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Five-Year Efficacy and Safety of the Liletta® Levonorgestrel Intrauterine System [13F]

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tion and one following expulsion. Six (67%) pregnancies were ectopic. The Pearl Index in the first year was .15 (95% CI .02-.55). Cumulative life-table pregnancy rates through years three and five were .59 (95% CI .28-1.25) and .92 (95% CI .46-1.82), respectively. Perforation following IUS placement occurred in two (0.1%) women; both were diagnosed within the first year. Expulsion occurred in 63 (3.7%) participants, most (50 [80.6%]) during the first year of use. Pelvic infection was diagnosed in 11 (.6%) women. Only 39 (2.3%) women discontinued due to bleeding complaints, primarily (n=29 [74.3%]) in the first year.

CONCLUSION: Liletta is highly effective and has an excellent safety profile over five years of use; most expulsions and discontinuation for bleeding occur during the first year of use.

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The Impact of Rural or Urban Location on Clinical Availability of the Copper IUD: A Mystery Caller Study [14F]

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INTRODUCTION: The copper IUD is the only highly effective non-hormonal method of contraception. It is also the most effective form of emergency contraception (EC), when placed within 5 days of unprotected intercourse, and is the only method of EC that provides ongoing contraception. For these reasons, local availability of the copper IUD to women is essential.

METHODS: A mystery caller model was employed with a single caller making inquiries to urban and rural clinics in Washington state over a two-month period regarding availability of copper IUDs using a standardized script. Clinic types included OB/GYN, primary care, family planning and multispecialty. Clinics were identified using the HRSA 340B database, with allocation as urban vs rural based on the Office of Management and Budget county designations. The primary outcome was the reported availability of the copper IUD. Secondary outcomes included ability to schedule an appointment for copper IUD placement within 5 days.

RESULTS: A total of 97 urban and 97 rural clinics were included in the analysis. A greater proportion of urban clinics reported availability of copper IUDs than rural clinics (78 vs 50%; $p < 0.001$). Only 19 urban clinics and 10 rural clinics were able to schedule an appointment for copper IUD placement within the 5 day window needed for EC use (19 vs 10%, $p = 0.07$).

CONCLUSION: Rural clinics are less likely to have copper IUDs available, even when clinic type is taken into account. Efforts are needed to increase availability of this method, particularly in rural areas.

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Evaluating the Availability of Ulipristal Acetate in Eastern Long Island [15F]

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INTRODUCTION: Ulipristal acetate (UPA) was approved by the FDA in 2010 as a form of emergency contraception (EC), which can be taken within 120 hours of unprotected sex. Evidence has shown that UPA is more effective than oral levonorgestrel emergency contraceptive pills (LNG-ECP) and more cost effective. UPA is more effective in patients with a BMI > 30 . No studies have looked at the availability of UPA in New York State. We specifically looked at Long Island due to its population density.

METHODS: We conducted an observational population-based study utilizing a telephone-based secret shopper methodology. Researchers called 200 unique retail pharmacies in Long Island from May 2016-July 2017, representing themselves as patients and physicians.

RESULTS: Only 9.5% of pharmacies had UPA immediately available, although 81% reported ability to order UPA. In contrast, 80% reported having LNG-ECP readily available. Only 47% of pharmacists who had UPA available could correctly identify its differences from LNG-ECP. 82% of pharmacists in the physician call group were unfamiliar with UPA. In addition, 0% of pharmacists mentioned BMI as an important difference in efficacy between UPA and LNG-ECP.

CONCLUSION: Although UPA is the more effective EC than LNG-ECP, its availability is limited. Knowledge of UPA is lacking in pharmacists and clinicians alike. Increasing education of clinicians, pharmacists and patients regarding differences between EC pills may assist in increasing demand for UPA and could increase overall availability of UPA.

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