PERPUSTAKAAN HAMDAN TAHIR
UNIVERSITI SAINS MALAYSIA

Third Congress of the Asia-Pacific Council on Contraception

Beijing, China

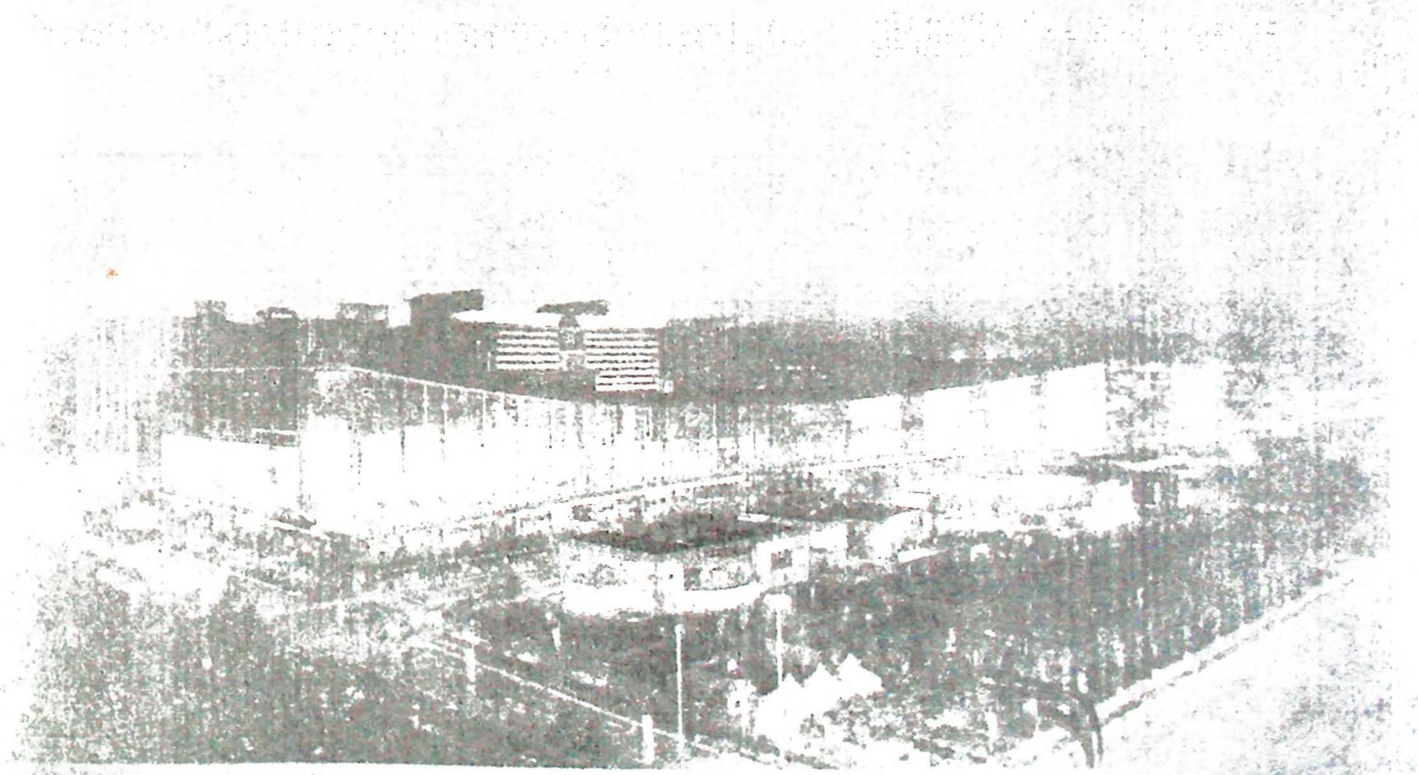
11-13 Jun 2010

Prof. Madya Nik Hazlina Nik Hussain
Unit Perkembangan Kesihatan Wanita, PPSP

APCOC
ASIA PACIFIC COUNCIL ON
CONTRACEPTION

The Third APCOC Congress 2010, Beijing

亚太避孕理事会第三届国际会议
2010,北京



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TIMETABLE

TIME	FRIDAY JUNE 11,2010	SATURDAY JUNE 12,2010	SUNDAY JUNE 13,2010
08:00-09:00	Registration	Session 7: Meet the experts@ breakfast (Multifunctional Hall, First Floor)	Session 14: Meet the experts@breakfast (Multifunctional Hall, First Floor)
09:00-10:30	Session 1: Plenary Opening ceremony APCOC lecture (Room 309)	Session 8: Plenary "New evidence on safe use" (Room 309)	Session 15: Debate Should OC be made available without prescription? (Room 309)
10:30-11:00	Coffee break / Exhibition Hall		
11:00-12:00	Session 2: MSD Symposium "Contraception in the consumer age" (Room 309)	Session 9: Bayer Symposium "Innovation and new developments: expanding benefits beyond oral contraception" (Room 309)	Session 16: Symposium "Reproductive and sexual health in the young" (Room 309)
12:30-13:30	Session 3: Zizhu Symposium / Lunch break (Room 309)	Lunch break (Room 309)	Closing
13:30-15:00	Session 4: Bayer Symposium "Mirena® a contraceptive solution for the forward looking woman" (Room 309)	Session 10: MSD Symposium "Changing Asia and contraception" (Room 309)	
15:00-15:30	Coffee break / Exhibition Hall		
15:30-17:00	Session 5a: Concurrent "Dealing with continuation of use" (Room 309) Session 5b: Concurrent "What is new in contraception use" (Room 311)	Session 11a: Concurrent Free Communication (Room 309) Session 11b: Concurrent Free Communication (Room 311)	
17:00-18:00	Session 6a: Interactive Case studies (Room 309) Session 6b: Workshop1 (Room 311) Session 6c: Workshop2 (Room 402)	Session 12a: Interactive Case studies (Room 309) Session 12b: Workshop1 (Room 311) Session 12c: Workshop2 (Room 402)	
19:00	Private activity	Session 13: Welcome reception Keynote address: Prof. Wang Yifei Presentation of certificates Dinner (Banquet Hall C)	

