letters to the editor


Cameron S, Glasier A, Fine P, Mathé H, Gainer E. Pregnancy is greatest), UPA is able to delay
the 'black market'at 'real'value. This course of
procure several doses of UPA from different
concern that women who cannot access National
month is not evidence based.

In response to the letter from Drs Pittrof,
Rubenstein and Sauer we would like to make the
point that the "black market" and the practice of
ordering UPA online are not the same. While we agree
the 'black market' is a significant problem, we
would argue that ordering UPA online is a less
serious issue compared to ordering UPA from
the 'black market'.

We would like to thank Drs Hitchings and
Rubenstein and Sauer for their comments in their
letter to the editor, "Self-triage and clinic waiting times at a walk-in sexual health clinic." We
agree that waiting times are important and
should be reduced where possible.

We would also like to thank Drs Pittrof,
Rubenstein and Sauer for their comments in their
letter to the editor, "Self-triage and clinic waiting times at a walk-in sexual health clinic." We
agree that waiting times are important and
should be reduced where possible.

In conclusion, we welcome a paper that aims
to improve the experience of patients at the clinic
and reduce waiting times, but we would guard against overenthusiastic claims.

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Combined pill and GTD

I have read the recent guidelines on combined pill and gestational trophoblastic disease (GTD) published in the Lancet. The guidelines state that the combined pill (COC) can be used in women with at least two risk factors for GTD, including a history of pregnancy or previous use of the combined pill. However, the guidelines do not specify the duration of exposure to the combined pill or the specific risk factors that should be considered.

I welcome the guidelines on combined pill and GTD, as they provide much-needed guidance for patients and healthcare providers. However, I would like to see more detailed information on the risk factors and the duration of exposure to the combined pill in women with a history of pregnancy or previous use of the combined pill.

I would be interested in hearing from other healthcare providers on their experiences with combined pill and GTD.

Self-triage and clinic waiting times

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