Semi-Annual Report

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16 September 1981 - 15 March 1982

International Fertility Research Program
Research Triangle Park, NC 27709 USA

SEMIANNUAL REPORT

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I. Introduction

This report on AID contract DPE-0537-C-00-1028-00 covers the period from 16 September 1981 through 15 March 1982. This is the first semiannual report under the new contract 1028, follow on to AID/pha-C-1172.

In the field of nonsurgical female sterilization with quinacrine hydrochloride, animal studies necessary before initiation of studies under a Claimed Investigational Exemption of a New Drug (IND) were completed. More experiments need to be conducted on the intraperitoneal placement of pellets in experimental animals before initiating prehysterectomy studies on the intrauterine placement of quinacrine pellets in human volunteers in the US.

Studies of the Delta devices have proven that acceptable rates of IUD expulsion can be obtained with the insertion of modified devices in the immediate postpartum. Studies of two foaming vaginal tablets were initiated both in the US and several other countries.

IFRP staff investigated the possibility of initiating natural family planning studies in several countries. A proposal for a major study is being developed.

The longitudinal breast-feeding study in Mexico is nearing completion. The Reproductive Age Mortality Surveillance study (RAMOS) in Bali and Egypt are proceeding according to schedule.

II. Research Areas

Data were received at the IFRP from studies in the major research areas (sterilization, intrauterine devices, systemics and barrier contraception). A listing of the number and type of forms received and loaded into the computer for the contract period is found in Appendix A. Appendix B lists the major computer programs developed to aid in the analysis of research data.

A. Surgical Female Sterilization

Data collection for the four comparative studies of the Rocket clip versus the tubal ring continues. Based on analysis of 644 women, there were five (1.5%) technical failures with the Rocket clip and 22 (6.9%) with the tubal ring. Nearly all were due to a change in the occlusive technique or use of two techniques. The one-year follow-up rate is 43%, and four intrauterine pregnancies have been reported, two for each technique.

Two comparative studies of the Secuclip versus the tubal ring have been initiated, but no data have been received yet. Two others are planned for the coming year.

The IFRP continues to collect long-term follow-up data on women sterilized by various occlusive techniques using different surgical approaches. Four centers are currently participating in this endeavor, and more are expected to contribute data. Analysis of these data will provide information on long-term sequelae of sterilization.

Plans for future clinical trials involving potentially reversible methods of sterilization, such as the fimbrial hood and silicone plug, are being developed.

B. Nonsurgical Female Sterilization

The IFRP has obtained a Claimed Investigational Exemption for New Drug (IND) for the use of quinacrine as a sclerosing agent designed to secure tubal occlusion when placed in the uterus after insertion through the cervix. A series of animal studies were undertaken before the Phase I prehysterectomy study is begun. Results follow:

Monkey and Rat Teratology Studies. These studies were conducted to get a broad assessment of the effects of quinacrine on the fetus when accidentally administered in early pregnancy. From these studies, there seems to be no basis for expecting a major problem with congenital malformations. The rat teratology studies were negative. Of the three monkeys given 30 mg intrauterine quinacrine, one delivered a normal fetus. The second; delivered a fetus with multiple skeletal and neurological malformations including a neural tube defect. The defect is probably not quinacrine induced since the monkey was administered on day 42 and closure of the neural tube usually occurs by day 29. The other malformations were thought to be related to the neural tube defect. The third monkey died of unknown causes; two days after the administration of quinacrine. This is not an uncommon occurrence in monkey populations.

Monkey and Pig Simulated Uterine Perforation Studies. These studies were undertaken to determine what happens if uterine perforation occurs and quinacrine enters the peritoneal cavity.

Quinacrine comparable to the human dose was instilled directly into the peritoneal cavity of three monkeys. One animal showed extensive adhesions typical of what might occur after a uterine perforation. The other two animals either had no problem or any intraperitoneal changes were resolved by the time of autopsy.

Quinacrine pellets considerably greater than the human dose were placed in the peritoneal cavities of two pigs. One had no symptoms; the other died, but autopsy revealed the cause of death to be chronic extensive bilateral hydronephrosis.

In a non-IFRP funded study, quinacrine at twenty times the anticipated human dose for accomplishing tubal closure was inserted in the peritoneum of cynogamous monkeys. Two of the three monkeys died within two hours and the third had a seizure. These reactions appear to have been caused by rapid peritoneal absorption producing a high blood level of quinacrine, up to x10 that found in the toxicology experiments conducted by the IFRP, leading to cerebral damage.

Human studies will be delayed until additional animal studies are completed; such studies will determine the effects of different quinacrine release rates when the drug is placed intraperitoneally and will also look at the effect of lower doses of quinacrine pellets placed intraperitoneally.

Follow-up of Quinacrine Pellet Cases

The follow-up of women in ongoing clinical trials of the transcervical insertion of quinacrine pellets continues. Pellets have been inserted in 440 women at three clinics. For those women receiving three administrations of quinacrine, the pellet method seems to be an improvement over the quinacrine solution method as indicated in the following table.

Gross Lifetable Pregnancy Rates For
Women Who Completed Three Administrations of
Quinacrine Hydrochloride

	6-month rate	12-month rate	24-month rate
Quinacrine Solution (N = 124)	5.7	9.1	10.9
Quinacrine Pellets with Sodium Thiopenthal (N = 147)	0.7	3.0	5.5
Quinacrine Pellets without Sodium Thiopenthal (N = 293)	1.1	1.1	4.4

Quinacrine-releasing IUDs

In an effort to develop a one insertion method of delivery with a high rate of effectiveness or greater (90%), the IFRP continues to explore the use of the No Gravid Ypsilon-shaped IUD to deliver quinacrine. Progestational adjuncts may have the ability to inhibit epithelial regeneration in the tubal stin; an oral dose of 80 mg of Megace, progestational agent, was administered five days pre and post IUD insertion in prehysterectomy

cases. Of the 12 tubes examined from these women, ten had lesions which appeared to be definitive, one had a lesion which could have ended in occlusion or healing and the last tube was untouched despite the fact that it was in a specimen in which the other tube was obliterated.

The next phase of prehysterectomy insertions will test the efficacy of a sustained release, extended exposure to quinacrine capsules (13-20 hour release) with a dose of 100 mg per arm; adjunct progestational agents will not be used in the first studies.

C. Male Sterilization

Vasectomy has been proven to be safe, effective and inexpensive. At present, the only study that the IFRP is conducting is a large-scale clinical trial of vasectomy in Brazil. A preliminary report on the data is expected by October 1982.

The percutaneous vas injection technique of male sterilization is undergoing testing outside of the IFRP using three prototype clamps developed in collaboration with the IFRP. If the procedure shows promise in this early study, the IFRP may conduct more extensive clinical trials.

A project to examine the health effects of vasectomy has recently been completed through a subcontract with the Kaiser Foundation Research Institute. The study included nearly 4400 vasectomized men, of whom one third had a duration of vasectomy

of ten or more years. Two papers based on these data have been prepared and are currently in press. A third and final report has been sent to the IFRP for review and is also expected to be published. The conclusions of the study indicate that vasectomy is associated with few, if any, adverse health effects in humans. Of particular importance was the finding of no association between vasectomy and any diseases that are manifestations of atherosclerosis.

D. Intrauterine Devices

The IFRP has continued to evaluate several IUD modifications that are expected to result in improved IUD performance and acceptability. The following five modifications are currently being studied: 1) postpartum IUDs that may reduce the risk of expulsion in the puerperium, 2) smaller or medicated IUDs that may reduce associated bleeding, 3) tailless IUDs that may reduce the risk of infection, 4) a povidone-iodine-releasing system that also may reduce the risk of infection, and 5) a Copper T whose wire is silver-cored, an addition that may prevent fragmentation of the wire over time.

The postpartum insertion of IUDs has been high among IFRP's priorities. The following tables show results of comparative studies of the standard Lippes Loop D and TCu 220C and the Delta Loop and Delta T, devices that have biodegradable extensions of #2 chromic gut suture. The Delta Loop continues to show some

advantage over the LLD, but the Delta T and TCu 220C appear to give similar results.

The IFRP is in the process of developing a second generation of Delta devices on which injection-molded projections will replace the hand-tied suture projections. A subcontract with Southern Research Institute has resulted in the decision to use 75:25 poly (DL-lactide-co-caprolactone) material for the projections. The new devices should be ready for trial at several select IFRP centers within the contract year. (A three way comparative trial of the Delta T and the Biotec T with and without molded projections made using IFRP's die, will be conducted in Mexico. This will provide an early evaluation of the molded projections.)

Recruitment continues at seven US centers for studies of the Delta T and Loop IUDs under the approved IND and IDE.

Complications at Insertion and Follow-Up by Device
(Immediate Postpartum Insertions Only)

	LLD (N=666)		Delta Loop (N=682)		TCu (N=616)		Delta T (N=615)		Delta Loop (N=456)		Delta T (N=465)	
Insertion Complication	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Laceration	4	0.7	1	0.1	1	0.2	1	0.2	2	0.4	1	0.2
Perforation	2	0.4	0	0.0	2	0.3	2	0.3	0	0.0	1	0.2
Follow-up Complication												
PID	7	1.1	5	0.7	4	0.6	4	0.7	1	0.2	3	0.6
Other infection/ inflammation	92	13.8	80	11.7	42	6.8	42	6.8	24	5.3	30	6.5
Perforation	0	0.0	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0

Lifetable Event Rates by Device per 100 Women
(Immediate Postpartum Insertions Only)

	LLD vs	Delta Loop	TCu vs	Delta T	Delta Loop vs	Delta T
Expulsion						
1 month	12.9±1.4	9.5±1.2*	7.4±1.1	8.0±1.1	3.4±0.9	6.6±1.2**
3 months	17.8±1.6	13.9±1.5*	11.2±1.3	10.4±1.3	5.6±1.2	9.1±1.4*
6 months	22.0±1.8	16.1±1.6**	12.1±1.4	11.8±1.4	7.1±1.4	10.1±1.5
Continuation						
1 month	86.2	89.6*	91.6	90.6	95.9	92.1
3 months	79.8	82.1	85.0	86.5	91.7	87.8
6 months	73.6	78.2*	80.8	80.5	87.7	84.3
Follow-up						
1 month	85.1	83.4	96.6	98.4	83.3	85.6
3 months	70.8	67.7	81.8	84.2	75.9	77.2
6 months	62.2	58.6	70.5	67.3	61.2	61.7

*$p<0.10$
**$p<0.05$

The national evaluation of Delta IUDs in Tunisia has progressed slowly. Of the thirteen centers which began studies (11 Delta T, 1 Delta Loop, and 1 Delta Loop and Delta T), only three are still recruiting subjects. Five studies have been closed and the remaining five are scheduled to close immediately, pending receipt of final follow-up. A total of 453 postpartum insertions of the Delta T gave an expulsion rate of 10.7 at one month and 21.5 per 100 women at three months, with follow-up rates of 51.4% and 19.4%, respectively. For 282 women who had a Delta T IUD inserted following a pregnancy termination, the expulsion rates were 2.1 at one month and 2.1 at three months, with follow-up rates of 67.5% and 20.1%.

Ten centers are now active in the Turkey trial of the Delta Loop, with 980 postpartum insertions. The expulsion rate at one month is 7.7 per 100 women, with a follow-up of 45.1%. At three months, the expulsion rate is 28.2 per 100 women and the follow-up rate is 14.8%.

Delta IUDs for the two national programs as well as for all the international studies have been made at PIACT de Mexico (PIATA) with the support of the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT). These trials could not have been conducted without the collaboration of this organization.

The performance and acceptability of all IUDs could be improved if further reduction of side effects were achieved. IUD-related dysfunctional bleeding has generally been thought to be reduced with the smaller size of Cu7 and TCu IUDs. To further pursue this issue, the IFRP is conducting a trial of the Copper I, an IUD developed by Dr. Jaime Zipper of Chile. With 98 admissions and a six month follow-up rate of 69.0%, the data show a pregnancy rate of 3.4, expulsion rate of 13.1 and a bleeding/pain removal rate of only 1.1 per 100 women.

The IFRP is collaborating with the Population Council in funding studies of levonorgestrel-releasing IUDs. Three studies have been initiated in a comparative clinical trial of the levonorgestrel-releasing IUD and the TCu 380 Ag. Over 600 acceptors have been admitted to the trials, but preliminary results are not yet available. Two subcontracts with Steroid Research Laboratories in Helsinki, Finland are also in progress to evaluate the long-term effects on the endometrium of the continuous release of small amounts of levonorgestrel and to measure the accumulation of levonorgestrel in specific tissues four to eight weeks following insertion of the levonorgestrel-releasing IUD. These studies should be completed by the end of the contract year.

In an effort to determine whether the effectiveness of Copper IUDs is due to the addition of the copper itself or merely to the increase in surface area, the IFRP conducted two studies comparing the Nylon T (a T shaped IUD wound with nylon rather

than copper) and the TCu-200B. With all follow-up data now in, the data on 222 insertions show a significantly higher pregnancy rate for the Nylon T, 14.6 at twelve months compared with 1.1 for the TCu 200B. The results confirm the notion of a biological effect of copper in preventing pregnancy.

The increased risk of pelvic inflammatory disease (PID) is the most significant health hazard to IUD users. PID can be associated with long-term infertility. A clinical trial of the TCu 200B with and without strings to evaluate the effects of the IUD string in the etiology of PID associated with the use of IUDs is being conducted in three centers. The study is an effort to determine the role of the monofilament IUD strings in the development of upper genital tract infections. Preliminary data on 363 insertions shows no difference in the PID rates for IUDs with or without strings.

Under a subcontract from IFRP, Southern Research Institute has developed a fibrous delivery system for povidone-iodine, an antimicrobial agent, to be attached to the IUD alongside the regular string. This biodegradable, polycaprolactone thread will slowly release the povidone-iodine, which may reduce the incidence of PID immediately following IUD insertion.

The IFRP is also conducting clinical evaluations of the TCu 380 Ag, a plastic T with copper collars on the horizontal arm and tightly wound copper wire with a silver core on the vertical stem. The purpose of the silver core is to prevent the wire

from fragmenting as the copper dissolves. The TCu 380 Ag also has a plastic ball at the bottom of the vertical stem that helps prevent cervical perforations. Preliminary data on 236 insertions in two centers comparing the TCu 380 Ag with the Cu 7 and on 1204 insertions in five centers comparing the TCu 380 Ag and the Multiload Cu 375 show no differences in pregnancy, expulsion and medical removals, as the following table indicates.