WELCOME NOTE

AN INVITATION TO THE CONGRESS

Dear friends and colleagues,

The Asia-Pacific Council on Contraception (APCOC) wishes to invite you to our Third Congress in Beijing. This event follows from the success of our First Congress as a 1-day scientific symposium in Shanghai in November 8, 2007 and our 2½ day Second Congress in Macau in December 4-6, 2008.

With a strong mission "to promote safe and effective contraception in planning families for the Asia-Pacific region and beyond", APCOC will present up-to-date and relevant scientific information as part of its educational program. For this Congress, we will discuss a wide range of topics including suitability of new and current contraceptive methods for the diverse needs in the region and ways to cope with the emerging problems of unplanned pregnancy, abortions and sexual health among young people. We have invited recognised authorities in the field to discuss new evidence on safe use of hormonal and non-hormonal methods.

In order to encourage and involve delegate participation, the program consists of different presentation formats like workshops, meet the experts @ breakfast, interactive case studies and free communications – in addition to the conventional plenary session and symposium. A highlight of the Congress is the debate, with two experienced clinicians giving their views on a very relevant and important question: "should OC be made available without prescription?" and delegates will be polled before and after the debate to see how convincing are their views.

A Congress which brings together colleagues from different parts of Asia-Pacific region and the rest of the world will not be complete or successful without its ability to allow delegates to meet each other and develop meaningful networking for the future. We hope all delegates will take advantage of the opportunity.

As you will see in the scientific program, all Directors of the APCOC Board have a busy and active role in bringing this educational event to the region. In particular, the organising committee has worked very hard to ensure a stimulating, interesting and useful experience for all delegates in the beautiful city of Beijing, greatly enhanced by the most recent Olympic Games.

Professor Soo Keat Khoo Chair, APCOC	Professor Wu Shangchun Chair, Organising Committee
Dr. Dominic Fuk-Him Li Organising Committee and Treasurer, APCOC	Professor Cheng Linan Organising Committee and Chair, Family Planning in China

In collaboration with the National Research Institute of Family Planning, Beijing.

COMMITTEE

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Tel: 010-62263727 / 010-62241908
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GENERAL INFORMATION

VENUE: China National Convention Center. www.cncchina.com

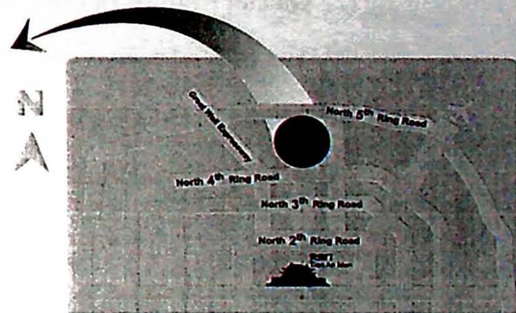
WEATHER: Early summer is the best season in Beijing. The weather in June is nice and a bit dry with the average daily temperature of 36°C.

LANGUAGE: English is the official language of the Congress and there will be simultaneous translation into Chinese.

INSURANCE AND LIABILITY: The Congress Secretariat and the organizers cannot accept liability for personal accidents, nor for loss of, or damage to private property of delegates. Delegates should make their own arrangements with respect to health and travel insurance.

CURRENCY EXCHANGE: In China, only RMB is used. Exchange centers can be found at airports, hotels and tourist shopping centers. The rate of exchange is set by the Bank of China, which is now about US$ 1.00 = RMB 6.82. Visa, Master, American Express, Diners Club and JCB are accepted in many department stores and hotels.

EVENT ORGANIZER: Image Star PR Consulting Co.,Ltd. As the most eye attracting PR company in the industry, Image Star is well known for her high profile platform and performance. The team has been continuously serving Fortune Top 500 companies. We, with our outstanding creativity and proficient execution, have been helping the clients with their brand promotion and product marketing plan. Our efforts have been extremely helpful for the clients keeping the leading position in the industry.



1 国家会议中心 China National Convention Center

2 国家会议中心大酒店 China National Convention Center Grand Hotel

3 北京北辰洲际酒店 Intercontinental Beijing Beichen

The Third Congress of the Asia-Pacific Council on Contraception (APCOC)
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OPENING REMARKS

DISTINGUISHED GUESTS, FRIENDS AND COLLEAGUES,

May I greet you all with a very good morning,

On behalf of the Board of Directors and the Organising Committee, I extend a warm welcome and hope you have travelled well – and that you are ready for an exciting 2½ days of conference.

