

## Future methods of fertility regulation

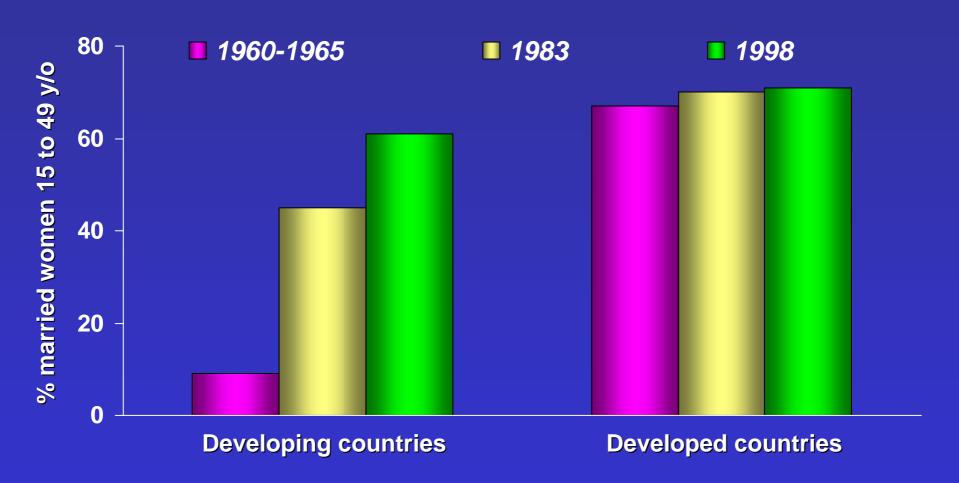
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## Contraceptive use



(From: United Nations, 1984 et 2001)



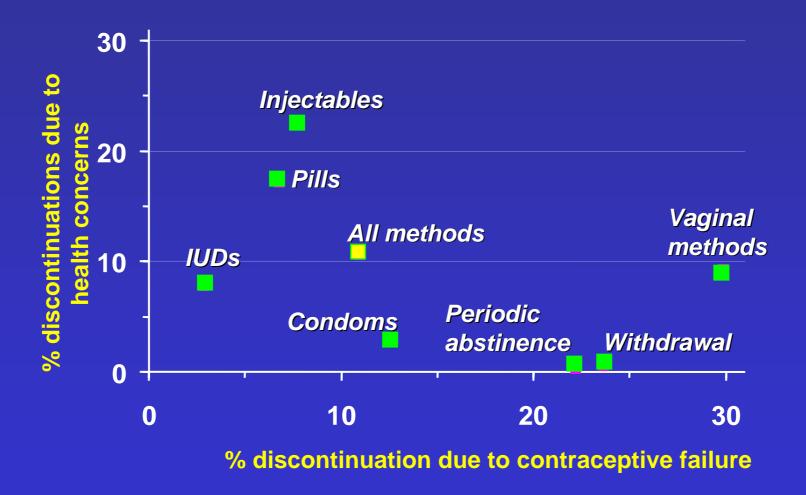


# Contraceptive use and unmet need (Year 2000)





# Contraceptive discontinuation rates at 12 months





## Accidental Pregnancies Resulting from Contraceptive Failure Worldwide

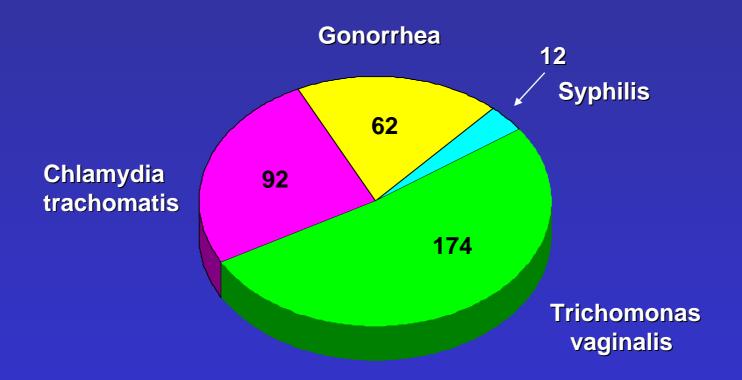
Method	Estimated failure rate %	Number of users (millions)	Number of accidental pregnancies (thousands)	
Sterilization	0.2-1.0	155	310-1,550	
Injectable	0.3-1.0	6	20-60	
Intrauterine device	1-5	80	800-4,000	
Oral contraceptive	1-8	55	550-4,400	
Vaginal	4-24	6	240-1,400	
Rhythm	10-30	16	1,600-4,800	
Other traditional	10-20	42	4,200-8,400	
Total		398	8,860-30,310	

