

*I*NTERNATIONAL
*F*ERTILITY
*R*ESEARCH
*P*ROGRAM

SIX MONTH REPORT

JANUARY 1 - JUNE 30, 1973

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CAROLINA POPULATION CENTER
University of North Carolina
University Square
Chapel Hill, North Carolina 27514
U. S. A.

INTERNATIONAL FERTILITY RESEARCH PROGRAM

CAROLINA POPULATION CENTER

SIX MONTH REPORT

January 1 - June 30, 1973

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From: The International Fertility Research Program
Carolina Population Center
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514

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INTERNATIONAL
FERTILITY
RESearch
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INTERNATIONAL FERTILITY RESEARCH PROGRAM

I. INTRODUCTION

The International Fertility Research Program (IFRP) was organized in 1971. This report covers the last six months of its second year. The first six month period of its existence (July 1 - December 31, 1971) was spent in recruitment of nuclear staff and a limited network of study Contributors, development of a data collection instrument for the Pregnancy Termination Study and pre-testing this instrument in several Centers, particularly in Asia. This early field activity served to both test IFRP's organizational structure and to develop a records dialogue with first Contributors.

The original organizational pattern of IFRP called for a relatively small administrative staff with scientific tasks being completed through service agreements and subcontracts with various University departments and other institutions. Even the data collection and data processing were first thought of as being accomplished on this basis. This part of the IFRP organizational plan was changed within the first few months and a decision made to recruit its own scientific staff for study design and analysis, data collection and data processing tasks.

Other aspects of the original plan of organization were found feasible. These included the concept of an international network of study Contributors who would become increasingly skillful in completion of IFRP data collection instruments; the limitation on data collection instruments to one page; computerized assistance to data analysis, especially through pre-programmed standard tables for each study area; the use of these data collection instruments both to collect background patient specific data on methods used

in the Contributor's clinic and to become part of a comprehensive array of comparative study protocols.

In the second six months (January 1 - June 30, 1972) the Contributor network was expanded, the records dialogue intensified in the Pregnancy Termination Study and data collection instruments developed for pretest in other study areas -- Menstrual Regulation, I.U.D.'s, Female Sterilization, Male Sterilization and Systemic Contraceptives. The first comparative study protocol was developed to compare two cannulae in vacuum aspiration abortion. This included use of the basic data collection instrument for the Pregnancy Termination Study, a Methods List for collection of additional data to which the "evaluator", who follows the case after the procedure, would be blind and a mechanism for random allocation of patients to the two cannulae. The same basic approach has since been found useful for other comparative studies both for Pregnancy Termination and other study areas.

It was in this period that IFRP data processing and analysis capabilities were put to test. Within a three-week period, data for the Pregnancy Termination Study collected by Contributors in India were processed through standard tables and special computer runs and a paper produced and delivered at a scientific meeting by one of the Indian Contributors.

An application to amend our Contract was made in this period to provide funds for purchase of experimental drugs and monitoring services of pharmaceutical companies. The Vice-Chancellor appointed a committee to review the implications of IFRP's conducting field trials with such experimental drugs. This committee recommended further strengthening of the IFRP scientific staff to develop protocols for and monitor such trials.

In the third six month period (July 1 - December 31, 1972) the Pregnancy Termination Study data collection instrument was finalized and all other study area instruments developed and placed in the field for pre-test. According to recommendations of the Vice-Chancellor's Committee, a Director for Research and Training was appointed and the definitive organizational chart of IFRP conceptualized with administration and three scientific divisions: Research Design and Analysis, Data Collection and Data Processing. Comparative study protocols were completed for first and second trimester abortion, I.U.D.'s and systemic contraceptives and submitted to appropriate committees of the University.

First revisions to the standard computer output table for the Pregnancy Termination Study were made, and the development of standard tables for other study areas progressed considerably.

Data sets in both Pregnancy Termination and Female Sterilization reached a size suitable for analysis. The format of Consultant Reports developed from the standard tables of these study areas was determined and the initial report was prepared for Mr. T. H. Lean of Singapore.

The six month period of the present report (January 1 - June 30, 1973) has been one of continued improvement in protocol development, data collection procedures, and data processing services. It has been mainly a period of initiation of comparative studies, monitoring these studies and reporting on baseline data collected in Pregnancy Termination, Menstrual Regulation and Female Sterilization Study areas.

Such comparative studies, their initiation, monitoring, and evaluation have utilized the professional and administrative resources of the staff in meeting the technical, qualitative, logistical, financial, and even political

problems in the field. The planning, organizing, and the placing of a series of comparative studies is a logical concomitant of the earlier experience gained in surveillance-type studies.

The first half of Fiscal Year 1974 will be devoted to a continuation of the comparative studies emphases. Identification of study interests, site availabilities, and logistical factors will be a major concern. At the same time a steadily increasing output of data sets are programmed for analysis and presentation among the several study areas. The initiation of the first studies involving the use of prostaglandins in mid-trimester pregnancy terminations and a series of comparative cannulae studies are realizable goals during the period, with data results beginning to appear by the end of calendar year 1973. The dissemination of research findings will be through IFRP monographs and Consultant Reports prepared for Contributors, as well as through papers read at scientific meetings and published in professional journals. Cooperation with the Population Information Program at George Washington University in dissemination of fertility research knowledge is a continuing goal.

II. PROGRAM

The Medical Advisory Committee^(A)

The choice of methods to be tested in the IFRP Contributor network is of utmost importance. The various data collection instruments and comparative study protocols had previously been reviewed by Subcommittees of the Medical Advisory Committee. The Committee had also recommended a number of methods for study in its April 1972 meeting.^(B)

The Committee held a general meeting in Houston on April 10, coordinated with the meeting of the American Association of Planned Parenthood Physicians. The major study areas were discussed by Subcommittee Chairmen in the context of the Program's achievements to date; guidelines and recommendations were offered.

Mr. Robert Wheeler, I.U.D. Subcommittee Chairman, reviewed a guide to the assessment of priorities for I.U.D. studies. With the option of studying any of the I.U.D.'s on the Subcommittee's Priority List, the following were noted as having special features for consideration:

- ALZA (Progesterone) -- as an indicator for this class of I.U.D.
- WEISS -- testing a fixed shape device versus a conforming device.
- SPRING COIL, SMALL -- to be studied in conjunction with a "memory" core.
- TEXTURED SURFACE -- concept to be tested for its class.
- PROVERA RELEASING -- to test problems of expulsions after full release of Provera.
- FLUID FILLED TECNA -- to be studied from a bio-medical viewpoint since we now know release characteristics of silastic; to assay the effect of release of medicaments.

-DALKON -- continued interest; urge complete retrospective study.

-CU-7 -- for a double-blind comparative study.

It was agreed that comparative studies should use the Lippes Loop C + D as standard reference until accumulated data for other devices become significant and that six month segments should be studied for adequate expulsion rates. This is compatible with the IFRP's Human Investigation Committee's requirement for six month surveillance reports.

The Battelle Pleated Membrane was recommended in particular for straight studies following early trials. Data collection for the early studies has been implemented.

Dr. Benjamin Branch, Subcommittee Chairman for Pregnancy Termination and Menstrual Regulation Studies, reviewed activities in these areas. Recommendations for continued and further studies reflected the need for an increased volume of Menstrual Regulation baseline data and to define standard procedures in anticipation of comparative studies. Suggested studies included comparison of rigid and flexible cannulae and different sizes of flexible cannulae. It was recommended that both Mid-trimester and First Trimester Comparative Studies be implemented according to approved protocols.

Dr. Joseph Davis, Chairman of the Subcommittee on Sterilization, advised that reversible male sterilization techniques are not yet ready for study. Studies of male sterilization techniques should be limited to those already on the IFRP form. Dr. Hulka's work in clip applications for female sterilizations was discussed with the suggestion that use of the clip be initiated in straight studies and its use in male sterilization be explored.

Dr. Joseph Goldzieher, Chairman of the Subcommittee on Systemic Contraceptives, reviewed development of the data collection instruments and considered

them ready for study use at the Planned Parenthood Center of Seattle, where a double-blind Study of several oral contraceptives will be initiated. It was recommended that the IFRP retain the concept of random allocation when monthly orals are compared with daily orals and that the Provera Ring be reconsidered for study use after revision of the Upjohn protocol. Dr. Goldzieher later met with those involved in the design of the Comparative Oral Contraceptive Study to be implemented at Seattle. The protocol, symptom grid, and telephone interview procedures were finalized and study approved for implementation.

The joint discussions of the Medical Advisory Committee with IFRP staff have pinpointed the various methods and techniques which show promise and to which priority actions should be directed. The addition of Drs. Andolsek of Yugoslavia and Zipper of Chile have brought further international experience to the group and to IFRP which should benefit efforts in developing study priorities and procedures, especially in the less developed countries. The Medical Advisory Committee Subcommittees will be asked to review progress of initiated studies and advise IFRP concerning new research and development between general meetings of the Committee.