Lifetable Event Rates for TCu 380 Ag, Cu 7 and Multiload Cu375 IUDs per 100 Women

	TCu 380Ag (N=119)	Cu 7 (N=117)	TCu 380Ag (N=600)	Multiload Cu-375 (N=604)
Pregnancy				
1 month	0.0±0.0	0.0±0.0	0.0±0.0	0.0±0.0
3 months	0.0±0.0	0.0±0.0	0.0±0.0	0.0±0.0
6 months	0.0±0.0	1.9±1.9	0.0±0.0	0.7±0.5
Expulsion				
1 month	4.6±2.0	5.6±2.2	1.1±0.4	1.8±0.6
3 months	6.9±2.5	5.6±2.2	2.1±0.7	2.3±0.6
6 months	11.3±3.9	12.9±4.6	2.7±0.8	3.1±0.8
Bleeding/pain removals				
1 month	0.0±0.0	1.0±1.0	0.0±0.0	0.4±0.3
3 months	0.0±0.0	1.0±1.0	0.7±0.4	0.8±0.4
6 months	0.0±0.0	1.0±1.0	2.8±0.9	1.4±0.6
Medical removals				
1 month	0.0±0.0	0.0±0.0	0.0±0.0	0.0±0.0
3 months	0.0±0.0	0.0±0.0	0.2±0.2	0.2±0.2
6 months	0.0±0.0	1.9±1.9	0.5±0.4	0.8±0.5
Continuation				
1 month	95.4	92.6	98.9	97.5
3 months	93.1	91.1	96.8	96.0
6 months	87.2	78.9	93.2	92.7
Follow-up				
1 month	89.0	85.5	88.8	89.9
3 months	61.3	61.5	73.4	74.3
6 months	34.9	32.0	52.8	53.0

E. Systemic Contraception

IFRP clinical trials of oral contraceptives continue. Five studies are comparing standard dose and low dose pills, three are crossovers from standard to low dose, and three are comparing two brands of low dose pills. Preliminary results from each of the comparative and crossover studies are presented in the following tables.

Table I

Comparative Studies of Standard vs Low Dose Contraceptives
and Low vs Low Dose Contraceptives

	OC	Total Admissions	Patients Followed up	Discontinuations Pregnancy	Medical	Personal
Standard vs Low Dose Studies						
Thailand	Norlestrin (1/50)	27	26	0	4	2
	Loestrin (1.5/30)	72	45	0	2	8
	Norinyl (1/50)	73	47	0	4	6
	Brevicon (0.5/35)	76	49	0	6	8
Philippines	Norinyl (1/50)	142	95	0	20	6
	Nordette (0.15/30)	146	101	0	16	4
Bangladesh	Brevicon (0.5/35)	197	126	0	15	9
	Noriday (1/50)	199	127	0	13	6
	Nordette (0.15/30)	198	134	0	7	5
Bangladesh	Brevicon (0.5/35)	188	119	0	5	0
	Noriday (1/50)	175	110	0	14	1
	Nordette (0.15/30)	173	105	0	7	0
Bangladesh	Brevicon (0.5/35)	117	88	3	9	1
	Noriday (1/50)	125	88	0	6	7
	Nordette (0.15/30)	126	87	0	4	6

Low vs Low Dose Studies						
Egypt	Brevicon (0.5/35)	116	98	2	0	0
	Loestrin (1.5/30)	112	94	3	1	2
Malaysia	Nordette 0.15/30)	45	36	0	2	2
	Loestrin (1.5/30)	50	44	0	2	1
Argentina	Brevicon (0.3/30)	227	184	0	24	2
	Lo-Ovral/ Min-Ovral (0.3/30)	218	203	0	2	1

Table II

Crossover* Studies of Standard to Low Dose Contraceptives

	Total Adms.	Patients Followed Up	Pregnancy	Discontinuations Medical 1-3	Medical 4-6	Personal 1-3	Personal 4-6
SUDAN							
Noriday to Noriday	72	29	0	0	0	2	3
Noriday to Nordette	68	39	0	1	0	1	0
INDONESIA							
Noriday to Brevicon / Noriday to Nordette	130	66	0	1	1**	0	0
Neogynon to Brevicon / Neogynon to Nordette	141	71	0	3	0	0	0
EL SALVADOR							
Norinyl to Norinyl	77	72	1	6	1	12	4
Norinyl to Brevicon	78	72	0	5	1	10	3
Noriday to Nordette	80	73	0	6	1	19	4

*Crossover occurred after three months

**Noriday - Nordette group

In the comparative studies of standard vs low dose and low vs low dose (Table I), Brevicon has a higher rate of dicontinuation for side effects. Pregnancy rates are low for all pills. Table II shows that crossover from one pill to another has not seemed to affect discontinuations. In El Salvador, most terminations occurred before the crossover.

A clinical trial of progestogen-only oral contraceptives in lactating women has been initiated in India, Malaysia, Argentina and Egypt. As of March 1982, the IFRP had received admissions for 653 progestogen-only pill users and 301 non-hormonal controls. Follow ups have been received on 370 pill users and 170 controls mostly from three of the studies. The fourth is progressing very slowly. Women discontinued for the following reasons:

Reasons for Discontinuation	Progestogen-only Contraceptive	Non-hormonal Contraceptive
Pregnancy	1	2
Medical reasons		
Infant refused to breast-feed	1	0
Inadequate milk supply	11	5
Bleeding	8	0
Hemoglobin level dropped	1	0
Doctor advised to discontinue	1	1
Infant death	2*	0
Infant ill	2	0
Breast problems	2	2
Mother ill	1	0
Personal reasons		
Refused to take pills	3	0
Relative's objection	10	0
Forgetfulness	6	0
Changed methods	3	0
Moved/can't locate	7	0
Not needed	2	0
Unspecified	1	0
Total	62 (16.8% of patients followed-up)	10 (5.9% of patients followed-up)

*pneumonia $\leq$ 1 month

Preliminary results indicate that a higher percentage of women have discontinued progestogen only pills than the control method of contraception.

The IFRP is also developing a survey among oral contraceptive providers to assess the preference for standard or low dose oral contraceptives. Program managers and leading clinicians in countries in which AID is a major supplier of pills, will be interviewed by the IFRP staff, concerning their preferences for standard vs low dose pills. Initial results are available from Egypt, Panama, Mexico and Honduras. Results for Egypt fall into

two groups as follows: (1) some physicians prefer low dose pills (and would chose it if only one pill were to be made available). Reasons for preference relate to lower short-term and long-term side effects. (2) Other clinicians prefer the standard pill for women in public programs because they think women will not take pills consistently. This may result in a higher pregnancy rate with the low dose compared to the standard pill. In Central America, preferences were mixed again with some respondents saying that long-term side effects were more important and others saying short-term effects were more important. Almost unanimously, clinicians said that subjects did not express a preference for one pill vs another. In Honduras, with different pills available through public programs, there was concern that drop-out rates were high because of side effects related to switching from one pill to another.

The subcontract with the Emory/Grady Family Planning Program in Atlanta for the study, "Association between contraceptive methods and health outcomes," will be completed April 2, 1982. Health outcomes of contraceptive users have been monitored by collecting information on hospitalizations of Grady Hospital family planning clients over the period of January, 1967 through August, 1979. Among the clients during this period there were more than 7,000 women who received Depo-Provera (DMPA) injections. Accomplishments of the subcontract, to be detailed in a final report, will include a paper on ovarian, breast and endometrial cancer among DMPA users, a profile of morbidity

among hospitalized family planning clients and a data file containing the information on hospitalizations. Following completion of the Emory/Grady subcontract, work on the topic will continue jointly by the Center for Disease Control (CDC) and the IFRP.

The Health Survey of Women in Bandung, Indonesia is examining the effects of Depo-Provera on long term users. The study is ongoing, and so far 500 volunteers have been enrolled to participate in the study. Of these, 359 women are current users of Depo-Provera, 70 are former users and 71 are never users (the comparison group). The women have been interviewed in their homes by trained interviewers and have subsequently reported to the hospital for a detailed physical examination and investigations. In addition, the endometrial specimen slides of most of these women have been evaluated independently and blindly by the Indonesian pathologist and a team of eminent Harvard University pathologists.

Current users of Depo-Provera are more likely to report current or past amenorrhea and breakthrough bleeding than are previous users or never users. During the period of use, these women tend to experience a slight increase in blood pressure and weight. The histopathology evaluations show that the majority of current users have an atrophic endometrium. A few current users are cycling. No serious abnormalities or precancerous changes have been seen in the current or previous user groups.

F. Barrier Contraception

The IFRP is evaluating several barrier contraceptives, the Secure (Collatex) sponge, the diaphragm with spermicide, Neo Sampoon, Emko Vaginal Tablets (EVT), Ortho Vaginal Tablets (OVT) and spermicidal foam. The following table shows results from eight active comparative studies (four comparing the Secure sponge and Neo Sampoon, two comparing foam and Neo Sampoon and two comparing the Secure sponge and the diaphragm.)

Six Month Gross Life Table Event Rates by Method per 100 Women

	Secure Sponge (N=653)	Neo Sampoon (N=642)	Foam (N=280)	Neo Sampoon (N=285)	Secure Sponge (N=140)	Diaphragm (N=151)
Events						
Pregnancy	6.5	7.3	2.6	3.8	11.4	7.5
Discomfort	4.0	3.8	2.3	6.5	0.0	5.8
Planned pregnancy	1.5	1.2	0.0	0.8	1.1	3.5
Other personal	17.3	5.4	15.6	15.3	17.2	19.8
Medical	1.5	1.1	2.4	3.1	9.1	2.8
Continuation	71.9	32.4	78.4	73.3	65.9	65.5
Follow-up	65.4	68.7	35.7	32.9	51.4	47.0

Comparative trials of EVT and OVT have recently been initiated.

The IFRP is processing data for PARFR on a second sponge. Three sponge studies were initiated. Recruitment to two of these studies have been stopped because of a high number of pregnancies.

Data from a Phase II clinical trial in London, England, involving a small, single-size diaphragm to be used without adjunctive spermicide are being collected by the IFRP.

On 12 March 1982, the IFRP hosted an Experts Meeting on Sexually Transmitted Diseases (STD). The meeting focused on the prevalence of sexually transmitted diseases both internationally and particularly in the US. Results of studies previously conducted were presented and research in STD prevention was discussed. Designs for possible future research studies were reviewed by the experts present. The list of participants and the minutes from the meeting are found in Appendix C.

G. Breast-feeding/Natural Family Planning Methods

The objective of the longitudinal breast-feeding study is to determine the time of first ovulation, and in some cases return to fertility, after childbirth in women who are breast-feeding, and to study its relationship to patterns of infant feeding.

The Durango, Mexico study center has recruited the required number of experimental subjects, and 22 of these 31 women are still active in the study. Those subjects who terminated from the study because of three successive ovulatory cycles or pregnancy had been followed-up for an average of 30 visits. Ninety percent of the required number of control subjects were recruited, and eight of these nine women are still active in the study.

Preliminary results indicate that the number of suckling episodes seems to be the crucial factor to maintain suppression of ovulation in lactating women. This effect seems to be mediated by high prolactin levels. The number of suckling episodes, in a 24-hour period, necessary to inhibit ovulation is probably ten. Ovulation will return if, by the introduction of supplementary food, the number of suckling episodes are diminished. Low or short-lasting rises in pregnanediol levels have been observed in some of the initial menstrual cycles, probably indicating luteal insufficiency.

Two IFRP staff members travelled to Peru and Brazil in the late fall to investigate the possibility of conducting studies of natural family planning (NFP) methods. After carefully evaluating the situation, the IFRP decided to concentrate on Brazil, where an ambitious country wide NFP program has been initiated. AID has expressed considerable interest in supporting work in this area of research. The IFRP, therefore, will develop a proposal to evaluate NFP services in Brazil in cooperation with MOBRAL, the Brazilian government agency responsible for the program.

III. Contraceptive Safety Studies

The adverse side-effect reporting system instituted during the previous reporting period has begun to yield interesting data. IFRP investigators have provided information on significant clinical adverse events that have occurred to contraceptive users. Total

numbers of users of contraceptives are unknown, unfortunately. The following events, however, have been reported.

IUDs. Five cases of adverse events with Lippes Loop IUDs were reported. There were two complete perforations, one intramural perforation necessitating surgical removal, two ectopics, one of which was a tubal abortion. These cases were from the Philippines, Korea and Egypt.

Female Sterilization. Six cases of adverse events following female sterilization were reported. Three cases of ectopic pregnancy were reported from Korea; one occurred 4 1/2 years after a postpartum Pomeroy procedure and the other two occurred at 28 and 72 months after laparoscopic sterilization. (Tubal occlusion method for these last two cases is unknown.) Three events were reported from India. One was a case of cornual hemorrhage three months following laparoscopic unipolar electrocoagulation. The other two were post-partum sterilization procedures in which women 12 and 15 years after surgery developed severe symptoms related to intensive intraabdominal and pelvic adhesions; surgery was required. All women survived with surgical management.

Oral Contraceptives. Five cases of adverse events with combined oral contraceptives were reported. Four were from Egypt.

One patient (age 45, parity 7) took large dose combination pills continuously for 15 years without supervision and developed lepaticarcinoma that failed to respond to cytotoxic drugs; the patient died within one year.

The second patient (age 33, parity 2) developed left exophthalmos with visual disturbance. There were no cardiovascular symptoms and thyroid evaluation was normal. Spontaneous remission occurred nine months following cessation of pills.

A third patient (age 28, parity 3) developed thrombosis of the macular vessel after pill use of one year. There were no other abnormal findings. Outcome was unknown.

The fourth patient (age 24, parity 3) developed left hemiparaethesia. The physical exam was otherwise normal. Spontaneous remission occurred within six months after cessation of pill, but residual left sided weakness was reported.

The fifth case (age 30, parity 5) was reported from Ife, Nigeria. The patient was on combined OCs for two years and developed sickle cell crisis (Hgb 6 gm.). She responded positively to hospitalization.

The Reproductive Age Mortality Surveillance (RAMOS) project being conducted under a subcontract with the National Family Planning Coordinating Board (BKKBN) of Indonesia is now in its second year.

The level of registration of deaths continues to be a cause for concern. New procedures recommended by Dr. Nicholas Wright of the AID Research Advisory Committee (RAC) evaluation team were instituted in October; these include paying interviewers by the interview rather than by the month, hiring an independent checker who visits villages and compares the number of deaths with those reported, training of

all the village leaders in death recording, and increasing the time allocated by the field workers to locating deaths. The effect of this increased level of effort has not yet been evaluated.

The results of the 1980 Census in Indonesia are slowly being released, and by the end of the project (September 1982) it should be possible to make better assessments than have so far been possible of the proportion of deaths that have been identified.

The quality of data that are collected, however, continues to be excellent. The respondents (survivors) are cooperative and the interviewers are conscientious. A diagnosis of the cause of death can be made with confidence in the large majority of cases. The largest group of deaths are attributed to obstetric causes.

The RAMOS project in Menufia, Egypt, finished its first year 28 February 1982. The number of deaths identified during 1981 (the first of three years of data collection) suggests that underregistration is negligible in this study. The high quality of offical registration of vital events is responsible for this.

A visit by the Evaluation Team of the RAC did not identify any major problem with this project, and only a few minor difficulties have been experienced which were easily correctable.

