

National Institute for Health and Clinical Excellence

Long Acting Reversible Contraception
Guideline Review Consultation Comments Table
31/01/11 – 13/02/11

Stakeholder	Agree?	Comments Please insert each new comment in a new row.	Comments on areas excluded from original scope	Comments on equality issues
Royal College of Obstetricians and Gynaecologists	YES	The guideline does not need to be reviewed just yet and can be extended for 2-3 years.		
Family Planning Association	YES	<p>FPA welcomes the fact that NICE has undergone a thorough process to assess whether the existing guidance on long-acting reversible contraception (LARC) needed to be updated. Given the evidence-based nature of the decision we support the proposal not to update the guidance at this time.</p> <p>However, we are concerned that there is a risk that the length of time that has passed since the guidance was first published may lead people to think it is out of date. We therefore strongly recommend that the review consultation document, which contains all of the research identified in the review process, is easily available from the relevant page on the NICE website and is clearly highlighted in the guidance document. This will make it clear that, although</p>		

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		the guidance was originally developed in 2005, its recommendations remain current and are supported by recent research. We are concerned that without this information being easily available, the guidance could appear to be out of date when this is not the case.		
Merck Sharp & Dohme (Formerly Organon)	YES	N/A	No comments	No comments
Royal College of Paediatrics and Child Health	Yes	<p>The College is not aware of any recent evidence that would require this guideline to be revised currently.</p> <p>Clinical area 3 (drug interactions) in the consultation document quotes a review indicating that since IUDs do not involve hormonal components they are appropriate for women taking anti-epileptic drugs. This is true, but when this guideline is eventually revised it should also be acknowledged that in some women with epilepsy, hormonal contraceptives (including, sometimes, long acting ones such as DMPA) can be useful in reducing peri-menstrual seizure frequency (this benefit is mentioned in appendix F of the original NICE guidance).</p>	No comments	No comments
Bayer Healthcare PLC	YES			
Faculty of Sexual and Reproductive	YES			

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Healthcare				
Previous GDG member	YES			
Pfizer Limited		<p>We have reviewed the guideline and feel that it representative for Depo Provera.</p> <p>The only additional comment we have relates to new information that is now on the Depo Provera SmPC which details a retrospective study looking the incidence of fractures with Depo Provera and other contraceptive users. We feel this is a useful piece of information to include. It is copied verbatim, below, from the eMC website.</p> <p><i>Bone fracture</i> : A retrospective cohort study to assess the effect of MPA injection on the incidence of bone fractures was conducted in 312,395 female contraceptive users in the UK. The incidence rates of fracture were compared between DMPA users and contraceptive users who had no recorded use of DMPA. The Incident Rate Ratio (IRR) for any fracture during the follow-up period (mean = 5.5 years) was 1.41 (95% CI 1.35, 1.47). Among the sub-cohort with data before and after first reported contraceptive treatment (N=166,367), comparisons were made for the follow-up period and also for the 6-month period prior to first reported contraceptive</p>		

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		<p>treatment. Comparing DMPA users to non-users, the IRR for any fracture 'before treatment' (IRR 1.28, 95 % CI 1.07, 1.53) was comparable to the IRR 'after treatment' (IRR 1.37, 95% CI 1.29, 1.45). The overall results support the conclusion that the higher observed incidence of fractures among DMPA users in this study was principally a result of factors other than exposure to DMPA .MPA injection should be used as a long-term (e.g., longer than 2 years) birth control method or endometrial treatment only if other birth control methods or endometrial treatments are inadequate. BMD should be evaluated when a female needs to continue use of MPA injection long term. In adolescent females, interpretation of BMD results should take into account patient age and skeletal maturity.</p>		

These organisations were approached but did not respond:

Amber Valley PCT
Anglesey Local Health Board
Association for Perioperative Practice
Association of British Health-Care Industries
Association of Surgeons of Great Britain and Ireland
Association of the British Pharmaceuticals Industry (ABPI)
Barnet PCT
Barton Surgery
BMJ
British Association for Sexual Health and HIV

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British National Formulary (BNF)
British Psychological Society, The
Brook London
Buckinghamshire PCT
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
Care Quality Commission (CQC)
Cochrane Fertility Regulation Group
Colchester Primary Care Trust
Connecting for Health
Co-operative Pharmacy Association
Croydon PCT
Department for Communities and Local Government
Department of Health
Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)
Department of Health, Social Services & Public Safety, Northern Ireland (DHSSPSNI)
Directorate of Sexual and Reproductive Health - Gwent Healthcare NHS Trust
Down's Syndrome Association
East Kent Coastal PCT
Faculty of Family Planning and Reproductive Health Care
Faculty of Public Health
Fibroid Network Charity
Gateshead PCT
Herefordshire Primary Care Trust
Hertfordshire Partnership NHS Trust
Ipswich Primary Care Trust
Janssen
Johnson & Johnson Medical
Leeds Teaching Hospitals NHS Trust
Medicines and Healthcare Products Regulatory Agency (MHRA)
Merck Sharp & Dohme (Formerly Organon)
Microsulis Medical Limited
Mid Staffordshire General Hospitals NHS Trust
Middlesbrough PCT
Ministry of Defence (MoD)
NANCSH
National Council for Disabled People, Black, Minority and Ethnic Community (Equalities)

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National Osteoporosis Society
National Patient Safety Agency (NPSA)
National Public Health Service for Wales
National Treatment Agency for Substance Misuse
NCC - Cancer
NCC - Mental Health
NCC - National Clinical Guidance Centre (NCGC)
NHS Direct
NHS Direct
NHS Plus
NHS Quality Improvement Scotland
NHS Western Cheshire
NICE - CPHE
NICE - CPHE Methodology - Simon for info
NICE - Guidelines Coordinator - for info
NICE - Guidelines HE for info
NICE - IMPLEMENTATION CONSULTANTS (ALL)
NICE - IMPLEMENTATION CO-ORDINATION for info
NICE - PPIP
NICE - R&D for info
NICE - Technical Appraisals (Interventional Procedures) FOR INFO
Niger Delta University
North Somerset PCT
North Tees and Hartlepool Acute Trust
Nottinghamshire Acute Trust
Pelvic Pain Support Network
PERIGON Healthcare Ltd
Princess Alexandra Hospital NHS Trust
Queen Mary's Hospital NHS Trust (Sidcup)
Rotherham NHS Foundation Trust
Rotherham Primary Care Trust
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners Wales
Royal College of Midwives
Royal College of Nursing

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Royal College of Pathologists
Royal College of Physicians London
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of England
Royal Pharmaceutical Society of Great Britain
Schering Health Care Ltd
Scottish Intercollegiate Guidelines Network (SIGN)
Sheffield PCT
Social Care Institute for Excellence (SCIE)
Society and College of Radiographers
Society of Consultants and Lead Clinicians in Reproductive Health
Solent Healthcare
South & Central Huddersfield PCTs
South Birmingham Primary Care Trust
SSL International plc
Tameside and Glossop Acute Trust
The British Psychological Society
The Royal Society of Medicine
The Royal West Sussex Trust
Trafford Primary Care Trusts
UK Specialised Services Public Health Network
University College London Hospitals (UCLH) Acute Trust
Welsh Assembly Government
Welsh Scientific Advisory Committee (WSAC)
York Teaching Hospital NHS Foundation Trust

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