Contributor Network

The program objective of forming a network of Contributors representing a variety of clinical settings was achieved by the end of 1972.

Expansion in 1973 has proceeded at a slower rate following a shift of emphasis from recruitment to the strengthening of study and data reporting relationships. There are presently 100 Contributors, from 29

countries, in dialogue with the IFRP.

| CONTRIBUTORS | | | | | |
|--------------------|-------------|------------------|---------------|-------------|------------------|
| Country | End 1972 | June 30, 1973 | Country | End 1972 | June 30, 1973 |
| Australia | 3 | 3 | Korea (South) | 1 | 1 |
| Bangladesh | 1 | 2 | Malaysia | 2 | 3 |
| Barbados | 1 | 1 | Nepal | 1 | 1 |
| Chile | 0 | 1 | Netherlands | 1 | 1 |
| England | 5 | 6 | Pakistan | 3 | 1 |
| Gambia | 1 | 0 | Panama | 1 | 1 |
| Ghana | 1 | 1 | Philippines | 3 | 4 |
| Guatemala | 1 | 1 | Singapore | 1 | 1 |
| Hong Kong | 1 | 1 | South Africa | 1 | 1 |
| Hungary | 2 | 1 | Sri Lanka | 2 | 2 |
| India | 33 | 35 | Thailand | 1 | 2 |
| Indonesia | 1 | 1 | Turkey | 2 | 2 |
| Iran | 7 | 7 | Egypt | 3 | 2 |
| Jamaica | 1 | 1 | U.S.A. | 9 | 12 |
| Japan | 1 | 1 | Yugoslavia | <u>3</u> | <u>4</u> |
| TOTAL CONTRIBUTORS | | | | 92 | 100 |

Additional Contributors to the system from the United States reflect the need for early studies of newer methods to establish their safety and efficacy. This includes study of the Pleated Membrane Device in conjunction with Battelle Pacific North West Laboratories. This trial is being carried out by Dr. Leonard Laufe at Western Pennsylvania Hospital, Dr. Lonnie Burnett at Johns Hopkins and Dr. Julius Butler at the University of Minnesota. Dr. Lidija Andolsek at the Family Planning Institute, Ljubljana is also participating.

Fifty-four of the 100 Contributors, who work in a total of 123 study Centers, are submitting data regularly. Sixteen of these have submitted over 250 forms each during the last 6 months for a total of 9,673 forms, and 39 have submitted 7,308. Table 1 details the major receipt of forms by selected Centers (I) and by Study Areas (II). The 46 Contributors who have not submitted data this period for processing are in varying degrees of association. Some had submitted data last year for particular studies which have ended; others have recently joined the network and are preparing to initiate studies.

An IFRP Studies Review Committee has been formed which has completed a review of Centers by major study area to evaluate performance. Decisions to start, stop or alter a study are now reviewed by this committee on a regular basis.

Reporting has remained heaviest for Pregnancy Termination procedures, but the flow of data from the other 5 major study areas has increased appreciably. To date, during 24 months of IFRP activity, a total of 29,751 forms have been submitted of which 16,981 were received during the last 6 months, an average of 2,832 per month. Table 2 details the total receipt of forms by Month and Study Area (I) and compares the forms activity of the last six months with that of the previous 18 months (II).

Two meetings of Contributors were held. One at Geneva in February in conjunction with the Second International Conference on Voluntary Sterilization; the other in New Delhi in June. At Geneva the main subject was the design of Comparative Studies which are ready for implementation. Dr. Brenner and Dr. Kessel described the protocols and the IFRP research system. Dr. Jaroslav Hulka discussed his new clip for laparoscopic sterilization. The meeting at New Delhi involved primarily the Executive Committee of the

TABLE 1

IFRP FORMS RECEIVED
January - June 1973I. MAJOR CONTRIBUTING CENTERS -- TOTAL FORMS

| <u>CENTER</u> | <u>CONTACT</u> | <u>NO. FORMS</u> | <u>STUDY AREAS</u> |
|---------------|-------------------------------|----------------------|------------------------|
| 070 | T. LEAN, Singapore | 2626 | MR, FS |
| 022 | L. RANDIC, Yugoslavia | 1178 | PT, IUD |
| 075 | K. SUPORN, Thailand | 899 | PT, FS |
| 905 | T. ALLAN, U.S.A. | 586 | PT |
| 071 | S. HONG, Korea | 545 | PT, MR |
| 009 | A. SOBRERO, U.S.A. | 500 | MS |
| 026 | L. LAMPE, Hungary | 500 | IUD |
| 001 | C. HENDRICKS, U.S.A. | 456 | PT |
| 030 | M. RAGAB, U.A.R. | 350 | PT, MR |
| 017 | G. DAVIS, England | 350 | MR |
| 528 | S. KANITKAR, India | 293 | PT, MR, FS |
| 051 | B. RAO, India | 284 | PT, MR, FS |
| 007 | F. KISSLING, U.S.A. | 277 | MR |
| 008 | W. FURGESON, U.S.A. | 311 | SYST |
| 013 | SHAKESPEARE (Knight), England | 263 | PT |
| 513 | C. DAWN, India | 255 | FS |
| TOTAL | | 9673 | |

II. MAJOR CONTRIBUTING CENTERS -- FORMS BY STUDY AREA

| | <u>CENTER</u> | <u>CONTACT</u> | <u>NO. FORMS</u> | <u>SUBTOTALS</u> |
|-------------|---------------|-------------------------------|----------------------|------------------|
| <u>PT</u> | 075 | K. SUPORN, Thailand | 799 | |
| | 905 | T. ALLAN, U.S.A. | 586 | |
| | 071 | S. HONG, Korea | 496 | |
| | 001 | C. HENDRICKS, U.S.A. | 456 | |
| | 022 | L. RANDIC, Yugoslavia | 303 | |
| | 030 | M. RAGAB, U.A.R. | 300 | |
| | 013 | SHAKESPEARE (Knight), England | 263 | 3203 |
| <u>MR</u> | 017 | G. DAVIS, England | 350 | |
| | 007 | F. KISSLING, U.S.A. | 277 | 627 |
| <u>FS</u> | 070 | T. LEAN, Singapore | 2619 | |
| | 513 | C. DAWN, India | 255 | 2874 |
| <u>MS</u> | 009 | A. SOBRERO, U.S.A. | 500 | 500 |
| <u>IUD</u> | 022 | L. RANDIC, Yugoslavia | 875 | |
| | 026 | L. LAMPE, Hungary | 500 | 1375 |
| <u>SYST</u> | 008 | W. FERGUSON, U.S.A. | 311 | 311 |
| TOTAL | | | | 8890 |

KEY:

| | |
|---------------------------|-------------------------------|
| PT: Pregnancy Termination | MS: Male Sterilization |
| MR: Menstrual Regulation | IUD: Intrauterine Devices |
| FS: Female Sterilization | SYST: Systemic Contraceptives |

I. RECEIPT OF IFRP FORMS
BY MONTH AND STUDY AREA
January - June 1973

| STUDY AREA | JAN. | FEB. | MAR. | APR. | MAY | JUNE | JAN.-JUNE 1973 TOTAL |
|------------|-------|-------|-------|-------|-------|-------|----------------------|
| PT | 1,411 | 956 | 1,587 | 2,510 | 1,674 | 1,269 | 9,407 |
| MR | 173 | 452 | 44 | 98 | 47 | 135 | 949 |
| FS | 3,182 | 170 | 262 | 176 | 66 | 248 | 4,104 |
| MS | 0 | 0 | 100 | 200 | 300 | 0 | 600 |
| IUD | 156 | 220 | 159 | 702 | 152 | 221 | 1,610 |
| SYST | 0 | 21 | 0 | 0 | 210 | 80 | 311 |
| TOTALS | 4,922 | 1,819 | 2,152 | 3,686 | 2,449 | 1,953 | 16,981 |

II. RECEIPT OF IFRP FORMS
BY PROGRAM PERIODS AND STUDY AREA

| STUDY AREA | JUNE 1971 - DEC. 31, 1972 (18 months)* | JAN. 1973 - JUNE 1973 (6 months) | TOTAL TO DATE |
|------------|---|-------------------------------------|---------------|
| PT | 11,000 | 9,407 | 20,407 |
| MR | 300 | 949 | 1,249 |
| FS | 1,200 | 4,104 | 5,304 |
| MS | 200 | 600 | 800 |
| IUD | 70 | 1,610 | 1,680 |
| SYST | -- | 311 | 311 |
| TOTALS | 12,770 | 16,981 | 29,751 |

*Totals rounded.

