

# Gynaecology

## Current Awareness Newsletter

November

2016



Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**



## Training Calendar 2016

*All sessions are 1 hour*

### October (12pm)

Fri 7th      **Statistics**  
 Mon 10th   **Information resources**  
 Tue 18th    **Literature Searching**  
 Wed 26th   **Critical Appraisal**

### November (1pm)

Thurs 3rd   **Statistics**  
 Fri 11th    **Information resources**  
 Mon 14th   **Literature Searching**  
 Tues 22nd   **Critical Appraisal**  
 Wed 30th   **Statistics**

## Your Outreach Librarian – **Helen Pullen**

Whatever your information needs, the library is here to help. Just email us at  
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**Outreach:** Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

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## Contents

## The Latest Evidence for...

**NICE** National Institute for  
Health and Care Excellence

Nothing to report



**Cochrane**  
Library

**Antibiotic treatment for the sexual partners of women with bacterial vaginosis**

**UpToDate®**

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

N/A

### Other – Behind the Headlines, Guidance

[Cervical screening every 10 years for healthy women is 'safe'](#)

Thursday Oct 6 2016

"Cervical cancer: gap between screenings 'can be increased to 10 years'," The Guardian reports. A Dutch study suggests women who test negative for the human papilloma virus (HPV), the leading cause of cervical cancer...

## Journal Tables of Contents

The most recent issues of key journals. If you would like any of the papers in full text then please email the library: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

BJOG Vol. 123, Issue 12 Pages 1877–2056 November 2016

IJGO November 2016 Volume 135, Issue 2

ACOG November 2016 - Volume 128 - Issue 5

IUGA International Urogynecological Association

Gynecologic Oncology Volume 143, Issue 2, Pages 227-450 (November 2016)

Human Reproduction Update Volume 22 Issue 5 September/October 2016

# Exercise

## Creating a search strategy

Scenario: A 64 year old obese male who has tried many ways to lose weight presents with a newspaper article about 'fat-blazer' (chitosan). He asks for your advice.

What would your PICO format be?

|                        |  |
|------------------------|--|
| Population/problem     |  |
| Intervention/indicator |  |
| Comparator             |  |
| Outcome                |  |

What would your research question be?

Taken from the Centre for Evidence Based Medicine

*Find out more about constructing an effective search strategy in one of our **Literature searching** training sessions.  
For more details, email [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk).*

**PICO:** P = obese patients; I = chitosan; C = placebo; O = decrease weight  
**Research question:** In obese patients, does chitosan, compared to a placebo, decrease weight?

## Current Awareness Database Articles

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### Gynaecological Malignancies

#### **1. Effect of cisplatin containing liposomes formulated by unsaturated chain-containing lipids on gynecological tumor cells.**

**Source:** Journal of liposome research; Dec 2016; vol. 26 (no. 4); p. 307-312

**Publication Date:** Dec 2016

**Publication Type(s):** Journal Article

**Author(s):** Ringhieri, Paola; Pannunzio, Alessandra; Boccarelli, Angelina; Morelli, Giancarlo; Coluccia, Mauro; Tesaro, Diego

**Abstract:** Gynecological tumors are major therapeutic areas of platinum-based anticancer drugs. Here, we report the characterization and in vitro biological assays of cisplatin-containing Egg L- $\alpha$ -phosphatidylcholine liposomes with different amounts of cholesterol. Dynamic light scattering estimated sizes of all obtained liposomes in the 100 nm range that are suitable for in vivo use. On the basis of these data and of the drug loading values, the best formulation has been selected. Stability and drug release properties of platinum-containing liposomes have been verified in serum. The growth inhibitory effects of both liposomal and free drug in a panel of ovarian and breast human cancer cell lines, characterized by a different drug sensitivity, give comparable or better results with respect to free cisplatin drug.