For procedural reasons (questionnaires are not precoded, and data will be keyed to tape in country) no data are yet available for analysis at the IFRP. However, hand tallies done in country show that the largest group of deaths (about 30%) are attributable to

heart failure which is mostly due to rheumatic heart disease. Accidents are the second leading cause of death.

A Medical Panel consisting of five physicians with different specialities is able to assign a cause of death with confidence in the large majority of cases.

IV. Other Research Projects

Female circumcision has a major effect on the health of women in some parts of the world. The IFRP is assisting the Faculty of Medicine at the University of Khartoum in analyzing survey data collected in Sudan to determine the attitudes of men and women toward female circumcision and the extent of the practice.

Data from the completed survey of approximately 5,000 women and men were received by the IFRP in February 1982. Results of preliminary data processing have been forwarded to the Project Director, Dr. Hamid Rushwan, who will issue a report at a later time.

Analyses based on the data on infant mortality, breast-feeding, contraception and pregnancy spacing interrelationships continued. Results show that pregnancy intervals are longer for (1) women who contracepted in the last pregnancy interval, (2) women who breast-fed in this interval and (3) women whose penultimate child is surviving. Among women with a surviving second child, pregnancy intervals are longer for women who had a surviving first child than for women whose first pregnancy ended in other than a live birth or whose child died. These differences may be attributed to motivation

and, in fact, the data show higher contraceptive use among women with a surviving first child. These results suggest that health programs which reduce infant and child mortality will raise the level of contraceptive use. A second paper also based on data from Iran shows that the survival status of previous pregnancies affected contraceptive use in the last pregnancy interval. Controlling for the number of pregnancies, the larger the number of survivors, the more likely the woman was to have contracepted.

A report on acceptability and accessibility of tubal ligation in Honduras was completed. Results show that a considerable proportion of women who said that they wanted to be sterilized were not sterilized within four months of delivery--59% in Tegucigalpa and 82% in San Pedro Sula. Most postpartum sterilizations are done for medical reasons although in Tegucigalpa, but not in San Pedro Sula, some are done for other than medical reasons. It may be concluded that the demand for sterilization is not being met at least among poor women who deliver at the Ministry of Health hospitals. These results will also be presented by Dr. Nuñez, investigator of the project, at a country-wide meeting of obstetricians and gynecologists in Honduras.

Results of the last phase of a study on access to sterilization in Campinas, Brazil, showed that only 13% of women denied access to postpartum sterilization were sterilized in the year following delivery, whereas 18% of women experienced unwanted pregnancies.

V. Research Activities

The number of centers by geographic regions participating in IFRP reseach are listed below:

Region	Number of Centers
Latin America	36
Middle East	28
Far East	27
Africa	17
Europe and North America	26
	134

Study Status Lists for ongoing and planned studies are found in Appendix D. Consultant Reports (CRs) are prepared by the research staff for each study completed. Data analyses are done as a service to the investigator. Appendix E lists the 30 CRs completed during the reporting period.

Several IFRP investigators and prospective investigators visited the Research Triangle Park office to discuss ongoing studies and areas of possible collaboration. Investigators from Egypt, Indonesia, People's Republic of China and several African countries were among those visiting the IFRP.

The IFRP also sponsored several longstanding collaborators to international conferences. Among these are Dr. Delfina de Badia from El Salvador who attended the "X Latin American Congress of Obstetrics and Gynecology" held in the Dominican Republic, and Dr. Tina

Agoestina from Indonesia who participated in an international seminar held in India.

VI. Information Dissemination

The list of papers published during the reporting period is found in Appendix E. A cumulative listing of all IFRP publications (1971-1980), which was published in 1981, is updated annually.

In the last reporting period, the IFRP published four reports on topics of interest to those concerned with population, family planning and world health. One such report, Meeting the Family Planning Needs of the Urban Poor, was published during the middle of the current reporting period. The report summarized discussions from a 1980 workshop in Juarez, Mexico. The workshop was attended by 14 professionals who evaluated the most appropriate ways to deliver family planning services to the people of the rapidly expanding cities of the developing world.

During the reporting period, the IFRP also published an illustrated annual report for the first time since 1976. The 12-page report summarized IFRP's 1981 research training and information dissemination activities, including a description of the project to transfer computer technology to selected research centers overseas.

Proceedings from the IFRP-sponsored IUD seminar that took place in Salvador, Brazil, have been translated into Portuguese and distributed to attendees at the seminar.

The IFRP sponsored an Experts Meeting on Sexually Transmitted Diseases (STDs) in March 1982. The focus of the meeting is discussed in the section on barrier contraception, and details appear in the minutes (Appendix C). A second experts meeting on the RAMOS studies is planned for the coming June.

Also in June, several IFRP staff members will participate in a PARFR-sponsored meeting on chemical female sterilization.

IFRP staff presented papers at major US professional meetings. Among them are the Association of Planned Parenthood Physicians (APPP), the American Public Health Association (APHA) and the American College of Obstetrics and Gynecology (ACOG).

VII. Management

During the reporting period, the IFRP continued to develop and strengthen its management organization.

The Administrative and Scientific Committees, which are the two corporate operating committees, were made more representative of the organization by the addition of the Manager of Scientific Support Services, the Scientist/Biostatistician and the Director of Quality Assurance.

New emphasis was placed on the importance of having two-way corporate communications by revising the role of the several Task Forces in the IFRP and upgrading the responsibilities of the Task Force

Leaders with respect to planning and participation in the budget process.

The IFRP Board of Directors will hold a meeting 26-27 April 1982. A change in the by-laws to expand the number of directors will be presented at the meeting. Several candidates for the Board will be submitted for approval.

The Protection of Human Subjects Committee (PHSC) met on 18 September 1981. The annual review meeting was held 18 December 1981. Two new members were added to the Committee: Dr. Dorothy Glenn and Ms. Betty Dennis. They replaced Ms. Linda Staurovsky and Dr. William Brenner whose terms had expired. The next PHSC meeting is scheduled for April 1982.

Scientific Directions 1982 is in preparation. This document is updated each year, providing an overview of ongoing, planned and possible scientific initiatives for the IFRP.

The IFRP expended a total of $1,238,470 from 16 September 1981 through 15 March 1982. Expenditures are summarized in the following table.

Contract 1028

Expenditures from 16 September 1981 - 31 March 1982

Item	Expenditure
Salaries	342,047
Fringe benefits	70,052
Consultant and professional fees	6,855
Contract labor	6,101

Domestic travel	5,689
Foreign travel	27,610
Supplies	6,540
Equipment	--
Foreign office expense	--
Freight and postage	6,388
Data purchases	53,463
Subcontracts	128,320
Printing	10,268
Other purchased services	1,848
Other direct expenses	133
Text Processing charges	51,776
Computer charges	125,706
Data Entry charges	14,768
Graphics charges	18,835
Home department expenses	107,127
Fixed fee	29,217
General administrative	225,727
Total costs	$1,238,470

VIII. Future Directions

The coming six months of contract 1028 will see increased efforts in the fields of contraceptive saftey, barrier contraception and natural family planning. These areas have been determined by AID as priority. The IFRP will have available for analyses much of the data collected on contraceptive safety and new studies will be developed. Studies of the EVT vs OVT should begin to provide the data necessary for AID to make a well informed choice in procurement. The IFRP expects to direct a considerable part of its technical expertise and resources to the development of a program in natural family planning.

The IFRP will also continue its clinical trials in the areas of sterilization, intrauterine devices and systemics, all of which will answer important research questions.

The contraceptive safety studies should yield data from the developing world in a research area in which not many studies have been implemented and fewer yet have been successful.

APPENDIX A

Forms Received and Loaded Into the Computer

16 September 1981 - 15 March 1982

Intrauterine Devices	Admission	3,957
	Follow-up	9,047
	Method list	1,172
	other	330
	Total	14,506
Systemic Contraception	Admission	416
	Follow-up	1,231
	Physical	252
	Total	1,899
Female Barrier	Admission	770
	Follow-up	2,266
	Total	3,036
Lactation	Admission	456
	Follow-up	1,318
	Total	1,774
Male Sterilization	Admission	237
	Method list	225
	Total	761
Female Sterilization	Admission	90
	Follow-up	408
	Method list	76
	Total	574
Chemical Female Sterilization	Admission	48
	Follow-up	120
	Instillation	115
	Total	283
Health Survey of Women	Interview	273
	Physical exam	194
	Histopathology evaluation	360
	Total	827
RAMOS (Bali)	Questionnaires	119
	Birth reports	25,390*
	Death reports	11,931*
	Total	37,440

Longitudinal Breast-feeding (Mexico)	Admission	36
	Follow-up	96
	Total	132*
Total forms processed		61,232

*not loaded

APPENDIX B

Major Computer Programs Completed

16 September 1981 - 15 March 1982

Generalized Delete Program

Generalized Record Merger Program

FS to FS76 Translation Program

Symptom Grid Loading Program

Depo Provera Loading Program

Computer User Training/Training Guide

Interactive IIESI Program

SPSS Savefile Examine/Update Program

FS Control Group Match Program

APPENDIX C

Participants at Expert Meeting on Sexually Transmitted Diseases and Minutes

APPENDIX C

SEXUALLY TRANSMITTED DISEASES
EXPERT MEETING

March 12, 1982

G. M. Antal, MD, Medical Officer
Bacterial/ Venereal Infections
Division of Communicable Diseases
World Health Organization
1211 Geneva, Switzerland

Sevgi Aran, PhD
Operational Research Branch
Venereal Disease Control Division
Center for Disease Control
Clifton Road
Atlanta, GA 30333

Clifford H. Cole, MD, MPH
Community Tuberculosis Control Service
P. O. Box 210
Jacksonville, FL 32231

James Curran, MD
Operational Research Branch
Venereal Disease Control Division
Center for Disease Control
Clifton Road
Atlanta, GA 30333

John Cutler, MD, MPH
Director - Population Program
231 Parran Hall
University of Pittsburgh
Pittsburgh, PA 15261

Mr. James Fowler
Venereal Disease Control Branch
Division of Health Services
Department of Human Resources
225 N. McDowell Street
Raleigh, NC 27602

Mr. W. Vance Fry
Kate B. Reynolds Health Care Trust
First Union National Bank Bldg.
4th Street
Winston-Salem, NC 27101

Leonard Kaplan, MD
Director of Research and Development
Consumer Products Division
Ortho Pharmaceuticals Corporation
Raritan, NJ 08869

Theodore King, MD
Department of Obstetrics and Gynecology
Johns Hopkins University
Harvey Tower Bldg. - Room 419
Baltimore, MD 21205

Danny Lewis, PhD
Stolle Research and Development
Corporation, Suite 508
1 Independence Plaza
Birmingham, AL 35209

International Fertility Research Program

Summary of the Meeting of
The Panel of Experts on Sexually Transmitted Diseases
12 March 1982

Malcolm Potts opened the meeting and explained the nature of the IFRP's role in STD research--a new adventure for the organization.

Dr. G. M. Antal of WHO outlined the scope of the problem worldwide. The current problem is heightened by the spreading resistance to drug therapy as well as the increasing cost. The failure by an increasing number of patients to respond to treatment and subsequent extended periods of disease activity and infectivity will not only result in a higher proportion of disease complications but also in increased disease transmission. This situation underlines the importance to further develop the "prevention and control" practice in dealing with STD.

Dr. James Curran of CDC narrowed the focus of STD to the national (U.S.) level. He stated that the numbers are deceiving for the U.S.--stable rates for reported diseases, but a large problem for the unreported diseases, such as herpes and chlamydial infections. The problem on a national level is that the most frequent consequences are the least detected--PID, cervical cancer (if this proves to be sexually transmitted) and effects on the neonate. The problem of STD within the gay male community is one of increasing importance as well.

Dr. John Cutler of the University of Pittsburgh reviewed the literature and history of VD research in the U.S., mainly relating the military to prevention done through World Wars I and II. Chemoprophylaxis is once again coming to the forefront. An old technology needs to be updated and applied to the new problems of resistance. Dr. Cutler stressed the point that "we must deal with human beings as they are, not as we would like them to be" in studying STD. The experience clearly demonstrated the value of local chemoprophylaxis and condom in prevention of the transmission of venereal diseases. Research carried out by Cutler and others shows the effectiveness of vaginal contraceptives as prophylaxis against gonorrhea in the laboratory and in clinical trials. These studies need to be extended to cover an adequate group of people since the FDA stated the numbers involved in these studies were not sufficient to gain their approval.

Dr. Clifford Cole of the State Health and Rehabilitative Services of Florida discussed the Tampa-Orlando Lorophyn study as an example of past research. The advantage of the study was that it was done through local programs, thus cutting costs and avoiding red tape. "A reduction in the rate of gonorrhea reinfection was demonstrated as the use of prophylactic suppositories was advocated among the study population.

Dr. Leonard Laufe reviewed new technology in this area. Vaccinations are on the way but will be costly. The biggest drawback may be social--what parent will want to have their child vaccinated? Another new approach is fiber research. Slow release agents, such as iodine, could be incorporated into tampons, IUD strings, suppositories, etc. for prevention of many vaginal diseases. The fibers need to be optimized to increase tensile strength and to

document sustained release over a minimum of three months. It was pointed out that germicide impregnated IUD strings would combat two problems--STD and PID. However, it was also emphasized that the useful life of iodine impregnated fibers would be limited, expensive teratological investigations would be necessary and the the FDA was reviewing all iodine containing compounds. Once-a-month slow release spermicides in diaphragms are also under investigation.

Marketing was discussed as a problem for a combined chemoprophylaxis and contraceptive agents. Education of the public in the current wave of conservatism is difficult in any medium. Promotion of contraceptive and advertising a lowered STD rate could be construed as promotion of promiscuity. However, the increased incidence of sexually transmitted diseases may defuse the morality issue.

Introduction of an IFRP proposed current study design and requests for suggestions of alternative designs were made by Dr. Potts. Dr. James Higgins of the IFRP discussed the proposed sampling scheme, sample size determination and methods of analysis. Sociological factors as well as chemical effects and FDA regulations were included in the group discussion.

The conclusion was that gonorrhea, trichomoniasis, clamydia and herpes cultures would be taken at entry and exit and the volunteers should be monitored regularly. The active product (containing nonoxynol-9) and placebo vaginal agent would be compared. The advantages and disadvantages of a third control group with no use of vaginal agents were discussed. Approximately two hundred women would be tested every two weeks over a six-month period.

The consensus of the group was that there exists a genuine need for research in this area, which can be applied to the public health, medical and marketing fields.

