after treatment and/or clearance even if they are 65 or older.

(4) Recommend women who have had a hysterectomy which removed their cervix who have had no history of cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia), or adenocarcinoma in situ (AIS) discontinue screening.

(5) Recommend women who have had a hysterectomy which removed their cervix and a history of cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia), or AIS to continue vaginal screening every 3 years with cytology for at least 20 years.

(6) Recommend annual clinical breast exam and breast health awareness education for women 21-39 years of age.

(7) Added abortion services are available for Servicewomen who are pregnant as a result of an act of rape or incest.

(8) New attachment. See figure for screening intervals and referral for Colposcopy.

3. **Action**

a. Remove entire section V and replace with new section V.

b. Record this Change 145 in the Record of Page Changes.



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## Section V

## REFERENCES AND RESOURCES AND ANNUAL HEALTH ASSESSMENT RECOMMENDATIONS FOR ACTIVE DUTY WOMEN

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15-111 References and Resources	15-105
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### 15-111

#### References and Resources

The following issues are not covered explicitly in this chapter, but are related to “physical standards” or “medical examinations” and are listed here for ease of reference. This list is not intended to be inclusive of all related topics. USMC Enlisted: Marine Corps Separation and Retirement Manual (MARCORSEPMAN (MCO P1900.16F) Chapters 1, 6, and 8 at: <http://www.marines.mil/News/Publications/ELECTRONICLIBRARY/ElectronicLibraryDisplay/tabid/13082/Article/134174/mco-p190016f-wch-2.aspx>.

Administrative Separation for Convenience of the Government, Personality Disorders – Navy Enlisted: Military Personnel Manual (MILPERSMAN) MILPERSMAN 1910-122 - MILPERSMAN at: <http://www.public.navy.mil/bupers-npc/reference/milpersman/Pages/default.aspx>; USMC Enlisted: MARCORSEPMAN—Chapters 1 and 6.

Administrative Separation for Erroneous Enlistment – Navy Enlisted: MILPERSMAN 1910-130; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation for Defective Enlistment – Navy Enlisted: MILPERSMAN 1910-132; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation for Fraudulent Enlistment – Navy Enlisted: MILPERSMAN 1910-134; USMC Enlisted: MARCORSEPMAN Chapters 1 and 6.

Administrative Separation of Officers – Navy: MILPERSMAN 1920 series; USMC; Enlisted: MARCORSEPMAN Chapters 1 and 3.

Assignment Screening – BUMEDINST 1300.2 series.

Department of Defense Forms – <http://www.dtic.mil/whs/directives/infomgt/forms/index.htm>

Department of Defense Directives and Instructions – <http://www.dtic.mil/whs/directives/>

Department of Defense Medical Examination Review Board (DOD MERB) at: <https://dodmerb.tricare.osd.mil/> and NAV-MEDCOMINST 6120.2 series.

Deployment Health Evaluations – DoDINST 6490.03, Pre-Deployment Assessment form DD 2795, Post-Deployment Assessment form DD 2796.

Fitness for Duty Examinations – BUMEDINST 6120.20 series.

HIV Policy – DoD Instruction 6485.01; SECNAVINST 5300.30 series.

Limited Duty (LIMDU) – Enlisted: MILPERSMAN 1306-1200; Officers: MILPERSMAN 1301-225 (Officers); Manual of the Medical Department (MANMED), Chapter 18.

Navy Medicine Forms at: <http://www.med.navy.mil/directives/Pages/NAVMEDEForms.aspx>.

Overseas Screening – BUMEDINST 1300.2 series; MILPERSMAN 1300-800.

Physical Disability/PEB – DoD Directive 1332.18 and DoD Instruction 1332.38; SECNAVINST 1850.4 series;

Physical Readiness Program (PRT) – OPNAVINST 6110.1 series.

Pre-confinement examinations – SECNAVINST 1640.9 series.

Preventive Health Assessment (PHA) – SECNAVINST 6120.3 series.

