Endometrial Safety with a 1-Year Segesterone Acetate/Ethinyl Estradiol Contraceptive Vaginal System David F Archer, MD¹; Kurt T Barnhart, MD²; Mitchell D Creinin, MD³; Jeffrey T Jensen, MD⁴; Michael A Thomas, MD⁵; George W Creasy, MD⁶

Background	
 A new contraceptive vaginal system (CVS) used for up to 13 cycles Releases daily mean of segesterone acetate (SA) 0.15 mg and ethinyl estradiol (EE) 0.013 mg (Figure 1) 	
 Endometrial histology ranges from atrophic to proliferative or secretory with combined hormonal contraceptives¹⁻⁴ 	
Figure 1. Segesterone acetate/ethinyl estradiol contraceptive vaginal system (SA/EE CVS)	
SA Core 8.4 mm in cross section 58 mm in diameter	
Channels 2 x 7 mm long/3 mm wide	
SA/EE Core Total Drug load = 103 mg SA/17.4 mg EE Daily release rate = 0.15 mg SA/0.013 mg EE	

Objective

To demonstrate the endometrial safety profile of the SA/EE CVS after 13 cycles of use

Methods

- Phase 3, multicenter, open-label study enrolled 1135 18-40 year old women to evaluate efficacy and safety of a single SA/EE CVS used on a 21-day in/7-day out regimen for up to 13 cycles
- Women could elect to join an endometrial safety substudy at 6 sites
- All had baseline endometrial biopsies
- First 25 women reaching cycle 6 had repeat biopsies
- Remaining had biopsies at cycles 12-13 or at early termination
- Biopsies evaluated by three blinded pathologists
 - Women with endometrial hyperplasia or carcinoma at baseline were excluded
 - If diagnoses by pathologists differed, the most severe was used
 - A shift table was generated for results from baseline to second evaluation at cycle 6 or cycles 12-13

¹Eastern Virginia Medical School, Norfolk, VA; ²University of Pennsylvania, Philadelphia, PA; ³University of California, Davis, Sacramento, CA; ⁴Oregon Health & Science University, Portland, OR; ⁵University of Cincinnati, Cincinnati, OH; ⁶Population Council, New York, NY

Results

Table 1. Patient characteristics

Characteristic	N=156
	n (%)
Age, y	
18-19	5 (3.2)
20-24	56 (35.9)
25-29	55 (35.3)
30-35	28 (17.9)
≥36	12 (7.7)
BMI, kg/m ²	
<20	18 (11.5)
20≤ value <25	81 (51.9)
25≤ value <27	19 (12.2)
27≤ value <29	24 (15.4)
29≤ value	14 (9.0)
Ethnicity	
Hispanic or Latina	12 (7.7)
Not Hispanic or Latina	144 (92.3)
Race (multiple races included)	
White	104 (66.7)
Black/African-American	46 (29.5)
Asian	4 (2.6)
American Indian or Native Alaskan	2 (1.3)
Native Hawaiian or Pacific Islander	1 (0.6)
Other/Unknown	4 (2.6)

Figure 2. Subject disposition

	protocol violation follow-up biopsies	159 3 83		
		Discontinuations Any Adverse event Lost to follow-up	n (%) 79 (51) 23 (15) 22 (14)	
Completed Any 13 cycles <13 cycles	n (%) 77 (49) 46 (30) 31 (20)	Withdrew consent Eligibility Pregnancy Compliance	17 (11) 15 (10) 1 (1) 1 (1)	

Biopsies and Histology

• 83 of 156 substudy participants had follow-up biopsies, all occurred between cycles 5 and 16 (**Table 2**)

- No cases of endometrial hyperplasia or carcinoma were found in any follow-up biopsies (**Table 3**)
- The most frequent histologic diagnoses during treatment were atrophic/inactive or secretory tissue (**Table 3**)
- No biopsies shifted from normal at baseline to hyperplasia at cycle 6 or cycles 12-13 (**Table 4**)
- One subject's biopsy shifted from hyperplasia at baseline to normal at cycle 6 (Table 4)

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_	n	Normal	Abnormal					
Cycle			Hyperplasia	EIN	Polyp	Other		
Baseline	156	149	2 ^a	0	0	5		
Cycles 5-6	27	26	0	0	1	0		
Cycles 7-11	25	25	0	0	0	0		
Cycles 12-13	30	29	0	0	1	0		
Cycles >13 ^b	1	1	0	0	0	0		

Table 4. Shifts for endometrial histology from baseline to cycles 6 and 12-13

Baselin Cycle 6 Insuff Atropl Prolife Secret Menst Mixed Hyper Other Cycles 2 Insuff Atropl Prolife Secret Menst Mixed Hyper Other

Summary and Conclusions

References

1. The ECWG. Hum Reprod. 2001;16:1527-1535. 2. Ludicke F, et al. Fertil Steril. 2001;76:102-107. 3. Coenen CM, et al. Eur J Contracept Reprod Health Care. 1996;1:325-329. 4. Dinh A, et al. Contraception. 2015;91:360-367.

