



Women's Health Overview

What is Post-Menopausal Bleeding?

Post-menopausal bleeding, or any vaginal bleeding after a woman has gone 12 months or more without a menstrual period, is abnormal. If one experiences the absence of menses for more than a year and then has the onset of spotting or bleeding, she needs to be evaluated by an OB-GYN or women's health provider.

What causes post-menopausal bleeding?

Post-menopausal bleeding is caused by both benign and malignant conditions. The most concerning is endometrial cancer, or a cancer arising in the lining of the uterus. Other malignancies, such as cervical cancer and some types of ovarian cancer, may also present with post-menopausal bleeding. Bleeding from other pelvic organs, such as the bladder or rectum, can also be a related concern, which is why all bleeding in the setting of menopause should be evaluated, even if you are unsure of the site of origin.

There are nonmalignant causes of post-menopausal bleeding, including uterine polyps or vaginal atrophy. These conditions can be safely treated with ambulatory surgery or medication once a more concerning factor like malignancy is ruled out.

Are cancers of the uterus rare?

The number of estimated new cases of uterine cancer in the United States in 2023 is 66,200. Both the rate of new cases and the death rate are rising — from 24.3 cases per 100,000 people in 1992 to 28.6 in 2019. Death rates have increased from 4.2 per 100,000 to 5.1 in 2019. There are glaring inequities in the death rate among races, with the death rate for non-Hispanic black patients nearly double the death rate for non-Hispanic white patients. Aggressive types of endometrial cancer are on the rise, and these more aggressive subtypes are more prevalent in nonwhite populations. The five-year relative survival rate in women with nonendometrioid subtypes of endometrial cancer was lowest in black women at 41.8% compared to 61.8% in white women.

How is post-menopausal bleeding evaluated?

If you suspect you are having post-menopausal bleeding, reach out to your provider. They will want to learn more about the bleeding by taking a history and performing a physical exam.

A pelvic exam will allow your physician to evaluate vaginal tissues for atrophy,

see [post-menopausal bleeding](#) pg. 4

What factors increase my risk for endometrial cancer?

High Estrogen Levels: Most types of endometrial cancer are driven by estrogen. A significant risk factor for endometrial cancer is obesity, as fat cells create estrogen in addition to hormones produced by the ovaries. Conditions such as polycystic ovarian syndrome and anovulatory menstrual cycles can indicate a high estrogen state, which would increase a woman's risk of endometrial cancer.

Genetics: Some genetic conditions like Lynch syndrome and BRCA1 mutation increase a woman's risk of endometrial cancer. Women with these known pathogenic variants, that predispose them to an increased risk of endometrial cancer, should discuss risk reduction strategies with their provider.



From the Chairman

On Jan. 3, 1938, the “March of Dimes” campaign was organized to fight polio. This work was an extension of President Franklin D. Roosevelt’s Warm Springs Foundation. From this humble beginning of collecting dimes grew a much larger organization focusing on “Healthy Mothers and Stronger Babies.” Their mission statement is: “Our mission is to lead the fight for the health of all moms and babies. Our goals are to end the preventable maternal health risks and deaths, end preventable preterm birth and infant death and close the health equity gap.”

The March of Dimes supports research, advocates for mothers, babies and their families and partners with institutions. These activities resonate with the mission, vision and values of the Olson Center for Women’s Health.

In this newsletter, we highlight the critical role that genetic counselors play in clinical medicine. The amount of genetic information available to patients and their families is overwhelming, and it is difficult for most providers to remain current. By partnering with providers, the team can provide current information to guide decision-making, inform other family members and discuss the significance and limitations of genetic testing.

In addition, valuable information will be shared about respiratory syncytial virus, or RSV, and ways to reduce our newborns’ risk. Less well-known to many than COVID-19 and influenza, it is the third disease in the “Tripledemic” that may be responsible for increased hospitalizations during the winter months. The ability to prevent illness rather than treat it is an important consideration for all three of these infectious diseases.

Hopefully, our readers have had a wonderful holiday season. As we face the new year, please let us know if there are issues you would like to hear more about. We wish you a safe, healthy and enjoyable 2024.

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Women’s Health overview

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research news

It's RSV Season – And We Have New Tools to Combat This Virus!

As you read this, we are in the middle of respiratory syncytial virus (RSV) season. RSV is a common virus that increases in frequency in the winter months, often following influenza season. When young infants contract RSV, they may have cold-like symptoms or may become acutely ill, requiring nebulizer treatments, doctors' visits and sometimes even oxygen and hospitalization. Long-term impacts of RSV include the risk of recurrent respiratory wheeze that may sometimes progress to asthma. Until this year, only the sickest premature infants and those infants with heart and lung disease have had access to medical therapy to decrease the risk of contracting this virus.

