VI.2 Elements for a public summary

VI.2.1 Overview of disease epidemiology

Approximately 85 out of 100 women get pregnant every year without using any contraceptive method. After a single act of intercourse, the expected pregnancy rate is 6 to 8% with no contraception.^{3,4} Between 11 and 54% of unintended pregnancies are terminated artificially.⁵

On average, 46 million abortions take place every year, of which 20 million are performed under unsafe conditions.⁶

VI.2.2 Summary of treatment benefits

Contraceptive pills that contain two hormones are called "combination" pills. Gestodene \pm Ethinylestradiol 0.075 mg \pm 0.020 mg and 0.075 mg \pm 0.030 mg coated tablets are combined oral contraceptive pills indicated for prevention of pregnancy in women.

The contraceptive effect of Gestodene + Ethinylestradiol 0.075 mg + 0.020 mg and 0.075 mg + 0.030 mg coated tablets is based on the interaction of various factors, the most important of which are seen as the inhibition of ovulation and the changes in the endometrium.

Non-contraceptive health benefits

It is generally accepted that combination oral contraceptives have substantial health benefits unrelated to their contraceptive use.

OCs significantly reduce the incidence of ovarian and endometrial cancer within 6 months of use, and the incidence is decreased 50% after two years of use. Furthermore, this protective effect persists for up to 15 years after oral contraceptive use is discontinued. These agents also decrease the incidence of ovarian cysts and benign fibrocystic breast disease.

OCs have major benefits related to menstruation in many women. These include more regular menstruation, reduced menstrual blood loss and less iron-deficiency anaemia, less premenstrual tension, and decreased frequency of dysmenorrhoea. There is also a decreased incidence of pelvic inflammatory disease and ectopic pregnancies, and endometriosis may be ameliorated.⁷

VI.2.3 Unknowns relating to treatment benefits

Treatment benefits have been well established in the target population, so there are no unknowns relating to treatment.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
#1. Venous thromboembolism (Venous thromboembolism)	The use of any combination pill, including {Invented name} increases the risk of developing a blood clot in the vessels compared to women who do not use the pill. The risk of developing a blood clot in a vein is highest during the	only medicine and should be used only after consultation with a doctor. {Invented name} should not used in the presence of venous

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Risk	What is known	Preventability
	first year {Invented name} is used for the first time. The risk may also be higher if the woman restarts taking a combined hormonal contraceptive (the same product or a different product) after a break of 4 weeks or more. After the first year, the risk gets smaller but is always slightly higher than if the woman was not using a combined hormonal contraceptive. The risk is not as high as the risk of developing a blood clot during pregnancy. When the woman stops {Invented name}, her risk of a blood clot returns to normal within a few weeks.	(deep vein thrombosis, pulmonary embolism). In case of venous thromboembolism development the product should be stopped immediately.

Risk	What is known	Preventability
#2. Arterial thromboembolism (Arterial thromboembolism)	The use of any combination pill, including {Invented name} increases the risk of developing a blood clot in the vessels compared to women who do not use the pill. If the blood clot forms in an artery, it can cause serious problems, for example heart attack or stroke.	{Invented name} should be used only after consultation with a doctor. Women are strongly advised to stop smoking when they use {Invented name}, especially if they are older than 35 years. If the woman is a smoker and she is older than 35 years, other methods of contraception should be considered. In case of arterial thromboembolism development the product should be stopped immediately.

Risk	What is known	Preventability
#3. Liver function disturbances (Liver function disturbances)	During treatment with {Invented name} liver disturbances may occur. If liver disturbances develop during the treatment with {Invented name}, the pill should be discontinued at least	<u> </u>

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Risk	What is known	Preventability
	temporarily. In most of the cases, these liver function abnormalities disappear after the treatment is stopped.	and the doctor may advise to use a

Risk	What is known	Preventability
#4. Breast cancer (Breast cancer)	Breast cancer has been found slightly more often in women who take the pill than in women of the same age who do not take the pill. If women stop taking the pill, this reduces the risk so that 10 years after stopping the pill, the risk of finding breast cancer is the same as for women who have never taken the pill. It is not certain whether the pill causes the increased risk of breast cancer.	{Invented name} should be used only after consultation with a doctor. Lifestyle changes have been shown to decrease breast cancer risk, e.g. maintaining a healthy body weight, getting regular physical activity, avoiding or limiting alcohol intake and quitting smoking. Breast cancer screening is recommended regularly in accordance with the national guidelines.

