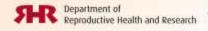
### Future methods of fertility regulation

Catherine d'Arcangues, PhD, MD Kirsten Vogelsong, PhD

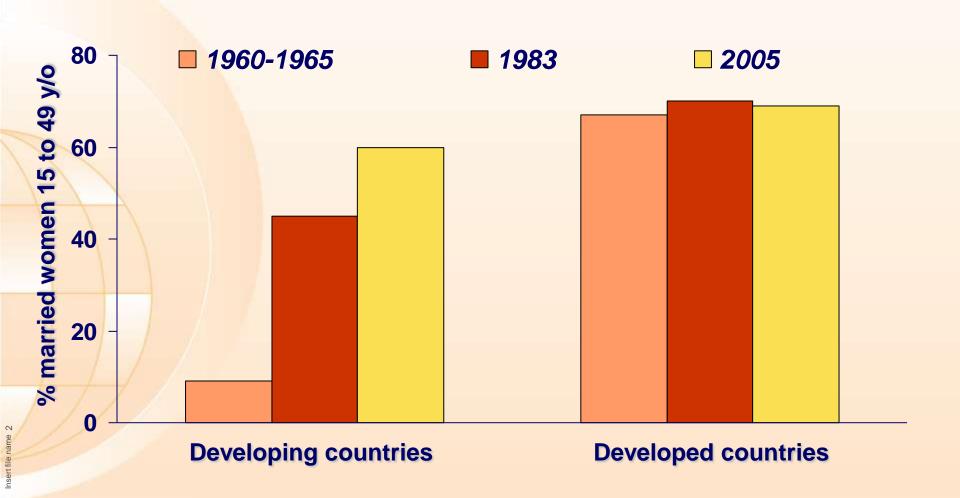
Department of Reproductive Health and Research World Health Organization