We welcome you to the APCOC Congress. This is the third educational event since APCOC was founded in late 2006 – the first Congress was in Shanghai in 2007, and the second Congress was in Macau in 2008. We did not have one in 2009 because of the global financial crisis; this enabled us to accumulate resources to make this Congress a better one. For that, I wish to acknowledge the generous support of our sponsors: Bayer Schering Pharma as Platinum Sponsor, MSD Technologies as Gold Sponsor, Zizhu Pharmaceuticals as Silver Sponsor, and Ai Mu, Da Hua and Hua Lian.

We welcome you to Beijing, the capital city of the most populated country on Earth – the People's Republic of China – a city of old and new charms, greatly enhanced by the flow-on from the recent Olympic Games.

We welcome you to the China National Convention Centre – this is a purpose-built conference building which provides us with a friendly environment for our intellectual discourse.

We also welcome you to know us better as a non-profit professional organisation. Our mission is "to promote safe and effective contraception in the planning of families for Asia-Pacific region", and I would also like to introduce to you two important elements in APCOC.

This shows the membership of the Board of Directors – we are drawn from 12 cities in the region. We accept the responsibility to use our professional expertise to improve the quality of life of the people through sound family planning.

This shows the focus of APCOC. In order to meet the diverse needs of the people, our strategy is to link our objectives of effective education, advocacy and promotion of best practice with the expectations of choice, improved health benefits and freedom for the people to lead a better life.

The theme of this Congress is "Better contraception for better life". This will be the topic for our Keynote Address by Professor Yifei Wang. Professor Wang is well-known in China and the world as a leader in family planning and reproductive health. We look forward to his lecture at the Welcome Reception/Dinner on the evening of day two.

When we discussed the theme for this Congress, there are several drivers which make it most appropriate for our modern society.

"Contraception" – as practised now – is certainly "better" in many ways. There is a wide range of contraceptive methods, in particular, those based on the steroid hormones. Hormonal contraception has revolutionised the practice of family planning throughout the world. The discovery that steroid hormones can effectively prevent pregnancy – acting on several mechanisms in the reproductive system – has given us a very high degree of reliability. Non-hormonal methods have not kept pace with such advancement as in hormonal methods. However, cost remains a large impediment to wider usage. At this stage in the development of "better contraception", access and acceptability become issues which need to be addressed by all stakeholders.

If 'better" means safer, then we are witnessing a positive change for reducing adverse events, with lower doses and improved steroid molecules. Recent research supports the fact that modern contraceptive methods have a better safety profile, especially in vascular complications. Unfortunately, despite reassuring evidence of safety, there remain misperceptions and myths which make potential users hesitant to use the method. This apparent concern is often heightened and promulgated by unfriendly media which attempt to represent minority, self-interest groups. Another important reason that "safety" is an issue is the failure to recognise that there are contraindications, and that some unhealthy women should not use hormonal contraception because of their inherent predisposition, like to embolism. It becomes the responsibility of education to inform both the healthcare provider and the consumer.

If contraception is "for better life", we have yet to reach this worthwhile goal in many social settings, particularly among the poor and the uneducated. Family planning refers not only to limiting family size but also spacing of pregnancies. We know that poverty is often associated with large families, and such large families reduce opportunities to achieve a "better life" – as in improving living standards. We need to develop effective strategies for the less informed, less privileged and less accessible groups in our society. We need to encourage sexual responsibility at the beginning of sexual activity and to equip young people with the means to avoid unplanned pregnancy. The key is sound education. We need to prepare our young people for healthy sexuality and relationships.

As delegates to the Congress, you will have these issues addressed. You are encouraged to participate actively in the discussion. We have provided different educational formats like workshops, meet the experts @ breakfast, free communications, debate and interactive case studies to suit all of you.

I wish you an enjoyable and rewarding Congress.

FIRST APCOC LECTURE 2010

"NEED,CHALLENGES AND STRATEGIES IN MODERN CONTRACEPTIVE PRACTICE"

Professor Soo-Keat Khoo
Chair, Asia-Pacific Council on Contraception and Head, Obstetrics & Gynaecology, University of Queensland,
Director, Betty Byrne Henderson Women's Health Research Centre, Royal Brisbane and Women's Hospital, Brisbane Australia

A short version

World population growth is estimated to reach 8,919 billion by 2050 – and in that period of 40 years, at least another 2.6 billion couples will require contraception. In the Asia-Pacific region, the fertility rate is found to be high in those countries where life expectancy is low; and vice versa. Therefore, there appears to be a need for use of contraception, "to enhance the health of women and change the world for the better" (as stated by Malcolm Potts). Modern contraception is nearly 100 years old, purported to begin when Margaret Sanger opened the first family planning clinic in 1916 in USA. From that time, we have come to appreciate the tremendous impact of contraception on the population as well as on the individual – bringing a range of benefits to improve quality of life.

However, utilisation continues to be hindered by myths and lack of knowledge – and this is evident by a high incidence of unplanned pregnancies and sexually-transmitted diseases among young people around the world. In the "Talking sex and contraception" survey of young people aged 15-19, "two-thirds are found not informed about contraception, nearly half have started sexual activity without using adequate contraception, and nearly all of them welcome better education on sexuality and sexual behaviour".

The need to educate young people in sexuality, sexual responsibility and behaviour has been identified by APCOC as an important initiative. APCOC has developed a "Train-the-Trainer" toolkit – a booklet and its companion slide deck. This resource in English can be translated into other languages and modified to suit cultural differences. This toolkit will be available to teachers and educators involved in teaching school children and young adults about sexual development, behaviour and responsiblity. The novelty of the APCOC toolkit is that the presented material covers 4 components (human development, relationships, sexual behaviour, and sexual health) and is made appropriate for the child's own stage of development and understanding in 3 modules (Level 1 for youths aged 10-13, Level 2 for adolescents aged 14-17, and Level 3 for young adults aged 18-21).