In 2023, three new medical products received FDA approval increasing the population that can be protected from RSV. First, people over 60 are eligible for one of two RSV vaccines:

- AREXVY (GSK adjuvanted RSV vaccine)
- ABRYSVO™ (Pfizer RSV vaccine)

According to the Centers for Disease Control and Prevention, side effects are mild and may include pain, redness and swelling where the shot is given.

Importantly, ABRYSVO™ is also recommended for pregnant people in the 32

0/7-36 6/7 week of pregnancy (the beginning of the 32nd week to the end of the 36th week). Getting the vaccine during this time frame and at least two weeks before delivery will allow maternal antibodies from the vaccination to pass through the placenta to the baby, providing immunity for the first RSV season. Side effects are the same as those described above, and this vaccine is safe for the fetus and is intended to protect them.

If the mother is not vaccinated during pregnancy, the infant should ideally receive a newly developed and approved RSV monoclonal antibody, nirsevimab (Beyfortus™) within one week after birth.

Unfortunately, Beyfortus™ was not readily available during the beginning of this RSV season. The manufacturer had indicated that supply would be steady in the 2023-2024 season, however, orders for this treatment far exceeded demand. Here in the Omaha area, for infants less than one year of age, there is limited availability of Beyfortus™ for infants weighing less than 11 pounds and almost no availability for infants weighing more than 11 pounds. If you are the parent or guardian of an infant less than 11 pounds who wasn't exposed to the ABRYSVO™ vaccine during pregnancy, work with your infant's primary care

provider or the county health department to see if you can locate a dose. Some doses are being reserved for the highest-risk newborn infants.

If you can't find Beyfortus™ and missed the window for vaccination during pregnancy, there are still many ways you can protect your infant from RSV this season. Good handwashing, staying away from crowds and not sharing utensils, toys or pacifiers are great preventive strategies. This is also a great time to remember to get your 2023 influenza and COVID-19 vaccines as well.

Beyfortus™ was clinically trialed through the Child Health Research Institute (CHRI) at UNMC and Children's Nebraska. Here at the Olson Center for Women's Health, we have opportunities for our patients to participate in cutting-edge clinical trials to improve safety and outcomes for women and infants on a regular basis.

**references available upon request*

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Post-menopausal bleeding continued from pg. 1

bleeding, and detect any structural lesions of the cervix or vagina. Other tests that may be considered are cervical cancer screening tests such as a pap smear or pelvic ultrasound to evaluate the organs of the pelvis. Often, a biopsy of the uterus is needed to evaluate the tissue lining of the uterus and can usually be obtained in the clinic through a short procedure. Your physician can determine if you are a candidate for this or whether ambulatory surgery is a better option for obtaining the tissue for diagnosis.

How can you learn more about endometrial cancer?

Currently, there are more initiatives to educate women about endometrial cancer. These include red-dab-red-flag (us.gsk.com/en-us/media/in-focus/red-dab-red-flag/) and the endometrial cancer action network for African Americans (ecanawomen.org) led by a gynecological oncologist, Kemi Doll, MD. The Foundation for Women's Cancers (foundationfor-womenscancer.org) also promotes awareness of female cancers and raises funds for research.

What happens if I am diagnosed with endometrial cancer?

If you are diagnosed with endometrial cancer, your primary care provider or

OB-GYN will refer you to a gynecologic oncologist who will further discuss next steps with you. The standard of care for early endometrial cancer is staging surgery during which the uterus, cervix, fallopian tubes and ovaries are removed. Evaluation of lymph nodes of the pelvis is undertaken. After a thorough review of all surgically removed specimens, the gynecologic oncology team will be able to recommend a cancer surveillance and survivorship plan or adjuvant treatment if warranted.

Are there targeted therapies or precision medicine treatments for endometrial cancer?

Yes. Treatments for endometrial cancer have expanded significantly in the last five years. Such treatments include both chemotherapy and radiation options and novel agents such as immunotherapies, agents that target blood vessels within tumors, and agents that target mutations within tumors. Your gynecologic oncologist can discuss when such treatments might be utilized and which personal factors may make patients eligible for such therapies. Nebraska Medicine gynecologic oncologists also offer enrollment in clinical trials that give access to future treatments while they are being investigated. Your physician can provide more information.

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Lindsey A. McAlarnen, MD, MSc, FACOG is an assistant professor at the University of Nebraska Medical Center. She completed her fellowship in gynecologic oncology at the Medical College of Wisconsin in Milwaukee, Wisconsin. She obtained her undergraduate degree in Preprofessional Studies and Sociology at the University of Notre Dame in South Bend, Indiana. Dr. McAlarnen then pursued a Master of Science in global health before enrolling in medical school at the Florida State University College of Medicine in Tallahassee, Florida. She then completed an obstetrics and gynecology residency at Loyola University in Chicago, Illinois, before starting a gynecologic oncology fellowship. Dr. McAlarnen is interested in medical education, increasing access to clinical trials for all patients, and enjoys collaborating with other subspecialists to provide comprehensive gynecologic oncology care.

