

Diagnosis and management of lymphoma

Dear Editor

The *Clinical practice guidelines for the diagnosis and management of lymphoma – a guide for general practitioners* was made available in October 2007. It is based on evidence available until the time of approval of the main guideline document; approved by the National Health and Medical Research Council, December 2005.

Recent published data has reported improved outcomes from the management of diffuse large B-cell lymphoma with rituximab therapy.

While the most recent documentation has not been submitted to systematic review and the critical appraisal process of guidelines, data recently published from a reputable institution may encourage GPs and their patients to seek the best possible care and promote involvement in clinical trials.

The following table depicts prediction of care/survival rate according to the International Prognostic Index (IPI) risk category and is based on pre-rituximab data.¹ (The updated relevant data is more positive.)

No. risk factors	4 year PFS	4 year OS
0	94	94
1–2	80	79
3–5	53	55

PFS = progression free survival

OS = overall survival

It is now the policy of the Australian Council Network to put significant updates on their website. It is anticipated that the 2005 guidelines will be submitted to systematic review and critical appraisal in 2009. Revision of the 2005 guidelines is planned, but will be more likely to address controversial areas than revise every chapter.

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Reference

1. Sehn LH, Berry B, Chhanabhal M, et al. The revised International Prognostic Index (R-IPI) is a better predictor of outcome than the standard IPI for patients with diffuse large B-cell lymphoma treated with R-CHOP. *Blood* 2007;109:5:1857–61.

Emergency contraception

Dear Editor

The Clockwork Young People's Health Service sees a large number of young women requiring emergency contraception (EC). Past experience suggests that these women constitute a particularly at risk group. A pilot study in 2002 demonstrated a chlamydia rate twice that of the rest of the population screened.¹ In 2005, an ongoing quality assurance activity in the form of an anonymous survey of all emergency contraception users was commenced. Its purpose was to confirm our suspicions of this being a high risk group, to ensure

women requesting EC receive appropriate care and follow up, and to help direct our service's increasing preventive efforts.

Responses to the survey have been fairly consistent over the 3 years. Results in 2007 were: of 85 EC recipients aged 13–24 years, 34 (40%) had used EC at least once before, 41 (48.2%) had been on regular contraception in the past but had stopped using this, 32 (37.6%) had been using a condom at the time (but were either aware of an accident with it or were wanting extra protection), 56 (65.9%) were with a partner whom they classed as 'regular' (34.1% were with a casual partner), and 34 (40%) had been drinking or using drugs before the unprotected sex (47%).

Our survey results raise a number of topical issues. First, the increased binge drinking trend is currently receiving attention, but the binge drinking by-product of unplanned, unsafe sex has not been highlighted. Clearly it should be. Young women need to be alerted to the possibility of poor decisions/coercion when they are drunk.

Second, even though there are recognised benefits for young people being able to purchase EC over-the-counter (in particular, availability on the weekend means that it can be taken closer to the common time for unplanned, unprotected sex) the downside is that a timely opportunity to screen and educate is missed. Perhaps we should be at least ensuring that health access information is supplied at the time of purchase.

Finally, with the release of The Sexual and Reproductive Health of Young Victorians report² there has been some discussion about the provision of EC by nondoctors. Perhaps what the survey suggests is that the imparting of thorough, accurate information about sexual health, including access information, and scheduling a follow up appointment is important; who does this is less important.

We need to remain mindful that young EC users are indeed at high risk – of future unplanned pregnancies, STIs, unhealthy relationships, inappropriate alcohol use (and all that is associated with this), and poor self esteem. Ideally all young women should have adequate time at initial presentation and all should be scheduled follow up appointments to look at these issues and the importance of taking control of their reproductive lives.

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References

1. Jones S, Barker S, Athan E, Graves S. The tip of the iceberg: Opportunistic screening for Chlamydia trachomatis in asymptomatic patients attending a young people's health clinic – a pilot study. *Sex Health* 2004;1:115–9.
2. The Sexual and Reproductive Health of Young Victorians. A collaborative project between: Family Planning Victoria, Royal Women's Hospital, Centre for Adolescent Health, 2008.