**Database:** Medline

#### **2. Update on our investigation of malignant tumors associated with Peutz-Jeghers syndrome in Japan.**

**Source:** Surgery today; Nov 2016; vol. 46 (no. 11); p. 1231-1242

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article Review

**Author(s):** Ishida, Hideyuki; Tajima, Yusuke; Gonda, Tsuyoshi; Kumamoto, Kensuke; Ishibashi, Keiichiro; Iwama, Takeo

**Abstract:** To investigate the recent incidence of malignant tumors associated with Peutz-Jeghers syndrome (PJS) in Japan to clarify if there are any differences in malignant tumor risk and the spectrum of malignancies by reviewing the literature on this subject. We reviewed PJ cases reported in 1115 papers in Japan between January, 1989 and December, 2014. Malignant tumors were identified in 186 of the total 583 PJ cases from 523 evaluable studies. The estimated cumulative risk of a malignant tumor was 83.0 % at 70 years of age. Compared with a previous study, on a collective 91 cases reported up until 1988 in Japan, the reported proportion of gastrointestinal malignancies decreased, from 82.4 to 48.3 %, whereas that of gynecological malignancies increased, from 8.8 to 34.3 % ( $P < 0.01$ ). Moreover, breast cancers were occasionally reported (4.8 %), even though none were reported in the previous study. Adenocarcinoma of the uterine cervix was the most common malignant tumor (46.8 %) among women with PJ. The increased number of reports of cervical adenocarcinoma in women with PJ is the prominent trend in Japan, and a subject of concern among gynecologists. The risk of breast cancer seems to be increasing, but confirmation of this trend will require further investigation.

**Database:** Medline

### 3. Post-intensive care unit syndrome in gynecologic oncology patients.

**Source:** Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer; Nov 2016; vol. 24 (no. 11); p. 4627-4632

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Gunderson, Camille C; Walter, Adam C; Ruskin, Rachel; Ding, Kai; Moore, Kathleen N

**Abstract:** The purposes of the present study are to describe the demographic and treatment characteristics of women on the gynecologic oncology service who required intensive care and assess prevalence of risk factors for post-intensive care syndrome (PICS). A retrospective chart review was performed encompassing patients requiring admission to the intensive care unit (ICU) on the gynecology oncology service between 1/2008 and 12/2012. Descriptive statistics were computed using SAS version 9.3. One hundred eleven patients met study criteria. Most were Caucasian (85 %), were married (50 %), and had stage III/IV disease (82 %). Risk factors for PICS were as follows: 9 % had baseline anxiety, 20 % had baseline depression, 21 % were taking an SSRI prior to admission, and 18 % took other psychiatric medications. Most ICU admissions (47 %) were for planned post-operative management. Thirty-seven percent required mechanical ventilation for a median of 1 day (range, 1-24). Twenty percent required new scheduled psychiatric medications while in the ICU, and 8.1 % of patients were discharged with a newly prescribed antidepressant. Of patients, 15.3 % had consultations with psychiatry or social work. Six percent of patients expired, and 18 % had a nontraditional discharge disposition. Overall, 60 % of the patients had at least one recognized risk factor for PICS. Given the preponderance of psychiatric disorders and mechanical ventilation during post-operative ICU care in patients with gynecologic cancer, prospective evaluation of risk factors and utility of risk-reducing interventions for PICS is warranted. Long-term cognitive or physical disability is known to hasten mortality; thus, preventative strategies may increase the survival and quality of life for this patient population.

**Database:** Medline

### 4. A multicentre randomised clinical trial of chemoradiotherapy plus hyperthermia versus chemoradiotherapy alone in patients with locally advanced cervical cancer.

**Source:** International journal of hyperthermia : the official journal of European Society for Hyperthermic Oncology, North American Hyperthermia Group; Nov 2016; vol. 32 (no. 7); p. 801-808

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Harima, Yoko; Ohguri, Takayuki; Imada, Hajime; Sakurai, Hideyuki; Ohno, Tatsuya; Hiraki, Yoshiyuki; Tuji, Koh; Tanaka, Masahiro; Terashima, Hiromi

**Abstract:** To evaluate the effectiveness of whole-pelvic hyperthermia (HT) added to standard chemoradiotherapy (CRT) in locally advanced cervical cancer (CC), by investigating the clinical response and survival of patients treated with cisplatin-based CRT vs. CRT with HT (CRT + HT). This study was conducted at five hospitals in Japan between September 2001 and March 2015 in patients with the International Federation of Gynecology and Obstetrics stage IB (bulky)-IVA CC undergoing definitive CRT. After giving a written informed consent, patients were randomly allocated to two treatment groups: CRT and CRT + HT group. Overall survival (OS), disease-free survival (DFS), local relapse-free survival (LRFS), complete response (CR) rate and tolerability were evaluated. In total, 101 patients were treated. Patient characteristics, total dose of cisplatin and radiotherapy were similar for both groups. Although not statistically significant, the 5-year OS, DFS and LRFS in the

