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Extending use of levonorgestrel 52 mg intrauterine device to 8 years

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1 Letter to the Editor 2 3 Extending use of levonorgestrel 52 mg IUD to 8 years 4 5 6 Corresponding author 7 Mitchell D. Creinin, MD 8 University of California, Davis 9 Department of Obstetrics and Gynecology 10 4860 Y Street, Suite 2500, Sacramento, CA 95817 11 Phone: (916) 734-6670 12 Fax: (916) 734-6666 13 mdcreinin@ucdavis.edu 14 15 The authors of this letter have the following conflicts of interest: 16 MDC has received speaking honorarium from Gedeon Richter, Mayne and Organon, serves on 17 an Advisory Board for Gedeon Richter, GlaxoSmithKline, OLIC, and Organon, and is a 18 consultant for Estetra SRL, Mayne, and Medicines 360. The Department of Obstetrics and 19 Gynecology, University of California, Davis, receives contraceptive research funding for Dr. 20 Creinin from Chemo Research SL, Evofem, Medicines 360, Merck, and Sebela. 21 JTJ has received payments for consulting from Bayer Healthcare, Evofem, Hope Medicine, 22 Foundation Consumer Healthcare, Mayne Pharma, ViiV Healthcare, and TherapeuticsMD. 23 OHSU has received research support from Abbvie, Bayer Healthcare, Daré, Estetra SPRL, 24 Hope Medicine, Medicines 360, Merck, Myovant, and Sebela. These companies and 25 organizations may have a commercial or financial interest in the results of this research and 26 technology. These potential conflicts of interest have been reviewed and managed by OHSU. 27 To the Editor:

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We appreciate the journal publishing our reports on the extension of the levonorgestrel 52 mg intrauterine device (IUD) to 8 years for Liletta¹ and Mirena,² as well as the corresponding editorial.³ Unfortunately, the editorial misrepresents the success rates as reported with life-table analyses. This error is important should a reader choose to simply read the editorial as a synopsis and not review the studies themselves.

The editorial reports 8-year cumulative pregnancy rates of 1.09 (95% CI 0.5602.13) for Liletta and 0.68 (95% CI 0.17-2.71) for Mirena. This statement implies that Mirena potentially has a lower pregnancy rate than Liletta. In fact, the life-table pregnancy rate for Liletta reflects an 8-year cumulative rate whereas the rate for Mirena only reflects the 3-year cumulative failure rate using the Kaplan-Meier method for years 6-8. The Liletta study demonstrates a life-table pregnancy rate of approximately 0.46 in years 6-8.

Because the Mirena study² did not evaluate a single cohort for 8 continuous years, only the data from the Liletta study¹ can be used to report the full 8-year cumulative pregnancy risk with levonorgestrel 52 mg IUD use. However, the consistent results between the two studies for years 6-8 demonstrate that patients using either device should experience equivalent clinical performance through 8 years of use.

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