KEY:

PT: Pregnancy Termination
MR: Menstrual Regulation
FS: Female Sterilization
MS: Male Sterilization
IUD: Intrauterine Devices
SYST: Systemic Contraceptives

India Fertility Research Programme and the organization of studies in India.

Contributor Network, Country Programs

Since its inception, the IFRP has sought opportunities, sites, and resources for initiating clinical field trials in a spectrum of countries and cultures. Notwithstanding this objective, the major field studies are concentrated in relatively few countries in which favorable sites, qualified investigators, and permissive legislation exist. Also, funding constraints have seriously restricted operations in a number of countries. As a consequence, the development, institution, and prosecution of clinical field trials of various fertility control techniques have not yet reached the geographical, ethnic, and cultural dispersion desired.

The development of a standardized data collection system, of computer analysis capabilities, and of responsive consultative and training services has served to offer the IFRP system as a model framework in which to pursue fertility control research within a number of countries. Such studies would seek out specific national, ethnic, religious, cultural, and other variables affecting fertility and would gain invaluable information from the clinic populations being investigated. For this, national fertility research organizations are necessary and desirable.

Such national organizations would adhere to the International Fertility Research Program standards and might continue to have clear linkages with IFRP. For example, IFRP computer analysis capabilities may be utilized, or IFRP consultancy may be requested.

In response to the articulated needs and requests by a number of key

physicians in several large countries, the IFRP submitted a proposal to the UNFPA for support of clinics in less developed countries which would provide for participation in programs for:

- (1) field testing of newer developments in fertility control technology under use conditions;
- (2) evaluation of alternate patterns of family planning clinic organization, especially as related to newer developments in fertility control, including qualifications of personnel, extension of services from clinic into community, equipment and supplies, transportation, etc.;
- (3) development of information and education related to product and method development, including market research, especially as related to newer developments in fertility control;
- (4) development of a set of indices for evaluation of family planning programs;
- (5) collection of clinical data on fertility patterns useful for program planning.

The proposal was conceived as a grant to enable the IFRP to carry its development philosophy more effectively to the less developed countries through service and involvement of a network of clinic centers. However, the actual funding would go directly to the countries involved and would be programmed by the research organizations identified and staffed to initiate studies, collect data, process results, and prepare analyses. Subsequently, the proposal was amended to provide funding for the India Fertility Research Programme because of the very size of this requirement.

The initial request was for \$900,000 for three years; the India Programme is estimated at \$1,130,000 for three years. Early in 1973 the India Fertility Research Programme was formally organized and is now operating out of Calcutta, which is scheduled to be one of the Regional Offices. Miss Khuku Sarkar, a member of the IFRP staff at Chapel Hill, went to India to establish basic administrative and data collection procedures and to develop the operating linkages between the integrated International and Indian programs. With full implementation of the India Programme, she will further develop these activities, as the Programme's Data Collection Coordinator, in close communication with Chapel Hill. At the June meeting of the Executive Committee under the chairmanship of Dr. K. Bhaskar Rao, Dr. S. C. Seal was appointed Director of the Calcutta Regional Office of the India Fertility Research Programme. The request for registration as an Indian institution was prepared for submission to the Government, and a grant request for funding was approved for submission to the UNFPA^(C). Data collection and processing of the India Fertility Research Programme studies is to be done at the Calcutta Regional Office at this time. Two additional regional offices will coordinate study activities. The Bombay Regional Office is directed by Dr. D.N. Pai. The Madras Regional Office is directed by the Programme's Chairman, Dr. Rao. Current IFRP data collection instruments, instruction manuals, and study protocols have been modified to identify studies with the India Fertility Research Programme. Development of new or particular studies reflecting specific needs in India will be encouraged. Methods of establishing uniform data processing and analysis capabilities are being explored for eventual implementation. At present, plans are being developed

to establish three Research Training Centres in India, the first in 1974.

As indicated, direct funding of these Indian programs will be based upon expected grant assistance from the UNFPA. Funds have also been approved by the Scaife Family Charitable Trusts to cover general organizational expenses of the India Fertility Research Programme during the transitional period.

Additional funding is also being sought from Indian donor institutions to further establish a fully staffed and equipped organization dedicated to fertility control research in India.

Other areas and aspects of regionalization are being pursued. The IPPF South East Asia and Oceania Regional Office has been in communication concerning the use of IFRP designed data collection instruments for uniform reporting from their affiliated programs and clinics. This development, started late last year, to structure contributing centers around the IPPF/SEAO Medical Secretariat at Kuala Lumpur is proceeding in a carefully planned manner. However, training on a regional basis may be the initial and facilitating program to evolve a South East Asia Fertility Research Program. With the potential of direct support from the UNFPA for a Regional Training Centre, a draft proposal ^(D) has been drawn up, based on training program plans evolved last year in cooperation with Mr. T.H. Lean of Kandang - Kerbau Hospital in Singapore. The Regional Training Centre would be at Kandang - Kerbau Hospital, centered around staff members who have had an association with the IFRP training in newer methods of control of fertility and experience in IFRP study management, data collection and analysis.

Events in Latin America and interest expressed in the documentation of fertility regulation methods and programs have suggested the advisability

of further efforts at this time of extending fertility regulation research in selected countries of Latin America. Such an extension would enhance the quality of comparative and cross-national studies and provide Latin American Contributors with a system of exchange of information and experience.

The IPPF/WHR has requested further assistance, and with the addition to the IFRP staff of an experienced, highly qualified Latin American physician in August 1973, plans will be formulated to proceed with acceptable IFRP studies in several countries.

The advantages of a national network in Bangladesh are emerging. Support and assistance activities in Bangladesh are multi-institutional, and those concerned with research, training, health, and the regulation of fertility are expected to be coordinated within one Ministry. To parallel this development and link up with the activities of others, the IFRP plans to assist the Government in its desire to structure a centralized system of research in pregnancy termination, sterilization, and other fertility control measures as well as improved maternal and child health services.

Training

Thirteen Fellows from five countries completed training, this period, in the use of prostaglandins at the University of North Carolina's Department of Obstetrics and Gynecology under the supervision of Dr. James R. Dingfelder. In conjunction with this specific training, experience is offered in abortions by vacuum curettage and intra-amniotic saline instillation and in laparoscopy sterilization.

FELLOWS

IFRP TRAINING PROGRAM IN THE CLINICAL USE OF PROSTAGLANDINS

| Origin | Name | 1973 |
|------------|-------------------------|----------|
| India | Dr. B. Mullick | January |
| Turkey | Dr. E. Goksin | January |
| Singapore | Dr. Lim Teck-beng | February |
| Bangladesh | Lt. Col. A. Burhanuddin | March |
| India | Dr. V. Rahmathullah | March |
| Iran | Dr. C.S. Dawn | March |
| Iran | Dr. H. Kashani | April |
| Iran | Dr. S. Soroudi Moghadam | April |
| India | Dr. S.D. Khandwala | April |
| India | Dr. S.D. Mulye | May |
| India | Dr. S. Kanitkar | May |
| Iran | Dr. Y. Behjatnia | June |
| Iran | Dr. M. Raji | June |

Complementing the formal clinical training, Fellows are scheduled^(E) for discussions concerning study management, including review of protocols, data collection instruments, data processing and analysis.

During the basic four-week period of training, data collection instruments are completed for patients under their care. Data sets from their own or similar Centers are discussed and analyzed. The scope of research

training activities is broadened by involvement in the daily activities of various IFRP divisions. For further contact with the University, Fellows are included in the Carolina Population Center's series of informal, interdepartmental seminars and are encouraged to present talks and share experiences with staff, students, and faculty.

Supplemental to training at IFRP, Fellows are scheduled to visit other institutions and particular clinics where they may observe innovative service delivery systems. Visits have been made to the Upjohn Company, Western Pennsylvania Hospital, Association for Voluntary Sterilization, Preterm/Washington, the Margaret Sanger Research Bureau, the British Pregnancy Advisory Service and Dr. Lampe's Center at Debrecen, Hungary.

Arrangements have been made for Dr. Jaroslav Hulka to demonstrate the use of the clip applicator designed for the IFRP development research program, Continuing Research in Clip Sterilization. The demonstrations are a part of training in the use of the applicator to be continued at Contributor Centers.

All Fellows have expressed interest in laparoscopy training. To date such training has not been given beyond observation of the technique for sterilization and practice on the Gynny model. Consideration is being given to expanding training to include experience in laparoscopy sterilization and to include a more structured program of lectures in reproductive physiology and a full range of fertility control methods.

Data Management

Personnel, Forms Clerk Section: The volume of studies and forms and the resultant demands for accelerated data set production required the

reorganization and augmentation of the Data Processing Division. Assistance of the University and Population Center Personnel Offices was obtained to effect such reorganization and expansion. Forms clerk positions were reclassified as Data Processors in cognizance of expanded functions. Necessary assignments were made, vacancies were filled and a supervisor was designated.