Risk	What is known	Preventability
#5. Benign and malign liver tumours (Benign and malign liver tumours)	In rare cases benign (non-cancerous), and even more rarely malignant (cancerous) liver tumours have been reported in patients taking oral contraceptives, like {Invented name}.	2

Important potential risks

Risk	What is known
#6. Cervical cancer (Cervical cancer)	There are some data, which show an increased risk of cervical cancer in women who use the pill, like {Invented name} for a longer period. Cervical cancer screening is recommended regularly in accordance with the national guidelines.

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Risk	What is known
#7. Migraine (Migraine)	The use of hormonal birth control pills, like {Invented name} may cause migraine or may worsen the already existing migraine. A migraine, especially if it occurs for the first time in the patient, can also be a symptom of a blood clot formation in the brain. In addition, migraine can be a risk factor for the development of blood clots in the arteries.
	If the patient notices an increase in frequency or intensity of her migraine attacks during the administration of {Invented name}, the patient should consult her doctor as soon as possible. The doctor may advise the patient to stop taking {Invented name} immediately.

Risk	What is known
#8. Depression (Depression)	During taking birth control pills (like {Invented name}), the symptoms of depression can occur and there were also some reports about worsening of depression in woman taking the Pill. {Invented name} should not be used in women who suffer from severe depression and it should be used with caution in women who have or have ever had depression.

Risk	What is known
#9. Gall bladder disease including gallstones (Gall bladder disease including cholelithiasis)	Jaundice and/or itching of the whole body (can be the signs of liver disease) or gallstones may develop or worsen in patients using {Invented name}. Patients should inform their doctor that they have experienced liver disease, gall bladder disease and/or gallstones previously in their life before starting to take {Invented name}.

Risk	What is known
#10. Inflammation of the pancreas (Pancreatitis)	In women who have a certain disorder of elevated blood fat values (hypertriglyceridaemia) or this has occurred in their family, there is an increased risk of an inflammation of the pancreas during the patient's treatment with {Invented name}.
	As a precaution measure, if patients suffer or have suffered from inflammation of the pancreas and this is associated with severe increase in the patient's blood fats (triglycerides), they should not take {Invented name}.

Risk	What is known		
#11. Blood glucose	Some data show that combined hormonal birth control pills, like		
(blood sugar) raised	{Invented name} may be associated with higher insulin levels and		
beyond normal levels	insulin resistance. However, according to the current knowledge, it is		
(Impaired glucose	not necessary to modify the antidiabetic therapy of those diabetic		
(Impaired glucose	women, who take Pills with lower oestrogen content (like {Invented		

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tolerance)	name}).
	However, women with diabetes should be regularly checked-up when taking {Invented name}, especially in the first period after starting this medicine.

Risk	What is known	
#12. Inflammatory	There are some data which suggest that combined hormonal birth	
bowel diseases	control pills, like {Invented name} can worsen the patient's underlying	
(Crohn's disease and	inflammatory bowel disease.	
ulcerative colitis)	{Invented name} should be used with caution, always after a thorough	
(Inflammatory bowel	assessment of the positive effects and possible risks of the treatment in	
diseases (Morbus Crohn	women who have Crohn's disease or ulcerative colitis.	
and ulcerative colitis))		

Risk	What is known
#13. Worsening of hereditary angioedema	In women with hereditary angioedema, estrogens (which is one component of {Invented name}) may induce or exacerbate symptoms of
(Aggravation of hereditary angioedema)	angioedema. {Invented name} should be used carefully in these patients.

Risk	What is known	
#14. Simultaneous use of {Invented name} with other medicines, which	The contraceptive effect of {Invented name} may be reduced if the patient takes other medications at the same time. This can lead to contraceptive failure, resulting in an unwanted pregnancy. If the patient needs to take one of these medicines, {Invented name} will not be suitable for her, or she may be able to take {Invented name} and use extra contraception for a while. The doctor, pharmacist or dentist can tell the patient if this is necessary and for how long.	
can lead to breakthrough bleeding or a decreased effectiveness of the product		
(Drug interactions leading to breakthrough bleeding or contraceptive failure)	{Invented name} can also affect how well other medicines work. For example {Invented name} may increase the effect of immunosuppressant drugs or decrease the effect of antiepileptic drugs. Therefore it is necessary to consult with the doctor about the concomitant medication before starting the therapy.	

VI.2.5 Summary of additional risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SmPC) which provides physicians, pharmacists and other healthcare professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL) / patient information leaflet (PIL). The measures in these documents are known as routine risk minimisation measures.

{Invented name} has no additional risk minimisation measures.

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VI.2.6 Planned post authorisation development plan (if applicable)

No post-authorisation studies/activities are planned by Gedeon Richter Plc. for its product of {Invented name}.

VI.2.7 Summary of changes to the risk management plan over time

Not applicable, since this is the first RMP on Gedeon Richter Plc's product of {Invented name}.