CRT + HT group (77.8%, 70.8% and 80.1%, respectively) were better than those in the CRT group (64.8%, 60.6% and 71.0%, respectively). CR was significantly more likely to be achieved in patients in the CRT + HT group than in the CRT group (88% vs. 77.6%; adjusted odds ratio, 3.993; 95% confidence interval, 1.018-15.67;  $p = .047$ ). CRT + HT was well tolerated and caused no additional acute or long-term toxicity compared with CRT alone. HT combined with CRT improved the CR rate of CRT in patients with locally advanced CC, however, could not improve survival outcomes. Further studies in larger samples are warranted.

**Database:** Medline

### **5. Characterization of Ciprofloxacin-Resistant and Ciprofloxacin-Susceptible Uropathogenic *Escherichia coli* Obtained from Patients with Gynecological Cancer.**

**Source:** Current microbiology; Nov 2016; vol. 73 (no. 5); p. 624-632

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Capett, Munique S; Vollú-Silva, Patricia; Melchiades, Vanessa A; Bokehi, Luciana C; Araújo, Fernanda M; Martins, Ianick Souto; Neves, Felipe P G; Gonzalez, Alice G M; Oswald, Eric; de Paula, Geraldo R; Teixeira, Lenise A

**Abstract:** The objective of this work was to assess the genetic characteristics of uropathogenic *Escherichia coli*, ciprofloxacin resistance or susceptibility, obtained from patients with gynecological cancer and urinary tract infection (UTI). Seventy-seven *E. coli* ciprofloxacin-resistant isolates and 38 ciprofloxacin-susceptible were analyzed by polymerase chain reaction (PCR) to determine the phylogenetic groups, virulence factors as *iucC*, *fyuA*, *hlyC*, *cnf1* genes, and *pks* pathogenicity island. The presence of genes related to ciprofloxacin resistance such as *qnrA*, *qnrB*, *qnrS*, *aac(6')-Ib-cr*, and *qepA*, and the sequencing of DNA gyrase genes and topoisomerase IV were determined. The genetic profile of the isolates was determined by pulsed-field gel electrophoresis (PFGE). Statistical analysis was performed using Fisher's exact test and Chi-square test. Phylogenetic group B2 was the most prevalent although a great genetic diversity was observed by PFGE. Only genes associated to siderophores were found in ciprofloxacin-resistant isolates; however, in ciprofloxacin-susceptible isolates, genes related to siderophores and toxin, were detected. Additionally *qnrB* was detected in both populations, ciprofloxacin resistant and susceptible. DNA mutations in *gyrA* were Ser-83-Leu and Asp-87-Asn and in *parC* were Ser-80-Ile and Glu-84-Val, Glu-84-Lys. In conclusion, it was observed a high prevalence of *qnrB* in the population studied; in addition, it was the first time the *pks* island was observed only in ciprofloxacin-susceptible isolates.

**Database:** Medline

### **6. Transvaginal ultrasound (TVUS)-guided biopsy is safe and effective in diagnosing peritoneal carcinomatosis and recurrent pelvic malignancy.**

**Source:** Clinical radiology; Nov 2016; vol. 71 (no. 11); p. 1184-1192

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Dadayal, G; Weston, M; Young, A; Graham, J L; Mehta, K; Wilkinson, N; Spencer, J A

**Abstract:** To assess safety and accuracy of transvaginal ultrasound (TVUS)-guided biopsy in achieving a diagnosis of peritoneal carcinomatosis (PC). This was a retrospective study comprising a cohort of 54 consecutive women aged 18-85 years referred from the gynaecological oncology multidisciplinary team meeting (MDTM) who attended for TVUS-guided biopsy procedures in a tertiary oncology centre over a 4-year period (2010-2014). Clinicopathological validation was assessed using online



patient records and radiological information systems. An independent oncologist assessed patient outcomes. The procedure was successful in all 19 patients with suspected recurrent malignancy with diagnosis validated against previous histology. Successful histological confirmation was achieved in 31 of 35 patients with suspected PC, which was thereafter validated by histology from subsequent surgery and favourable response to site-specific therapies (n=22). In three patients with suspected PC, the procedure did not result in biopsy as a suitable target could not be identified. Another woman had two false-negative biopsies. Thus overall a site-specific and subtype cancer diagnosis was obtained for 50 women giving an overall patient success rate of 93% (50/54). There were no procedure-related complications. TVUS core biopsy is a safe, effective, well-tolerated, and valuable technique in modern oncological management of PC when other diagnostic options are unavailable. Crown Copyright © 2016. Published by Elsevier Ltd. All rights reserved.