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APPENDIX D

Status Lists of Ongoing and Planned Studies

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

STUDY AREA (circle one): PT MR (FS) MS HUD SYS

TYPE OF STUDY (circle one): COMP (STRAIGHT)

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/CR
421	821	00/ 005	ADS San Salvador, El Salvador	Long-term Fu only Laparoscopy: cautery	x			11-3-81	12-23-81	200							54		
699	821	00/ 025	ADS San Salvador, El Salvador	Long-term Fu only Laparoscopy: cautery	x			11-3-81	12-23-81	635							103		
6003	0705	FS80/ 010	BFRP Dr. S. Jabeen Sir Salimullah Med. College Hospital Dacca, Bangladesh	Lapracator	x			5-12-81	0703 Subgrant	300		11						11	
6900	0365	FS80/ 018	Dr. Abdel Salam Zagazig Univ. Zagazig, Egypt	Surveillance: All techniques All approaches	x	x		11-10-80	0960 Subgrant	200		132	95	121					
6900	0370	FS81/ 004	Dr. El Katsha Ahmed Maher Hosp. Cairo, Egypt	Laparoscopy: Tubal Ring	x			3-9-82	0960 Subgrant	300		10		7					
6900	0439	FS81/ 003	Dr. Duale C.E.U.M. Hospital Karawa, Zaire	Surveillance: All approaches, all techniques	x	x		3-15-82	0660 Subgrant	200		3							
6900	0848	FS80/ 007	Dr. A. Neto Hosp. de Cruz Vermelha Belo Horizonte, Brazil	Surveillance: All approaches, all techniques	x			2-3-81	0960 Subgrant	400		161	160	148					
6900	0865	FS81/ 001	Dr. R. Bossenmeyer S.M. Institute of Reproductive Health Santa Maria, Brazil	Surveillance: Laparoscopy, Tubal Ring and Minilap, Pomeroy	x			2-2-82	0960 Subgrant	300		67	67	67					
6900	0320	FS81/ 007	Dr. H. Aguinaga CPAIMC Rio de Janeiro, Brazil	Laparoscopy: Tubal Ring	x			2-11-82	0960 Subgrant	2000		329	319	232					

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA (Circle one): PT MR (FS) MS IUD STS

TYPE OF STUDY (Circle one): COMP (STRAIGHT)

Active

DATE: April 1982

STUDY NO	CLINIC NO	NO	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/CR
4902	0715	78/ 013/3	Dr. J.A. Choudhury Inst. of Postgrad. Medical Dacca, Bangladesh	Surveillance: All techniques	x	x	x	9-10-79	0703 Subgrant	300		202	200	2					
4902	0727	FS80/ 027	Dr. Sultana Begum Poly Clinic Dacca, Bangladesh	Laparotomy and Minilap: Cautery	x			4-8-81	0703 Subgrant	300		63	45	62					

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

STUDY AREA (Circle one): PT MR (FS) MS HUO SYS

TYPE OF STUDY (Circle one): (COMP) STRAIGHT

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	TP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/CR
650	821	00/006	ADS San Salvador, El Salvador	Long-term Fu only Laparoscopy; Spring-loaded clip vs. Cautery	x			11-3-81	12-23-81	300							80		
651	821	74/021	ADS San Salvador, El Salvador	Long-term Fu only Laparoscopy: spring-loaded clip vs. Tubal ring	x			11-3-81	12-23-81	300							73		
6051	0075	78/007	Dr. Suporn Koetsawang Siriraj Hospital Bangkok, Thailand	Open laparoscopy using laprocator: topical anesthesia vs no topical anesthesia	x			6-18-79	9-7-78	400		159	156	1				159	
6252	0360	FS78/017	Dr. M. Mahian Dept. of OB/GYN Ain-Shams Univ. Cairo, Egypt	Minilap: Rocket Clip vs Tubal Ring	x			6-22-79	8-25-78	300		63	8	4					
6252	0831	FS79/018	Dr. C. Aranda Hospital Mexico (CCSS) San Jose, Costa Rica	Minilap: Rocket Clip vs Tubal Ring	x			1-28-80	6-14-79	300		297	292	295	194	27		297	

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

STUDY AREA (circle one): PT MR FS BS IUD SYS

TYPE OF STUDY (circle one): COMP STRAIGHT

Planned

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU 1	FU 2	FU 3	FU 4	FU 5	MI.	Paper/CR
6902	0092	FS82/005	Dr. Jose D. Ortiz-Mariscal ESPLANIFAM Monterrey, Mexico	Suprapubic Endoscopy with Lapracator	x					300									
6900	0023	FS80/012	Dr. E. Borko Maribor Gen. Hospital Maribor, Yugoslavia	Bleier Clip and Tubal Ring	x	x	x		4-28-80	200									
6900	Multi center	FS82/001	S. Chater ONPFP Tunis, Tunisia	Surveillance: Laparoscopy, ligation	x				0067 Subgrant	1500									
6902	0160	FS82/002	Dr. T.R. Chaudury MCH Hospital Sylhet, Bangladesh	Surveillance: Minilap	x	x	x		0703 Subgrant	200									
6902	0162	FS82/003	Prof. K.R. Choudhury BAVS Clinic Rajshahi, Bangladesh	Surveillance: Minilap	x	x	x		0703 Subgrant	200									
6902	0163	FS82/004	Dr. S.M. Aslam Belishwar Mat. Centre Dhanrai, Bangladesh	Surveillance: Minilap	x	x	x		0703 Subgrant	200									

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

STUDY AREA: (Circle one) PT MR (FS) MS HUO SYS

TYPE OF STUDY: (Circle one) (COMP) STRAIGHT PLANNED

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/CR
630	730	77/ 209	Dr. A. Rahman Khan Thana Health Complex Tangali, Bangladesh	Long-term Fu only Minilap: Pomeroy or Tubal Ring	x				7-8-81	300									
670	781	77/ 077	Dr. F. M. Chen Tri-Service Gen. Hosp. Taipei, Taiwan	Long-term Fu only Laparotomy: Pomeroy vs. Tubal Ring		x			10-2-81	300									
6252	0777	FS79/ 025	Dr. Biran Affandi Raden Saleh Clinic Jakarta, Indonesia	Minilap: Rocket Clip vs Tubal Ring	x				12-3-79	300									
6256	0035	FS81/ 009	Dr. M. Talaat Kasr Al Eini Hosp. Cairo, Egypt	Minilap: Secuclip vs Tubal Ring	x				7-1-81	200									
6256	0709	FS81/ 016	Dr. Mongkol Songkhala Provincial Medical Office Chiang Mai, Thailand	Minilap: Secuclip vs Tubal Ring	x					300									
6256	0739	FS81/ 012	Dr. J. Thouw Hasan Sidikin Hosp. Bandung, Indonesia	Minilap: Secuclip vs Tubal Ring	x				7-13-81	200									
6256	0815	FS81/ 006	Dr. Luis Moreno Hosp. Virgen del Valla Cumana, Venezuela	Minilap: Secuclip vs Tubal Ring	x				9-21-81	200									
6900	0777	FS80/ 016	Dr. Biran Affandi Raden Saleh Clinic Jakarta, Indonesia	Surveillance: Tubal ring - open vs closed laparoscopy	x				0960 Subgrant	1000									
6901	0679	FS80/ 022	TFRA Royal Thai Army Hosp. Bangkok, Thailand	Surveillance: open vs closed laparoscopy	x				0725 Subgrant	200									

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

STUDY AREA: (Circle one) FT MR (FS) MS HUD SYS

TYPE OF STUDY: (Circle one) (COMP) STRAIGHT

PLANNED

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTION NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PATIENT CATEGORY FP	PATIENT CATEGORY PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/CR
6901	0686	FSBO/ 021	TFRA Chiang Mai University Chiang Mai, Thailand	Surveillance: open vs closed laparoscopy	x				0725 Subgrant	200									
6901	0688	FSBO/ 020	TFRA Rajauithi Hospital Bangkok, Thailand	Surveillance: open vs closed laparoscopy	x				0725 Subgrant	200									
6901	0689	FSBO/ 019	TFRA Chulalongkorn Hosp. Bangkok, Thailand	Surveillance: open vs closed laparoscopy	x				0725 Subgrant	200									

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: PT MR FS (MS) IUD SYS (Circle one)

TYPE OF STUDY: COMP (STRAIGHT) (Circle one)

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	HL	Paper/Cl
731	732	MS80/ 004	Nazimuddin Ahmed BAVS Clinic Dacca, Bangladesh	Excision and Ligation				10-24-80	0703 Subgrant	300		299	191	129					
731	714	MS80/ 002	Mukhlesur Rahman Dacca Medical College Dacca, Bangladesh	Excision and Ligation				4-8-81	0703 Subgrant	300		73							
701	271	MS80/ 001	P.A.C. de Silva Health Unit Dehiwala, Sri Lanka	Excision and Ligation				12-8-80	0960 Subgrant	500		386							
731	858	MS81/ 003	M. de Castro Propater Vasectomy Clinic Sao Paulo, Brazil	Vasectomy Surveillance with supplemental form				12-3-81	7-8-81	1000		287	308						

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: PT MR FS (MS) IUD SYS (Circle one)

TYPE OF STUDY: (COMP) STRAIGHT (Circle one)

Planned

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	MC	Paper/Cl
750	767	MS81/ 002	R. Suprono BKS PENFIN Yogyakarta, Indonesia	Comparative Male Sterilization: General Practitioner and Paramedic					0720 Subgrant	400									

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: (circle one) PT MR FS MS (IUD) SYS

TYPE OF STUDY (circle one) (COMP) STRAIGHT

Planned

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/C
539	020	IUD 82/ 002	L. Andolsek Family Planning Inst. Ljubljana, Yugoslavia	CuT 200 B With vs Without Strings	*				509 Sub-contract	500									
544	133	IUD 81/ 064	TFRA Crown Prince Hospital Ubonrajthani Province Thailand	Multiload Cu 375 vs TCu 380 Ag	*				0725 Subgrant	220									
544	140	IUD 82/ 004	T. R. Chaudury MCH Hospital Sylhet, Bangladesh	Multiload Cu 375 vs CuT 380 Ag	*				0703 Subgrant	200									
544	141	IUD 82/ 006	S. Jahan Khulna Sader Hospital Khulna, Bangladesh	Multiload Cu 375 vs CuT 380 Ag	*				0703 Subgrant	200									
544	819	IUD 81/ 065	TFRA MCH Region 5 Chiang Mai, Thailand	Multiload Cu 375 vs TCu 380 Ag	*				0725 Subgrant	220									
544	884	IUD 81/ 066	TFRA Tungsong Hospital Nakorn Sri Thammarat Province, Thailand	Multiload Cu 375 vs TCu 380 Ag	*				0725 Subgrant	220									
544	206	IUD 82/ 005	A.B. Bhuiyan Rangpur Med.Coll.Hosp. Rangpur, Bangladesh	Multiload Cu 375 vs CuT 380 Ag	*				0703 Subgrant	200									
545	277	IUD 81/ 011	B. Affandi Raden Saleh Clinic Jakarta, Indonesia	CuT 220 vs Nova T vs LLD vs Cu7 vs Multiload 250	*				0720 Subgrant	2500									
563	132	IUD 82/ 010	J. Goldman Hasharon Hospital Petah Tikva, Israel	Delta LLD vs LLD		*			2-10-82	200									

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: (Circle one) PT MR FS MS (IUD) SYS

TYPE OF STUDY: (Circle one) (COMP) STRAIGHT

Planned

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTION NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	HL	Paper/C
[illegible]	[illegible]	IUD 81/ 063	TFRA MCH Center Khon Kaen Prov., Thailand	Delta LLD vs LLD		x			0725 Subgrant	300									

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA (circle one): PT MR FS MS (IUD) SYS

TYPE OF STUDY (circle one): COMP (STRAIGHT) Planned

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU 1	FU 2	FU 3	FU 4	FU 5	ML	Paper/C
527	341	IUD 80/ 046	A. Badawy Cairo Univ. Cairo, Egypt	Delta CuT Hand		x			10-23-81	300									
527	917	IUD 81/ 052	A. Rosenfield Columbia Univ. New York, NY, USA	Delta CuT		x			6-22-81	100									
527	952	IUD 82/ 003	V. Georges Hufnagle Cedar - Sinai Los Angeles, CA, USA	Delta CuT		x			1-4-82	100									
594	218	IUD 82/ 008	R. Snowden Univ. of Exeter Exeter, England	Wing Sound II	x				1-15-82	600									
594	363	IUD 82/ 009	M. Toppazadah Shatby Mat. Hosp. Alexandria, Eygpt	Wing Sound II	x				1-15-82	150									
594	850	IUD 82/ 007	R. Guzman-Serani Univ. Austral de Valdivia Valdivia, Chile	Wing Sound II	x				1-15-82	300									
5307	0110	IUD 81/ 062	F. Romero Hosp. San Juan de Dios Lima, Peru	LLD		x	x		0960 Subgrant 1-4-82	400									
5327	0357	IUD 81/ 053	S. El Sahwi El Shatby Mat. Hosp. Alexandria, Egypt	Delta CuT Inserter		x			7-8-81	100									
5327	0777	IUD 81/ 056	B. Affandi Raden Saleh Clinic Jakarta, Indonesia	Delta CuT		x			10-8-81	300									

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: PT WR FS WS IUD SYS (Circle one)

TYPE OF STUDY: COMP STRAIGHT (Circle one)

Planned

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/CF
3331	0049	IUD 83/ 011	SFCA Khartoum, Sudan	Delta LLD		x			0722 Subgrant	100									
3331	0865	IUD 81/ 010	R. Bessemeyer Inst. of Rep. Health Santa Maria, Brazil	Delta LLD		x			12-1-80	250									

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

Active

STUDY AREA (Single area): PT MR FS MS (IUD) SYS

TYPE OF STUDY (Single area): (COMP) STRAIGHT

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/Cl
521	018	IUD 80/ 020	M. Thomas Hampshire Area Winchester, England	CuT 380 Ag vs Cu7	x			3-16-81	8-19-80	150		148	108	50	44	15			
521	690	IUD 80/ 014	R. Apelo Jose Fabella Hosp. Manila, Philippines	CuT 380 Ag vs Cu7	x			5-13-81	8-28-80	300		136	122	95	67	7			
527	083	IUD 80/ 013	J. Contreras Hosp. Jose de Obaidia David, Panama	Delta CuT Hand vs Inserter		x		10-14-80	7-9-80	300		300	278	241	224	13		297	
524	734	IUD 79/ 036	F. Begum Dacca Medical College Dacca, Bangladesh	Delta LLD Hand vs Forceps		x		5-6-80	0703 Subgrant	240		240	230	201	154	70		234	
526	836	IUD 80/ 002	J. Nagahata Hosp. San Juan de Dias Lima, Peru	Delta LLD Hand vs Forceps		x		11-9-80	1-10-80	500		499	495	237	234				
526	844	IUD 80/ 001	A. Neto Hosp. de Cruz Vermelha Belo Horizonte, Brazil	Delta LLD Hand vs Forceps		x		7-15-80	1-09-80	240		214	175	153	115				
524	919	IUD 79/ 031	R. Chez Univ. of PA Hershey Medical Center Hershey, PA, USA	Delta LLD Hand vs Forceps		x		12-5-79	9-7-79	200		72	58	27	20	10	4	66	
522	046	IUD 81/ 013	X. Tacla Hosp. Barros Luco Santiago, Chile	CuT 200 B With vs Without Strings	x			8-7-81	1-27-81	100		50	47	34	11				
530	299	IUD 81/ 003	J. Cohen Clinique Marionan Paris, France	CuT 200 B With vs Without Strings	x			7-31-81	11-3-80	100		30	19	13	7				

