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1 Letter to the Editor 2 3 Contraception across the transmasculine spectrum 4 5 Corresponding author 6 7 Mitchell D. Creinin, MD University of California, Davis 8 Department of Obstetrics and Gynecology 9 10 4860 Y Street, Suite 2500, Sacramento, CA 95817 Phone: (916) 734-6670 11 12 Fax: (916) 734-6666 mdcreinin@ucdavis.edu 13 14 15 The author of this letter receives research funding and provides consulting 16 17 for Medicines 360.

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19 To the Editor:

I found "Contraception across the transmasculine spectrum" (1) in the February 2020 issue to be an informative discussion of contraceptive needs and options for transgender males and applaud the journal for ensuring active dialogue on this important and growing reproductive health need. However, the Table that compared characteristics of different LARC methods contained important errors.

First, the labels for LNG-IUS 20 (Mirena) and LNG 20 (Liletta) clearly outline their amenorrhea rates. LNG-IUS 20 (Mirena) has an amenorrhea rate in the label at 1 year of 18%. The label also states in another section that the rate is "approximately 20%," which may explain why the authors listed 20%, the wrong value. The LNG 20 (Liletta) has a comparable amenorrhea rate at 1 year of 19%, not 9%, as listed in your table.

Second, the LNG 20 (Liletta) is approved for 6 years (not 5 years) as of October 2019 (2). Of note, the amenorrhea rate at 6 years is 40%. (3)

Lastly, the amenorrhea rates for the etonogestrel implant is misleading, as this rate does not reflect continuous amenorrhea. With the implant, users vary from pattern to pattern over time, such that a person experiencing amenorrhea during a 90-day interval will not necessarily continue to experience amenorrhea in the next interval. (4) As such, this method may be even less ideal for the transgender male desiring more predictable amenorrhea.

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