**Database:** Medline

### **7. Growth differentiation factor 8 induces SKOV3 ovarian cancer cell migration and E-cadherin down-regulation.**

**Source:** Cellular signalling; Nov 2016; vol. 28 (no. 11); p. 1615-1622

**Publication Date:** Nov 2016

**Publication Type(s):** Journal Article

**Author(s):** Zhao, Jianfang; Klausen, Christian; Xiong, Siyuan; Cheng, Jung-Chien; Chang, Hsun-Ming; Leung, Peter C K

**Abstract:** Epithelial ovarian cancer is the most lethal gynecological malignancy because most women present with late stage disseminated disease. Epithelial-mesenchymal transition (EMT) is characterized by the down-regulation of E-cadherin and up-regulation of N-cadherin, and is a crucial event in the pathogenesis of ovarian cancer. Transforming growth factor- $\beta$  (TGF- $\beta$ ) is a major regulator of EMT in many normal and neoplastic cell types. Growth differentiation factor 8 (GDF8), which also activates TGF- $\beta$ -like SMAD2/3 signaling, is best known for negatively regulating muscle growth. Though recent studies suggest that GDF8 enhances placental trophoblast cell migration, little is known about the role of GDF8 in EMT and cancer metastasis. We hypothesized that GDF8 could enhance ovarian cancer cell migration by inducing EMT. Here we demonstrate for the first time that GDF8 down-regulates E-cadherin but does not alter N-cadherin in SKOV3 ovarian cancer cells. This effect is abolished by the activin receptor-like kinase (ALK)4/5/7 inhibitor SB431542 or siRNA-mediated knockdown of ALK5, whereas knockdown of ALK4 is only partially inhibitory. GDF8 treatment increases the phosphorylation of SMAD2/3 and up-regulates the E-cadherin transcriptional repressors Snail and Slug; and these effects are abolished by pre-treatment with SB431542. Knockdown of common SMAD4 fully reverses the effects of GDF8 on E-cadherin and partially attenuates its effects on Snail and Slug. Importantly, GDF8 treatment increases SKOV3 cell migration and this effect is blocked by SB431542. Our study suggests that GDF8 promotes ovarian cancer cell migration via ALK4/5-SMAD2/3-E-cadherin signaling. Copyright © 2016 Elsevier Inc. All rights reserved.

**Database:** Medline

### **8. Membrane progesterone receptors in reproduction and cancer.**

**Source:** Molecular and cellular endocrinology; Oct 2016; vol. 434 ; p. 166-175

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article Review

**Author(s):** Valadez-Cosmes, Paulina; Vázquez-Martínez, Edgar Ricardo; Cerbón, Marco; Camacho-Arroyo, Ignacio

**Abstract:** Progesterone is a sexual steroid hormone that has a critical role in reproductive processes in males and females of several species, including humans. Furthermore, progesterone has been associated with pathological diseases such as breast, gynecological and brain cancer, regulating cell proliferation, apoptosis, and metastasis. In the past, progesterone actions were thought to be only mediated by its intracellular receptor (PR). However, recent evidence has demonstrated that membrane progesterone receptors (mPRs) mediate most of the non-classical progesterone actions. The role of the different mPRs subtypes in progesterone effects in reproduction and cancer is an emerging and exciting research area. Here we review studies to date regarding mPRs role in reproduction and cancer and discuss their functions and clinical relevance, suggesting mPRs as putative pharmacological targets and disease markers in cancer and diseases associated with reproduction. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

**Database:** Medline

### **9. MicroRNA-106a regulates phosphatase and tensin homologue expression and promotes the proliferation and invasion of ovarian cancer cells.**