Personnel, Programming Section: Three full time Computer Programmer II's were added to the staff during the past six months. At present all three are involved in developing the basic processing and standard analysis systems for the six major study areas of the International Fertility Research Program. When these systems are fully developed and tested, these programmers will be freed to work directly with the Research Design and Analysis Division and with the Contributors in the field.

Personnel, Deputy Head: The position of Deputy Head, Data Processing Division was created during the winter of 1972-1973 as a result of the increased workload of the Head and to add needed additional planning, programming and managerial talent. Following an intensive recruiting effort, Professor James Ferguson, a psychologist from the University of Vermont, agreed to accept the position. Professor Ferguson, who will have a joint appointment in the Department of Psychology at UNC this fall, has had several years experience in social science research and will strengthen the administration of the Data Processing Division, as well as the research capabilities of the Program as a whole.

Equipment, Computer Costs and Development, and Programming Systems: In February, 1973, following the Program's move to new quarters, a high speed

computer terminal linked to the University's computer center was installed. This terminal, actually a small computer, is capable of transmitting 600 cards per minute and receiving and printing 600 lines per minute. Not only has the terminal been of value in permitting the Data Processing staff immediate access to the central computer facilities, but it has actually led to a slight reduction in overall computer usage costs. When using the central facility through its card reader and printer, a charge of \$1.60 per 1000 cards read and \$1.60 per 1000 lines printed is added to the cost of central memory usage. This cost has been quite high for the type of programming required by IFRP, averaging about 65% of the charges for computer time. With the increase in computer time charges brought about by the additional programmers, we may approximate a savings of over \$900 per month in May and June of 1973. Since the terminal rents for about \$800, and computer paper is quite inexpensive, there has actually been a slight savings in overall computer costs during the last third of this six month period.

Table 3 presents approximate percentage allocations of overall computer charges during the past six months to Program Development, Data Management and Analysis. The substantial increase in Program Development coincides with the addition of three full time programmers. By late fall, 1973, this percentage will drop substantially.

During this report period, the data management systems for Menstrual Regulation, Female Sterilization, (Pretest admission forms and final admission forms) and I.U.D. were completed. The standard analysis concept was altered from a single standard analysis package per study area to one common analysis package for patient characteristics for all five "female" study areas and

a separate clinical analysis package of standard tables for each study area. The common analysis program and the clinical analysis package for Pregnancy Termination is now complete, and those for Menstrual Regulation and Female Sterilization (final form) will be completed during August. Table 4 shows the status of programming systems development by study area with expected completion dates.

Data Collection Instruments: Through a pattern of pretesting at clinical sites, the IFRP has developed a basic format and set of data collection instruments for each of the major areas of study. These have been designed to present a standardized approach to gathering research data and to provide a basis for comparable analyses and evaluation of patient characteristics across study areas as well as across national and regional areas. Figure 1 is a graphic presentation of IFRP data collection instruments.

Data: The status of forms available for analysis as of June 30, 1973 is given by major study areas in Table 5. During the six month period seven centers maintained at least a 50 forms per month input rate for Pregnancy Termination. Over 60 Centers have contributed data for one or more studies across the six major study areas.

TABLE 3

PERCENT OF COMPUTER TIME COSTS
BY MONTH AND SYSTEM PHASE

| | <u>Program Development</u> | <u>Data Management</u> | <u>Analysis</u> |
|------------|----------------------------|------------------------|-----------------|
| January | 41.2 | 29.6 | 29.2 |
| 1 February | 37.8 | 12.0 | 50.2 |
| 9 March | 38.8 | 12.3 | 48.9 |
| 7 April | 62.3 | 12.4 | 25.3 |
| 3 May | 67.7 | 17.9 | 14.4 |
| June | 73.7 | 14.4 | 11.9 |

TABLE 4

STATUS OF PROGRAMMING SYSTEM BY STUDY AREA

| | <u>Data Management Systems</u> | <u>Patient Characteristics Systems</u> | <u>Clinical Systems</u> | <u>Special Analysis Systems</u> |
|----------------|--------------------------------|--|-------------------------|---------------------------------|
| P.T. | Complete | Complete | Complete | None |
| M.R. | Complete | August 1973 | July 1973 | None |
| F.S. (Pretest) | None | Complete | Complete | None |
| F.S. (New) | Complete | August 1973 | July 1973 | None |
| IUD | Complete | August 1973 | Nov. 1973 | Rate Program Operational |
| S.C. | Oct. 1973 | August 1973 | Dec. 1973 | None |
| M.S. (Pretest) | None | Existing "canned" programs available for use. | | |
| M.S. (New) | Nov. 1973 | Forms being finalized. Analysis systems will be completed within four months of printing of forms. | | |

TABLE 5

FORMS AVAILABLE FOR ANALYSIS BY MAJOR STUDY AREAS

| | <u>PT</u> | <u>MR</u> | <u>FS (Pretest)</u> | <u>FS (Final)</u> | <u>MS (Pretest)</u> |
|----------------|-----------|-----------|---------------------|-------------------|---------------------|
| 1/1/73-6/30/73 | 8500 | 1075 | 2880 | 250 | 498 |
| Total in file | 18600 | 1082 | 3887 | 250 | 498 |

KEY: PT: Pregnancy Termination MS: Male Sterilization
 MR: Menstrual Regulation IUD: Intrauterine Devices
 FS: Female Sterilization SC: Systemic Contraceptives

III. STUDY DEVELOPMENT

General

Since January, emphasis has been placed on the final preparation and printing of protocols and specialized data collection instruments to meet the objective of implementing a series of Comparative Studies during 1973. Pretesting, surveillance, and straight studies continue in the areas of Pregnancy Termination, Menstrual Regulation, Intrauterine Contraceptive Devices and Male and Female Sterilization. These studies provide feedback to evaluate data collection instruments; expand and update baseline data; establish training experience at Centers needed for specialized and comparative studies; broaden and enrich data to be analyzed for the use of Centers and for revealing significant cross-clinical and cross-national differences in the use of fertility control methods.

While the value of surveillance and straight studies as producers of significant findings is necessarily limited, these studies offer the best opportunities to provide entry points for new and untested Contributors.

During the reporting period, a number of site visits were made by Dr. Roger Bernard, Dr. Elton Kessel, other staff members, and consultants. These visits to Yugoslavia, India, Bangladesh, Iran and Turkey were the most effective and direct mechanism to initiate studies, assess ongoing performance, collect and evaluate clinic specific information, determine hierarchical and political relationships, and identify constraints to carrying out programmed research. The site visits also offer the best opportunity to negotiate protocol amendments. The Contributors often provide on personal contact authoritative and up-to-date information on legal, social, cultural,

economic and other factors bearing on fertility control activities.

Comparative Studies Overview

During 1972, protocols, manuals, and specialized data collection instruments had been developed for blind Comparative Studies in two major areas of study:

- Pregnancy Termination

003: Comparative Cannulae, Modified Ragab Metal Cannulae, Vent Open/Vent Closed

006: Comparative Cannulae, Metal/Plastic

007: Comparative Method, D & C/Vacuum

008: Mid-Trimester Abortion, Saline/Prostaglandin (single and multiple dose)/hysterotomy

- Systemic Contraceptives

898: Comparative Oral Contraceptive

Each Study has been approved (Design, Protocol, Instruments, Supplies, and Equipment) by the Human Investigation Committee of the Medical School of the University of North Carolina.

These Comparative Studies have been discussed with a range of Contributors, and the potential for their successful implementation is assessed by the IFRP's Studies Review Committee, which was formalized this year.

In late 1972 and early 1973, appropriate documents were reproduced for Comparative Studies. Required supplies, to minimize variables related to equipment to be used in procedures, were specified and initial orders were placed through the University's procurement departments.

Blind Comparative Intrauterine Device studies and a new Comparative Pregnancy Termination Study (010, Comparative Cannulae, Rigid Plastic/Flexible Plastic) are projected for implementation during the latter half of 1973. I.U.D. supplies have been acquired for evaluating the Cu-7, Lippes loop, and the Dalkon Shield. The studies will first be implemented in Yugoslavia following pretesting of the protocol.

Comparative Pregnancy Termination - 008: Limited pretesting with Prostaglandin, supplied by the manufacturers to clinicians conducting the 008 Mid-Trimester Abortion Study, was undertaken at selected sites in Yugoslavia and India. In each of these sites the Principal Investigator has been trained in the clinical use of prostaglandins (IFRP program), and experienced IFRP staff have been available to initiate the studies. Study monitoring of these initial studies confirms the appropriateness of study design, documentation, supplies, and the computerized random allocation system to indicate methods to be used.

