# Section 13: Screening for participants exposed to diethylstilbestrol

Diethylstilbestrol (DES) was prescribed to some pregnant women in Aotearoa New Zealand from the 1940s until the early 1970s to prevent miscarriage by stimulating the synthesis of oestrogen and progesterone in the placenta.[1] DES is a transplacental carcinogen, and participants who were exposed to DES in utero before 18 weeks have an increased risk of clear cell carcinoma of the vagina and cervix but no other forms of gynaecologic cancer. The risk of clear cell carcinoma has been calculated at 1.5/1000 women exposed to DES. These women are also at increased risk of breast cancer. [1-3] Approximately 1,000 women in Aotearoa New Zealand were prescribed the drug and the last prescription was 1973.

Vaginal adenosis is a known precursor of clear cell adenocarcinoma that affects from 24-88% of DES-exposed participants and fewer than 4% of unexposed participants.[1]

All participants known to have been exposed to DES should see a colposcopist as an initial assessment. Participants who do have vaginal adenosis should remain under the care of the colposcopy unit and be seen annually. In the absence of vaginal adenosis these participants should have regular interval screening and be referred on the same basis as any other patient.

There is no clear evidence that daughters of participants who were exposed to DES in utero are at a higher risk of clear cell carcinoma of the vagina or of other cervical or vaginal neoplasms than participants without this maternal history. [4 5]

| RECOMMENDATIONS – CERVICAL SCREENING FOR PARTICIPANTS EXPOSED TO DIETHYLSTILBESTROL | |
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| **R14.01**<br>Cervical screening for DES exposed participants | **Consensus-based recommendation**<br>Participants exposed to DES in utero should be offered initial colposcopy to determine if they have vaginal adenosis.<br>If vaginal adenosis is present these participants should be seen annually at colposcopy. Advice and ongoing management of cases may be sought from a more experienced colposcopist given the rarity of DES and vaginal adenosis. |

| RECOMMENDATIONS – CERVICAL SCREENING FOR PARTICIPANTS EXPOSED TO DIETHYLSTILBESTROL | |
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| | If vaginal adenosis is absent these participants should return to regular interval screening. Screening can cease at aged 70. |
| **R14.02**<br>Colposcopy for abnormalities in DES exposed participants | **Consensus-based recommendation**<br>Participants exposed to DES in utero who have a screen-detected abnormality should be managed by a colposcopist. |
| **R14.03**<br>Cervical screening for daughters of participants exposed to DES | **Practice point**<br>No evidence of an adverse effect on the daughters of participants exposed to DES in utero has been found. These participants should be screened in accordance with the guidelines in this document. |

## References


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