**Source:** Oncology reports; Oct 2016; vol. 36 (no. 4); p. 2135-2141

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article

**Author(s):** Chen, Liang; Zhang, Fang; Sheng, Xiu-Gui; Zhang, Shi-Qian; Chen, Yue-Ting; Liu, Bo-Wen

**Abstract:** Ovarian cancer is a leading cause of malignant gynecological tumor-related mortality among women. The treatment of ovarian cancer patients continues to be challenging. MicroRNA-106a (miR-106a) is widely expressed in diverse human tumors. In the present study, we investigated the biological and pathological roles of miR-106a in ovarian cancers. We found that miR-106a expression was significantly increased in primary ovarian cancer tissues and ovarian cancer cells compared with the level in normal tissues. Ectopic expression of an miR-106a inhibitor attenuated ovarian cancer cell proliferation and invasion. miR-106a promoted the growth and invasion of SKOV3 cells by targeting phosphatase and tensin homolog (PTEN). Furthermore, the present study revealed that IL-6 inhibited miR-106a expression by activating STAT3. Tocilizumab, a humanized anti-human IL-6R antibody, that competitively inhibits IL-6/IL-6R signaling, did not inhibit the proliferation and invasion of SKOV3 cells. In conclusion, our studies revealed that miR-106a was significantly increased in the ovarian cancer tissues and cell lines. Downregulation of the expression of miR-106a inhibited cell growth and metastasis of ovarian cancer cells. Together, the present study suggests that miR-106a acts as an oncogene in ovarian cancers.

**Database:** Medline

### **10. Hereditary non-BRCA gynecological tumors.**

**Source:** Minerva ginecologica; Oct 2016; vol. 68 (no. 5); p. 579-586

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article

**Author(s):** Vellone, Valerio G; Paudice, Michele; Varesco, Liliana

**Abstract:** Early diagnosis and proper management of gynecologic malignancies represent a challenge in modern oncology. A growing interest has arisen around the gynecological manifestations of hereditary cancer syndromes. In particular, the discovery of the BRCA1 and BRCA2 genes in ovarian

cancer and the mismatch repair genes (MMR) in endometrial carcinoma has revolutionized our approach to the diagnosis and screening of women for ovarian and uterine cancers. The clinical, genetic and pathological features of hereditary cancer syndromes with gynecological manifestations are reviewed focusing on Lynch Syndrome, also known as hereditary nonpolyposis colorectal carcinoma (HNPCC), Peutz-Jeghers Syndrome (PJS), Cowden Syndrome or multiple hamartoma syndrome, Gorlin Syndrome or nevoid basal-cell carcinoma syndrome (NBCCS) and Reed's Syndrome or hereditary leiomyomatosis and renal cell cancer (HLRCC).

**Database:** Medline

## **11. Gynecological surveillance in high risk women.**

**Source:** Minerva ginecologica; Oct 2016; vol. 68 (no. 5); p. 497-508

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article

**Author(s):** Dilley, James; Gentry-Maharaj, Aleksandra; Menon, Usha

**Abstract:** In high-risk women, risk reducing surgery remains the cornerstone of prevention. However, the resulting premature menopause has led to continued efforts to develop effective screening strategies for those who wish to delay or avoid surgery. This review describes how the screening of women at risk of ovarian and endometrial cancer has evolved to its current state. Serial monitoring of CA125 is core to ovarian cancer screening and most recent studies have used the Risk of Ovarian Cancer Algorithm (ROCA) to interpret CA125 profile. The additional use of a second tumour marker, HE4, is reviewed. The results to date of key ovarian cancer screening studies in high-risk women are summarised ahead of their concluding findings due later in 2016. The role of both ultrasound and endometrial sampling in the management of women at increased risk of endometrial cancer is outlined. Exciting new methodology, which could help shape the future of screening is investigated. The article summarises the current recommendations and guidelines from recognised international bodies to aid the clinician with management of these women.