Training Course in Sexual and Reproductive Health Research Geneva, February 2009

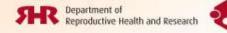




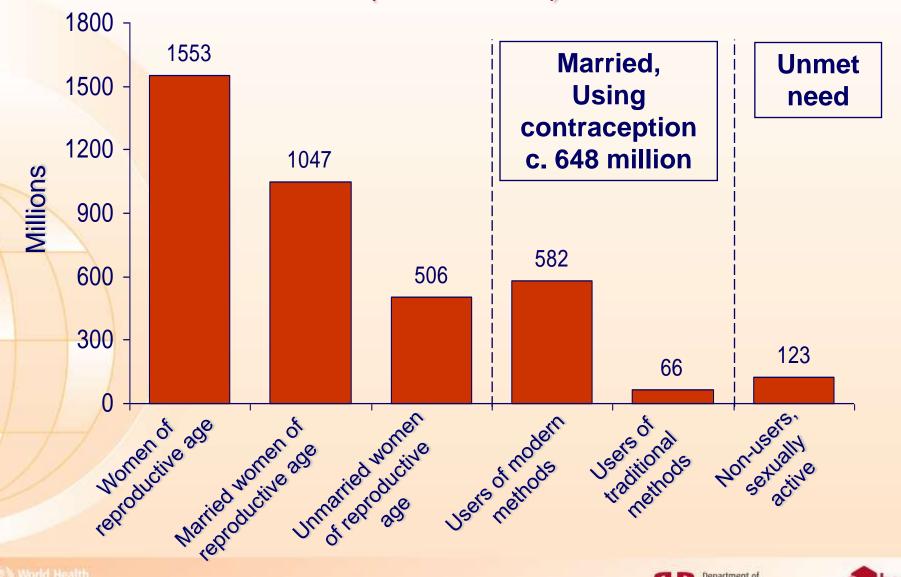
#### Contraceptive use



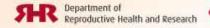




# Contraceptive use and unmet need (Year 2000)

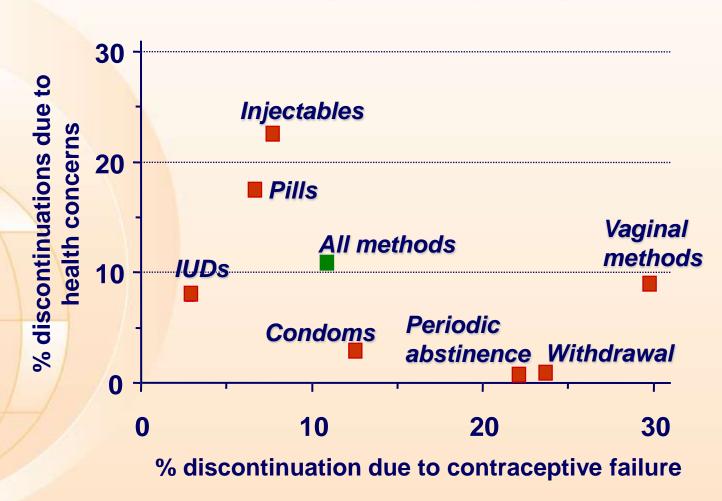




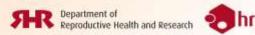




# Contraceptive discontinuation rates at 12 months





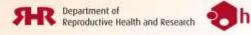


# Accidental Pregnancies Resulting from Contraceptive Failure Worldwide

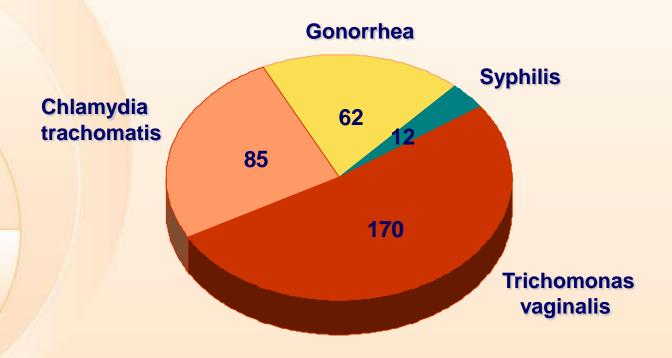
Method	<b>Estimated failure</b>	Number of	Number of accidental
	rate %	users (millions)	pregnancies (thousands)
Sterilization	0.2-1.0	155	310-1,550
Injectable	0.3-1.0	6	20-60
Intrauterine device	1-5	80	800-4,000
Oral contraceptive	1-8	55	550-4,400
Vaginal	4-24	6	240-1,400
Rhythm	10-30	16	1,600-4,800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

(Source: Segal and LaGuardia, 1990)





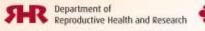
# New cases of curable STDs in 1999 (millions)



Total: 340 millions

(From: WHO, 2001)





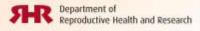


# HIV/AIDS Epidemic December 2008

New HIV infections in 2007: 2.7 million

Adults and children living with HIV/AIDS:
 33 million

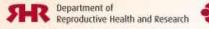
 Estimated adult and child deaths due to HIV/AIDS during 2007:
 2.0 million





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

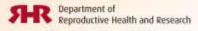
- Methods with reduced side-effects
- Methods with increased duration of action
- Dual protection (pregnancy and STIs/HIV)
- Contraceptive methods for men
- New targets for contraception





#### Methods with reduced side-effects

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

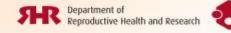




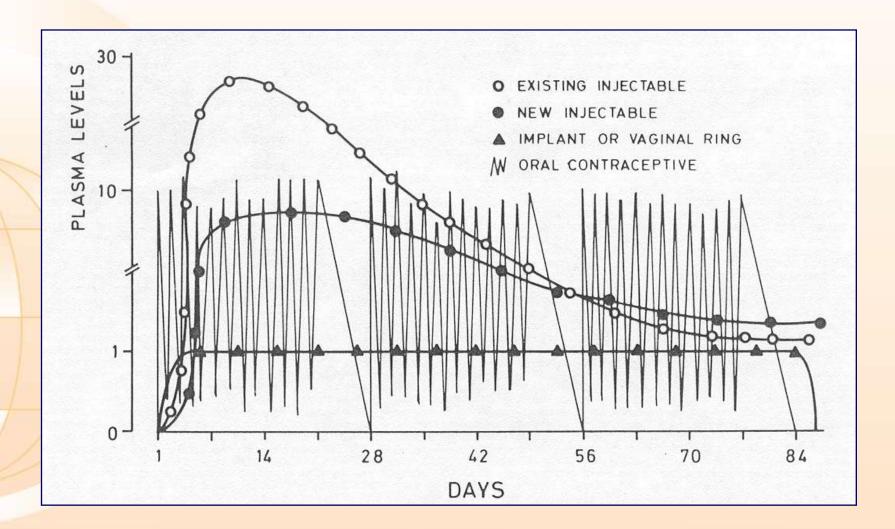
#### New injectable contraceptives

Improved pharmacokinetic profile
 Progestogen esters:
 Levonorgestrel butanoate

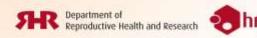
Decreased metabolic effects:
 Monolithic microspheres:
 progesterone, estradiol, testosterone



