## **Table of contents**

1.	Patient summary	. 3
2.	Summary of recommendations	. 3
3.	Introduction	. 4
4.	Evidence Summary and Basis for Recommendations	. 4
	4.1 Health	

# 1. Plain language summary

DES

#### 4.2.7 Other health risks

The results of Table 2 indicate that exposed women may experience menopause slightly earlier. <sup>9,16</sup>

Studies regarding a link to autoimmune diseases <sup>17</sup>, psychiatric diseases <sup>18</sup> and obesity <sup>19</sup> have not been able to establish an association. As the youngest cohort of DES daughters are expected to become menopausal in 2030-2040, longer term studies are required to determine the health outcomes of these women.

#### 4.3 Health risks for DES sons

Male offspring are affected with an increase in the development of epididymal cysts, hypogonadism and

New Zealand Time to Screen. https://www.timetoscreen.nz/breast-screening/

The National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. https://wiki.cancer.org.au/australia/Clinical\_question:Oncogenic\_HPV\_types\_not\_16/18

## 8. **RANZCOG patient information**

14 K

Diethylstilboestrol

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	В	Body of evidence can be trusted to guide practice in most situations
	С	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available

**Good Practice** 

## Appendix D Full Disclaimer

### Purpose

This Guideline has been developed to provide general advice to p.993(r)2.736328 (218888(a8.50738( 5-10.013