Ten complete sets of documentation and supplies have been assembled for the Mid-Trimester Abortion Study. Four are in place at Madurai (Dr. Phillips), Bombay (Dr. Mehta), Skopje (Dr. Antonovski), and Singapore (Mr. Lean). Two others are en route to India to be assigned to Dr. S. K. Banerjee at Calcutta and Dr. K. B. Rao at Madras. The remaining four studies, of the initial ten, are presently under consideration by the Studies Review Committee for assignment.

The lack of Prostaglandin $F_{2\alpha}$ supply has been a severe constraint. Only limited quantities have been supplied to clinicians by the manufacturer. It is expected that in August this will be resolved. IFRP/University Purchase Orders have been approved and issued. The Upjohn Company has been

advised of immediate and continuing requirements.

Comparative Pregnancy Termination - 003, 006, 007: Documentation and supplies for these studies are at several Center clinics:

003: Dr. D. N. Pai (Bombay)

006: Dr. L. Andolsek (Ljubljana), Dr. L. Antonovski (Skopje), Dr. D. N. Pai (Bombay)

007: Dr. B. N. Purandare (Bombay)

One of each Comparative Study will be conducted by Mr. Lean and staff at the Kandang-Kerbau Hospital Center in Singapore. Documentation and supplies are to be shipped in July to coordinate with Dr. Chi's visit to Singapore, where he will discuss instructions for implementation of the studies. Other assignments of these three studies are under consideration for final decisions early in July.

It is expected that by Fall 1973, a total of 26 Pregnancy Termination Comparative Studies will be in progress based on protocols already approved.

| <u>Studies</u> | <u>Numbers</u> |
|----------------|----------------|
| 003: | Three |
| 006: | Ten |
| 007: | Three |
| 008: | Ten |

Comparative Systemic Contraceptives - 898: This blind Comparative Study is designed to evaluate side-effects of three oral contraceptives: Ovral, Norlestrin and Norinyl. Each 28-day cycle includes 7 pills containing ferrous fumarate. Data pertaining to side-effects will be collected on a Daily Symptom Grid which has been pretested at the Planned Parenthood Center of Seattle -- where the Comparative Study is to be conducted. All documentation and oral contraceptive supplies have been shipped to the Center, and the

study is expected to start at the end of July or early August after the signing of the Subcontract.

Other sites for Comparative Oral Contraceptive Studies have not been decided, but consideration is being given to Asian and Latin American Centers.

Pregnancy Termination Study

Data on over 27,000 abortions have been processed for the IFRP Pregnancy Termination Study. The programmed Data Management System, Data Editing Program, and Standard Tables are complete. This study area, active from the beginning of the IFRP, has produced the major volume of data for analysis and the reporting of research results contained in Appendix J. The further development of Pregnancy Termination Studies is now in the direction of Comparative Studies discussed above. Straight studies are, however, under consideration for the use of laminaria.

Menstrual Regulation Study

Data on over 1,000 Menstrual Regulation procedures have been processed. The Data Management System is complete and the Editing Program and Standard Tables will be complete in August. Most data were submitted by the International Abortions Research and Training Centre in London and the Eastern Women's Center, New York. These data were the basis for the paper on Suction Curettage for Menstrual Regulation presented at the meeting of the American Association of Planned Parenthood Physicians in Houston. Dr. L. Laufe's study involving 100 procedures is nearing completion. This will include a comparison of physician and nurse operators. There are presently over 30 Centers in the

less developed countries in various phases of study participation; this number is expected to increase during the remainder of 1973 to enhance opportunities for cross-national comparative evaluation. The first intensive study of impact of this method on fertility of a community is starting in Howrah District, India.

Anticipating extended world-wide interest in the procedure, Dr. Saroj Pachauri, IFRP Area Coordinator for Asia, has cooperated in drafting an "Atraumatic Pregnancy Termination Protocol" for use in less developed countries. This is to be a modification of the Protocol published by the National Woman's Health Coalition and will be designed in conjunction with Mr. Robert Wheeler of Battelle, Dr. Harvey Karman, equipment manufacturers, and Ms. Merle Goldberg of the National Woman's Health Coalition.

Female Sterilization Study

Data on over 3,800 cases of Female Sterilization from the pretest phase have been processed. Of these, 2,880 were processed during this period, including retrospective data from Kandang-Kerbau Hospital in Singapore. Two hundred and fifty forms have been processed this period based on revised data collection instruments following feedback from pretesting. The Data Management System for the revised instruments is complete, and the Editing Program and Standard Tables will be complete in August.

IFRP data collection instruments are used for evaluation of laparoscopy clips for sterilization at the Medical School, University of North Carolina, and will be used for extended trials to be initiated internationally by Dr. J. Hulka during August.

Male Sterilization Study

Data from 498 cases of male sterilization have been received and used for pretest. The data are from the Margaret Sanger Research Bureau and were analyzed by Dr. Amal Poddar, IFRP Consultant. Based on this pretest, the reporting form and instruction manual have been revised. Standard Tables have been proposed, and these should be programmed in late 1973. A Comparative Study protocol has been written and submitted to Dr. Joseph Davis for review.

Interested Centers will be supplied with finalized data collection instruments, and reporting of baseline data is expected to be significant by the end of the year.

I.U.D. Study

Data on 1,600 insertions have been received for review. The largest studies are by Dr. Lampe in Hungary and Dr. Randic in Yugoslavia. Data are primarily on the Spring Coil Device which do appear to confirm earlier studies of this device by Dr. M. I. Ragab. The device has an exceptionally low pregnancy rate and high rates of expulsion and removal for pain or bleeding. These findings make the device a desirable one to test the effect of hydrophilic coating which in animal studies reduces expulsion and endometrial irritation without altering effectiveness.

The Data Management System is complete and the Editing Program and Standard Tables will be complete by November. An Event Rate Program is operational for special analyses. Studies in Yugoslavia provided the pretest data for evaluating the data collection instruments and for evaluating the

design of random allocation procedures and logistics for comparative studies.

A retrospective study in Hong Kong of 2,000 Dalkon Shield insertions is in progress. The first phase is expected to be analyzed during the next reporting period and will include two-year rates.

Trials of the Battelle Pleated Membrane I.U.D. were begun in April. Reporting of approximately 50 insertions each from Dr. L. Laufe in Pittsburgh, Dr. L. Bennett in Baltimore, Dr. J. Butler in Minnesota, and Dr. L. Andolsek in Ljubljana is expected to be completed by July/August 1973. Following evaluation and depending on Battelle's production schedule, large scale clinical trials (100 insertions at some 10 Centers) should be implemented late in 1973.

In cooperation with the Program for Applied Research on Fertility Regulation at the University of Minnesota, data will be collected from the PARFR supported research on the Lippes loop with copper.

Discussions have been held with the Tecna Corporation concerning additional trials of their fluid-filled I.U.D. Dr. Andolsek, Contributor and member of the IFRP Medical Advisory Committee, has expressed interest in the I.U.D. It is expected that Dr. A. Margolis, who has conducted trials of the I.U.D. in California, will be in Europe during August and demonstrate its use in preparation for a study involving 250 insertions at Ljubljana.

As noted above, Comparative Studies of the Lippes loop, Dalkon Shield, and the CU-7 I.U.D. are projected for later this year.

Systemic Contraceptive Study

Data on over 100 patients have been received from the pretest study at the Planned Parenthood Center of Seattle. This pretest includes the

standard IFRP Admission Record, Follow-up Record, Physical Examination Record, and Daily Symptom Grid. Based on pretest experience and recommendations made at the IFRP Medical Advisory Committee, the Physical Examination Record and the Symptom Grid have been revised.

The data received from the pretest were evaluated by analyst scanning. The programmed Data Management System will be complete in October of 1973; the Editing Program and Standard Tables in December.

The Comparative Study Protocol for blind comparison of daily orals has been approved by the Human Investigation Committee. An expansion of the Protocol is in process to include comparison of daily and monthly oral contraceptives. This will be presented to the Committee for approval in August.

Interest in using IFRP forms for reporting current clinic use of both daily and monthly orals has been expressed by a Contributor from the India Fertility Research Programme. Reporting from this Center is projected for late 1973.

Development Studies

The program of "Continuing Research in Clip Sterilization" for female sterilization, supported under the IFRP budget as of July last year, has continued development and use of the clip applicator as designed by the Principal Investigator, Dr. J. Hulka and Dr. G. Clemens, engineering consultant. Clips have been applied to 160 patients at North Carolina Memorial Hospital, and data are reported on standard IFRP forms -- both admission and six-month follow-up. As projected, the development studies are expanding this year to include collaborators at four U.S. clinics: Dr. J. Behrman in Ann Arbor,

Dr. L. Laufe in Pittsburgh, Dr. H. Lefler in Dallas-Fort Worth and Dr. Garcia in Philadelphia. Use of the prototype clip applicator has proved satisfactory and demonstrations in its use will be given by Dr. J. Hulka in London, Teheran, Bombay, Bangkok, Singapore, and Tokyo. These demonstrations will serve to both instruct in the use of the clip applicator, initiate studies and deliver equipment to overseas Contributors who have agreed to participate in this study. Due to manufacturing delays, the travel of Dr. J. Hulka, originally scheduled for June, has been moved back to August. Continuing support of development, training, and use of the clip applicator has been recommended for the coming year. Dr. Hulka's report is attached (F).

