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# Highlights from this issue

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After a gap, we are delighted this month to announce the return of Clinical Roundup.<sup>1</sup> “*Sexually Transmitted Infections*” dates back to 1925 as you can see by logging on to our archive at sti.bmj.com. We began as a journal that served a developing profession, in a pre-antibiotic age when the complications of syphilis and gonorrhoea ravaged the military and (more discreetly recorded) their wives and lovers. First the “*British Journal of Venereal Diseases*”, we later became “*Genitourinary Medicine*” and eventually “*Sexually Transmitted Infections*”. In all of these guises, we have sought to meet the needs of our clinical readers to be well-briefed on contemporary challenges in the care of those afflicted by the wounds of sexual desire. We have also tried to broaden the perspectives of local practitioners by bringing increasingly international perspectives as opportunities for travel have increased, bringing new and diverse opportunities for sexual transmission. The Clinical Roundup column seeks to bring together topical information of relevance to today’s clinician, and presents quite a challenge to its writers. I am therefore very grateful to Lewis Haddow and Sophie Herbert, who have taken this on. Please do not hesitate to contact them with suggestions for the column.

In choosing material for the journal, the editors team are mindful that we need to provide a diverse and useful menu for our regular readers. Around a third of submissions are accepted for publication at the present time, and the first sift is for relevance to our clinical readership. This can mean a number of different things. This month, for example, we have a case series and review on adenovirus urethritis<sup>2</sup> which provides an interesting opportunity for reflection to clinics that increasingly focus on conditions diagnosable through a standard STI protocol. And the role of clinical examination is always in flux – in a South African setting, Kleppa *et al* explore associations between STI, HIV and cervical ectopy in an adolescent population.<sup>3</sup> The role of clinical examination in STI and sexual health warrants more research attention than it gets. Any test (from a hand on

the right iliac fossa to a chlamydial cell culture) has a sensitivity and specificity. Yet it is the technically advanced tests that attract most research evaluation. We need not only to explore the diagnostic value of examination, but its role in the care and management of patients who may need human sympathy as well as a test result.

And on the subject of diagnostics, it is always fascinating to see the progression of new diagnostic technologies to a place in clinical care. This month, Nicol *et al*<sup>4</sup> explore the diagnostic potential of a gonococcal resistance test. In another study, Hathorn *et al*<sup>5</sup> present a careful evaluation of a novel test for *Trichomonas vaginalis* in a clinical setting. This is an interesting study which uses the SQUIRE guidelines to structure a service evaluation in which the authors explore the potential of a novel testing technology. The SQUIRE guidelines (<http://www.squire-statement.org/>) provide a useful framework for authors who wish to write up a service improvement of some kind – whether this be the use of novel test in a clinical pathway, or the wholesale reorganisation of a service. Many authors attempt, like Cinderella’s stepsisters, to force their service evaluation into the standard paradigm of an observational study, using the STROBE guidelines as a template (<http://www.strobe-statement.org/>). This is often painful and unproductive, so in our Instructions for Authors we draw attention to the wide range of research guidelines that should inform the design and reporting of service improvement research. It is important that we understand what innovations work and why, a topic addressed by a number of studies in this month’s issue.<sup>6–9</sup>

Behavioural research also looms large this month, with a report and editorial from the 3<sup>rd</sup> UK National Survey of Sexual Attitudes and Lifestyles<sup>10 11</sup> and a report on condom errors.<sup>12</sup> Last but not least, we explore the STI experience of vulnerable indigenous populations<sup>13</sup> and sexual minorities.<sup>14</sup>

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