Table 2. Abnormal endometrial histology findings

^aOne subject was discontinued from and one subject continued in the substudy One subject used the CVS for 14 cycles and had a biopsy performed at cycle 16 EIN, endometrial intraepithelial neoplasia

	On-treatment Results, n (%)								
ne results	Insufficient or no tissue	Atrophic/ inactive	Proliferative	Secretory	Menstrual	Mixed	Hyperplasia/ carcinoma	Other abnormal	
5 (n=24)									
fficient or no tissue	0	0	0	0	0	0	0	0	
phic/inactive	0	2 (8)	0	0	0	0	0	0	
ferative	0	4 (17)	3 (13)	2 (8)	1 (4)	1 (4)	0	0	
etory	0	0	0	2 (8)	0	1 (4)	0	1 (4)	
strual	0	0	0	0	0	1 (4)	0	0	
ed	0	1 (4)	1 (4)	1 (4)	0	1 (4)	0	0	
erplasia/carcinoma	0	0	0	1 (4)	0	0	0	0	
er	0	0	0	1 (4)	0	0	0	0	
12-13 (n=30)									
fficient or no tissue	0	1 (3)	0	0	0	0	0	0	
phic/inactive	1 (3)	1 (3)	0	0	0	0	0	0	
ferative	2 (7)	0	2 (7)	2 (7)	2 (7)	2 (7)	0	1 (3)	
etory	0	3 (10)	0	5 (17)	0	1 (3)	0	0	
strual	0	0	0	1 (3)	0	0	0	0	
ed	0	3 (10)	0	2 (7)	0	0	0	0	
erplasia/carcinoma	0	0	0	0	0	0	0	0	
er	0	0	0	1 (3)	0	0	0	0	

• No cases of endometrial hyperplasia, endometrial intraepithelial neoplasia, or carcinoma were identified with CVS use

• Women who used the SA/EE CVS for up to 13 cycles did not have any unexpected endometrial safety effects based on endometrial histology

Table 3. Endometrial histology by cycle

Results, n (%)	Baseline ^a (n=83)	Cycle 6 (n=24)	Cycles 12-13 (n=30)	Other (n=29)
Normal				
Insufficient or no tissue	4 (5)	0	3 (10)	1 (3)
Atrophic/inactive	6 (7)	7 (29)	8 (27)	8 (28)
Proliferative	33 (40)	4 (17)	2 (7)	6 (21)
Secretory	25 (30)	7 (29)	11 (37)	13 (45)
Menstrual	2 (2)	1 (4)	2 (7)	0
Mixed	9 (11)	4 (17)	3 (10)	1 (3)
Abnormal - hyperplasia	1 (1)	0	0	0
Other				
Endometritis	1 (1)	0	0	0
Endometrial polyp	0	1 (4)	1 (4)	0

Disclosures

- Council.
- (Precise Publications, LLC).

^aAll subjects with both a baseline and follow-up biopsy

• DFA consults for AbbVie, Actavis, Agile Therapeutics, Bayer Healthcare, Endoceutics, Exeltis, InnovaGyn, Merck, Pfizer, Radius Health, Sermonix, Shionogi, Teva Women's Healthcare, and TherapeuticsMD; and has received research support from Actavis, Bayer Healthcare, Endoceutics, Glenmark, Merck, Radius Health Shionogi, and TherapeuticsMD. KTB consults for AbbVie and Bayer Healthcare. MDC serves on an advisory board for Lupin and Merck; and consults for Danco, Estetra, Exeltis, and Medicines360; has received research support (paid to the Department of Obstetrics and Gynecology, University of California, Davis) from Dare, Fidelity Charitable, HRA Pharma, Medicines360, Sebela, NICHD and the Society of Family Planning. JTJ serves on the advisory board for AbbVie, Bayer Healthcare, Merck, Population Council, and Sebela; and has received research support from AbbVie, Bayer Healthcare, Dare Bioscience, Estetra SPRL, Medicines360, Merck, NIH, and NICHD. MAT received research support (paid to the university of Cincinnati Medical Center) from Bayer Healthcare, EvoFem, Medicines360, NICHD, and Veracept. GWC is an employee of Population

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