**SHR** 

(Source: Segal and LaGuardia, 1990)



# New cases of curable STDs in 1999 (millions)



Total: 340 millions

(From: WHO, 2001)



# HIV/AIDS Epidemic December 2003

- New HIV infections in 2003: 5 (4.2 5.8) millions
- Adults and children living with HIV/AIDS:
   40 (34 46) millions
- Estimated adult and child deaths due to HIV/AIDS during 2003:
   3 (2.5 3.5) millions





# Major lines of research for the development of new contraceptive methods

- Methods with reduced side-effects
- Methods with increased duration of action
- III Dual protection (against pregnancy and STIs)
- Contraceptive methods for men
- V New targets for contraception





# I - METHODS WITH REDUCED SIDE-EFFETS

- Injectables
- Implants
- Intra-uterine devices / systems
- Immunocontraceptives
- Estrogen-free pills





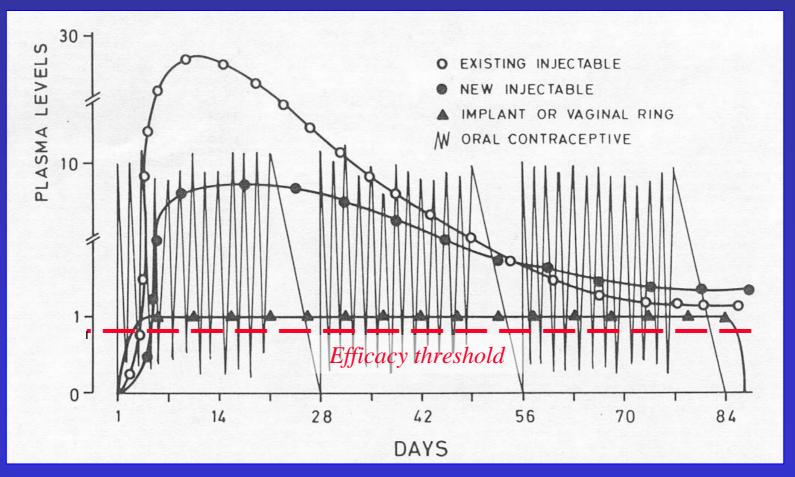
## New injectable contraceptives

Improved pharmacokinetic profile Progestogen esters: Levonorgestrel butanoate

Decreased metabolic effects:
 Monolithic microspheres:
 progesterone, estradiol, testosterone



# Schematic representation of pharmacokinetic profiles of progestogens administered by different routes





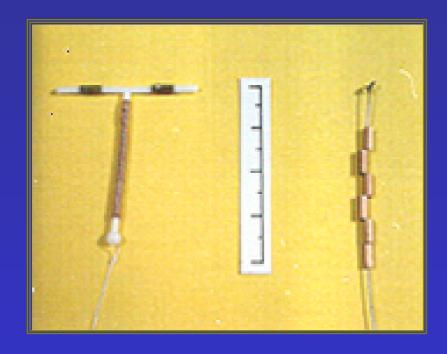
### Contraceptive implants

- Jadelle: levonorgestrel, 2 rods, 5 years
- Implanon: etonogestrel, 1 rod, 3 years

