

**Feedback on
First Prescription of Combined Oral Contraception Guidance 2006**

Thank you to all members who sent comments on the recent update of the First Prescription of Combined Oral Contraception Guidance. We hope this summary addresses and satisfactorily answers all comments received.

| Comments received | CEU RESPONSE |
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| In table 2 on Page 2 carriers of known genetic mutations (eg BRCA1) is included under UKMEC Category 2. In the text under the subheading breast cancer carriers of BRCA1 receives a UKMEC Category 3. | Carriers of known gene mutations associated with breast cancer (eg BRCA1) should be given a UKMEC Category 3. The text is correct. Table 2 will be corrected in the pdf version of the document on the website. In addition Table 2 will be reproduced and sent out as an erratum with the next guidance document. |
| In table 2 the use of COC by women with known hyperlipidaemias has become a UKMEC2, it used to be WHOME4. Is the downgrading in risk correct, I can find no mention of hyperlipidaemia in the text, and if so, what is the thinking behind this. | Hyperlipidaemia is still given a UKMEC category 2/3 which is similar to the most recent version of WHOME4. The category 2 or 3 risk will depend on the type of hyperlipidaemia. <i>For example familial hyperlipidaemia has 1 in 500 risk of premature coronary heart disease and would be given a UKMEC category 3. The more common and less problematic common hyperlipidaemia would be given a UKMEC category 2.</i> |
| In the new guidelines for first prescription for COC Table 2 - is there a typing error in Category 2 line 8 Family History of VTE in a first degree relative greater than or equal to 45 years. Should it not be less than or equal to 45 years? | For women with a family history of VTE in a first degree relative aged under 45 years a UKMEC category 3 is given. For women aged 45 years and over a category UKMEC 2 is given. VTE in first degree relatives at a young age may be more likely to be due to an unknown hereditary thrombophilia. Table 2 is correct. |
| Ref 82 re migraine is not the most up to date guidelines, which is: Headache classification subcommittee of the International Headache Society. The international classification of headache disorders. Second edition. <i>Cephalalgia</i> 2004;24(Suppl 1):1-151. http://216.25.100.131/ihscommon/guidelines/pdfs/ihc_II_main_no_print.pdf (last accessed 11 Aug 2005). This would supersede ref 85 as well. | Acknowledged. |
| Under "obesity" Page 3 there was no mention of research suggesting reduced efficacy of COC in overweight women (eg over 90 kg), although of course the guidance about increased health risks with high BMI is of more importance and will exclude many women who weigh 90 kg or more. | Little good evidence of reduced efficacy in women over 90Kg. BMI over 30 increases risk for VTE. |