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: PT MR FS MS (IUD) SYS (circle one)

TYPE OF STUDY: (COMP) STRAIGHT (circle one)

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/C
530	841	IUD 80/ 009	L. Galich APROFAM Guatemala City, Guatemala	CuT 200 B With vs Without Strings	x			9-3-80	8-13-80	300		296	159	112	147	182	34		
544	022	IUD 80/ 007	L. Randic Family Planning Unit Rijeka, Yugoslavia	Multiload Cu 375 vs CuT 380 Ag	x			12-18-80	3-18-80	300		300	218	193	203	120	4		
544	024	IUD 80/ 008	B. Behlilovic Center I, Starigrad Belgrade, Yugoslavia	Multiload Cu 375 vs CuT 380 Ag	x			10-16-80	10-16-80	300		300	244	190	239	166	5		
544	081	IUD 80/ 048	J. Moreno Hosp. Santo Tomas Panama City, Panama	Multiload Cu 375 vs CuT 380 Ag	x			5-13-81	10-28-80	300		299	259	195	144				
544	340	IUD 81/ 025	S. Etman Misr Spinning and Weaving Hospital Mehalla - Kubra, Egypt	Multiload Cu 375 vs TCu 380 Ag	x			7-21-81	1-27-81	300		190	154	115	54				
544	794	IUD 79/ 035	S. Ariawan BKS PENFIN Semarang, Indonesia	Multiload Cu 375 vs CuT 380 Ag	x			7-24-80	0720 Subgrant	300		295	210	113	42	64	15		
544	831	IUD 80/ 047	C. Aranda CCSS San Jose, Costa Rica	Multiload Cu 375 vs CuT 380 Ag	x			8-7-81	11-17-80	300		196	164	138	62				
560	974	IUD 79/ 010	G. Wiknjosasto Univ. of Indonesia Jakarta, Indonesia	Delta LLD vs LLD Inserter		x		10-3-79	4-11-79	250		201	49	35	25	12	2	167	
560	283	IUD 79/ 037	M.S. Sidhu Townsville Gen. Hosp. Townsville, Australia	Delta LLD vs LLD Inserter		x		7-24-80	7-27-79	250		100	89	61	62			99	

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: (circle one) PT MR FS MS (IUD) SYS

TYPE OF STUDY: (circle one) (COMP) STRAIGHT Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/C
560	600	IUD 79/ 011	R. Apelo Jose Fabella Hospital Manila, Philippines	Delta LLD vs LLD Inserter		x		10-16-79	5-9-79	250		249	166	128	130	95	35	247	
560	768	IUD 79/ 034	H. Syahrial BKS PENFIN Padang, Indonesia	Delta LLD vs LLD Inserter		x		5-7-80	0720 Subgrant	300		106	101						
560	854	IUD 79/ 003	R. Beltran Hosp. de Juan Noe Arica, Chile	Delta LLD vs LLD Hand		x		6-19-79	1-31-79	300		259	223	150	110	9	2	259	
561	903	IUD 79/ 023	T. King Johns Hopkins Univ. Baltimore, MD, USA	Delta LLD vs LLD Forceps Midtrimester			x	11-5-79	5-28-79	80		39	29	12	9	8	2	30	
562	781	IUD 79/ 027	Jaw-Shong Yan Tri-Service Gen. Hosp. Taipei, Taiwan	Delta CuT vs CuT Hand		x		3-26-80	5-31-79	250		249	233	180	139			249	
562	831	IUD 79/ 026	C. Aranda Hosp. Mexico San Jose, Costa Rica	Delta CuT vs CuT Inserter		x		1-28-80	6-14-79	250		248	246	219	211			248	
562	852	IUD 79/ 024	P. Lavin Hosp. Barros Luco Santiago, Chile	Delta CuT vs CuT 220 Hand		x		6-17-80	5-31-79	200		130	120	69	43	4		130	
565	304	IUD 79/ 006	H. Kisnisci Hacettepe Univ. Ankara, Turkey	Delta LLD vs Delta CuT Inserter		x		12-18-79	4-9-79	250		246	193	123	157	195	59	245	
565	365	IUD 79/ 007	F. Abdel Salam Zagazig University Zagazig, Egypt	Delta LLD vs Delta CuT Hand		x		9-29-80	4-13-79	110		82	75	65	56	16		82	

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: (circle one) PT NR FS MS (IUD) SYS

TYPE OF STUDY: (circle one) (COMP) STRAIGHT

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTION NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU 1	FU 2	FU 3	FU 4	FU 5	ML	Paper/CI
563	795	IUD 79/ 014	B. Mehra General Hospital Kuala Lumpur, Malaysia	Delta LLD vs Delta CuT Head		x		10-23-80	4-13-79	220		152	63	52	25	24	2	106	
563	739	IUD 79/ 009	T. Agnestina Hasan Sadikin Hosp. Bandung, Indonesia	Delta LLD vs Delta CuT Forceps and Inserter		x		9-11-79	4-11-79	220		129	97	70	48	20	2	129	
563	863	IUD 79/ 005	A. Diaz-Infante Univ. Autonoma de SLP San Luis Potosi, Mexico	Delta LLD vs Delta CuT Inserter		x		10-29-79	5-30-79	220		176	96	63	51	51	9	174	
568	277	IUD 79/ 028	M. Thiery Univ. of Ghent Ghent, Belgium	Delta LLD vs Delta CuT vs CuT Inserter		x		12-17-79	6-29-79	1000		821	730	477	383	228	28	818	
584	600	IUD 78/ 009	R. Apelo Jose Fabella Hosp. Manila, Philippines	IPCS 52mg vs CuT Hand vs Inserter		x		10-18-78	6-22-78	200		200	156	132	132	90	12	198	
584	852	IUD 78/ 087	P. Lavin Hosp. Barros Luco Santiago, Chile	IPCS 52mg vs CuT Hand vs Inserter		x		12-26-78	6-22-78	400		399	327	223	212	185	141	365	CR 269
5527	336	IUD 81/ 030	H. Abdul Rahman El-Shatby Mat. Hosp. Alexandria, Egypt	Delta CuT Hand vs Inserter		x		3-9-82	2-10-81	150		32	21						
5527	371	IUD 81/ 031	S. El-Sadek Al-Zahra Hospital Cairo, Egypt	Delta CuT Hand vs Inserter		x		8-12-81	2-10-81	200		84	36						
5531	8003	IUD 81/ 024	L. de Albuquerque Materno Infantil de Rio Claro Rio Claro, Brazil	Delta LLD Hand vs Forceps		x		6-29-81	1-15-81	240		114	109	92	48				

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: (circle one) PT MR FS MS (IUD) SYS

TYPE OF STUDY: (circle one) (COMP) STRAIGHT

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/CF
5538	101	IUD 81/ 057	M. Acosta Maternidad de Lima Lima, Peru	TCu 200B vs LLD			x	2-11-82	9-11-81	300		71	24						
5538	102	IUD 81/ 058	C. Guzman Med. Ctr. Carmen de la Legua Lima, Peru	TCu 200B vs LLD	x			3-15-82	9-11-81	200		30	4						
5538	771	IUD 80/ 004	P.A.C. de Silva Health Unit Dehiwala, Sri Lanka	CuT vs LLD	x			9-19-80	0960 Subgrant 4-15-80	300		281	215	146	74	19	2		
5544	704	IUD 80/ 030	F. Begum Dacca Med. College Dacca, Bangladesh	Multiload Cu 250 vs CuT	x		x	11-17-80	0703 Subgrant	300		300	300	293	275	253	12		
5544	705	IUD 80/ 031	S. Jabeen Sir Salimullah Medical College Dacca, Bangladesh	Multiload Cu 250 vs CuT	x		x	11-17-80	0703 Subgrant	300		300	300	299	261	104	1		
5544	721	IUD 80/ 032	F. Khanum Mohammadpur Model Clinic Dacca, Bangladesh	Multiload Cu 250 vs CuT	x		x	10-13-80	0703 Subgrant	300		298	194	138	86	16			
5544	728	IUD 80/ 029	S. N. Bhuiyan Chittagong Med. Coll. Dacca, Bangladesh	Multiload Cu 250 vs CuT	x		x	4-9-81	0703 Subgrant	300		292	292	187					
5546	764	IUD 81/ 005	G.E. Wowor BKS PENFIN Manado, Indonesia	LLD vs CuT 200B vs Multiload Cu 250	x			7-29-81	0720 Subgrant	150		150							
5546	797	IUD 81/ 006	I.B.G., Manuaba BKS PENFIN Bali, Indonesia	LLD vs CuT 200B vs Multiload Cu 250	x			11-11-81	0720 Subgrant	150		133	131	129					

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: PT MR FS MS (IUD) SYS (circle one)

TYPE OF STUDY: (COMP) STRAIGHT (circle one)

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTION NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU 1	FU 2	FU 3	FU 4	FU 5	ML	Paper/CH
3560	741	IUD 81/ 004	Sumana Chompotaweep Chulalongkorn Hosp. Bangkok, Thailand	Delta LLD vs LLD Inserter - Early		x		4-28-81	12-17-80	260		260	193	87	44				
3562	264	IUD 81/ 037	C. Flamigni Univ. of Bologna Bologna, Italy	Delta CuT vs TCu 220C			x	1-22-82	4-14-81	200		109	70	7	2				
3562	614	IUD 79/ 017	C. Gabriel Ronn Carmel Hosp. Manila, Philippines	Delta CuT vs CuT Inserter		x		3-30-81	6-11-79	250		183	148	56	27	8	3		
3565	8000	IUD 81/ 020	E. Darze Mat. Climerio Oliveira Salvador, Brazil	Delta LLD vs Delta CuT Inserter		x		9-16-81	1-8-81	300		205	176	91	49	6	1		

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: (Circle one) PT MR FS MS (IUD) SYS

TYPE OF STUDY: (Circle one) COMP (STRAIGHT)

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	MC	Paper/C
527	370	IUD 80/ 028	S. El Katsha Ahmad Maher Hosp. Cairo, Egypt	Delta CuT Inserter		x		1-21-82	9-3-80	200		71							
527	916	IUD 81/ 038	J. Stryker Wayne State Univ. Detroit, MI, USA	Delta CuT		x		2-16-82	9-21-81	100		4	3						
527	957	IUD 80/ 017	P. Brenner USC Los Angeles, CA, USA	Delta CuT		x		4-8-81	8-11-80	100		77	73	47	43			71	
527	941	IUD 80/ 019	C. Fauerstein Univ. of TX Med. Sch. San Antonio, TX, USA	Delta CuT		x		2-6-81	8-11-80	100		100	84	52	50	10		99	
531	699	IUD 80/ 034	T.H. Sun Taiwan Prov. Inst. of Family Planning Taichuma, Taiwan	Delta LLD Hand		x		7-17-81	9-8-80	130		128	107	93	68	3		128	
566	360	IUD 79/ 008	M. Mahran Ain-Shams Univ. Cairo, Egypt	Delta LLD Immed. and Early Forceps		x		5-7-79	4-11-79	260		353	146	96	36			264	
566	778	IUD 79/ 029	B. Laddawan Rasawithi Hospital Bangkok, Thailand	Delta LLD Immed. and Early Forceps		x		3-23-80	11-2-79	260		255	169	117	73	3		215	
567	436	IUD 80/ 005	O. Ayangade Univ. of Ife Ife, Nigeria	Delta CuT Immed. and Early Inserter		x		10-6-80	2-12-80	260		206	90	49	33	24		197	
5507	767	IUD 81/ 060	R. Supromo BKS PEKFIK Yogyakarta, Indonesia	LLD: Midwife Insertions	x			8-6-81	0720 Subgrant	300		299	232	1					

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: (circle one) PT MR FS MS (IUD) SYS

TYPE OF STUDY: (circle one) COMP (STRAIGHT) Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU 1	FU 2	FU 3	FU 4	FU 5	ML	Paper/Cl
5517	297	IUD 81/ 054	A. Audebert Gynecologie-Chirugie Bordeaux, France	Umbrella 250	x			4-8-82	7-28-81	200		140	120						
5522	088	IUD 79/ 051	J. Zipper Hosp. Sotero del Rio Santiago, Chile	CuI	x			1-14-81	NA	100		98	88	69	53	37	17		
5526	304	IUD 81/ 032	K. Ustay Hacettepe Univ. Ankara, Turkey	CuT 200B	x			10-16-81	0960 Subgrant 2-10-81	200		152	151	104					
5526	354	IUD 81/ 033	M. El-Kholi Tanta Univ. Tanta, Egypt	CuT 200B	x			7-20-81	0960 Subgrant 2-10-81	200		20	20	20	19				
5527	309	IUD 81/ 028	E. Hassan/Ezzeldin Menoufia Univ. Cairo, Egypt	Delta CuT Inserter		x		3-9-82	2-10-81	200		124	92	60	25				
5527	353	IUD 81/ 026	A.M. El-Kady Baulak-El-Dakrour Cairo, Egypt	Delta CuT Midwife and Physician Hand		x		3-9-82	2-10-81	300		38							
5527	430	IUD 81/ 027	G. Nelson C.E.U.M. Hosp. Karawa, Zaire	Delta CuT: Inserter		x		4-22-81	1-23-81	250		125	98	47	22	1			
5527	466	IUD 81/ 041	S. Chater ONPFP Tunis, Tunisia	Delta CuT		x		3-10-81	5-28-81	200		92	71	24	9	3			
5527	472	IUD 80/ 027	S. Chater ONPFP Tunis, Tunisia	Delta CuT Hand		x		12-1-80	9-3-80	500		224	125	42	19	6	1		

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

STUDY AREA: PT MR FS MS (IUD) SYS (circle one)

TYPE OF STUDY: COMP (STRAIGHT) (circle one)

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/Cl
5531	303	IUD 81/ 042	Z. Durmus Ankara Maternity Hosp. Ankara, Turkey	Delta LLD Forceps		x		9-11-81	507 Sub-contract	600		155	61						
5531	304	IUD 81/ 043	H. Kisnisci Hacetepe Univ. Ankara, Turkey	Delta LLD Forceps		x		11-10-81	507 Sub-contract	600		286	203	66	7				
5531	322	IUD 81/ 044	B. Ustunel Zeyrep Kamil Mat. Hosp. Istanbul, Turkey	Delta LLD Forceps		x		8-4-81	507 Sub-contract	600		166	105	26	7	1			
5531	323	IUD 81/ 045	Egean Univ. Hosp. Izmir, Turkey	Delta LLD Forceps		x		8-4-81	507 Sub-contract	600		133	81	33	12	1			
5531	324	IUD 81/ 046	Family Planning Clinic of Izmir Izmir, Turkey	Delta LLD Forceps		x		8-4-81	507 Sub-contract	600		66	37	6					
5531	325	IUD 81/ 047	Y. Tarikabya Zubeyde Hanim Mat. Hosp. Ankara, Turkey	Delta LLD Forceps		x		12-11-81	507 Sub-contract	600		69	18	2					
5531	326	IUD 81/ 048	Erzurum Numune Hosp. Erzurum, Turkey	Delta LLD Forceps		x		8-4-81	507 Sub-contract	600		57	41	4					
5531	334	IUD 81/ 049	D. Ogur Suleymaniye Mat. Hosp. Istanbul, Turkey	Delta LLD Forceps		x		8-4-81	507 Sub-contract	600		72	36	7	2				
5531	338	IUD 81/ 050	Saifi Basu Haseka Hospital Istanbul, Turkey	Delta LLD Forceps		x		8-4-81	507 Sub-contract	600		38	19	1					