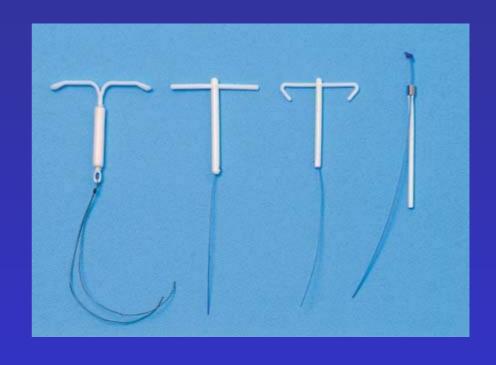
 Nestorone: inactive orally, 1-2 rods, 2 years



## Intra-uterine systems



Copper-releasing



Levonorgestrel-releasing

Also under development: Anti-progestin-releasing IUD (CDB-2914)



#### Immunocontraceptive

- to elicit antibodies to hCG secreted by the trophoblastic cells of the embryo and necessary for maintenance of the corpus luteum and continued progesterone production: aa sequence 109-145 of the C terminus of βhCG
  - + diphtheria toxoid as carrier
  - + muramyl dipeptide as water-soluble adjuvant
  - + squalene/mannide monooleate (4:1) as an emulsifying agent

## Estrogen-free pills

Mifepristone (days 1-15) + nomegestrol acetate (days 16-28)



# II. METHODS WITH PROLONGED DURATION OF ACTION

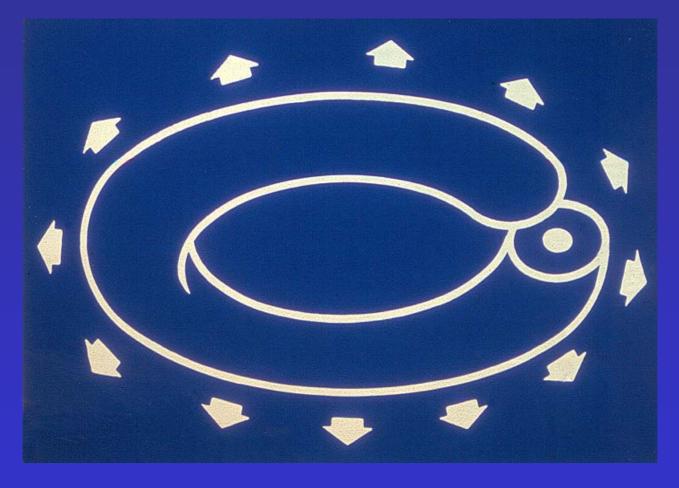
- under the user's control

- Vaginal rings
- Transdermal systems





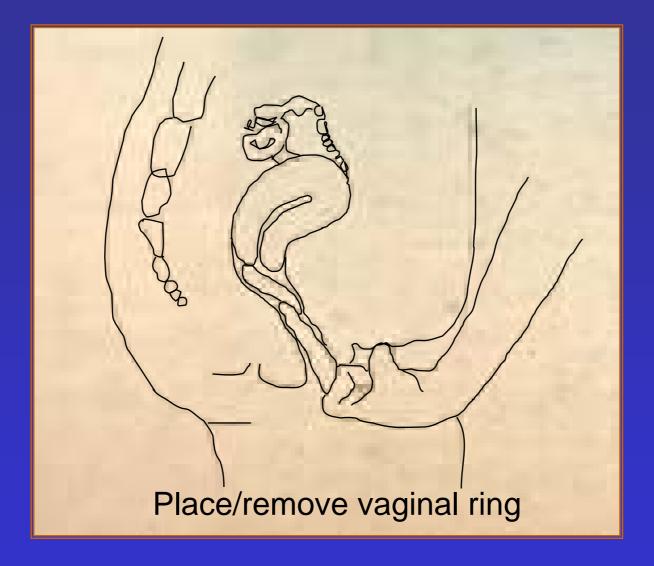
## Vaginal ring













## Contraceptive vaginal rings

- Progestogen alone (used continuously)
  - Progering Silesia (3 mo.)
  - nestorone Pop.C. (12 mo.)

- Estrogen-progestogen
   (3 weeks in /1 week out)
  - Nuvaring Organon (1 mo.)
  - nestorone/EE Pop. C. (12 mo.)