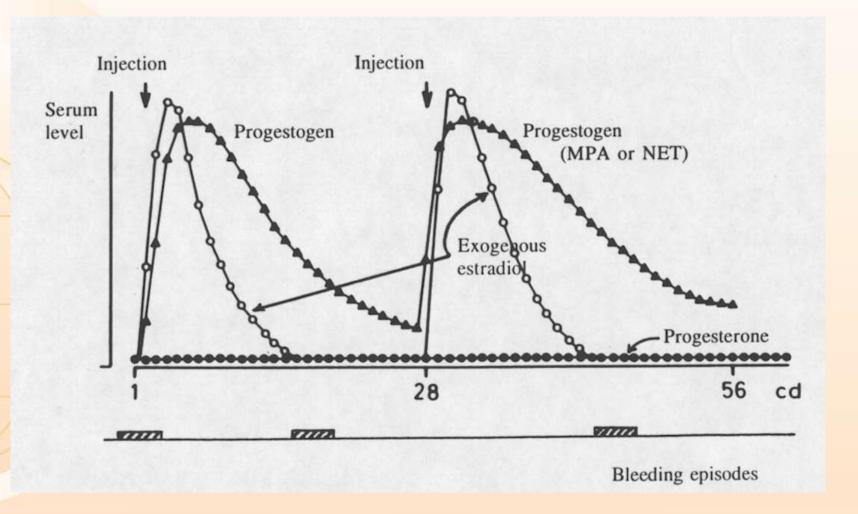
# Schematic representation of pharmacokinetic profiles of progestogens administered by different routes

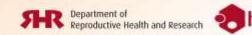






# Monthly injectable contraceptives Schematic representation of pharmacokinetic and pharmacodynamic profile

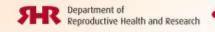




## Combined injectable contraceptives

Name	Composition	Availability
Perlutal Topasel	Acétophenide de dihydroxyprogestérone 150 mg + Enanthate d'E <sub>2</sub> 10 mg	Latin America Spain
Injectable No1	Caproate de17α- hydroxyprogestérone 250 mg + Valérianate d'E <sub>2</sub> 5 mg	China
Mego-E	Acétate de Megestrol 25 mg + 17β E <sub>2</sub> 3.5 mg	China
Cyclofem (Lunelle)	AMPR 25 mg + Cypionate d'E <sub>2</sub> 5 mg	25 c.: Latin America, Indonésia, Thaïland
Mesigyna Norigynon	NET-EN 50 mg + Valérianate d'E <sub>2</sub> 5 mg	40 c.: Africa, Latin America, Turkey, China







### Contraceptive implants

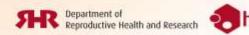
Jadelle:

levonorgestrel, 2 rods, 5 years

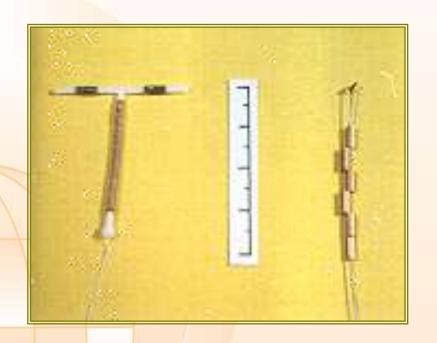
Implanon:
 etonogestrel, 1 rod, 3 years

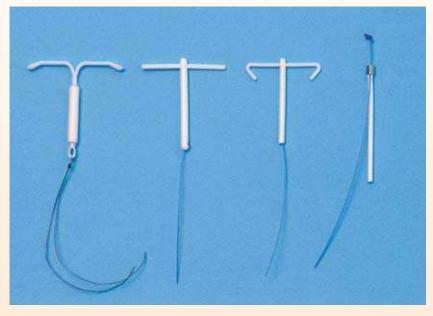
Nestorone:

inactive orally, 1-2 rods, 2 years



#### Intra-uterine systems

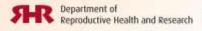




Copper-releasing

Levonorgestrel-releasing

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





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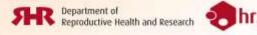
#### Immunocontraceptive

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 β-hCG

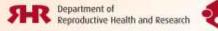
- + diphtheria toxoid as carrier
- + muramyl dipeptide as water-soluble adjuvant
- + squalene/mannide monooleate (4:1) as an emulsifying agent





## Estrogen-free pills

- Mifepristone 5 mg daily
- Mifepristone (days 1-15) + nomegestrol acetate (days 16-28)



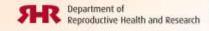


#### Natural methods

 Standard days methods, based on abstinence/protection from cycle day 8 to cycle day 19.