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STUDY AREA: PT MR FS MS (IUD) SYS (circle one)

TYPE OF STUDY: COMP (STRAIGHT) (circle one)

Active

DATE: April 1982

STUDY NO.	CLINIC NO.	NO.	CONTRIBUTOR NAME CLINIC LOCATION	DESCRIPTION OF STUDY	PATIENT CATEGORY INT	PP	PA	Date Active	DATE SA SIGNED	NO. CASES APPROVED	Date Closed	FORMS RECEIVED ADM	FU1	FU2	FU3	FU4	FU5	ML	Paper/Ch
5531	339	IUD 81/ 051	OB/GYN Dept. Ankara Univ. Hosp. Ankara, Turkey	Delta LLD Forceps		x		12-11-81	507 Sub-contract	600		45	20	3					
5531	465	IUD 81/ 039	S. Chater ONPFP Tunis, Tunisia	Delta LLD		x		12-1-81	5-28-81	200		24	6						
5531	817	IUD 82/ 001	D. Mendez Ministry of Health Hosp San Salvador, El Salvador	Delta LLD Forceps		x		3-2-82	12-12-81	130		16	1						
5531	825	IUD 81/ 014	R. Rivera Univ. Juarez Durango, Mexico	Delta LLD Hand		x		8-19-81	12-5-80	110		66	35	7	1				
5531	832	IUD 80/ 022	L. de la Vega Complejo Hosp. Metro. Panama City, Panama	Delta LLD Hand		x		2-9-81	10-1-80	150		136	116	65	23	2			
5531	861	IUD 81/ 036	R. Garcia Flores Univ. de Nuevo Leon Monterrey, Mexico	Delta LLD Forceps		x		9-17-81	4-15-81	110		52	21	5					
5531	885	IUD 81/ 015	L. Benitez Inst. Mex. Soc. Sec. Juarez, Mexico	Delta LLD Hand		x		3-4-81	12-5-80	110		111	111	111	110				
5531	886	IUD 81/ 035	J. Septien Private Practice Mexico City, Mexico	Delta LLD with Ring Forceps			x	8-20-81	4-15-81	110		79	61	24					
5539	847	IUD 79/ 042	C. Ferreira de Araujo Hosp. Regional la Asa Sur Brasilia, Brazil	CuT 220 and LLD	x			3-26-81	0960 Subgrant 1-18-80	250		118	49	18	2				

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Study Area: (circle one) Sys (FB)

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Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	PP	PA	Ship Date 1st / Last	SA Signed	No. Cases Approv.	Date Closed	Forms Received/Loaded ADM	FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	Present Status
780	026	FB 81/010	Bator, I. Debrecen, Hungary	Straight: Collagen Sponge	X			12-17-81 / 3-30-82	FCO 141 no signat. required	110		14 / 14	16 / 7	5	2					A
780	298	FB 81/011	Guillebaud, J. London, England	Straight: Collagen Sponge	X			12-7-81 / 3-22-82	FCO 141 no signat. required	110		35 / 30	51 / 36	31	5					A
782	023	FB 79/008	Borko, E. Slovenja, Yugoslavia	Comparative: Collatex vs Neo Sampoon	X			12-2-80 / 2-25-82	FCO 141 10-3-79	450		450 / 449	1431 / 1425	557		316			6mo 333 / 12+mo 219	A
782	024	FB 79/002	Behlilovic, B. Belgrade, Yugoslavia	Comparative: Collatex vs Neo Sampoon	X			11-29-80 / 1-20-82	FCO 141 6-19-80	350		353 / 351	1183 / 1168	378		213			6mo 335 / 12+mo 242	A
782	704	FB 79/004 R-1	Begum, S. F. Dacca, Bangladesh	Comparative: Collatex vs Neo Sampoon	X			6-4-80 / 2-9-82	FCO 141 1-17-80	350		348 / 342	397 / 282	159		61			6mo 38 / 12+mo 24	A
783	272	FB 81/006	Lefebvre, J. Montreal, Canada	Comparative: Collatex vs Diaphragm	X			11-17-81 / 4-8-82	FCO 141 6-22-81	300		92 / 77	123 / 91	70		21			6mo / 12+mo	A
783	298	FB 79/006 R-1	Guillebaud, J. London, England	Comparative: Collatex vs Diaphragm	X			7-25-80 / 3-23-82	FCO 141 1-11-80	250		217 / 215	561 / 533	188		132			6mo 134 / 12+mo 29	A
784	332	FB 81/015	Goldman, J. Petah Tikva, Israel	Comparative: Collatex vs Foam	X			1-20-82 / 4-1-82	FCO 141 6-22-81	350		143 / 103	100 / 49	49					6mo / 12+mo	A
785	020	FB 81/014	Andolsek & Kozuh Ljubljana, Yugoslavia	Comparative: Neo Sampoon vs Foam	X			4-2-82 / 4-2-82	FCO 141 6-22-81	350		4 / 0	0						6mo / 12+mo	A

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785	360	FB 80/012	Mahran, M. Cairo, Egypt	Comparative: Neo Sampoon vs Foam	X			1-5-81 / 3-9-82	FCO 141 12-6-79	350		225 / 217	107 / 102	67		23			6mo 11 / 12+mo 1	A
785	368	FB 80/013	Youssef, H. Alexandria, Egypt	Comparative: Neo Sampoon vs Foam	X			2-18-81 / 2-23-82	FCO 141 4-16-80	350		349 / 349	725 / 684	331		160			6mo 185 / 12+mo 8	A
786	043	FB 81/013	Oyamfi, A. Accra, Ghana	Comparative: Neo Sampoon vs EVT	X			11-11-81 / 2-25-82	FCO 141 6-23-81	200		63 / 50	26 / 24	23		1			6mo / 12+mo	A
786	8022	FB 81/016	Larranaga, A. Lima, Peru	Comparative: Neo Sampoon vs EVT	X			3-11-82 / 3-11-82	FCO 141 7-30-81	300		10 / 0	0						6mo / 12+mo	A
793	907	FB 82/003	Berger, C. CRH Chapel Hill, N.C.USA	Comparative: OVT VS EVT	X			3-11-82 / 3-11-82	FCO 141 11-25-81	160		7 / 0	0						6mo / 12+mo	A
795	044	FB 81/020	Boshene, E. Accra, Egypt	Comparative: Neo Sampoon vs OVT vs EVT	X			2-25-82 / 2-25-82	FCO 141 9-3-81	300		5 / 5	0						6mo / 12+mo	A
796	295	FB 82/001	Lavely, K. Marie Stopes Clinic London, England	Straight: Non-spermicide fit-free diaphragm	X			3-24-82 / 3-24-82	FCO 141 11-3-81	450		15 / 0	7 / 0						6mo / 12+mo	A

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782	746	FB 82/005	Bhuiyan, A.B. Rangpur Med. College Rangpur, Bangladesh	Comparative: Secure vs Neo Sampoon	X				FCO 703	200										P
782	772	FB 82/006	Khatun, A Comilla Hospital Comilla, Bangladesh	Comparative: Secure vs Neo Sampoon	X				FCO 703	200										P
784	698	FB 81/001	Anichart, N. Bangkok, Thailand	Comparative: Collatex vs Foam	X				FCO 141 8-7-81	350										P
785	309	FB 81/005	Hassan, E. Cairo, Egypt	Comparative: Neo Sampoon vs Foam	X				FCO 141 2-23-81	350										P
786	365	FB 81/021	Abdelsalam, A.F. Zagazig, Egypt	Comparative: Neo Sampoon vs EVT	X				FCO 141 9-21-81	200										P
786	841	FB 81/023	AFROFAM Guatemala City, Guatemala	Comparative: Neo Sampoon vs EVT	X				FCO 141 11-12-18	200										P
786	893	FB 82/007	Nunez, J. ASHONTLAFA Tegucigalpa, Honduras	Comparative: Neo Sampoon vs OVT	X				FCO 141 3-4-82	200										P
787	721	FB 81/002	Rahman Khan, A. Dacca, Bangladesh	Comparative: Neo Sampoon vs Diaphragm	X				FCO 141 2-3-81	350										P
793	222	FB 82/002	Foreman, H. Minn. Med. Found. Minneapolis, Minn USA	Comparative: OVT vs EVT	X				FCO 141 1-18-82	160										P

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793	225	FB 82/004	Poindexter, A. Baylor Coll. of Med. Houston, Texas USA	Comparative: OVT vs EVT	X				FCO 141 2-16-82	160										P
795	359	FB 82/008	El Mahgoub, S. Cairo, Egypt	Comparative: Neo Sampoon vs OVT vs EVT	X				FCO 141 2-10-82	300										P

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807	075	76/351 R-3	Suporn Bangkok, Thailand	Comparative: Norlestrin vs Norinyl vs Brevicon vs Loestrin	x			6-10-80 / 4-8-82	4-30-79	450		249 / 248	664 / 295	15	18	134	9	14	105	A
825	358	78/107 R-2	Shaaban Assiut, Egypt	Comparative: Brevicon vs Loestrin	x			7-23-80 / 2-25-81	8-21-79	300		238 / 228	301 / 297	1	13	178	2	10	93	A
825	770	79/007 R-4	Hamid (Matron Sulaiman) Kelantan, Malaysia	Comparative: Nordette vs Loestrin	x			6-13-80 / 11-13-81	2-11-81	300		96 / 95	454 / 154	8	16	50	14	12	54	Closing
825	871	78/016 R-2	Moggia Buenos Aires, Argentina	Comparative Brevicon vs Lo-Ovral	x			12-10-79 / 1-7-82	12-6-78	450		450 / 445	712 / 704	148	42	181	19	60	254	Closing
835	048	79/012	Gerais (SFCA) Khartoum, Sudan	Crossover: Noriday vs Nordette	x			10-6-80 / 1-26-82	8-23-79	300		141 / 140	105 / 98		24	35	4	9	26	A
835	739	79/010	Agpestina Bandung, Indonesia	Crossover: Noriday & Neogynon to Brevicon & Nordette	x			9-11-80 / 2-10-82	2-12-79	600		279 / 271	305 / 254		29	106		25	94	A
850	066	78/021 R-3	Dacalos Cebu City, Philippines	Comparative: Norinyl vs Nordette	x		x	8-21-79 / 6-15-81	2-11-81	300		289 / 288	338 / 348	24	123	48	13	93	47	A
850	705	79/014	Jaheen Dacca, Bangladesh	Comparative: Noriday vs Brevicon vs Nordette	x			7-16-80 / 11-23-81	10-10-79	600		600 / 594	537 / 516	1	148	218	1	62	86	A

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850	706	79/002 B-2	S. Firoza Begum Dacca, Bangladesh	Comparative: Norinyl vs Brevicon vs Nordette	x			2-25-80 / 3-23-82	5-31-79	600		586 / 536	744 / 677		1	348	3	9	316	A
850	787	80/021	Khan Dacca, Bangladesh	Comparative: Norinyl vs Brevicon vs Nordette	x			4-10-81 / 3-23-82	8-11-80	600		417 / 416	451 / 441	1	2	248	8		182	A
875	340	80/024	Erman Mehalla-Kubla, Egypt	Lactation Progestogen-Only OCs		x		6-3-81 / 3-9-82	6-30-80	500		124 / 113	341 / 305	76	59	53	4 mos 41 / 5 mos 27	6 mos 19 / 7 mos 15	8 mos 11 / 9 mos 4	A
875	501	79/008	Patel Bombay, India	Lactation Progestogen-Only OCs		x		6-20-80 / 12-15-80	5-29-79	500		229 / 224	84 / 81	32	11	8	4 mos 5 / 4 5 mos	6 mos 6 / 8 7 mos	8 mos 5 / 2 9 mos	A
875	792	79/006	Taliswiratnam (NFPB) Kuala Lumpur, Malaysia	Lactation Progestogen-Only OCs		x		6-27-80 / 2-16-82	10-15-79	500		189 / 181	330 / 321	54	52	43	4 mos 39 / 35 5 mos	6 mos 33 / 22 7 mos	8 mos 26 / 17 9 mos	A
875	871	80/023	Moggia Buenos Aires Argentina	Lactation Progestogen-Only OCs		x		4-21-81 / 3-9-82	6-1-80	500		437 / 436	1388 / 1348	296	257	238	4 mos 185 / 157 5 mos	6 mos 101 / 64 7 mos	8 mos 30 / 20 9 mos	A
876	828	80/028	D. Betancourt Villa Hermosa, Mexico	Lactation Progestogen-only OC's (IPAS - Organon)		x		7-2-80 / 3-10-82		225		218 / 217	1157 / 1120	173	175	186	4 mos 173 / 170 5 mos	6 mos 176 / 55 7 mos	8 mos 4 / 8 9+mos	A
876	885	80/027	L. Benitez Juarez, Mexico	Lactation Progestogen-only OC's (IPAS - Organon)		x		4-6-81 / 3-10-82		225		181 / 180	1054 / 1053	178	181	180	4 mos 180 / 61 5 mos	6 mos 165 / 6 7 mos	8 mos 1 / 101 9+mos	A

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818	739	81/003	Sulaiman BKS Penfin Bandung, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	2,000										P
818	745	82/004	Soehartono BKS Penfin Palembang, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	800										P
818	760	82/005	Makalen BKS Penfin Ujungpandang, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	400										P
818	767	82/006	Suprono BKS Penfin Yogyakarta, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	800										P
818	768	82/007	Syahrial BKS Penfin Padang, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	800										P
818	769	82/002	Harjono BKS Penfin Surabaya, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	800										P
818	777	82/001	Biran BKS Penfin Jakarta, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	2,000										P
818	785	82/003	Ilyas BKS Penfin Malang, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	800										P
818	794	82/008	Ariawan BKS Penfin Semarang, Indonesia	Comparative: Standard (1+50) vs Low (1+30) Dose OCs	x				7-2-81	400										P