In modern living, women, in general, face many influences and new challenges as they try to balance career, lifestyle and family. We need to be aware that these women are looking at contraception in a totally different context – with emphasis on ease of use, reversibility and other additional benefits. For women who are less exposed to modern society and living in rural and remote settings, there are also many but different factors which influence their likelihood to use contraception – the most important factors, according to a recent study in Indonesia (2008), are the "ideal" number of children and the number of living children, socioeconomic status and exposure to family planning messages. However, access is still an issue.

The method which has revolutionised contraceptive practice is, without doubt, the Pill. The Pill is now 50 years old, and the modern Pill – as we know it today – is very different with dose reduction, phasing and sequencing, steroid hormones with new profiles, and new routes of administration. The Time Magazine in its May 2010 edition describes the achievements of the Pill as: "So small. So powerful. An so misunderstood". A part of this ongoing misunderstanding is the question of safety. Public concern, scientific enquiry and media attention have kept a watching brief on this issue. It is, therefore, reassuring to be informed by the largest and longest longitudinal study on the use of the Pill that the mortality rate of Pill-users is not compromised. In fact, the Royal College of General Practitioners' study reported that the risk of death of ever-users of the Pill is significantly less than that of never-users – the risk is reduced by 12% for all causes, for all cancers by 15% and for all circulatory diseases by 14%.

There is also the concern about the link to cancer, a phobia which has deterred some women from use. New studies have confirmed no link to breast cancer, reduced risk for uterine and ovarian cancer, and a questionable increased risk for cervical cancer which is also associated with sexual activity and human papillomavirus (HPV). The evidence showing no increased risk of breast cancer in Pill-users is now very strong – four large studies found no link, regardless of age of the user. The evidence showing a reduced risk of ovarian cancer in Pill-users is also very strong but less known to the public. Pooled data from 45 studies (23,000 users and 87,000 controls) found the relative risk to be 0.73; this reduction is nearly 30% persisting for more than 30 years after stopping, and that this risk is further reduced to 50% for long-term users. Through this effect, the Pill is able to offer far-reaching health benefits to women who choose to use it, because ovarian cancer has a very high mortality rate. In absolute terms, 10 years of Pill-use is predicted to reduce the incidence of ovarian cancer by 4 per 1,000 from (12 to 8) and deaths by 2 per 1,000 (from 7 to 5). With current prevalence of the disease, the world-wide impact can be as high 200,000 less ovarian cancer and 100,000 less deaths per year.

Since its beginning – in the 1900's – modern contraceptive practice has made a major contribution to women's well-being, giving her the freedom to control her fertility and to cope with new challenges in her life. However, more effort is required to address issues of accessibility and acceptability in the next 25 years.

SCIENTIFIC PROGRAM

DAY 1 - FRIDAY, JUNE 11, 2010

Time	Program
08:00-09:00	Registration
09:00-10:30	Session 1: Plenary / Opening ceremony / APCOC lecture (Room 309) "Contraception: needs, challenges and strategies – APCOC's mission and initiatives" – Soo Keat Khoo
10:30-11:00	**Coffee break** (Exhibition Hall)
11:00-12:30	Session 2: Sponsored symposium (MSD Technology Pte) (Room 309) Chair: P C Wong "Contraception in the consumer age" • *Modern women, modern lives* Jean-Michel Foidart • *Myths and misconceptions about contraception* Diana Mansour • *Too much or too little: a woman's concern for E* Jean-Michel Foidart • *Contraception over long term (Implanon)* Hans Reker
12:30-13:30	**Session 3: Sponsored symposium (Zizhu Pharmaceutical) / Lunch break** (Room 309) **Chair: Cheng Linan** **Speaker: Wu Shangchun**
13:30-15:00	Session 4: Sponsored symposium (Bayer HealthCare) (Room 309) Chair: Jamiyah Hassan, Yu Qi "Mirena® a contraceptive solution for the forward looking woman" • *Mirena® a contraceptive fit suitable for women at all stages of reproductive life* Diana Mansour • *Mirena® an alternative to surgical intervention* Sihyun Cho • *Mirena® insertion and counselling from a patient perspective* Harlina Halizah Hj Siraj
15:00-15:30	**Coffee break** (Exhibition Hall)

Time	Session 5a (Room 309)	Session 5b (Room 311)
15:30-17:00	Session 5a: Concurrent symposium (Room 309) Chair: Cherng Jye Jeng, Seok Hyun Kim "Dealing with continuation of use" • How to deal with side-effects in hormonal contraception Lee Shulman (Chicago) Cover: oral, intra-uterine, transdermal, subcutaneous, vaginal • What are the ways to encourage compliance Christine Read (Sydney) Cover: oral, IUD, Mirena, condom • How to increase access to contraceptive use – a low-cost implant Marcus Steiner (USA) Cover: various methods	Session 5b: Concurrent symposium (Room 311) Chair: Biran Affandi, S Taneepanichskul "What is new in contraception use" • New products: now and the future Maureen Cronin (Berlin) Cover: range, mechanism, benefits/risks • Development of intrauterine contraception Wu Shangchun (APCOC) Cover: current status and what is new in China? • Status of male contraception Gu Yiqun (Beijing) Cover: Mechanism, products other than condom, experience in China

