

The Current State of Gynaecologic Care for Females with CF, As Well As Clinical and Research Opportunities

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Description

Gynecologic issues have emerged as a significant area of clinical care and research as more females with Cystic Fibrosis (CF) reach reproductive age. First, females with CF may experience gynecologic issues that are specific to the disease, such as cyclic pulmonary symptoms, vaginal yeast infections, and incontinence. Next, contraceptive methods are generally thought to be safe and effective, but more research is needed to verify this and understand why females with CF use them less frequently than the general population. In addition, females with CF have lower fertility, but the cause of this is unknown and is currently under investigation. Even though assisted reproductive technologies can help you get pregnant, making decisions about having kids is still hard. Lastly, although both patients and providers acknowledge the significance of sexual and reproductive health care, females with CF underutilize basic preventive services like cervical cancer screening, necessitating improved gynecological care. The current state of gynecologic cares for females with CF, as well as clinical and a research opportunity for improvement is the subject of this review. The COVID-19 pandemic resulted in a significant drop in gynecology ED visits. To contain and contain the spread, the Israeli government determinedly instituted quarantine. Compared to the previous year, this study examines how the COVID-19 quarantine affected gynecology ED visits. Cancers of the uterus pose a grave threat to women's lives and health.

Mandatory Training in Pediatric and Adolescent Gynecology

The purpose of this study is to examine the age-, period-, and cohort-specific effects behind the long-term trends in mortality from the three most common gynecologic cancers in China from 1990 to 2019. According to a previous study, mandatory training in Pediatric and Adolescent Gynecology (PAG) is supported by Obstetrics and Gynecology (ObGyn) residency Program Directors (PD). This paper discusses the current PAG curriculum and tools, despite the obstacles that prevent PAG objectives from being achieved. These include the short and long curricula developed by the North American Society for Pediatric and Adolescent

Gynecology (NASPAG), as well as a simulation curriculum, more than 25 online clinical cases, and a wide range of PAG electives offered throughout Canada. In order to accommodate ObGyn residency training programs, a four-week PAG schedule is provided in this paper. Gynecologic sarcomas are aggressive tumors that are uncommon. This study sought to examine the prevalence and outcomes of gynecologic sarcomas in a large national data registry and contrast them with reports from other nations. During the COVID-19 pandemic, many meetings had to be postponed, canceled, or moved online. Tele-gynecology, or the use of telemedicine in the management of women's health care, could be beneficial to doctors. This study looks at how German gynecologists use and think about telemedicine applications..

The relationship between AAS, tweets, IF, and citation count was described using Pearson's correlation coefficient. From 2014 to 2018, the top-cited gynecologic oncology articles saw a significant decrease in median citation counts ($p < 0.001$), but the median AAS continued to rise ($p = 0.008$). The median citation count and the median AAS were strongly correlated for articles published in 2014 and 2018 (2014: $r = 0.92$; 2018: $r = 0.97$), as well as between the IF and each other ($r = 0.78$ and 0.89 , respectively); In 2016, these correlations were between moderate and weak, with r values of 0.5 and 0.41 , respectively. From 2014 to 2018, there was a strong positive correlation between journal IF and median AAS (2014: $r = 0.75$; 2016: $r = 0.82$; 2018: $r = 0.92$). Increased social media visibility and attention are linked to gynecologic oncology articles published in journals with a higher impact. Oncology publications in general and gynecologic oncology in particular could benefit from early online attention scores, such as the AAS, according to our findings. When women with gynecologic cancers are treated by gynecologic oncologists and in high-volume cancer centers, their clinical outcomes improve. However, geography is a major obstacle to providing high-volume patient care. Patients who travel a great distance for gynecologic cancer treatment were the focus of this qualitative research. There is a growing use of next-generation sequencing and molecular tumor profiling, but little is known about the therapeutic implications and potential advantages of targeted treatments. The patients referred for somatic tumor genetic mutation testing in gynecologic oncology

will be characterized, and the survival outcomes, efficacy, and toxicities of those receiving targeted therapy will be evaluated.

Gynecological Cancer

Although fewer than half of randomized controlled trials are reproducible, they are regarded as the highest level of evidence. Trial quality is improved by a rigorous methodology; however, a lack of transparency in reporting may limit reproducibility. Pretrial registration necessitates a predetermined approach and predetermined outcomes, as outlined in the Consolidated Standards of Reporting Trials. There is little information on Post-Traumatic Growth (PTG) and its correlates among husbands of gynecological cancer survivors, particularly those with newly diagnosed survivors, despite increasing research on the positive effects of spouses' PTG on both spouses and patients. We wanted to look at the relationship between PTG and newly diagnosed gynecological cancer survivors' spouses. Residency programs in obstetrics and gynecology, family medicine, and pediatrics, as well as fellowship programs in adolescent medicine, all have different levels of exposure to Pediatric and Adolescent Gynecology (PAG). Nevertheless; it is the responsibility of these programs to educate residents and fellows and to provide opportunities for them to achieve PAG learning objectives. To that end, the North American Society for Pediatric and Adolescent Gynecology has led PAG education by developing the Short Curriculum and consistently updating it. This curriculum provides learners with a list of essential resources and specific learning objectives that are central to PAG education. The previous publication from 2018 has been superseded by this updated curriculum, which includes new information, resources, and references. The purpose of this study was to learn more about the barriers to health care services and unmet care needs of Indonesian gynecological

cancer survivors following treatment. Although Gestational Diabetes Mellitus (GDM) has not been linked to an increased risk of gynecologic cancers, type 2 diabetes has been linked to an increased risk. Cancers of the female reproductive organs known as gynecologic cancers typically affect the cervix, endometrium, and ovary, but rarely the vagina and vulva. Chronic inflammation, angiogenesis, cellular proliferation, genome instability, epithelial barrier breach, and metabolic dysregulation may lead to the onset or accelerated progression of gynecologic cancers as a result of changes in the microbiome composition in the gut and vagina.

Certain significant microbiome signature associations have been discovered, even though the microbiome in gynecologic cancers is still in its infancy. High levels of the human papillomavirus, *Fusobacteria*, and *Sneathia* species are associated with cervical cancer; ovarian cancer has been linked to the presence of *Chlamydia trachomatis*, *Lactobacillus*, and *Mycobacterium*, and endometrial cancer has been linked to significantly elevated levels of *Proteobacteria* and *Firmicutes* phylum bacteria. In gynecologic cancers, balancing the composition of the microbiome has the potential to be a therapeutic target. By lowering the pH, producing bacteriocins, and employing competitive exclusions, for instance, the *Lactobacillus* species may play a significant role in preventing incursive pathogens from adhering to the vaginal epithelium. Pre- and probiotics, as well as fecal microbiota transplants loaded with particular bacteria, can be used to maintain the optimal or personalized microbiota balance. The body's immune response to various gynecologic cancers can be trained and triggered by a healthy microbiome, according to current evidence. Additionally, microbiome modulations have the potential to improve immuno-oncology therapies.