The IFRP program, at the Medical School, supporting research in the use of prostaglandins for abortion has involved the study of over 602 patients. Studies are conducted primarily to determine the most effective dose schedule of PG F_{2α} and PG E₂ by various routes of administration. Attached is the three-year report by Dr. C. Hendricks and Dr. W. Brenner (G) and papers (J. 2-5) on results. Since January, thirteen additional IFRP Fellows have been trained in the use of prostaglandins under this program to establish a panel of potential Principal Investigators for IFRP Pregnancy Termination studies involving prostaglandins.

Center Specific Study

The draft Center Specific Study questionnaire, based on Dr. B. Hulka's recommendations and a report by the Research Triangle Institute, has been drawn up and will be pretested at selected sites in East Asia and India in August. The network of Contributors has expanded, and both the quantity

and quality of data for analysis from several of the major study areas has increased appreciably. The Center Specific Study questionnaire will be used to facilitate refined interpretation of data from a variety of different clinical settings and also to further assess the study potential of prospective and current Centers.

Family Planning Program Evaluation

In anticipation of the need to evaluate Family Planning Programs which provide the delivery of those methods of fertility regulation within the scope of the IFRP areas of study, earlier drafts of a data collection system have been updated. In response to an invitation from the International Planned Parenthood Western Hemisphere Regional Office to participate in a discussion of program evaluation techniques and systems, the IFRP prepared a data collection instrument for their consideration. Following discussion and after appraising specific program and regional needs that would also support cross-clinical and cross-national evaluation, it was felt that several revisions would be required. These will be considered during the next reporting period. The objective will be to link a program evaluation system to the data collection capabilities and techniques developed so far by the IFRP on an international basis.

IV. DISSEMINATION OF RESEARCH RESULTS

Prior to 1973 predominant activity emphasis was directed toward achievement of the program's operational objectives leading to the establishment of a network of contributors, preparation of study designs, data collection instruments and development of a data processing and analysis capability. By the end of 1972 there was a shift of emphasis from administrative and structural objectives to those concerned with analysis of the increasing flow of data received from contributing Centers. Staff were recruited to fill anticipated and approved positions in both the Data Processing Division and Study Design/Analysis Division.

Accomplishments

There are presently three categories of reports of research results: Papers prepared by IFRP Staff, in cooperation with Contributors, for presentation at professional meetings or for publication; similar papers prepared by Contributors; and Consultant Reports by IFRP staff based on data from specific Centers and sent to the Contributor. Since January, 1973, seventeen papers were prepared for presentation and publication plus eleven Consultant Reports. These are listed and contained in Appendix J. Of particular note during this period was the paper on "Suction Curettage for Menstrual Regulation" presented at the Houston meeting of the American Association of Planned Parenthood Physicians, the paper on "Phase II Clinical Trials of Prostaglandin F₂Alpha" published in the "Symposium on Methods of Evaluating New Drugs in Man", and the paper "Abortion in Four

Asian Countries" prepared for presentation at the Second Indonesian Congress of Obstetrics and Gynecology.

Through Dr. E. Kessel and Dr. W. Brenner, Director for Research and Training, the IFRP has contributed to the Population Report series, (the Population Information Program, George Washington University), providing information on research and reviewing particular areas of study. This association continues to be increasingly active and assures a wide audience for IFRP research findings. At the same time Contributors are included in mailings of the Population Reports and particular attention is paid to review of the Reports by Training Fellows.

To maximize the exchange of information and experience, Contributors' meetings are coordinated with professional conferences, such as that held in Geneva by the Association for Voluntary Sterilization, allowing for attendance, leadership roles in workshops and presentation of papers.^(H)

More informally, the IFRP Staff and Contributors visiting IFRP give talks, seminars and lectures at the University of North Carolina at Chapel Hill.

In June a Conference and Publication Committee was formalized to review present and projected sets of data for analysis and to assign responsibility for writing papers to report IFRP research findings at national and international conferences. Recommendations will be based on a strategy to assure both the optimum use of data processed and the dissemination of research results to an interested audience.

Projections

At the moment, the following 19 papers have been accepted for pre-

sentation during the next six months.

- July Second Indonesian Congress of Obstetrics and Gynecology,
Surobaya
1. W. Brenner (Abortion/Four Asian Countries)
 2. M.I. Ragab (Abortion/Elective vs. Emergency)
- August VII World Congress of Obstetrics & Gynecology, Moscow
1. L. Antonovski (Prostaglandins)
 2. W. Brenner (Prostaglandins)
- World Health Organization Task Force Meeting, Stockholm
1. W. Brenner, 3 papers
- September 22nd Iranian Medical Congress and 7th National Congress of
Iranian Gynecologists and Obstetricians, Ramsar
1. E. Kessel (Menstrual Regulation)
 2. M.I. Ragab (Abortion/Epidemiology)
 3. J. Vakilzadeh (Abortion/Health Services)
- Turkish Medical Association, Ankara
1. W. Brenner (Prostaglandins)
- October American College of Obstetricians and Gynecologists, San Juan
1. D. Edelman (Abortion/1st Trimester, D & C: Vacuum)
 2. W. Brenner (Abortion/2nd Trimester, PG)
- November 101st Annual Meeting of the American Public Health Association,
San Francisco
1. D. Edelman (Abortion/Menstrual Regulation)
 2. E. Kessel (Menstrual Regulation/Family Planning Services)
 3. M.I. Ragab (Abortion/Elective, Emergency)
 4. J. Vakilzadeh (Abortion/Epidemiology)
 5. L. Andolsek (I.U.D.)

December East-West Conference on Menstrual Regulation, Honolulu

1. E. Kessel (Menstrual Regulation)

Publication Series

Inasmuch as the appearance in print of research results is a sine qua non of the collection, editing, tabulation, and analysis processes attention is now focused on the establishment of an IFRP publication series. This series would provide a frame for reproducing consultant reports, occasional papers, monographs, Contributors' reports and other IFRP related materials. Papers produced for professional journals will likewise be included in the series. A tentative classification of the IFRP Publications include:

1. Monographs - Extensive and detailed presentation of comparative studies, multi-country presentations.
2. Consultant Reports - Relatively short descriptive and tabular presentation generally based on single data sets.
3. Reprints - Appropriate groupings by subject matter of journal reprints.
4. Conference Reports - Papers prepared for scientific meetings

Arrangements are now in process for obtaining CPC assistance in the development and operating steps leading to the issuance of these series. The first monograph entitled "A Clinic-Based Study of Pregnancy Termination in Four Asian Countries" has been prepared and will be ready for printing in October, 1973.

V. ADMINISTRATION

The progress that IFRP has made toward its objectives is reflected by the area of administrative effort and fiscal data. Studies initiated during the last six months have accentuated the need for timely procurement and placement of study supplies, documents, and forms. The need for administrative support has increased as the activity of the program has moved from development of study protocols to the gathering and analysis of data and producing papers on research findings.

AID Funding

During Fiscal Year 1973 obligations and expenditures amounted to \$1,249,499. (See page 40.) While this exceeded the budgeted amount for the year, the previous year's outlay was considerably under the established budget. Significant increases in spending were in the following items:

Personnel: Development of our staff for in-house monitoring of Prostaglandin as well as our other studies has been largely accomplished. Increases in the coming year are projected to achieve a broader network of Contributors to include Latin America plus concentration on those who have been established as reliable and productive.

Supplies: The acceptance of IFRP by Contributors has led to a rapid growth in studies, especially comparatives, and consequently in the amount of supplies needed. Projected expenditures in this area serve as a barometer for initiation of additional studies.