Time	Session 6a: Interactive case studies (Room 309)	Session 6b: Workshop (Room 311)	Session 6c: Workshop (Room 402)
17:00-18:00	Soo Keat Khoo Alfred Mueck, Christine Read Cover: difficult clinical problems and step-by-step solving commentary and discussion	Enrico Oblepias, Kuldip Singh "Evidence-based best practice in contraception"	S Taneepanichskul Doo Seok Choi "Non-contraceptive uses – benefits and what conditions"

DAY 2 - SATURDAY, JUNE 12, 2010

Time	Programme
08:00-08:45	Session 7: Breakfast / Meet the experts for 20 topics discussion (Multifunctional Hall, First Floor) Convenors: Biran Affandi, Cherng Jye Jeng
09:00-10:30	Session 8: Plenary (Room 309) Chair: Im-Soon Lee, Jamiyah Hassan "New evidence on safe use" • Hormonal contraception and vascular effects — Christine Read (Sydney) Cover: venous and arterial effects, geographic, ethnic differences, impact of age/lifestyle, steroid components/doses • Hormones and cancer re-visited — Lee Shulman (Chicago) Cover: new evidence, reduced steroid doses, prevention
10:30-11:00	**Coffee break** (Exhibition Hall)
11:00-12:30	Session 9: Sponsored symposium (Bayer HealthCare) (Room 309) Chair: Dominic Fuk-Him Li , Hong Kyoon Lee "Innovation and new developments: expanding benefits beyond oral contraception" • *Modern contraception for the modern women* — Lee Shulman • *Introducing a new class of oral contraceptive* — Diana Mansour
12:30-13:30	**Lunch break** (Room 309)
13:30-15:00	Session 10: Sponsored symposium (MSD Technology Pte) (Room 309) Chair: Biran Affandi, Li Jian "Changing Asia and contraception" • *New demands, new approach* — Hans Reker • *Contraception and counselling* — Diana Mansour • *Contraception counselling – a China perspective* — Yao Xiaoying
15:00-15:30	**Coffee break** (Exhibition Hall)
15:30-17:00	Session 11a: Concurrent session (Room 309) Chair: Enrico Oblepias, Sun Haeng Kim • The effects of levonorgestrel-releasing intrauterine evice (Mirena®) on adenomyosis — Chul Kim • Clinical efficacy of levonorgestrel-releasing Intrauterine system (Mirena) in women with abnormal uterine bleeding — Eun Chan Park • An investigation on "frameless GyneFix" IUD: a retrospective survey of 24,336 women for 5 years — Hao Mingli • Multicenter randomized controlled clinical trial of γ-IUD (memory alloy) — Liu Xiaoai • Continuation rates/removal Implanon users (Select 1 best out of 5) — Hyeon Chul Kim Session 11b: Concurrent session (Room 311) Chair: Jamiyah Hassan , Dominic Fuk-Him Li • Effects of sex hormones in oral contraceptives on the Female Sexual Function Score: A study in German female medical students — Alfred O Mueck • Safety aspects of dienogest in endometriosis; pooled data from a clinical development program — Jeff Hassall • Ethinylestradiol 20mcg/drospirenone 3mg combined oral contraceptive in 24/4 regimen in premenstrual dysphoric disorder: a randomized, multicenter, double-blind, parallel study — Joachim Marr • Different risk of breast cancer due to different progestogen action? New insight on proliferative mechanism — Rong Chen • Infants outcomes after levonorgestrel-only emergency contraception failure; a prospective cohort study (Select 1 best out of 5) — Zhang Lin
17:00-18:00	Session 12a: Interactive case studies (Room 309) Soo Keat Khoo Lee Shulman, Byung Seok Lee) Cover: difficult clinical problems and step-by-step solving commentary and discussion Session 12b: Workshop (Room 311) Cheng Linan Damrong Reinprayoon Cover: Post- abortion contraception Session 12c: Workshop (Room 402) Biran Affandi Soon Ki Hong Cover: Contraception for special conditions
19:00-21:00	Session 13: Welcome Reception/Educational Evening (Banquet Hall C) MC: P C Wong Keynote address "Better contraceptive service and reproductive health, better social development and quality of life"(Wang Yifei – Shanghai) Introduction: Wu Shangchun Presentation of sponsorship plaques and certificates. Dinner and entertainment

DAY 3 - SUNDAY, JUNE 13, 2010

Time	Program
08:00-08:45	**Session 14: Breakfast / Meet the experts for 20 topics discussion** **(Multifunctional Hall, First Floor)** **Convenors: Biran Affandi, Cherng Jye Jeng**
09:00-10:30	**Session 15: Debate: Should OC be made available without prescription?** **(Room 309)** **Moderator: PC Wong** Voting system: pre-debate and post-debate poll Yes: **Lee Shulman** No: **Christine Read**
10:30-11:00	**Coffee break** **(Exhibition Hall)**
11:00-12:30	**Session 16: Symposium** **(Room 309)** **Chair: Cherng Jye Jeng , Enrico Oblepias** "Reproductive and sexual health in the young" • Adolescent sexuality and sexual behaviour (experience in Asia-Pacific region) **Jeong Jae Lee (Seoul)** • Sexual health and risk of sex-related infections (screening and management) **Kamhaeng Chaturachinda (Bangkok)** • Evolving needs and influences on contraceptive use in young people **Kuldip Singh (Singapore)**
12:30	**Closing**

