FDA Outlines Actions for Continued Safe, Effective and Appropriate Use of Essure® for Permanent Birth Control

March 1, 2016

Dear Healthcare Provider,

The U.S. Food and Drug Administration (FDA) recently released a communication on Essure® permanent birth control following a meeting of the Obstetrics and Gynecology Panel of the Medical Devices Advisory Committee held on September 24, 2015. At the meeting, Bayer presented safety and efficacy data on Essure based on more than a decade of science, with more than 10,000 women studied. Essure is an important permanent birth control option with a positive benefit-risk profile.

In its communication, the FDA outlined actions including the collection of additional data and proposed updates to the Essure labeling which are highlighted below and also available for review at: http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/EssurePermanentBirthControl/ucm452254.htm

1. **FDA requires Bayer to conduct a postmarket surveillance study.** The FDA believes more clinical data is needed to better define and understand certain outcomes and events associated with or reported to be associated with Essure when compared to women who undergo laparoscopic tubal ligation.

2. **In a draft guidance, FDA stated its intent to require a boxed warning and Patient Decision Checklist be added to the product labeling to help ensure that a woman receives and understands information regarding the benefits and risks of Essure.**

The FDA provided the following as an example of the boxed warning in their draft guidance issued on February 29, 2016:

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**WARNING:** Some patients implanted with the Essure System for Permanent Birth Control have reported adverse events, including perforation of the uterus and/or fallopian tubes, intra-abdominal or pelvic device migration, persistent pain, and allergy or hypersensitivity reactions. Some of these reported events resulted in device removal that required abdominal surgery. This information should be shared with patients considering sterilization with the Essure device during discussion of the benefits and risks of the device.

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The full draft guidance can be viewed at: http://www.fda.gov/ucm/groups/fdagov-public/@fdagov-meddev-gen/documents/document/ucm488020.pdf

The FDA is seeking comment from the public, industry, and other stakeholders on the draft guidance. The docket for public comment will be open for 60 days. You may submit comments and suggestions regarding the draft document within 60 days of publication in the Federal Register of the notice announcing the availability of the draft guidance.

- Submit electronic comments to http://www.regulations.gov.
- Submit written comments to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

**As experienced physicians using Essure, we encourage you to provide your comments on the draft guidance to help ensure that the final guidance is beneficial to you and your patients.**

**Indication**

Essure is indicated for women who desire permanent birth control (female sterilization) by bilateral occlusion of the fallopian tubes.

**Important Safety Information**

**Prescription Only**

**Caution:** Federal law restricts this device to sale by or on the order of a physician. Device to be used only by physicians who are knowledgeable hysteroscopists; have read and understood the Instructions for Use and Physician Training manual; and have successfully completed the Essure training program, including preceptoring in placement until competency is established, typically 5 cases.

Please see additional Important Safety Information about Essure® on next page.
3. **FDA is in the process of completing its evaluation of the trade complaint.** The FDA inspected Bayer as part of the complaint investigation as a result of a Citizen Petition. Bayer cooperated fully, providing the FDA with the case report forms that documented patient experiences during Essure clinical trials. The FDA found that less than 1 percent of case report form data pertaining to pain, bleeding, device placement/movement and pregnancy were changed during the clinical trials. **Although modifications to the case report forms were identified, the FDA’s analysis did not find evidence that the sponsor purposefully modified patient responses to reflect more favorable data for Essure.**

More information about the FDA’s case report form analysis can be found in the Summary and Key Findings document at: [http://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/EssurePermanentBirthControl/UCM488062.pdf](http://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/EssurePermanentBirthControl/UCM488062.pdf)

We continue to work closely with FDA to implement measures to support the continued safe, effective and appropriate use of Essure. Our organization stands behind Essure as an important option for women desiring permanent contraception and we are committed to providing ongoing support and education to you and your patients.

Please feel free to contact me directly at edio.zampaglione@bayer.com with questions related to Essure or the procedure. You can also contact Medical Information at 888-84-BAYER with questions.

Sincerely,

Edio Zampaglione, MD
Vice President, U.S. Medical Affairs for Women’s Healthcare and Neurology
Bayer HealthCare Pharmaceuticals Inc.

**Important Information about Essure® (Continued)**

**Who should not use Essure**

Essure is contraindicated in patients who are uncertain about ending fertility, can have only one insert placed (including contralateral proximal tubal occlusion or suspected unicornuate uterus), have previously undergone a tubal ligation, are pregnant or suspect pregnancy, delivered or terminated a pregnancy less than 6 weeks prior to the Essure procedure, have an active or recent upper or lower pelvic infection, or have a known allergy to contrast media.

**Pregnancy Considerations**

- The Essure procedure should be considered irreversible. Patients should not rely on Essure inserts for contraception until an Essure Confirmation Test [modified hysterosalpingogram (HSG)] demonstrates bilateral tubal occlusion and satisfactory location of inserts.
- Effectiveness rates for the Essure procedure are based on patients who had bilateral placement. If Essure inserts cannot be placed bilaterally, then the patient should not rely on Essure inserts for contraception.
- Effects, including risks, of Essure inserts on in vitro fertilization (IVF) have not been evaluated.
- Pregnancies (including ectopic pregnancies) have been reported among women with Essure inserts in place. Some of these pregnancies were due to patient non-compliance or incorrect clinician interpretation of the Essure Confirmation Test (modified HSG).

Please see additional Important Safety Information about Essure® on next page.
Important Safety Information about Essure® (Continued)

Procedural Considerations
- Patients undergoing immunosuppressive therapy (e.g. systemic corticosteroids or chemotherapy) are discouraged from undergoing the Essure procedure.
- Uterine or fallopian tube anomalies may make it difficult to place Essure inserts.
- Perform the Essure procedure during early proliferative phase of the menstrual cycle. Terminate procedure if distension fluid deficit exceeds 1500cc or hysteroscopic time exceeds 20 minutes as it may signal uterine or tubal perforation. Never attempt to advance Essure insert(s) against excessive resistance. If tubal or uterine perforation occurs or is suspected, discontinue procedure and work-up patient for possible complications related to perforation, including hypervolemia. Do not attempt hysteroscopic Essure insert removal during the placement procedure unless 18 or more trailing coils are seen inside the uterine cavity due to risk of fractured insert, fallopian tube perforation or other injury.
- DO NOT perform the Essure procedure concomitantly with endometrial ablation. Avoid electrosurgery on uterine cornua and proximal fallopian tubes without visualizing inserts.
- Some Essure patients have reported pelvic pain that may be device related. If device removal is indicated, this will require surgery.

Nickel Allergy
Patients who are allergic to nickel may have an allergic reaction to this device, especially those with a history of metal allergies. In addition, some patients may develop an allergy to nickel if this device is implanted. Typical allergy symptoms reported for this device include rash, pruritus, and hives.

MRI Information
The Essure insert was determined to be MR-conditional according to the terminology specified in the American Society for Testing and Materials (ASTM) International, Designation: F2503-05.

Clinical Trial Experience
- Safety and effectiveness of Essure is not established in patients under 21 or over 45 years old, nor in patients who delivered or terminated a pregnancy less than 8-12 weeks before procedure. Women undergoing sterilization at a younger age are at greater risk of regretting their decision.
- The most common (≥10%) adverse events resulting from the placement procedure were cramping, pain, and nausea/vomiting. The most common adverse events (≥3%) in the first year of reliance were back pain, abdominal pain, and dyspareunia.

This product does not protect against HIV infection or other sexually transmitted diseases.