

In this issue

Venous thromboembolism and COCs: an ongoing saga

This ongoing controversy recently resulted in the decision of the French authorities to withdraw the combined oral contraceptive (COC) containing ethinylestradiol (EE) and cyproterone acetate (i.e. Diane 35®) from the market. This consensus statement from 26 international experts in contraception concludes that "Both epidemiological data and clinical trials must be taken into account when best practice is defined. Regulatory restrictions of previously registered methods should only be made after careful assessment of all the available evidence". *See page 156*

Serum CA125 for ovarian cancer screening

This timely commentary raises questions about the widespread use of screening women with non-specific symptoms by measuring serum CA125 levels, following the publication of the NICE guideline on ovarian cancer in 2012. The authors acknowledge that there are barriers that prevent women with symptoms associated with ovarian cancer from presenting to their general practitioner. However, the authors also point out that this will lead to increased use of CA125 in general practice and raise concerns about how women with raised CA125 in the absence of evidence of any disease should be managed. *See page 160*

Ovarian cancer symptom awareness and help-seeking behaviour

Ovarian cancer symptom awareness is low in the UK, and varies widely between symptoms. In this study, Low *et al.* identify variables that may be implicated in a longer time to help-seeking for possible ovarian cancer symptoms, and highlights the need for more in-depth research into the factors related to time to help-seeking in real-world situations. *See page 163*

Fertility preservation decisions faced by women with breast cancer

This article presents a contemporary summary of fertility preservation techniques available to women of reproductive age with breast cancer. It offers unique insights into the difficult treatment decisions coupled with the difficult fertility preservation treatment decisions that these women face. The article highlights a number of themes that influence the decision-making process for these women. Egg and embryo banking appear to be the fertility preservation treatment of choice. Finally, this work may assist health care commissioners when

deciding funding priorities within a health economy such as the NHS in the UK. *See page 172*

Correlates of unprotected sex in drug-injecting women

This study demonstrates that despite the high risk for HIV acquisition or transmission and unintended pregnancy, condom use among women who inject illicit drugs or who have sexual partners who inject drugs in St Petersburg in Russia is low. Programmes to investigate and improve contraceptive use, including condoms, among this vulnerable group of women are needed and might benefit from addressing alcohol misuse. *See page 179*

Contraception in a university environment

This is a very simple real-life observational study of a cohort of young, nulliparous women in a university-based general practice choosing and continuing with long-acting reversible contraceptive methods (LARCs) as their first line method of contraception. This article urges the health professional reader to consider offering this 'fit and forget' method of contraceptive to our younger population as a matter of routine. *See page 186*

Impact of UKMEC on CHC prescribing

Briggs *et al.* have assessed the effect of the UKMEC on prescribing of combined hormonal contraceptives (CHCs). Sadly, although there has been a small decrease in the proportion of higher-risk women being prescribed CHCs, their results suggest that in 2010 7.3% of CHC users had UKMEC Category 3 or 4 risk factors, particularly BMI ≥ 35 kg/m². The authors point out that it is likely many of these women were being placed at an unnecessarily high risk of cardiovascular events, given the availability of lower-risk alternatives. *See page 190*

Financial cost to patients of a suspected ectopic pregnancy

In this article, Unger and colleagues in Edinburgh report on their assessment of an area of patient experience that is not often considered when assessing medical interventions. The financial impact on patients' lives of the need to seek medical attention can be considerable and may become more significant as economic hardship increases. This article describes a well-conducted questionnaire study on the costs that patients themselves incurred in attending their general practitioners and a hospital clinic with a suspected ectopic pregnancy. The authors argue that such costs need to be factored into

decisions regarding the cost-effectiveness of medical procedures. *See page 197*

Emergency contraception algorithm based on risk assessment

Introduction of a standardised protocol for the provision of emergency contraception (EC) has significantly increased the proportion of women offered an intrauterine device (IUD) as postcoital contraception, particularly in women at high risk of conception. Introduction of ulipristal acetate as an alternative method of EC has resulted in a reduction in the uptake of the emergency IUD. McKay and Gilbert state that this is cause for concern, and further investigation into the reasons behind this decrease in IUD uptake is needed. *See page 201*

No need for water torture

Cameron and colleagues set out to answer a simple question, namely does a full bladder assist insertion of intrauterine contraception? In the world of assisted conception a full bladder had been shown to aid intrauterine catheter insertion for embryo transfer, but could this knowledge be transferred usefully to the world of contraception? This simple question was answered in a simple and elegant way with a properly constructed and conducted randomised trial, which showed that we needn't ask our clients requesting IUD/IUS insertion to arrive bursting – a fact for which both they and clinic staff will be duly grateful. *See page 207*

New monophasic natural estradiol COC

Lee Shulman reviews a new monophasic natural estradiol COC, Zoely®. This COC benefits from the progestogen norgestrol acetate (NOMAC), which appears to result in good cycle control, with a 24/4 regimen. Since it is monophasic, it also has potential for extended cycle use. The great hope is that natural estradiol COCs will have a lower risk of venous thromboembolism (VTE) than EE-containing pills, but it should be stressed that there is currently no actual evidence for this. Studies are ongoing, but at present these COCs should be treated just like any other from the point of view of VTE. *See page 211*

Brook/FPA UK Sexual Health Awards 2013

The Journal's Consumer Correspondent writes about the recently awarded Brook/FPA UK Sexual Health Awards, and opines that awards of this type are a good thing for the SRH profession generally and so rightly should be regarded as a highlight of the sexual health year. *See page 219*