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● 2009年7月，在国家新闻出版总署主管的“第三届中国数字出版博览会”上，荣获全国数字出版“知名品牌”奖和“优秀作品”奖两个奖项。

● 2009年9月，获得国家新闻出版总署颁发的“互联网出版许可证”，获准从事互联网杂志、互联网音像出版物、手机出版物等信息服务业务。这是迄今为止获得“互联网出版许可证”的全国极少数健康网站之一。

《家庭医生E刊》系列电子杂志 ► ► ►

《家庭医生E刊》系列电子杂志由家庭医 生在线独立制作，包含了《家庭医生E刊》、家庭医生E-Lady》、《家庭医生E-Man》、《家庭医生E-Baby》四个系列，按周轮流出版。它吸收了平面媒体和网络媒体的双重优点，除了坚持家庭医生“科学性、趣味性、实 用性、新颖性”四性合一的传统风格外，内容和表现形式更加时尚。《家庭医生E刊》系列电子杂志的发布渠道囊括了新浪、腾讯、Xplus、Zcom、博享、麦客、读客、中国商榜网、独揽天下、众志传媒等国内几乎所有的知名电子杂志发布平台，受众广泛，目前最高单期发行量已经超过1000万，月发行量在全国健康类电子杂志中排在第一位，同时也进入了全国所有各类电子杂志的前十名。2009年7月，《家庭医生E刊》系列电子杂志因其出色的表现，荣获国家新闻出版总署主管的全国数字出版“优秀作品”奖。

AiMu's New Products Have Been Launched

Medical Device Advertising (text) Permit Number 2010030005 by Liaoning FDA

Tips: These products should be inserted at medical organizations. Contraindication or notices see instructions.

AiMu Brand Intrauterine Device

AiMu MCuII Functional Intrauterine Device (New)
Medical Device Production Permit Number 3460756 of 2009 by State FDA

AiMu MYCu Intrauterine Device (New)
Medical Device Production Permit Number 3461002 of 2009 by State FDA

Low Expulsion Rate

Memory alloy support is not easy to deform in the uterine cavity. Shape designed according to the form of the uterus and dynamic mechanism, which makes it not easy to translocate and expulse.

Low Pregnancy Rate with IUD

Sends effective contraceptive substance to the high, middle, and low position of the uterine cavity, hence better serves its contraceptive function.

Easy and Convenient Insertion and Removal

Inserted by means of withdrawal, which is easy and convenient. Strong sense of metal friction between probe and IUD' s lower edge at the time of removal, which makes accurate positioning and extractor easy to operate. Easy and convenient rechecking by means of B ultrasonic wave or X-rays after insertion of IUD.

Slight Side Effects

With a copper surface area of 225mm², it has little stimulation to the endometrium. With indomethacin in the side arms, it releases indomethacin to decrease the synthesis of prostaglandin, hence reduces the side effects of bleeding and pain.

Long Life

Both AiMu MCuII IUD and MYCu IUD could remain in the uterus for 15 years.

Retrograde Infection Prevention

Without tail filament, the possibility of retrograde infection is extinguished and men' s discomfort caused by it is eliminated.

LIAONING AIMU MEDICAL SCIENCE & TECHNOLOGY CO., LTD

Registered (production) Address: No.195 Linqing Street, Anshan New Hi-Tech Industrial Development Zone (East Compound), Liaoning Province, China
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4. Non-contraceptive benefits/risks in oral contraception
5. Contraception for women with pre-menstrual syndrome/dysphoric disorder
6. Long-acting methods (injectable, implant, intrauterine)
7. Importance of progestogen component in combined preparations
8. Non-oral hormonal contraception (patch, vaginal rings, subcutaneous implants)
9. Contraception for the postpartum woman
10. Contraception for the woman after abortion
11. Contraception and breast cancer (personal history, family history, risk factors)
12. Contraception and risk of vascular disease (venous, arterial, other risk factors, smoking, age)
13. Contraception and the adolescent girl (methods, compliance, risk of sexually-transmitted infection, legal status)
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17. Use of evidence to answer questions in contraception (myths, misperections, personal bias, media reporting)
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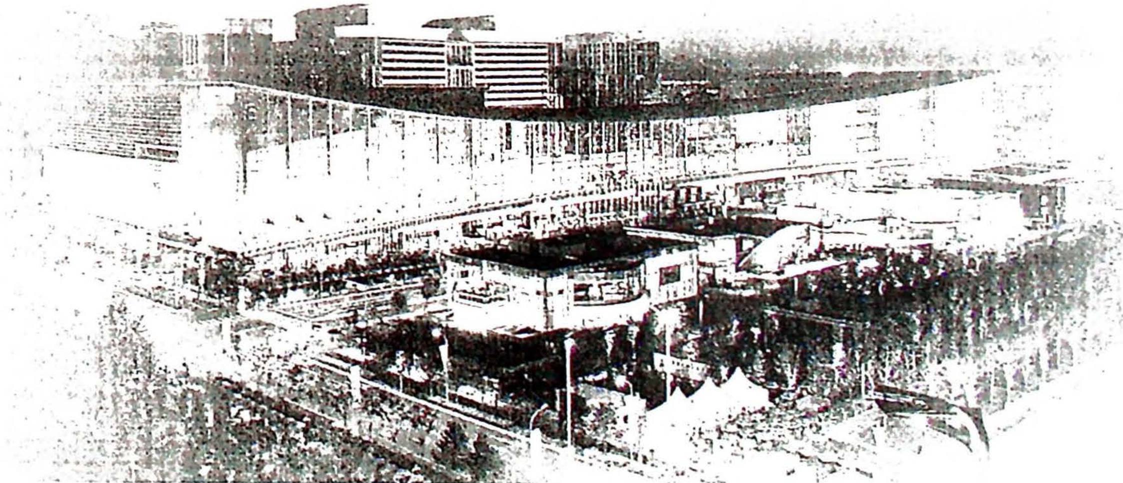