Reservists – Separation from Active Duty: MILPERSMAN 1916-010 and SECNAVINST 1770.3 series; Physical Risk Classification: MILPERSMAN 6110-020; Mobilization: OPNAVINST 3060.7 series and BUPERSINST 1001.39 series.

**15-112****Active Duty Women**

(1) **Purpose.** To provide annual health assessment recommendations for all female active duty members and reservists on active duty, hereafter identified as Servicewomen. This assessment can be performed in conjunction with the periodic health assessment or other annual health assessment.

(2) **General.** Policies and procedures for the medical care of non-active duty beneficiaries, including reservists are addressed in NAVMED-COMINST 6320.3B.

(3) **Scope of Examination.** An annual health assessment is recommended for all Servicewomen. Annual health assessment examination recommendations for Servicewomen include, but are not limited to, the following:

(a) **Obesity Screening.** All patients should be screened annually for obesity using a body mass index (BMI) calculation (available at the following Web site: [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)).

(b) **Hypertension Screening.** All patients should be screened annually using routine blood pressure measurement.

(c) **Chlamydia screening.** All sexually active women aged 25 and younger, and other asymptomatic women at risk for infection should be screened. This screening can be performed using any Food and Drug Administration (FDA)-approved method, including urine sample or vaginal swabs collected without a pelvic exam.

(d) **Cervical Cancer Screening:** Each patient should be evaluated at her annual examination to see if she is due for cervical cancer screening, as this test is no longer needed annually in most women. The following subparagraphs and attached charts summarize the recommended cervical cancer screening schedule. Cervical cancer screening is defined as the use of the pap-test and/or Human Papilloma Virus (HPV)-test to identify pre-cancerous or cancerous lesions of the female cervix. Once a patient has an abnormal result, she will be referred for evaluation and surveillance until cleared to return to routine screening. Detailed guidance is available at [www.asccp.org](http://www.asccp.org).

(1) **First screen.** Cervical cancer screening should begin at age 21 years. Women younger than 21 years should not be screened regardless of the age of sexual initiation or the presence of other behavior-related risk factors.

(2) **Women ages 21-29.** Cervical cytology alone should be performed every 3 years for women between 21 and 29 years of age. HPV testing should not be used for screening in this age group.

(3) **Women ages 30 and older.** Women 30 years and older should be screened every 5 years by cytology and HPV co-testing (preferred) or every 3 years by cytology alone if HPV testing is not available.

(4) **Additional Risk Factors.** Women with the following risk factors may require more frequent cervical cytology screening:

(a) **Women who are infected with the human immunodeficiency virus (HIV)** should have cervical cytology screening twice in the first year after diagnosis and annually thereafter.

(b) **Women who are immunosuppressed** should be screened annually.

(c) **Women who were exposed to diethylstilbestrol (DES) in utero** should be screened annually.

(d) **Women previously treated for cervical intraepithelial neoplasia (CIN) 2 (moderate dysplasia), CIN 3 (severe dysplasia or carcinoma-in-situ), adenocarcinoma-in-situ (AIS), or cervical cancer, and have completed their post-treatment surveillance period,** should continue to have regular screening for at least 20 years. Regular screening is defined as screening every 3 years with cytology alone or 5 years with cytology and HPV co-testing depending on the patient's age group.

(5) **Women who have had a total hysterectomy (cervix removed) and have no history of CIN 2, CIN 3, AIS, or cervical cancer** can discontinue cervical cancer screening. Women who have had a total hysterectomy (cervix removed), but who have a history of CIN 2, CIN 3, AIS, or cervical cancer should be screened with vaginal cytology alone every 3 years for 20 years after the initial post-treatment surveillance period.

(6) *Women who have been immunized against HPV-16 and HPV-18* should be screened by the same regimen as non-immunized women. Women with a delay between scheduled immunizations should get their next dose at the first opportunity, and finish the series according to the recommended schedule (1<sup>st</sup> dose – 0 months; 2<sup>nd</sup> dose – 2 months; 3<sup>rd</sup> dose – 6 months from the first dose). Patients do not need repeated or extra doses if there are gaps in the administration schedule.