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STATEMENT OF OBLIGATIONS AND EXPENSES

Actual Fiscal Year 1973 and Estimated Fiscal Year 1974

| <u>ACCOUNT TITLE</u> | <u>ACTUAL FY 1973</u> | <u>ESTIMATED FY 1974</u> |
|-------------------------|---------------------------|------------------------------|
| Personnel Costs: | | |
| Salaries | \$ 509,891 | \$ 783,046 |
| Fringe Benefits (14.6%) | <u>74,444</u> | <u>114,325</u> |
| Total Personnel | 584,335 | 897,371 |
| Overhead | *169,080 | **376,880 |
| Consultants | 21,925 | 28,000 |
| Fellowships | 31,496 | 60,000 |
| Equipment | 28,244 | 15,000 |
| Supplies | 55,591 | 75,000 |
| Equipment Rental | 14,464 | 29,200 |
| Data Processing | 11,856 | 13,000 |
| Domestic Travel | 18,768 | 30,000 |
| Foreign Travel | 29,479 | 55,000 |
| Printing & Duplicating | 31,619 | 50,000 |
| Miscellaneous | 60,642 | 70,000 |
| Contractual Services | 114,000 | 454,000 |
| Prostaglandin Purchases | <u>78,000</u> | <u>156,000</u> |
| Total | \$1,249,499 | \$2,304,451 |

* Calculated @ 33.16%

** Calculated @ 48.13% new rate effective July 1, 1973

Data Processing: The flow of data from field trials has directly affected this line item resulting in an increase of almost 100%.

Printing and Duplication: The increase in this area reflects the printing of protocols, forms, and papers. Expenditures during the next fiscal year are expected to increase largely because of printing of protocols for the India Fertility Research Programme, translating versions into Spanish for Latin American Contributors, and reproduction of research findings.

Contractual Services: The number of service agreements and subcontracts is an indicator of study activity in our Contributor network. The largest increase for the coming year is projected for this line item. Additional refined prostaglandin studies and oral contraceptive studies in foreign countries account for the major portion of the projected increase. The latter, of which three are projected, are estimated to cost approximately \$25,000 each. The Seattle Oral Contraceptive Study is also included in this fiscal year at \$78,000. Other Comparative Studies to be contracted with selected Contributors constitute most of the remaining increase.

The total projected expenditures for Fiscal Year 1974 are significantly increased because of the change in the overhead rate from 33.16% to 48.13% approved by HEW effective July 1, 1973. Other increases, as stated above, are related to protocol development for, and monitoring of, field studies in the use of prostaglandins. The increasing ability of Contributors to engage in Comparative Studies will result in higher costs in contractual services, supplies, and printing. The area of these expenditures leads directly to the IFRP objectives to produce and disseminate research findings.

Other Funding

IFRP has received some support during the past year from several sources. The Scaife Family Charitable Trusts is the principal other funding source and has supported certain designated activities. Sources and designated purposes of the funds received are noted on Table 6. This support of IFRP has been invaluable in helping achieve program objectives. The administrative flexibility thus provided has permitted early action in areas where other funding sources could not be used.

All data collection costs in India are supported from these funds. A model family planning hospital will be opened in Calcutta in the next report period. This Center will provide data on newer methods of fertility control from the first private "free standing" abortion clinic in a less developed country. Initial funding for the first study of menstrual regulation in a community family planning clinic was provided in Howrah District, India.

Oral contraceptive donations from Parke-Davis and Syntex are valued at \$3,000.

Significant Problems

A problem of major proportions is coordinating arrival of supplies at study Centers at the proper time for the initiation of field trials. The time frame encompasses processing requisitions through the Department of Purchase and Contracts of the University of North Carolina, manufacturing and/or delivery time by suppliers, repackaging at IFRP, shipping time to foreign countries, and finally, in many cases, extensive processing through customs. To eliminate part of the time required, purchase orders are being

TABLE 6

INTERNATIONAL FERTILITY RESEARCH PROGRAM

STATEMENT OF TRUST FUNDS

June 30, 1973

| <u>PURPOSE</u> | <u>SOURCE</u> | | | <u>Total</u> |
|---|---------------------------------|--|----------------------------|------------------|
| | <u>Scaife Family Trusts</u> | <u>Planned Parenthood Federation</u> | <u>Ford Foundation</u> | |
| IFRP Basic Support | \$ 50,000 | | \$2,130 | \$52,130 |
| Pregnancy Advisory Service Program | 60,000 | | | 60,000 |
| India Fertility Research Programme (Phase II) | 49,000 | | | 49,000 |
| Family Welfare Planning Project | | \$4,000 | | 4,000 |
| Total | <u>\$159,000</u> | <u>\$4,000</u> | <u>\$2,130</u> | <u>\$165,130</u> |

processed covering anticipated annual usage with supplies shipped in partial lots as requested. Selected levels of supplies are now being requisitioned to be stocked in-house for immediate shipment as required in the field.

The necessity to store supplies and equipment as indicated above plus the development of our staff has led to an urgent need for additional space. In the old Consolidated University Office, conditions were quite crowded since only approximately 3,000 square feet were provided for IFRP use. This was considerably alleviated with the move to NCNB Plaza, but a full complement of staff, anticipated Prostaglandin Training Fellows, and storage for supplies has increased space requirements. The current area designated for IFRP almost exactly meets the requirements stated in the contract when unusable hallway space is deducted. The contract stipulation was based on a smaller staff with much of the work now being accomplished in-house done through service agreements or subcontracts.

A request for the remaining area on the fourth floor at NCNB Plaza has been forwarded to Dr. Cecil Sheps, Vice Chancellor for Health Affairs of the University of North Carolina. Should our request be denied, serious restrictions would be placed on IFRP to meet the full objectives designated by our contract with AID.

Personnel (1)

The list of positions and incumbents, where applicable, on pages 46, 47 and the organization chart on page 48 indicate the measure of the staffing which has been accomplished. After considerable staff turnover within Administration, a responsive and qualified section has evolved to provide the support needed by the program.

Some notable changes taking place during the last six months are:

- Recruitment of Dr. Alfredo Goldsmith as Area Coordinator - Latin America, effective August 1973.
- Employment of Dr. James Ferguson as Deputy Director of Data Processing.
- Mr. Harvey Lucas assuming the duties of Program Administrator in June with Mr. Blaker continuing one-quarter time on assigned special projects as Deputy Special Projects Coordinator.
- Miss Louise Brinton, Miss Joan Wallman, and Mr. Michael Thomas joining the staff as Research Assistants.

IFRP should be able to realize the end results of producing and disseminating research findings on promising methods of fertility control within current and projected staffing levels.

Management Development Program

Efficiently utilizing personnel through better organization and improved procedures is an ongoing effort of IFRP. Toward this end, IBM has been commissioned to perform a word processing study.

A management team is being considered to review the total organization to determine how IFRP might best function as an organizational entity within the University.

POSITION TITLE, EMPLOYEE, INDICATION OF WHETHER POSITION FILLED AS OF
January 1, 1973 and June 30, 1973

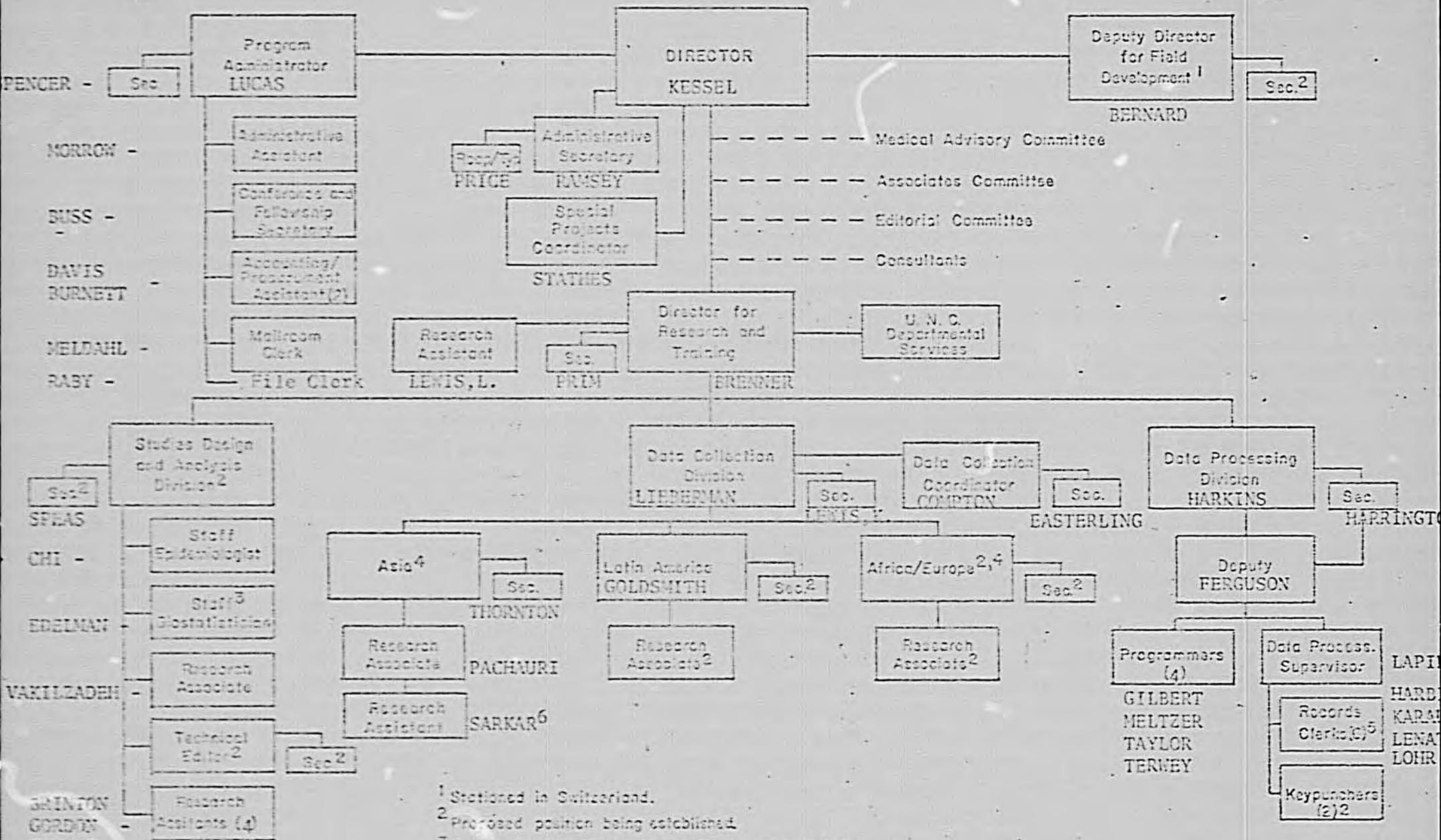
International Fertility Research Program