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830	104	81/007	MCH Region 9, YALA Thailand	Comparative: Standard vs Low-dose OCs	x				7-2-81	200										P
830	105	81/008	Pimai District Hosp. Nakornrajasima, Thailand	Comparative: Standard vs Low-dose OCs	x				7-2-81	200										P
830	106	81/009	Prabhuddabaht Hosp. Saraburi, Thailand	Comparative: Standard vs low-dose OCs	x				7-2-81	200										P
830	107	81/010	Panasnikom Dist.Hosp. Chonburi, Thailand	Comparative: Standard vs low-dose OCs	x				7-2-81	200										P
830	686	81/006	Suan Dok Hospital Chiang Mai, Thailand	Comparative: Standard vs low-dose OCs	x				7-2-81	200										P

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219	211	195-2	Dr. Gary Stewart Planned Parenthood of Sacramento, CA	Comparative: Secure Sponge vs Diaphragm with spermicide	x			6-15-81 / 3-22-82	FCO 195 12-23-81	200		184 / 180	176 / 169	11	8	63	21	23	20	6	7	9	1			A
219	216	195-3	Dr. Richard Soderstrom The Mason Clinic Seattle, WA	Comparative: Secure Sponge vs Diaphragm with spermicide	x			5-7-81 / 3-7-82	FCO 195 1-22-81	100		94 / 93	122 / 109	4	1	39	15	8	19	10	7	2	4			A
219	213	195-5	Ms. Helen Gilbert Central Iowa Family Planning Marshalltown, IA	Comparative: Secure Sponge vs Diaphragm with spermicide	x			4-21-81 / 3-29-82	FCO 195 1-31-81	60		61 / 57	92 / 68	8	4	30	8	2	5	4	2	2	3			A
219	219	195-7	Ms. Roxanne Lenker, Pennsylvania State Univ. Hershey, PA	Comparative Secure Sponge vs Diaphragm with spermicide	x			9-4-81 / 4-19-82	FCO 195 2-2-81	60		51 / 43	40 / 34	1	2	10	9	3	3	3			3			A
219	215	195-8	Ms. Carol Dunn Toledo Medical Services, Inc. Toledo, OH	Comparative: Secure Sponge vs Diaphragm with spermicide	x			5-7-81 / 2-7-82	FCO 195 1-27-81	60		48 / 43	44 / 40	6	3	13	8	1		5	1	1	2			A
219	223	195-9	Ms. Martha Schultz Planned Parenthood of Minn-St. Paul, MN	Comparative: Secure Sponge vs Diaphragm with spermicide	x			5-7-81 / 4-5-82	FCO 195 2-10-81	150		154 / 150	293 / 238	16	8	20	9	20	74	16	18	54	2	1		A
219	222	195-10	Dr. Harry Foreman Minnesota Med. Foundation Minneapolis, MN	Comparative: Secure Sponge vs Diaphragm with spermicide	x			5-13-81 / 2-22-82	FCO 195 2-24-81	150		155 / 147	109 / 176	8	8	28	38	38	26	18	10	1	1			A
219	225	195-11	Dr. Alfred Poindexter III Baylor College of Medicine Houston, TX	Comparative Secure Sponge vs Diaphragm with spermicide	x			5-22-81 / 4-5-82	FCO 195 3-23-81	100		102 / 101	250 / 147	2		64	18	15	24	12	8 8	3	1			A

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789	227	195-12	Ms. Lillian Tereshkiewicz Alameda-San Francisco Pl. Prthd. San Francisco, CA	Comparative: Secure Sponge vs Deaphragm with spermicide	x			8-5-81 / 1-20-82	FCO 195 3-9-81	60		34 / 34	15 / 15			6	7	1	1							A
789	214	195-13	Ms. Norma Goldberger Akron Wom. Clin. Akron, OH	Comparative: Secure Sponge vs Diaphragm with spermicide	x			4-17-81 / 4-8-82	FCO 195 1-27-81	200		199 / 194	220 / 168	10	13	40	36	22	8	8	5		4	2		A
789	212	195-14	Dr. Sergio Stone California Coll. of Medicine Orange, CA	Comparative: Secure Sponge vs Diaphragm with spermicide	x			3-26-82 / 3-26-82	FCO 195 3-10-81	80		40 / 19	22 / 9		2	3	1	1		2						A
789	216	195-15	Dr. Abagail Pennington Womenwise Healthcare Denver, CO	Comparative: Secure Sponge vs Diaphragm with spermicide	x			4-9-81 / 4-14-82	FCO 195 2-6-81	120		125 / 125	168 / 211	7	4	84	13	6	37	15	12	20	12	1		A
789	210	195-16	Lise Fortier, MD Planned Parenthood World Population Los Angeles, CA	Comparative: Secure Sponge vs Diaphragm with spermicide	x			6-25-81 / 4-6-82	FCO 195 3-17-81	100		63 / 59	76 / 58	3	3	20	12	3	8	7	2					A
789	209	195-17	Dr. Barbara North, Healthworks, Inc. South Laguna, CA	Comparative: Secure Sponge vs Diaphragm with spermicide	x			4-21-81 / 3-25-82	FCO 195 7-29-81	160		141 / 140	163 / 145	3	1	20	42	26	23	10	7	5	7	1		A
797	973	190-1	Sherman Kupler Mt. Sinai Medical Center New York, NY	Straight: Contracep	x			-	FCO190 2-1-82	100		0	0													P
797	974	190-2	Douglas E. Jackson, Planned Parenthood Assoc. of Wisconsin Milwaukee, WI	Straight: Contracep	x			12-23-81 / 3-22-82	FCO190 8-31-81	100		65 / 44	39 / 21	9	10	1	1									A

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

Study Area: (circle one) Sys (FB) .* NIH Studies

Date: April 15, 1982

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	PP	PA	Ship Date 1st / Last	Date SA Signed	No. Cases Approx.	Date Closed	Forms Received/Loaded ADM	FU	Mo 1	Mo 2	Mo 3	Mo 4	Mo 5	Mo 6	Mo 7	Mo 8	Mo 9	Mo 10	Mo 11	Mo 12	PRESE STAT
297	210	190-1	Dr. Lise Tertler Planned Parent-hood of Los Angeles Los Angeles, CA	Straight: Contracep	x			4-14-82 / 4-14-82	ICD 190 9-14-81	100		6 / 0	6 / 0													A

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

Study Area: (circle one) Sys (FB)

Planned Date: April 15, 1982

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	Patient Category PP	Patient Category PA	Ship Date 1st / Last	Date SA Signed	No. Cases Approv.	Date Closed	Forms Received/Loaded ADM	FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	Present Status
782	786	FB 82/005	Bhuiyan, A.B. Rangpur Med. College Rangpur, Bangladesh	Comparative: Secure vs Neo Sampoon	X				FCO 703	200										P
782	772	FB 82/006	Khatun, A Comilla Hospital Comilla, Bangladesh	Comparative: Secure vs Neo Sampoon	X				FCO 703	200										P
784	698	FB 81/001	Apichart, N. Bangkok, Thailand	Comparative: Collatex vs Foam	X				FCO 141 8-7-81	350										P
785	309	FB 82/005	Hassan, E. Cairo, Egypt	Comparative: Neo Sampoon vs Foam	X				FCO 141 2-23-81	350										P
786	365	FB 81/021	Abdelsalaam, A.F. Zagazig, Egypt	Comparative: Neo Sampoon vs EVT	X				FCO 141 9-21-81	200										P
786	841	FB 81/023	AFROFAM Guatemala City, Guatemala	Comparative: Neo Sampoon vs EVT	X				FCO 141 11-12-18	200										P
786	890	FB 82/007	Nunez, J. ASPONFLAFA Tegucigalpa, Honduras	Comparative: Neo Sampoon vs OVT	X				FCO 141 3-4-82	200										P
787	721	FB 81/002	Rahman Khan, A. Dacca, Bangladesh	Comparative: Neo Sampoon vs Diaphragm	X				FCO 141 2-3-81	350										P
793	222	FB 82/002	Foreman, H. Minn. Med. Found. Minneapolis, Minn USA	Comparative: OVT vs EVT	X				FCO 141 1-18-82	160										P

INTERNATIONAL FERTILITY RESEARCH PROGRAM

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Study Area: (circle one) Sys (FB)

Planned

Date: April 15, 1982

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category			Ship Date	Date SA Signed	No. Cases Approv.	Date Closed	Forms Received/Loaded								Present Status
					Int	PP	PA	1st / Last				ADM	FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	
793	225	FB 82/004	Feinbester, A. Baylor Coll. of Med. Houston, Texas USA	Comparative: OVT vs EVT	X				FCO 141 2-16-82	160										P
795	239	FB 82/006	El Mahgoub, S. Cairo, Egypt	Comparative: Non Sampoon vs OVT vs EVT	X				FCO 141 2-10-82	300										P

INTERNATIONAL FERTILITY RESEARCH PROGRAM
STUDY STATUS LIST

Study Area: (circle one) Sys (FB)

Active
Date: April 15, 1982

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	Patient Category FP	Patient Category PA	Ship Date 1st / Last	Date SA Signed	No. Cases Approv.	Date Closed	Forms Received/Loaded ADM	Forms Received/Loaded FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	Present Status
780	026	FB 81/002	Batar, I. Debrecen, Hungary	Straight: Collagen Sponge	X			12-17-81 / 3-30-82	FCO 141 no signat. required	110		14 / 14	16 / 7	5	2					A
780	298	FB 81/011	Guillebaud, J. London, England	Straight: Collagen Sponge	X			12-7-81 / 3-22-82	FCO 141 no signat. required	110		35 / 30	51 / 36	31	5					A
782	023	FB 79/008	Borko, E. Slovenja, Yugoslavia	Comparative: Collatex vs Neo Sampoon	X			12-2-80 / 2-25-82	FCO 141 10-3-79	450		450 / 449	1431 / 1425	557		316			6mo 333 / 12+mo 219	A
782	024	FB 79/002	Behlilovic, B. Belgrade, Yugoslavia	Comparative: Collatex vs Neo Sampoon	X			11-29-80 / 1-20-82	FCO 141 6-19-80	350		353 / 351	1183 / 1168	378		213			6mo 335 / 12+mo 242	A
782	704	FB 79/004 R-1	Begum, S. F. Dacca, Bangladesh	Comparative: Collatex vs Neo Sampoon	X			6-4-80 / 2-9-82	FCO 141 1-17-80	350		348 / 342	397 / 282	159		61			6mo 38 / 12+mo 24	A
783	272	FB 81/006	Lefebvre, J. Montreal, Canada	Comparative: Collatex vs Diaphragm	X			11-17-81 / 4-8-82	FCO 141 6-22-81	300		92 / 77	123 / 91	70		21			6mo / 12+mo	A
783	298	FB 79/006 R-1	Guillebaud, J. London, England	Comparative: Collatex vs Diaphragm	X			7-25-80 / 3-23-82	FCO 141 1-11-80	250		217 / 215	561 / 533	188		132			6mo 136 / 12+mo 79	A
784	332	FB 81/015	Goldman, J. Petah Tikva, Israel	Comparative: Collatex vs Foam	X			1-20-82 / 4-1-82	FCO 141 6-22-81	350		143 / 103	100 / 49	49					6mo / 12+mo	A
785	020	FB 81/014	Andolsek & Korah Ljubljana, Yugoslavia	Comparative: Neo Sampoon vs Foam	X			4-2-82 / 4-2-82	FCO 141 6-22-81	350		4 / 0	0						6mo / 12+mo	A

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

Active

Study Area: (circle one) Sys (FB)

Date: April 15, 1982

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	PP	PA	Ship Date 1st / Last	Date SA Signed	No. Cases Approx.	Date Closed	Forms Received/Loaded ADM	FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	Present Status
785	360	FB 80/002	Bahran, M. Cairo, Egypt	Comparative: Neo Sampoon vs Foam	X			1-5-81 / 3-9-82	FCD 141 12-6-79	350		225 / 217	107 / 102	67		23			6mo 11 / 12+mo 1	A
785	368	FB 80/003	Youssef, H. Alexandria, Egypt	Comparative: Neo Sampoon vs Foam	X			2-18-81 / 2-23-82	FCD 141 4-16-80	350		349 / 349	725 / 684	331		160			6mo 185 / 12+mo 8	A
786	043	FB 81/003	Gyandi, A. Accra, Ghana	Comparative: Neo Sampoon vs EVT	X			11-11-81 / 2-25-82	FCD 141 6-23-81	200		63 / 50	26 / 24	23		1			6mo / 12+mo	A
78[illegible]	8022	FB 81/006	Lastanaga, A. Lima, Peru	Comparative: Neo Sampoon vs EVT	X			3-11-82 / 3-11-82	FCD 141 7-30-81	300		10 / 0	0 /						6mo / 12+mo	A
793	907	FB 82/003	Berger, C. CRH Chapel Hill, N.C.USA	Comparative: EVT VS EVT	X			3-11-82 / 3-1-82	FCD 141 11-25-81	160		7 / 0	0 /						6mo / 12+mo	A
795	044	FB 81/020	Boshene, E. Accra, Egypt	Comparative: Neo Sampoon vs EVT vs EVT	X			2-25-82 / 2-23-82	FCD 141 9-3-81	300		5 / 5	0 /						6mo / 12+mo	A
796	295	FB 82/001	Lawly, K. Marie Stopes Clinic London, England	Straight: Non-spermicide Kit-free diaphragm	X			3-24-82 / 3-24-82	FCD 141 11-3-81	450		15 / 0	7 / 0						6mo / 12+mo	A

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STUDY STATUS LIST

Study Area: (circle one) Sys 1 FB

Closed/Completed

Date: April 15, 1982

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	PP	PA	First Shipment	Date SA Signed	No. Cases Approx.	Last Shipment Date Closed	Forms Received/Loaded ADM	FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	Paper CR
780	907	FB 81/012	Berger, C. Chapel Hill, N.C.USA	Straight: Collagen Sponge	X			7-17-81	FCD 141 no signat. required	150	2-22-82	61	132	44	32	14	12	14	1[illegible]	
781	624	78/047	Behlilovic, B. Belgrade, Yugoslavia	Straight: Collatex Sponge	X			7-5-78	FCD 141 3-27-78	100	1-22-80	100	261	110		82			69	
781	658	78/052	Bhatt, R. Baroda, India	Straight: Collatex Sponge	X			6-5-79	FCD 141 2-14-79	100	6-30-79	23	21	15		2			1	
781	298	FB 79/001 R-3	Guillebaud, J. London, England	Straight: Collatex Sponge	X			8-1-79	FCD 141 9-7-79	100	11-2-79	100	176	171		44			11	CR 219
781	358	78/049	Fathalla, M. Assuit, Egypt	Straight: Collatex Sponge	X			7-24-79	FCD 141 4-20-78	100	9-12-79	12	9	5		1			3	
781	360	78/055	Mahran, M. Cairo, Egypt	Straight: Collatex Sponge	X			10-11-78	FCD 141 4-20-78	100	1-22-80	56	14	13		1				
781	501	78/051	Patel, D. Bombay, India	Straight: Collatex Sponge	X			7-27-79	FCD 141 2-14-79	100	6-30-79	40	44	30		7			7	
781	721	78/048	Akhtar, H. Dacca, Bangladesh	Straight: Collatex Sponge	X			7-11-78	FCD 703 3-13-78	100	10-2-79	32	43	22		12			9	CR 248
781	868	78/050	Aznar, R. Mexico City, Mexico	Straight: Collatex Sponge	X			12-8-78	FCD 141 7-7-78	100	1-22-80	23	40	23		10			7	