INVITED SPEAKERS

Mirena® a contraceptive fit suitable for women at all stages of reproductive life

Diana Mansour (United Kingdom)

Mirena®, the levonorgestrel-releasing intrauterine system has been hailed as one of the greatest advances in the field of contraception, since the introduction of the Pill. Over 18 million women worldwide have had Mirena® fitted with more than 10 million current users. Mirena® is a highly effective long-acting reversible contraceptive (LARC) for women of all age groups, including nulliparous women, postpartum women (including breastfeeding), during the perimenopausal period and in postabortion women.
There is now evidence to suggest that copper IUDs and Mirena® can be inserted immediately after a miscarriage or first trimester termination of pregnancy without an increase in side-effects. The manufacturers recommend that the insertion of Mirena® should be delayed by about six weeks if fitted postnatally or following a second trimester abortion. This ensures the uterus is given sufficient time to regain its original involuted shape and may reduce the incidence of problematic prolonged vaginal bleeding or pelvic infection.
Very high continuation rates are found in women using Mirena® with one study reporting that 82% of women were still using it at three years. Efficacy data suggests that this system rivals female sterilisation. Unlike the latter, reversibility data showed that a woman's normal fertility will return rapidly upon removing Mirena®.
Women have chosen Mirena® not only because it is a highly effective LARC but also because it offers additional non-contraceptive benefits resulting in reduced menstrual blood loss and pain. Mirena® is licensed to provide contraception for up to five years and exerts its contraceptive action firstly, by altering the cervical mucus and uterotubal fluid which inhibits sperm migration. Secondly, Mirena® causes the uterine endometrium to atrophy by making the uterine mucosa thin, the stroma swollen, the endometrial glands atrophic and the epithelial cells inactive. Mirena® may also suppress ovulation in up to one third of cycles and possibly reduce the pre-ovulatory luteinising hormone surge.
These messages need to be conveyed to couples requesting long term, effective methods of contraception to space and limit their family size. Looking to the future, the non-contraceptive benefits of Mirena® may also improve the overall health of women.

Mirena® an alternative to surgical intervention

Si Hyun Cho (South Korea)

Currently, the only hormonal intrauterine system approved for clinical use is the levonorgestrel-releasing intrauterine system (LNG-IUS) marketed as Mirena® (Bayer Schering Pharma). It is a T-shaped plastic intrauterine device (IUD) that releases levonorgestrel directly into the uterine cavity. Although LNG-IUS was first launched in Finland in 1990 and has been marketed in the UK since 1995 primarily as a contraceptive device, it is now used widely for its noncontraceptive effects for conditions such as heavy menstrual bleeding (HMB) and dysmenorrhea.
This system allows a steady, local release of 20 μg levonorgestrel per day, leading to a strong suppressive action on the endometrium with few systemic adverse effects. Numerous studies have shown that LNG-IUS is effective in treating HMB with reduction of menstrual blood loss (MBL) by 79–97% and with high patient satisfaction. LNG-IUS has also demonstrated a comparable increase in health-related quality of life measures and cost effectiveness in comparison to surgical treatment including hysterectomy, thermal balloon endometrial ablation and transcervical endometrial resection. It has also proven to be superior in efficacy to other medical treatment for MBL reduction in women with HMB. In 2001, LNG-IUS was licensed in the UK for HMB and the National Institute for Health and Clinical Excellence (NICE) Guideline recommended long term (at least 12-months) use of LNG-IUS as the first line pharmaceutical treatment for HMB.
In clinical applications, the main advantage of LNG-IUS in women with HMB is that it can be an effective medical option for women who are either unsuitable or reluctant candidates for surgery.

Mirena® insertion and counselling from a patient perspective

Harlina Halizah Hj Siraj (Malaysia)

Successful contraception requires a clinically effective contraceptive method together with patient adherence and acceptance to ensure continuity. In particular, contraceptive counselling to patients about side effects has been found to greatly improve patient compliance. The same principle will apply to users of the levonorgestrel-releasing intrauterine system (Mirena®). Besides proper training and insertion techniques on the providers' part, counselling is essential for overall acceptability and long-term success, since, the resultant patient empowerment leads to a natural "self selection" process where the patient herself comes to the decision to use Mirena® or not.
Investing time for full counselling, particularly in a first time user is essential to manage unrealistic expectations, explain known changes in the menstrual cycle to debunk myths and caution on possible side effects. In addition, the counselling process also reduces the likelihood of poor patient selection, which can result in unnecessarily high discontinuation rates. Health providers have to convey the biological mechanisms and major characteristics of Mirena® to patients in a way that is understandable and take into consideration individual cultural and social issues.
For first-time users of Mirena®, the changes in menstrual bleeding, spotting and possible amenorrhoea must be thoroughly explained. The patient must be

counselled to understand that reduced menstrual bleeding is not a negative effect or sign of pregnancy and that her fertility is not affected. She must be told that all these changes and effects on fertility will be rapidly reversed upon removal of Mirena®. Ideally, the clinician should inform the patient that the changes in menstrual bleeding is totally in line with the mechanism of action of Mirena® and is to be expected.

