

## **ASSESSING ACCEPTABILITY, BENEFITS, AND SATISFACTION WITH THE LEVONORGESTREL-CONTAINING INTRAUTERINE SYSTEM AS A CONTRACEPTIVE METHOD FOR WOMEN INITIATING CHEMOTHERAPY**

MELODY Y. HOU, MD MPH

Women with cancer undergoing chemotherapy have unique concerns regarding the relationship between their disease and pregnancy plans. Appropriate contraceptive assessment, counseling, and management for these women are critical aspects of their medical care, but often go ignored. Women starting on chemotherapy for newly diagnosed cancer may have the additional complication of heavy vaginal bleeding due to their disease or their disease treatment, which can have a severe impact on their health and quality of life. However, opinions conflict regarding best practices for its management. Our objectives were to describe current practices at our institution regarding the contraceptive counseling and vaginal bleeding management among women starting chemotherapy, and to conduct a prospective observational pilot study examining women's acceptability and satisfaction of using the levonorgestrel-containing intrauterine system for contraception and vaginal bleeding management while on chemotherapy. Our retrospective chart review showed that of 137 women who started chemotherapy in a five-year period, the majority of them (89 of 137) were not on any documented contraception when they first saw their physician. Of these, only 11 received counseling about birth control from their hematologist-oncologist, and only 3 started birth control. Overall, 86 women (63%) started chemotherapy without birth control, which is higher than the 38% of U.S. women who don't use contraception. Hematologist-oncologists were more likely to counsel women starting chemotherapy about the potential of vaginal bleeding, with 18% of women getting counseling about vaginal bleeding prevention. However, in the first six months of chemotherapy, 35% of all the women complained of abnormal vaginal bleeding. Interestingly, this was not related to their clotting tests. Even though their blood cell counts were similar to women who were not having bleeding and they did not meet the standard criteria for getting a blood transfusion, women who reported bleeding were still nearly twice as likely to get a blood transfusion. In our pilot study, we counseled 10 women about contraception and bleeding management while on chemotherapy. Three elected to have a levonorgestrel-containing intrauterine system placed and enrolled in our study. Unfortunately, one woman had her IUD removed and withdrew from the study the next day, another one was lost to follow up when she moved out of state, and the third went to hospice 7 months later and passed away from her cancer. Although we were unable to get enough subjects or data to evaluate acceptability and satisfaction of the IUD in these patients, the last patient was able to provide 3 months of bleeding data, and we plan to write a case report documenting her experience. Despite our closing the study for recruitment futility, our experience illustrates the importance of interdisciplinary and interprofessional collaborations to the success of patient-centered contraceptive care for women with medical problems.