**Database:** Medline

## **12. Fractional microablative CO2 laser for vulvovaginal atrophy in women treated with chemotherapy and/or hormonal therapy for breast cancer: a retrospective study.**

**Source:** Menopause (New York, N.Y.); Oct 2016; vol. 23 (no. 10); p. 1108-1113

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article

**Author(s):** Pagano, Tiziana; De Rosa, Pasquale; Vallone, Roberta; Schettini, Francesco; Arpino, Grazia; De Placido, Sabino; Nazzaro, Giovanni; Locci, Mariavittoria; De Placido, Giuseppe

**Abstract:** Breast cancer is one of the most common malignancies in women. Hormonal treatment and chemotherapy induce a transient or permanent menopause status. Vulvovaginal atrophy (VVA) is a frequent debilitating symptom of menopause that is best treated with local or systemic estrogen formulations. Because estrogens drive the growth of the majority of breast cancers, most effective VVA therapies are precluded. The aim of this study was to evaluate the effects of fractional microablative CO2 laser on sexual function and in relieving symptoms in women with breast cancer and VVA induced or exacerbated by iatrogenic menopause. This retrospective study included 26 women affected by hormone-receptor positive breast tumors and treated for VVA symptoms with the fractional microablative CO2 laser system. Every 30 to 40 days, women underwent a cycle of treatment for a total of three cycles. During each cycle, women underwent a gynecological examination and completed visual analog scale questionnaires designed to assess (1) the degree of

symptoms and (2) procedure-related discomfort. Treatment resulted in a significant regression of VVA symptoms and procedure-related discomfort versus baseline ( $P < 0.001$  in almost all cases). No adverse reactions were observed nor reported by women. Fractional microablative CO<sub>2</sub> laser treatment is associated with a significant improvement of VVA symptoms in women affected by hormone-driven breast cancer. This procedure has the advantage of relieving iatrogenic/physiological VVA symptoms without resorting to contraindicated estrogen preparations, which have been the most effective therapy thus far.

**Database:** Medline

### **13. Fibroadenoma in Axillary Supernumerary Breast in a 17-Year-Old Girl: Case Report.**

**Source:** Journal of pediatric and adolescent gynecology; Oct 2016; vol. 29 (no. 5); p. e79

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article

**Author(s):** Surd, Adrian; Mironescu, Aurel; Gocan, Horatiu

**Abstract:** Supernumerary breast or polymastia is a well documented anomaly of the breast, and commonly presents along the embryonic milk line extending between the axilla and groin. However, cases of polymastia have been recorded in the face, vulva, and perineum. The clinical significance of these anomalies include their susceptibility to inflammatory and malignant changes, and their association with other congenital anomalies of the urinary and cardiovascular systems. In this article we report a case of fibroadenoma that developed in the supernumerary breast of the right axilla in a 17-year-old girl. It is uncommon to find such palpable masses in young patients. Clinical and sonographic examination of both breasts revealed no abnormalities and no lymph nodes were detected in the axillae or the neck. No associated urologic or cardiovascular abnormalities were found, and the histopathological examination of the excisional biopsy samples showed a well-defined, capsulated intracanalicular type of fibroadenoma similar to that of eutopic mammary tissue. In this report, we describe a rare case of fibroadenoma in an accessory breast in a young woman. There are a fewer than 40 reports in the world about this subject, of which differential diagnoses include: cancer in axillary supernumerary breast, hidradenitis, axillary lymphadenomegaly, lipomas, anexial cutaneous neoplasia, cysts, and phylloides tumor. The combination of clinical examination, ultrasound, and cytology leads to adequate treatment, especially surgical. The diagnosis could be confused because of findings from cytology. In this case, because of the clinical and sonographic findings and multiple differential diagnosis, only the histopathological study was used to confirm the diagnosis. Despite its high sensitivity, cytology has low specificity and could create false positive results. However, atypical lesions can be seen in fibroadenomas, especially in younger patients, pregnant patients, and in patients who use hormonal contraception. Although there are a few reports, our case report is similar to current medical registers and, after surgical treatment, our patient had an excellent prognosis. Copyright © 2016 North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc. All rights reserved.

**Database:** Medline

### **14. Prepubertal Vulvar Fibroma: Neoplasm or Physiological Condition?**

**Source:** Journal of pediatric and adolescent gynecology; Oct 2016; vol. 29 (no. 5); p. e67

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article

**Author(s):** Goldrat, Oranite; Lingier, Pierre; Massez, Anne; Noël, Jean-Christophe

**Abstract:** Several authors have previously reconsidered vulvar fibroma, a rare prepubertal neoplasm, as a physiological labial asymmetry of early puberty, recommending a conservative approach for all cases, although some required further clarification. A fibrous mass found in the left labium majus of a 4-year-old girl was surgically removed. Imaging confirmed a relapse after 10 months and a second surgery was performed due to extremely rapid growth. No subsequent relapse occurred after 2 years of follow-up. Diagnosis confirmed prepubertal vulvar fibroma, with positive CD34 and lack of actin, desmin, S100, and estrogen receptors. A diagnosis of prepubertal labial asymmetry should prompt careful consideration of several variables, such as age, and radiologic and histologic features, in order to differentiate between a physiological condition and a neoplasm. Copyright © 2016 North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc. All rights reserved.