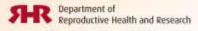
Two-day method based on the observation of cervical secretions





## Methods with prolonged duration of action

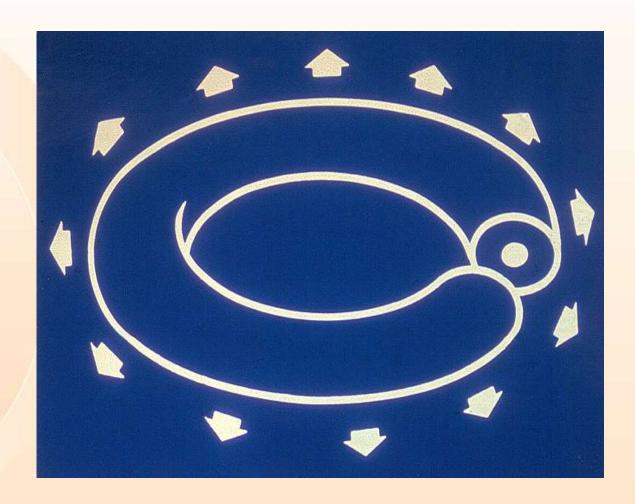
- Under the user's control:
  - Vaginal rings
  - Transdermal delivery systems
- Not under the user's control
  - Female sterilization

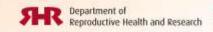






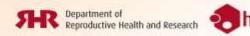
## Vaginal ring







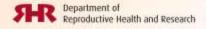




## Contraceptive vaginal rings

- Progestogen alone (used continuously)
  - Progering Silesia (3 mo.)
  - nestorone Pop Council (12 mo.)
- Estrogen-progestogen
   (3 weeks in /1 week out)
  - Nuvaring Organon (1 mo.)
  - nestorone/EE Pop. Council (12 mo.)





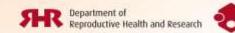


# 23

#### Transdermal systems

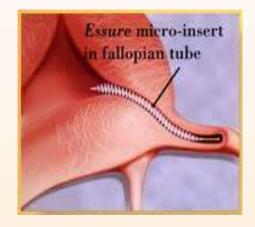
- Systems releasing an estrogen and a progestogen:
  - norelgestromin 150 μg + ethinyl estradiol 20 μg (Evra - Ortho-McNeil)
  - levonorgestrel + ethinyl estradiol
  - gestodene + ethinyl estradiol
- Systems releasing a progestogen only:
  - nestorone (patch, spray or gel)
  - norgestimate





#### Methods for female sterilization

**Essure** 



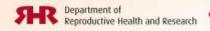


Adiana

Ovabloc



Quinacrine



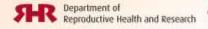


## **Dual protection**

New male condoms

Female condoms

Microbicides/spermicides



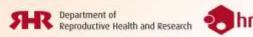


#### New male condoms





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



#### Female condoms



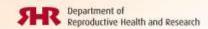
Femidom

#### Under development:

- 1. polyurethane (PATH)
- natural latex (Reddy)
- 3. plastic (Panty condom)



V-Amour



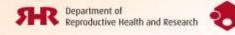


#### Microbicides with contraceptive effect

- 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

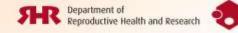
See www.microbicide.org



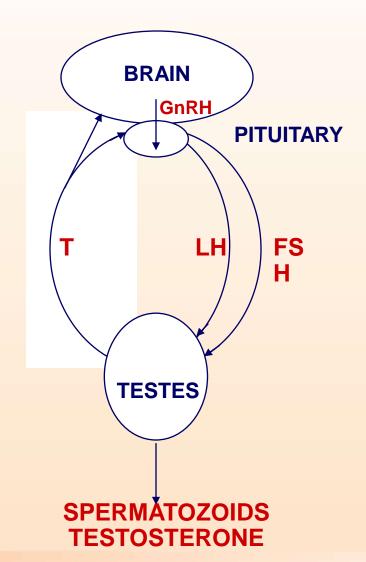


## Methods for male contraception

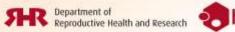
- Prevent sperm production
- Prevent sperm transport
- Prevent sperm deposition
- Modify sperm function
- Prevent fertilization



#### Hormonal control of sperm production



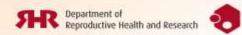




#### Methods to supress sperm production

#### 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

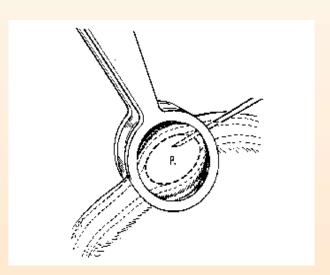
Fascial interposition

Percutaneous vas occlusion

Permanent, with
 sclerosing agents:
 e.g. methylcyanoacrylate,
 polyurethane

- Reversible, with non-sclerosing agents: e.g. silicone plugs

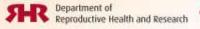
or resins: e.g. styrene maleic anhydride





## New targets for contraception

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



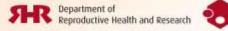


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#### Some of these research leads

- 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)
- (Lack of) 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 the full benefit of these new technologies to be realized, women need better access to education and income and to have greater decision-making power.