While born and raised in Florida, Dr. McAlarnen has called the Midwest home for the past 17 years. She enjoys the outdoors with her golden retriever, Jacc, (who is named after the basketball arena at Notre Dame) and follows all Notre Dame sports. She looks forward to becoming a Husker and Bluejay fan as long as they are not playing Notre Dame.

Mission Statement

The mission of the Olson Center for Women's Health is to provide a national comprehensive health science center at the University of Nebraska Medical Center (UNMC). Based in the Department of Obstetrics and Gynecology, the center enables UNMC to make distinctive strides in education, research and service through innovative approaches to women's health issues.

Want More Information?

Visit our website: **OlsonCenter.com**

Learn more about our health care providers, services and programs available at the Olson Center for Women's Health. Our website also offers women's health information. Here are a few topics:

- Breastfeeding
- Breast health and disease
- Cardiovascular health
- Gastrointestinal health
- Gynecologic health
- Incontinence
- Reproductive endocrinology/infertility
- Pregnancy
- Wellness

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Genetic Counselors – What We Do



At the Olson Center, we utilize certified genetic counselors, specialized health care professionals, to help patients who have a family history of certain cancers better understand their risks. Genetic counselors evaluate and interpret family history, genetic test results and other relevant information to assess the risk of hereditary conditions such as breast and ovarian cancer.

Individuals with a family history of breast and ovarian cancer can benefit from consulting a genetic counselor. Here are some of those benefits:

1. Risk assessment: Genetic counselors evaluate an individual's family history, considering multiple generations and affected individuals. This comprehensive assessment helps identify patterns that may indicate an inherited predisposition to breast or ovarian cancer. It provides individuals and their families with an understanding of the likelihood of carrying a genetic mutation that increases the risk of these cancers.

2. Genetic testing: Genetic counselors can facilitate genetic testing for specific gene mutations associated with hereditary breast and ovarian cancer, such as BRCA1 and BRCA2. They explain the implications of testing, including benefits, limitations and potential impacts on individuals and their families. Genetic counselors help individuals make informed decisions about pursuing genetic testing.

3. Personalized risk management: Understanding one's genetic risk enables individuals to make informed decisions about risk reduction and personalized management strategies. Genetic counselors provide tailored recommendations based on an individual's specific situation. These recommendations may include increased surveillance, preventive surgeries or other risk-reducing interventions like medication or lifestyle modifications.

4. Emotional support: Coping with the knowledge of an increased genetic risk for breast and ovarian cancer can be emotionally challenging. Genetic counselors offer medical expertise, emotional support and guidance throughout the counseling process. They ensure individuals can access necessary resources and support networks to navigate the emotional journey accompanying genetic testing and its results.

5. Family planning: A family history of breast and ovarian cancer can impact family planning decisions. Genetic counselors help individuals and couples understand the implications of their genetic risk on family planning options, such as preimplantation genetic testing (PGT), adoption or assisted reproductive technologies. They empower individuals to make decisions aligning with their values and the best possible outcome for their future family.

In summary, genetic counselors play a critical role for individuals with a family history of breast and ovarian cancer. Through risk assessment, genetic testing, personalized risk management, emotional support and family planning guidance, they empower individuals to make informed decisions about their health and their family's health.

Seeking the guidance of a genetic counselor provides individuals with a deeper understanding of their genetic risk and the proactive steps they can take to mitigate it. Let's work towards a future where prevention and early intervention reduce the burden of hereditary breast and ovarian cancer.

If you or someone you know has a family history of breast and ovarian cancer, consider reaching out to the Olson Center's High-Risk Breast Cancer Clinic to embark on this important journey toward proactive health care.

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Olson Center for Women's Health has increased the number of educational offerings available online

Even those events that have returned to in-person LIVE events have been recorded and are now available online, with or without continuing education credit.

Go to unmc.edu/obgyn/community to view the video library offerings under the Women's Health Resource Center.

Did you miss the **2023 Breastfeeding: Baby's Natural Choice Conference** or the **2023 Omaha Women's Health & Wellness Conference**? You can watch the individual lectures for free, or for a small fee you can follow the link for continuing education credit.

Our **Webinar Series** provides a higher level of learning for nurses and the continuing education is free and available for one year after the video is posted. Not a nurse? No problem, you are welcome to watch them too.

Our **Brown Bags** have been offered for over 25 years and the most recent ones are available online on a large variety of topics. Let us know if you would like to be included on the monthly email notification and you can watch them LIVE with the option to ask questions and get nursing credit.

Want to learn a hobby? Watch our **Wellness Through Doing** series to learn the basics on many new hobbies.

If you have questions on our events, please reach us at 402.559.6345 or OlsonWHRC@unmc.edu.

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