Besides proper counseling, information about possible discomfort during Mirena® insertion should be conveyed. All contraindications to insertion should be ruled out. Recommended timing of Mirena® insertion is crucial, and is outlined below:

- For contraceptive use: during first seven days of cycle
- Postabortal use: immediately after operation
- Postpartum use: the earliest is after 6 weeks post partum
- Treatment of menorraghia: on the 7th day of cycle to avoid expulsion and for ease of insertion

It is most important to learn how to insert Mirena® correctly to reduce discomfort, pain or even dislocation. A step by step insertion procedure along with proper explanation to the patient on what the healthcare provider is doing in the insertion process will help reassure the patient and improve outcomes. In addition, post insertion access to medical advice is important in case further questions arise. A follow-up visit after 3-4 months is recommended to check how well the patient is doing and for general reassurance.

How to deal with side-effects in hormonal contraception
Lee Shulman (Chicago)

Hormonal contraceptives are among the most popular non-surgical methods of birth control available. However, new users of hormonal contraceptives may vary in their compliance rates, healthcare utilization, and economic and clinical outcomes. For example, many new users of oral contraceptives (OCs) discontinue their use within the first year. Commonly cited reasons for OC discontinuation include side effects and difficulty in adhering to a daily regimen. Over the past decade, hormonal contraceptive formulations that were introduced possessed features aimed at increasing convenience and compliance. Nonetheless, a critical issue for improving compliance and continuation is counseling, a process by which the woman is empowered to choose a contraceptive that she is most likely to use consistently and correctly for as long as she chooses not to be pregnant. Two relatively recent methods had nondaily schedules - the transdermal contraceptive patch containing norelgestromin and ethinyl estradiol (EE) (ORTHO EVRA®, Ortho McNeil Pharmaceutical, Inc., Raritan, NJ), which is replaced weekly for 3 weeks, followed by a patch-free week, and the vaginal contraceptive ring containing etonogestrel and EE (NuvaRing®, Organon USA, Roseland, NJ), which is worn for three weeks and replaced after a hormone-free week. Unlike other nondaily contraceptive methods, such as progestin injections and intrauterine devices, the transdermal contraceptive patch and the vaginal ring do not require a physician (other than to provide the prescription itself) for initiation. Indeed, in the United States the use of intrauterine contraception (Mirena™; Paragard™) saw an increase for the first time in decades. However, in most parts of the world, oral contraception is the mainstay of reversible contraception. The development and use of drospirenone revolutionized our approach to oral contraception by providing a progestin with antiandrogenic and antimineralicorticoid activities. The use of extended use regimens (Seasonale™, Seasonique™, Seasonique Lo™) gave women more options if they chose to have fewer withdrawal bleeding episodes each year. In this regard, the development and use of pills with a shorter hormone-free interval – specifically a 24/4 regimen (Yaz™ and LoEstrin 24/4™) provided women who wished to have a monthly withdrawal bleed with more options and, in the case of Yaz™, novel noncontraceptive effects. Finally, the recent release of the E2V/DNG pill regimen (Qlara™) represents a totally new approach to contraception and lifestyle considerations. While the contraceptive choices for women have increased, we must remain vigilant in ensuring that women have the necessary information to make informed decisions about their reproductive activities – for she is the person who knows best what is right for her. In this way, better choices will be made, more effective counseling can be provided and consistent and correct use will increase, with the concomitant drop in adverse events and dissatisfied women using less effective methods and exposing themselves to higher rates of unintended pregnancy and its associated morbidity and mortality.

Speaker Biography

Lee P. Shulman MD FACMG FACOG

Lee P. Shulman MD is the Anna Ross Lapham Professor in Obstetrics and Gynecology and Chief of the Division of Clinical Genetics at the Feinberg School of Medicine at Northwestern University in Chicago, Illinois. He also serves as the Director of the Cancer Genetics Program of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University and the Co-Director of the Northwestern Ovarian Cancer Early Detection and Prevention Program. Dr. Shulman is an Adjunct Professor in the Department of Medicinal Chemistry and Pharmacognosy at the University of Illinois at Chicago College of Pharmacy. He is a Fellow of the American College of Obstetricians and Gynecologists and a Founding Fellow of the American College of Medical Genetics. Dr. Shulman was graduated from Cornell University in 1979 with a BA degree in the College Scholar program. He then attended Cornell University Medical College where he received his Doctor of Medicine degree in 1983. Dr. Shulman completed an internship and residency in Obstetrics and Gynecology at North Shore University Hospital – Cornell University Medical College in 1987 and served as Chief Resident during his final year. From there he completed a fellowship in Reproductive Genetics at the University of Tennessee, Memphis and then joined the Ob/Gyn faculty of the University of Tennessee, Memphis, becoming the Director of Reproductive Genetics in 1994. In 1999 he relocated to the University of Illinois at Chicago where he served as Deputy Head of the Department of Obstetrics and Gynecology, Director of the Divisions of Reproductive Genetics and Ambulatory Care Services and as Medical Director