| | | <u>1/1/73</u> | <u>6/30/73</u> |
|---|---------------------------------|---------------|----------------|
| <u>Office of Director</u> | | | |
| Director | Dr. Elton Kessel | X | X |
| Special Projects Coordinator | George Stathes | X | X |
| Administrative Secretary | Mary Ramsey | X | X |
| Typist | | | |
| Deputy Director for Field Development | Dr. Roger Bernard | X | X |
| Secretary | | | |
| <u>Office of Program Administrator</u> | | | |
| Program Administrator | Louis Blaker/Harvey Lucas | X | X |
| Secretary | Sharon Johnson/Barb Spencer | X | X |
| Administrative Assistant | Margaret Morrow | X | X |
| Conference/Fellowship Coordinator | Susan Holt/Sue Morand/Lisa Buss | X | X |
| Accounting/Procurement Assistant | Sue Morand/Otey Davis | X | X |
| Accounting Clerk | Richard Burnett | | X |
| Receptionist/Typist | Myrah Price | X | X |
| Mailroom Clerk | Joe Harbin/Malcolm Meidahl | X | X |
| File Clerk | Caroline Raby | | X |
| <u>Office of Research and Training</u> | | | |
| Director for Research and Training | Dr. William Brenner | X | X |
| Research Assistant | Linda Lewis | X | X |
| Secretary | Doris Morgan/Michael Prim | X | X |
| <u>Studies Design and Analysis Division</u> | | | |
| Head of Division | | | |
| Secretary | | | |
| Staff Epidemiologist | Dr. J-cheng Chi | X | X |
| Staff Biostatistician | Dr. David Edelman | X | X |
| Research Associate | Dr. Javad Vakilzadeh | X | X |
| Research Assistant | Louise Brinton | | X |
| Research Assistant | Joan Wallman | | X |
| Research Assistant | Jane Gordon (7/1/73) | | |
| Technical Editor | | | |
| Secretary | Judy Speas (1/2/73) | | X |
| Technical Typist | Billie K. Watkins | | X |
| Technical Typist | | | |

| | | <u>1/1/73</u> | <u>6/30/73</u> |
|---------------------------------|----------------------------------|---------------|----------------|
| <u>Data Collection Division</u> | | | |
| Head of Division | Milton D. Lieberman | X | X |
| Secretary | Lisa Buss/Kathy Lewis (7/2/73) | X | X |
| Area Coordinator (Asia) | | | |
| Research Associate | Dr. Saroj Pachauri | X | X |
| Research Assistant | Khuku Sarkar | X | X |
| Secretary | Debbie Yelvington/Kathy Thornton | X | X |
| Data Collection Coordinator | Helen Compton | X | X |
| Secretary | Jan Pegram/Nikki Easterling | X | X |
| Area Coordinator (L.A.) | Dr. Alfredo Goldsmith (8/11/73) | | |
| Research Associate (L.A.) | | | |
| Secretary | | | |
| Area Coordinator (Eur/Afr) | | | |
| Research Associate | | | |
| Secretary | | | |
| <u>Data Processing Division</u> | | | |
| Head of Division | Peter Harkins | X | X |
| Deputy Director | Dr. James Ferguson | | X |
| Secretary | Jan Pannabecker/Marie Harrington | X | X |
| Programmer | Ronnie Meltzer | X | X |
| Programmer (1/2) | Robert Taylor | X | X |
| Programmer | Dave Terwey | | X |
| Programmer | Sam Gilbert | | X |
| Data Processing Supervisor | Frances LaPier | X | X |
| Records Clerk | Frances LaPier/Joe Harbin | X | X |
| Records Clerk | Jeanette Vass/Cynthia Lohr | X | X |
| Records Clerk | Terry Gerber/Kathy Lenat | X | X |
| Records Clerk | Jane Caroway/Shelley Karas | X | X |
| Keypunch Operator | | | |
| Keypunch Operator | | | |
| <u>Others</u> | | | |
| Student Assistant (Summer) | Susan Stout | | X |
| Student Assistant (Unpaid) | Dhays Gruber | | X |
| Student Assistant | *Pat Friel | | X |
| Student Assistant | *Fay Cathcart | | X |
| Operation Breakthrough | | | |
| Trainees (2) (8/15/73) | | | |

* 15 hours per week for packaging of medical supplies and similar tasks

INTERNATIONAL FERTILITY RESEARCH PROGRAM



- 1 Stationed in Switzerland.
- 2 Proposed position being established.
- 3 Provided by the Biostatistics Department, U.N.C.
- 4 Area Studies Coordinator. Stationed in U.S. or Area.
- 5 Four employed, the balance to be recruited as volume and workload increase.
- 6 Stationed in India.

VI. FUTURE PLANS

Future plans are based on present accomplishments. These may be summarized as:

1. Recruitment of nuclear staff to properly develop and monitor clinical trials of newer methods of fertility control;
2. Completion of basic data collection instruments;
3. Testing of analyses procedures through development of standard tables, consultant reports and definitive papers;
4. Training of a network of Contributors in clinical use of prostaglandins and, through an active records dialogue, in field trial methodology;
5. Development of several Comparative Study protocols and initiation of a few comparative studies;
6. Completion of plans to transfer IFRP field trial technology to India with UNFPA support; and
7. Initiation of our first community study of a new method of fertility control - menstrual regulation by suction curettage - with support of Scaife Family Charitable Trusts.

Plans for the next six months are as follows:

1. Complete Standard Tables, Editing Programs and Study Management Systems of all study areas;
2. Initiate Comparative Study protocols as recommended by the Medical Advisory Committee and approved by the Human Investigations Committee and the AID Program Monitor;

3. Initiate straight studies of newer fertility control techniques, such as the Hulka Clip and Battelle's Pleated Membrane IUD;
4. Develop additional protocols for clinical use of prostaglandins, comparative female sterilization, menstrual regulation comparative cannulae and others recommended by the Medical Advisory Committee;
5. Improve the quality of reporting on IFRP data collection instruments from our present Contributor network which will involve dropping some Contributors from the active network;
6. Extend the Contributor network in Latin America;
7. Finalize study management procedures to coordinate protocol development, supply and equipment procurement and assembly, study initiation and monitoring, site visits, and study completion and reporting;
8. Organize an IFRP publication series, including a) reprints, b) conference papers, c) Consultant Reports and d) monographs;
9. Export IFRP technology to country research programs with UNFPA support; and
10. Lay the groundwork for a federation of country research programs based on IFRP research instruments and protocols.

REFERENCED APPENDICES

Volume I

- A. Members of the IFRP Medical Advisory Committee
- B. Minutes of the Medical Advisory Committee Meeting, Houston, April 10, 1973
- C. Proposal to Establish the India Fertility Research Programme
- D. Draft Proposal to Establish (Support) a Regional Training Centre, Kandang - Kerbau Hospital, Singapore
- E. IFRP Prostaglandin Training Program Schedule
- F. Report on Continuing Research in Clip Sterilization, Dr. J. Hulka, Principal Investigator
- G. Three Year Report: Dose Response Tolerance Study of Prostaglandin for Abortifacient Activity in Early Pregnancy (July 1970 - July 1973), Drs. C. Hendricks and W. Brenner, Principal Investigators
- H. Conferences: IFRP Participation and Attendance
- I. Staff Listing

Volume II

- J. (1 - 28) IFRP Staff and Contributor Papers, Staff Consultant Reports