**Database:** Medline

### **15. Racial and Ethnic Group Knowledge, Perceptions and Behaviors about Human Papillomavirus, Human Papillomavirus Vaccination, and Cervical Cancer among Adolescent Females.**

**Source:** Journal of pediatric and adolescent gynecology; Oct 2016; vol. 29 (no. 5); p. 429-435

**Publication Date:** Oct 2016

**Publication Type(s):** Journal Article

**Author(s):** Bond, Sharon M; Cartmell, Kathleen B; Lopez, Cristina M; Ford, Marvella E; Brandt, Heather M; Gore, Elena I; Zapka, Jane G; Alberg, Anthony J

**Abstract:** Human papillomavirus (HPV) vaccines provide an opportunity to greatly reduce the burden of cervical cancer. Although there has been improvement in uptake, there are notable ethnic/racial disparities. This qualitative study was conducted to better understand factors related to vaccine uptake among female adolescents from 3 racial/ethnic groups: African American (AA), Hispanic, and Caucasian. Findings can inform the development of optimal messages and strategies for clinical and population-based interventions. This mixed-methods descriptive study included completion of a brief structured survey and focus group discussion. Six focus groups were conducted with female adolescents, 2 each in the AA, Hispanic, and Caucasian groups. Brief structured survey questions and the focus group protocol addressed knowledge, perceptions, and behaviors related to HPV, HPV vaccination, and cervical cancer. Participants were 60 female adolescents (ages 13-19, mean age = 16.6 years) recruited from high schools, public health clinics, and churches. Themes across questions were remarkably similar among AA, Hispanic, and Caucasian participants. Each group had high awareness of the terms HPV, HPV vaccination, and cervical cancer, but with little in-depth knowledge about these topics. There was a high acceptance of HPV vaccination. Misperceptions about optimal cervical cancer prevention strategies such as simply knowing one's partner and good hygiene were most common among Hispanic adolescents. Awareness about Pap testing was most common among Caucasian adolescents. Predominantly uniform perceptions of HPV vaccines across racial/ethnic groups suggest a "one size fits all" approach will likely have greater reach with cervical cancer prevention messaging than culturally tailored interventions. Copyright © 2016 North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc. All rights reserved.

**Database:** Medline

## Librarians on demand!

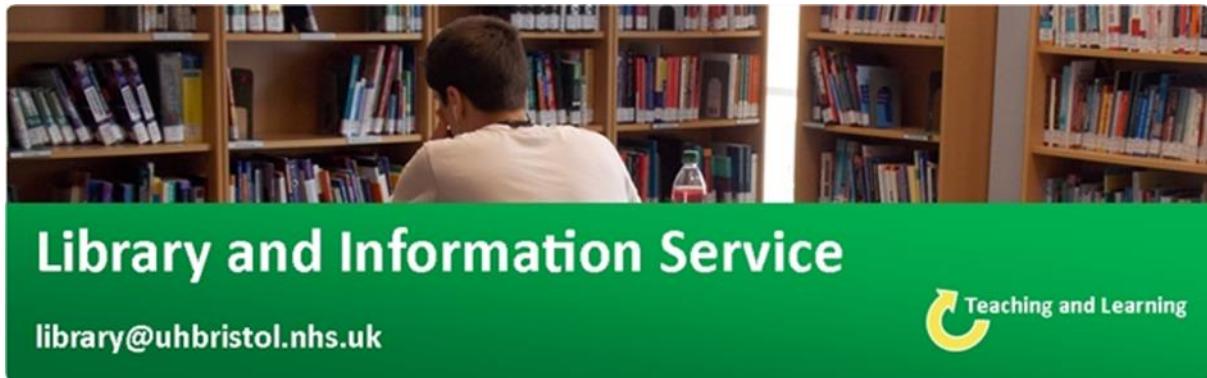
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