## Transdermal systems

- Systems releasing an estrogen and a progestogen:
  - norelgestromin 150 μg + ethinyl estradiol 20 μg (Evra Ortho-McNeil)
  - levonorgestrel + ethinyl estradiol
  - gestodene + ethinyl estradiol
- Systems releasing a progestogen only:
  - nestorone (patch or gel)
  - norgestimate





#### III. DUAL PROTECTION

New male condoms

Female condoms

Microbicides/spermicides





#### New male condoms





Polyutherane: Avanti, eZ.on Styrene-based plastic: Tactylon, Unique, Unisex



#### Female condoms

#### Femidom



Alternative:

natural latex Reddy female condom



## Microbicides with contraceptive effect

- Agents that create a protective physical barrier in the vagina: e.g. sulfated and sulfonated polymers, such as cellulose sulfate, polysterene sulfonate
- Agents that enhance vaginal defence mechanisms by maintaining natural levels of acidity (which immobilizes sperm): e.g. BufferGel and Acidform
- Surfactant agents: e.g. acylcarnitine analogs, C31G
- Agents that block HIV binding to target cell and sperm-zona pellucida binding: e.g. naphthyl urea derivatives



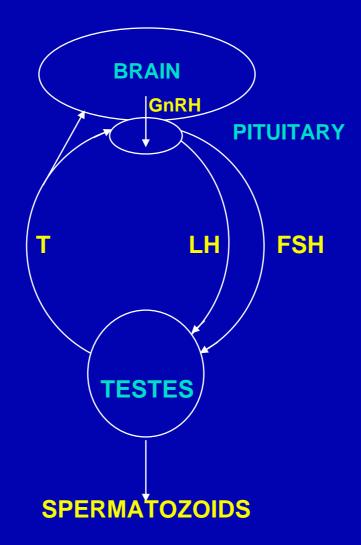
# IV. METHODS FOR MALE CONTRACEPTION

- Prevent sperm production
- Prevent sperm transport
- Prevent sperm deposition
- Modify sperm function
- Prevent fertilization





#### Hormonal control of sperm production





### Methods to supress sperm production

- Hormonal
  - Testosterone esters
  - progestogen or GnRH analogue + testosterone
- Immunological, based on antibodies against
  - GnRH, LH, FSH, their receptors





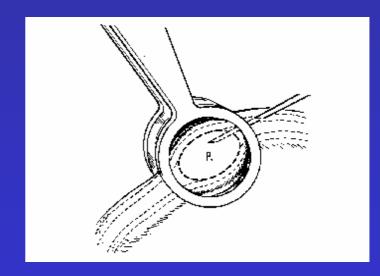
#### Methods for male sterilization

#### No scalpel vasectomy

#### **Fascial interposition**

#### Percutaneous vas occlusion

- Permanent, with sclerosing agents:
   e.g. methylcyanoacrylate, polyurethane
- Reversible, with non-sclerosing agents: e.g. silicone plugs or resins: e.g. maleic anhydride / styrene





# V. NEW TARGETS FOR CONTRACEPTION

- Gametogenesis
- Sperm motility
- Sperm capacitation
- Acrosomal reaction
- Follicular development
- Implantation





#### Some of these research leads

- Triptolide: derived from a Chinese plant, Tripterygium
  wilfordii, which induces a complete loss of sperm motility.
- Lonidamine analogues: deplete immature germ cells from seminiferous epithelium.
- Inhibitors of epididymal proteins: eppin and cystatin-11
- Inhibitors of testis-specific enzymes (GST, SAC)
- Inhibitors of fusion of sperm with zona pellucida: GnRH antagonists.
- Change in endometrial receptivity: LIF antagonists;
   antibodies against LIF, IL-11, or the IL-11 receptor; ebaf.
- Anti-angiogenic agents (magainin analogues, fumagillin).



# Challenges for the development of new technologies

- Cost and time (10-15 years, US\$ 200-300 million)
- Industry involvement
- Perspectives of users and potential users, of different religious and socio-cultural backgrounds, and of new generations of women and men
- Access in resource-poor settings (cost, technology)

For women to benefit from these new technologies, they need better access to education and income and to have greater decision-making power.

