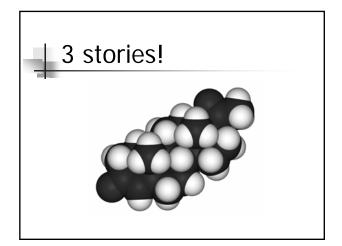
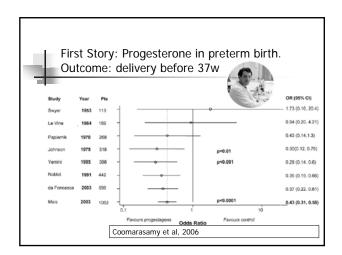
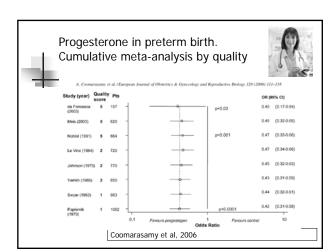


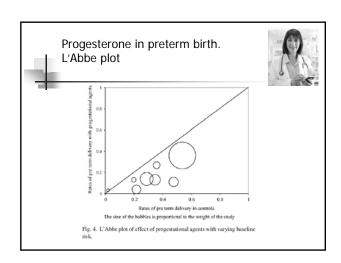
Arri Coomarasamy, MD MRCOG









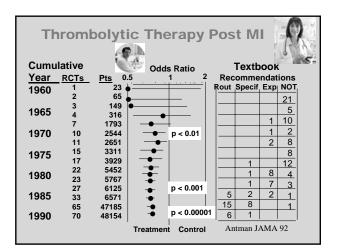


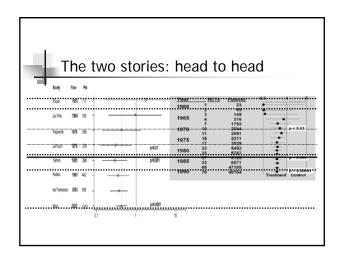


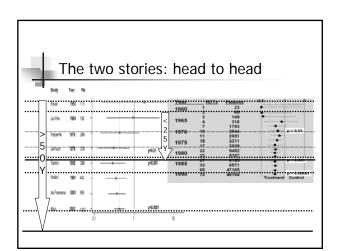
Progesterone in Preterm prevention.

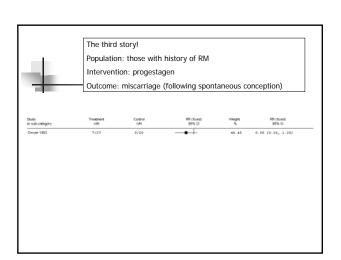
■ First trial to practice > 50 years!

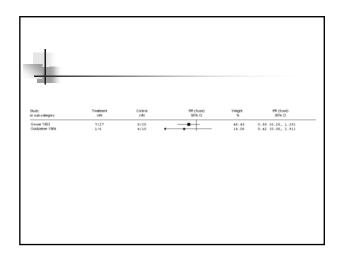
Second story: Thrombolytic Therapy			
Post MI			
	Cumulative		Odds Ratio
<u>Year</u>	RCTs	<u>Patients</u>	0.5 1 2
1960	1 2	23 65	
1965	3 4	149 316	
40-0	7	1793	p < 0.01
1970	10 11	2544 2651	p < 0.01
1975	15 17	3311 3929	
1980	22 23	5452 5767	p < 0.001
1985	27 33	6125 6571	p < 0.001
1990	65 70	47185 48154	p < 0.00001
			Treatment Control

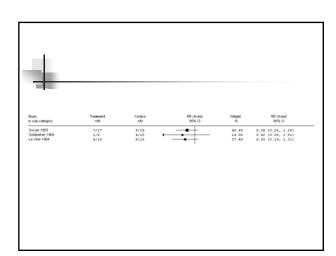


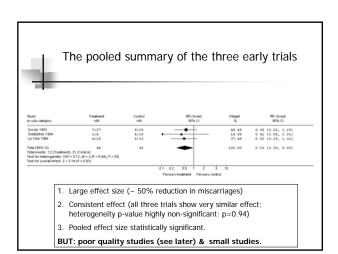


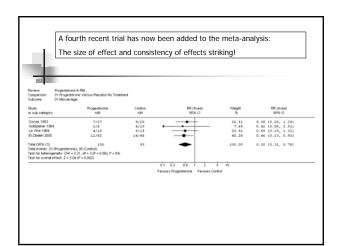














Surprise? No!

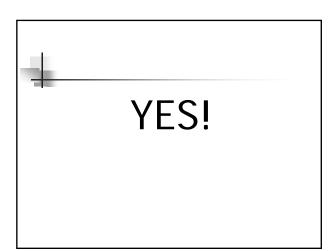
- Role of progesterone in supporting pregnancy well established (leutectomy studies)
- Mifepristone abortifacient.
- Biological plausibility
 - Immune modulation:

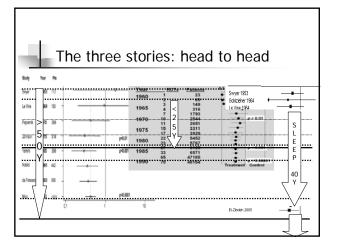
 - Th1/Th2 cytokines modulation
 Effect on PIBF activity
 Effect on natural killer cell activity
 - Uterine contractility
 - Endometrial heamostasis and vascular stability
 By influencing matrix metalloproteinases.

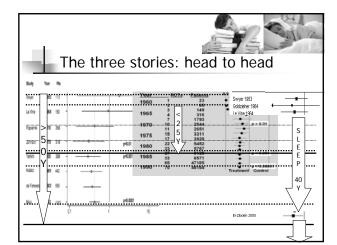
Quality! "Garbage in garbage out" Le Vine 1964 (n=30) Swyer 1953 (n=47) hydroxyprogesterone caproate 500 mg/week IM No treatment From diagnosis of pregnar Double No 54% (26/56 excluded) 0/5



- Current best evidence is level 1a evidence!
 - Possibility of 50% reduction in miscarriages in those with RM (~4000/year in the UK)
 - Safe
- However,
 - Poor quality evidence
 - Small studies (lack of precision)
 - Publication bias
- Do we need a definitive trial?









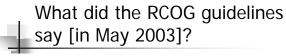
Did anyone try to wake us up? What did the reviewer in 1989 say?

- "...before progesterone is used in this way....it should be assessed in prospective double blind randomised controlled trials mounted in the light of the results of this meta-analysis."
 - Salim Daya, BJOG, 1989



What did the Cochrane reviewers say [in 2003] (in the **abstract**!)?

- In a subgroup analysis of three trials involving women who had RM, progesterone treatment showed a statistically significant decrease in miscarriage rate compared to placebo or no treatment (OR = 0.39; 0.17-0.91)
- ..further trials in women with a history of recurrent miscarriage may be warranted..



A There is insufficient evidence to evaluate the effect of progesterone supplementation in pregnancy to prevent a miscarriage.

A review of pregnancy rates following hormonal treatments for luteal phase deficiency concluded that the benefits are uncertain." The only meta-analysis to assess progesterone support for pregnancy in recurrent miscarriage found progesterone to have a beneficial effect. "However, this meta-analysis was based on three small controlled studies alone, none of which detected significant improvement in pregnancy outcome. Furthermore, the low progesterone levels that have been reported in early pregnancy loss may reflect a pregnancy that has already failed. Exogenous progesterone supplementation should only be used in the context of randomised controlled trials.