(7) *Annual well-woman exam.* The annual physical exam is still indicated even if cervical cytology is not performed at this visit. The annual well-woman exam should always include a pelvic exam. A pelvic exam consists of three parts: an external inspection, internal speculum exam, and an internal bimanual exam.

(e) **Breast Cancer Screening**

(1) *Women ages 21 and up.* Women should have an annual clinical breast exam, receive education about breast self-exam, and should be encouraged to follow-up if they detect persistent changes in their breast tissue. Additionally, if a woman reports other risk factors for breast cancer, such as a family history of breast cancer or has a personal history of breast cancer or other abnormal breast tissue, she should be referred for further evaluation of her breast cancer risk.

(2) *Women ages 40-75.* Clinical breast exam and screening mammography should be performed annually.

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*Note: Evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging.*

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(f) *Other Screenings.* As indicated by the United States Preventive Services Task Force (USPSTF) recommendations.

(g) *Immunization status.* The immunization status must be reviewed to ensure all required immunizations have been administered and are current. Overdue immunizations must be administered and the Servicewoman should be advised when forthcoming immunizations are due.

(h) *Occupational risk and surveillance.* These risks must be evaluated and reviewed for appropriate monitoring. Ensure pertinent screening is documented within the medical record and updated on the DD 2766.

(i) *Counseling Requirements.* Counseling is required to be performed annually and documented on the DD 2766. Counseling can be done in conjunction with the periodic health assessment. Counseling should be based on an individual's lifestyle, history, and take into account the Servicewoman's concerns, risks, and preferences. Elements include, but are not necessarily limited to the following topics:

(1) Unintended pregnancy prevention, family and career planning, and sexually transmitted infection (STI) prevention.

(a) Birth control options available, their efficacies, and which contraceptive methods do or do not protect against STIs and HIV infection.

(b) Emergency contraception, including its efficacy and safety, how it can be obtained, and its lower effectiveness compared to long active reversible contraception or combined hormonal contraception.

(2) Health promotion and clinical preventive services counseling targeted to an individual's profile.

(a) Counseling including topics such as proper exercise; sleep hygiene; prevention of cancer, heart disease, stroke, musculoskeletal injuries, heat/cold illness, depression, suicide, violence, etc.

(b) Nutrition counseling regarding folic acid, prenatal vitamins, calcium supplements, vitamin D supplements, cholesterol level, caloric intake, etc.

(c) Risk behaviors to avoid (i.e., tobacco, alcohol and drug use; multiple sexual partners, non-seat belt use, etc.).

(d) Prevention and risk reduction methods for physical, emotional, and sexual assault. Abortion services available for Servicewomen who are pregnant as a result of an act of rape or incest.

(4) *Exceptions to Examination Recommendations.* When a health care provider determines a Servicewoman does not require a portion of the annual health assessment examination, the provider shall discuss the basis for this determination and advise her of the timeframe for, and the content of, the next examination.

(a) *Exceptions and recommendations* will be documented in the electronic health record or the hard copy medical record on the SF 600.

(b) *Individual Augmentee (IA) or Overseas Contingency Operations Support Assignment (OSA)*. Servicewomen deploying on an IA or OSA assignment will need to follow the Combatant Commander requirements which may differ depending on location and operational requirements. See the current modification to U.S. Central Command Individual Protection and Individual/Unit Deployment Policy.

(5) *Notification of Results*

(a) *Pap Smear Results*. Normal Pap smear results will be provided to the patient within 30 days and abnormal results will be provided to the patient as soon as possible.

(b) *Mammogram Results*

(1) Screening mammogram results will be provided to the patient within 30 days of the mammogram being performed.

(2) Diagnostic mammogram (e.g., for evaluation of a lump) results will be provided to the patient as soon as possible.

(6) *Responsibilities*

(a) Commanders, commanding officers, and officers in charge are responsible for compliance with the elements of this article.

(b) Medical Department personnel are responsible for providing the required health assessment components of care.

(c) Servicewomen are responsible for making and keeping appointments for the recommended annual health assessment examination components.