INTERNATIONAL FERTILITY RESEARCH PROGRAM
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Study Area: (circle one) Sys FB

Closed/Completed
Date: April 15, 1982

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	PP	PA	First Shipment	Date SA Signed	No. Cases Approx.	Last Shipment Date Closed	Forms Received/Loaded ADM	FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	Paper CR
782	699	FB 79/009 R-1	Sun, T.H. Taichung, Taiwan	Comparative: Collatex vs Neo Sampoon	X			7-24-80	FCO 141 3-6-80	350	1-6-82	153	374	160		79			6mo 89 12+mo 46	
788	961	PARFR	Ahmad, M.M. San Antonio, Texas	Straight: Intravaginal Insert	X			7-24-81	7-15-80	FCO 141 49	7-24-81	(process data only) 49	132	128		4				CR 287
790	020	78/103 R-1	Andolsek, L. Ljubljana, Yugoslavia	Comparison: Diaphragm & Foam	X			5-16-79	FCO 141 6-19-80	500	1-6-82	484	1502	671		220			6mo. 307 12+mo 304	
790	368	78/059	Marzouk, Z. Alexandria, Egypt	Straight: Neo Sampoon	X	-		1-2-79	FCO 141 5-24-78	150	4-11-80	116	157	90		20			6mo 32 12+mo 15	
790	704	78/060 R-1	Begum, S.F. Dacca, Bangladesh	Straight: Neo Sampoon	X			8-14-78	FCO 703 7-31-79	150	4-16-80	150	556	184		112			6mo 136 12+mo 124	
790	801	78/070 R-2	PRIF _ Inst. Mat. Inf. Bogota, Colombia	Straight: Neo Sampoon	X	X	X	9-29-78	FCO 701 4-19-79	125	4-16-80	181	220	124		35			6mo 38 12+mo 23	CR 158
790	868	78/059	Aznar, R. Mexico City, Mexico	Straight: Neo Sampoon	X			12-8-78	FCO 141 7-7-78	150	9-12-79	34	58	24		13			6mo 15 12+mo 6	
790	883	78/070 R-2	PRIF Hosp. Samaratina Bogota, Colombia	Straight: Neo Sampoon	X			9-29-78	FCO 701 4-19-79	125	4-16-80	60	49	34		3			12	CR 158
791	805	78/070	PRIF Hosiptal San Jose Colombia	Straight: Neo Sampoon	X			9-29-78	FCO 701 5-12-78	125	1-22-80	29	23	21		2				

INTERNATIONAL FERTILITY RESEARCH PROGRAM
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Study Area: (circle one) Sys (FB)

Closed/Completed
Date: April 15, 1987

Study No.	Clinic No.	SP No.	Contributor Name Clinic Location	Description of Study	Patient Category Int	PP	PA	First Shipment	Date SA Signed	No. Cases Approx.	Last Shipment Date Closed	Forms Received/Loaded ADM	FU	Cycle MO 1	Cycle MO 2	Cycle MO 3	Cycle MO 4	Cycle MO 5	Cycle MO 6+	Paper CR
791	876	78/070	PRIF - Hospital Federico Lleras Ibague, Colombia	Straight: Collatex Sponge	X			10-10-78	FCO 701 5-12-78	125	1-22-80	26	31	23		7			1	
792	873	FB 79/003 R-1	PRIF Boyaca, Province Colombia	Straight: Neo Sampoon	X			12-10-79	FCO 701 4-19-79	100	4-16-80	62	89	57		26			6	
792	880	FB 79/003 R-1	PRIF Norte Santander Province, Colombia	Straight: Neo Sampoon	X			11-7-79	FCO 701 4-19-79	100	4-16-80	15	7	4		2			1	
792	884	FB 79/003 R-1	PRIF Caldas Province Colombia	Straight: Neo Sampoon	X			11-7-79	FCO 701 4-19-79	100	4-16-80	10	5	5						
792	886	FB 79/003 R-1	PRIF Colombia	Straight: Neo Sampoon	X			11-7-79	FCO 701 4-19-79	100	4-16-80	15	0							

APPENDIX E

Completed Consultant Reports (CRs)
16 September 1981 - 15 March 1982

Title	Prepared For	Center #	Study #
Female Sterilization by Minilaparotomy using the Modified Pomeroy Technique	M.A. Quader	722	6902/6906
A Comparison of the Copper T and Copper 7, Family Planning Institute, Ljubljana, Yugoslavia	L. Andolsek	020	418
Evaluation of the Copper T 200 in Interval Women in Cairo, Egypt	F. Hefnawi	351	460
Evaluation of the Szontagh Intrauterine Device in a Retrospective Study of Interval Women in Szeged, Hungary	J. Annus	221	423
Analysis of the Intravaginal Insert-Univ. of Texas - Health Science Center at San Antonio	M.M. Ahmad	916	788
A Retrospective Evaluation of the Copper T 200 and the Copper T 300 Intrauterine Devices in Bangkok, Thailand	A. Somboonsuk	714	417
Evaluation of the Multiload Cu 250, CuT 200, with vs without Prophylactic Antibiotics	L. Randic	022	542
A Comparative Study of Vasectomy Performed with vs without Prophylactic Antibiotics	Atiqur Rahman Khan	721	730
A Comparative Study of the Standard Intrauterine and the Medium Intrauterine Membrane in Panevo, Yugoslavia	Z. Paravic	240	491
Evaluation of the Spring Coil and Dalkon Shield, Hacettepe University Ankara, Turkey	H. Kisnisci	304	403/407

Title	Prepared For	Center #	Study #
Evaluation of the Lippes Loop C Southwestern University Cebu City, Philippines	E. Dacalos	066	410
A Comparison of the Lippes Loop C and Lippes Loop D, Centro Investigaciones Regionales Merida, Mexico	T. Canto de Cetina	0869	0507
Surveillance of Female Sterilization Panama City, Panama	Lasso de la Vega	0832	6900
Female Sterilization via Minilaparotomy and Suprapubic Endoscopy using Tubal Rings	R. Bhatt	058	6002
Surveillance of Female Sterilization in Khartoum, Sudan	H. Rushwan	0049	6900
Female Sterilization by Minilaparotomy using the Modified Pomeroy Technique	Nazimuddia Ahmed	702	6902
A Comparative Study of Minilaparotomy Performed with vs without Topical Anesthesia	E. Moran Caceres	824	6052
Surveillance of Female Sterilization by Minilaparotomy	Sufia Khatun	719	6902
Evaluation of the Laprocator with Minilaparotomy	Ruben Apelo	600	6002
Female Sterilization by Minilaparotomy using the Modified Pomeroy Technique, Rangpur, Bangladesh	Bhuiyan	786	6902
A Comparative Study of Minilaparotomy Female Sterilization by the Pomeroy Technique vs Tubal Ring	A. Firoza Begum	704	670
Menstrual Regulation by Physicians and Paramedics, Dacca, Bangladesh	Firoza Begum	704	318
Female Sterilization by Minilaparotomy using the Modified Pomeroy Technique BFRP Model Clinic, Chittagong, Bangladesh	Mirza Islam	701	6902

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Title	Prepared For	Center #	Study #
A Comparative Study of the Lippes Loop D and the Delta Loop in Assuit, Egypt	M. Shabaan	047	539
Surveillance of Female Sterilization Dacca, Bangladesh	Suraiya Jabeen	0705	6902
Surveillance of Female Sterilization Yogyakarta, Indonesia	R. Suprono	0767	6900
Menstrual Regulation at Two, Four annd Six Weeks Menstrual Delay Dacca, Bangladesh	Suraiya Jabeen	705	308
A comparative study of MR using Pre-sterile Cannulae vs Cannulae Sterilized with Antiseptic Solution	Firoza Begum	706	370
Surveillance of Female Sterilization in Freetown - Sierra Leone	Jarrett	415	6900
A Comparative Study of Laparoscopy vs Minilaparotomy	A. Letchworth	290	636

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BARRIER

DA Edelman and S Thompson. Vaginal Contraception - An Update. Contraceptive Delivery Systems. (in press) (BAR-10)

A Goldsmith and DA Edelman. Metodos Anticonceptivos de Barrera. Reproduccion. (in press) (BAR-11)

J Zipper, ME Bruzzone, S Angelo, V Munoz and RG Wheeler. Effect of Topically Applied Andrenergic Blockers on Fertility. Int J of Fertil. (in press) (BAR-9)

INTRAUTERINE DEVICES

B Behlilovic, S Etman, LE Laufe and P Dixon. Comparison of the Lippes Loop D and Tapered Lippes Loop D Intrauterine Devices. Contraception. (in press) (IUD-78)

E Kessel, I Chi and P Feldblum. Postmarketing Surveillance of Intrauterine Contraceptive Devices. Contraceptive Delivery Systems. (in press) (IUD-86)

LE Laufe. Chemical Sterilization With an IUD. Contraceptive Delivery System 2:343, 1981. (IUD-82)

FEMALE STERILIZATION

DB Rhodes, SD Mumford and MJ Free. Vasectomy: Efficacy of Placing the Cut Vas in Different Fascial Planes. Fertil Steril 33(4):433, 1980, also a condensed version Urology Digest 29:11, 1981. (MS-7)

P Bhiwandiwala, SD Mumford and P Feldblum. A Comparison of Different Laparoscopic Sterilization Occlusion Techniques in 24,439 Procedures. Am J Obstet Gynecol. (in press) (FS-147)

P Bhiwandiwala. New Approaches to Female Sterilization. People (IPPF) 8(4):14, 1981. (FS-156)

P Bhiwandiwala, SD Mumford, P Feldblum. Menstrual Pattern Changes Following Laparoscopic Sterilization: A Comparative Study of Electrocoagulation and the Tubal Ring in 1025 Cases. J Reprod Med. (in press) (FS-157)

I Chi and P Feldblum. Laparoscopic Sterilizations Requiring Laparotomy. Am J Obstet Gynecol. (in press) (FS-157)

I Chi and P Feldblum. Luteal Phase Pregnancies in Female Sterilization Patients. Contraception 23(6):579, 1981. (FS-130)

I Chi and P Feldblum. Uterine Perforation During Sterilization by Laparoscopy and Minilaparotomy. Am J Obstet Gynecol 139(6):735, 1981. (FS-96)

B Janowitz, JE Higgins, DC Clopton, MS Nakamura and ML Brown. Access to Postpartum Sterilization in Southeast Brazil. Med Care. (in press) (FS-149)

APPENDIX F

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International Fertility Research Program
Publications
September 15, 1981 - March 15, 1982

MATERNITY RECORD

RV Bhatt, S Pachauri, RP Bernard and A Jamshedji. Maternity Care Monitoring (MCM) at the Baroda Medical College Hospital, Baroda, India. In: Proceedings of the IXth World Congress of Gynecology and Obstetrics, Tokyo, Japan, October 25-31, 1979 (Amsterdam: Excerpta Medica). (in press) (MAT-38)

I Chi, T Agoestina and J Harbin. Maternal Mortality at Twelve Teaching Hospitals in Indonesia--An Epidemiologic Analysis. Int J Gynaecol Obstet 18(4):259, 1981. (MAT-42)

J Fortney, JE Higgins, A Diaz-Infante, E Hefnawi, LG Lampe and I Batar. Childbearing After Age 35: Its Effects on Early Perinatal Outcomes. J Biosoc Sci. (in press) (MAT-49)

JA Fortney and EN Whitehorne. The Development of an Index of High Risk Pregnancy. Am J Obstet Gynecol. (in press) (MAT-58)

B Janowitz, DC Clopton, JE Higgins, JA Nunez, MS Nakamura, L' Moreno and M Medel. Cesarean Delivery in Selected Latin American Hospitals. Public Health. (in press) (MAT-47)

B Janowitz, MS Nakamura, FE Lins, ML Brown and DC Clopton. Cesarean Section in Brazil. Soc Sci Med. (in press) (MAT-51)

METHODOLOGY

M Potts. Family Planning Without Doctors. In: Proceedings of IPPF Regional Seminar on Development of Para-Medical Personnel, Dacca, Bangladesh, October 22-25, 1979, p. 16. (METH-47)

M Potts, P Feldblum, I Chi, W Liao and AF de la Haba. The Puerto Rico Oral Contraceptive Study: An Evaluation of the Methodology and Results of a Feasibility Study.. Br J Fam Plann. (in press) (METH-53)

RG Wheeler and PG Friel. Release of Drugs from IUDs Using an Ethylene Vinyl Acetate Matrix. In: Proceedings of the Seventh International Symposium on Controlled Release of Bioactive Materials, Ft. Lauderdale, Florida, July 27-30, 1980 (New York: Plenum Publishing Corp., 1981), p. 26. (METH-52)

SYSTEMICS

M Potts. Is the Pill Natural? Populi 7(1):12, 1980. Also in Spanish: Es La Pildora Un Metodo Anticonceptivo Natural? (Queretaro, Mexico: PROFAM, 1981). (SYS-24)

B Janowitz, JH Lewis, DC Clopton and MS Nakamura. Postpartum Sterilization at Five Hospitals in Sao Paulo State, Brazil. J Biosoc Sci. (in press) (FS-148)

B Janowitz and J Nunez. Access to Sterilization in Two Hospitals in Honduras. Bull Pan Am Health Organ 15(3):226, 1981. (FS-131)

E Kessel and SD Mumford. Potential Demand for Voluntary Female Sterilization in the 1980s: The Compelling Need for a Nonsurgical Method. Fertil Steril. (in press) (FS-159)

AR Khan, HH Akhtar, HA Ali and B Dixon. Female Sterilization: A Comparison of Minilaparotomy and Culdoscopy. Sing J Obstet Gynecol. (in press) (FS-145)

SD Mumford, P Bhiwandiwala and I Chi. In Developing World, Fewer Pregnancies, Greater Safety with Minilap/Ring than with Laparoscopy (Summary). Int Fam Plann Perspect 7(2):65, 1981. Also, Laparoscopic and Minilaparotomy Female Sterilization Compared in 15,167 Cases (Summary). Obstet Gynecol Surv 36(7):363, 1981, (Summary) Fam Plann Perspect 13(6):278, 1981. (FS-126)

MENSTRUAL REGULATION

DA Edelman and GS Berger. Menstrual Regulation. In: Abortion and Sterilization: Medical and Social Aspects, JE Hodgson, ed. (London: Academic Press Inc. Ltd., and New York: Grune & Stratton, 1981), p. 209. (MR-27)

PREGNANCY TERMINATION

JA Fortney. The Use of Hospital Resources to Treat Incomplete Abortions Examples from Latin America. Public Health Rep 96(6):574, 1981. (PT-124)

EVALUATION

P Bhiwandiwala and K Minor. Common Sense and Technology. People. (in press) (EVAL-83)

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