

The [Table](#) details indications for PrEP in women and the importance of routine testing, evaluations, and discussions at subsequent visits with the PCP.

In conclusion, PrEP is a safe, effective, female-controlled method to prevent HIV infection. However, it is underused for women. Similar to offering other HIV prevention strategies to patients, such as HIV testing and condoms, PCPs can play a central role in increasing PrEP uptake among women at substantial risk for HIV. Numerous resources are available to assist PCPs in prescribing PrEP.

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<http://dx.doi.org/10.1016/j.mayocp.2017.12.005>

CORRECTION



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In the Original Article entitled, “**Intravenous Bevacizumab for Refractory Hereditary Hemorrhagic Telangiectasia—Related Epistaxis and Gastrointestinal Bleeding**” published in the February 2018 issue of *Mayo Clinic Proceedings* (Mayo Clin Proc. 2018;93(2):155-166), an error is present in Table 4. In the Variable for All patients (N=34), Any transfusion, n (%), under Before bevacizumab treatment at 6 mo, the value should be 16 (47).

<http://dx.doi.org/10.1016/j.mayocp.2018.02.007>