(7) *Forms*

(a) SF 600 (Rev. 11/2010), Medical Record - Chronological Record of Medical Care, is available electronically from the GSA Web site at: <http://www.gsa.gov/portal/forms/type/SF>.

(b) DD Form 2766 (Rev. 01-2000), Adult Preventive and Chronic Care Flowsheet, is available in hard copy only. Copies can be ordered from Naval Forms Online by using search criteria: "Adult" and selecting Type at: <https://navalforms.daps.dla.mil/>.

**When to Perform Cervical Cytology**

Based on ASCCP 2012 Guidelines

Population	Recommended Screening
<21	None
21-29	PAP every 3 yrs (no HPV)
30-65	PAP & HPV every 5 yrs (or PAP every 3 yrs)
>65	None (following adequate negative prior screening*)
After Hysterectomy	None (without cervix and without Hx of CIN2 or greater)
Hx of CIN2 or greater	Routine screening for 20 years (even after hysterectomy)
HIV+	Twice in the first year after diagnosis, then annually
Immunosuppressed	Annually
DES in utero	Annually
HPV vaccination	Follow age-specific guidelines (same as unvaccinated)

\*3 consecutive negative cytology results (or 2 consecutive negative co-tests) within 10 yrs prior to cessation of screening, with the most recent within 5 yrs

**Abbreviations**

NILM	Negative for intraepithelial lesion and malignancy
ASCUS	Atypical squamous cells of undetermined significance
LSIL	Low-grade squamous intraepithelial lesion
HSIL	High-grade squamous intraepithelial lesion
ASC-H	Atypical squamous cells, cannot rule out high-grade lesion
HPV	Human papillomavirus
EC/TZ	Endocervical/Transformation zone
CIN	Cervical intraepithelial neoplasia
AGC	Atypical glandular cells
ECC	Endocervical curettage
DES	Diethylstilbestrol
EmBx	Endometrial biopsy
Colpo	Colposcopy

### Referral Guidelines for Abnormal PAP

Based on ASCCP 2012 Algorithms

Cytology Results	Age	Recommendations
Unsatisfactory	Any	Repeat PAP 2-4 months <u>OR</u> if $\geq 30$ and HPV+, may colpo
NILM, EC/TZ insufficient	21-29	Routine screening
	$\geq 30$	If HPV-, routine screening
		If HPV+, PAP & HPV in 1 yr. <u>OR</u> HPV genotype
		If HPV unk, HPV testing <u>OR</u> PAP in 3 yrs.
NILM & HPV+	$\geq 30$	Repeat PAP & HPV in 1 yr. If $\geq$ ASC or HPV+, colpo
ASCUS, HPV unk	Any	HPV testing <u>OR</u> Repeat PAP in 1 yr. If repeat PAP is NILM, routine screening, otherwise colpo
ASCUS, HPV-	21-24	Routine screening
	$\geq 25$	PAP & HPV in 3 yrs.

Cytology Results	Age	Recommendations
ASCUS, HPV+ or LSIL	21-24	PAP in 1 yr. - If less than HSIL, repeat again in 1 yr. If repeat PAP is $\geq$ ASC, then colpo. Return to routine screening after NILM x 2
	$\geq 25$	Colpo If pregnant, colpo now (preferred) or at least 6 wks postpartum
LSIL, HPV-	Any	PAP & HPV in 1 yr. (preferred) If NILM, HPV-, repeat PAP & HPV in 3 yrs, otherwise colpo <u>OR</u> immediate colpo
ASC-H or HSIL	Any	Colpo <u>OR</u> If HSIL & $\geq 25$ & not pregnant, may do immediate LEEP
AGC or Atypical Endocervical Cells	Any	Colpo, ECC, and EmBx if $\geq 35$ or chronic anovulation or unexplained vaginal bleeding
Atypical Endometrial Cells	Any	ECC and EmBx. Colpo if both negative

Saslow D, et al. ACS, ASCCP, and ASCP screening guidelines for the prevention and early detection of cervical cancer. ©2012 ASCCP Cytology Algorithms ©2012 ACOG Practice Bulletin #131 NCV 2012