1. Mifegyne®’s launch, the successful outcome of a long struggle

Abortion has been a controversial subject in many societies through history because of the moral, ethical, practical, and political power issues that surround it. It has been banned frequently and otherwise limited by law. However, in the 1970’s, many developed countries legalised abortion. At the same period, Prof Etienne-Emile Baulieu, who was a consultant for Roussel-Uclaf directed his research in finding a progesterone antagonist. Prof. Baulieu explained that “it was more a matter of fundamental research than the search for an abortion pill”. He succeeded and first published his discovery of the RU-486 in 1982. Further studies by Prof. Bygdeman’s research team from Sweden showed that the combination with a prostaglandin was necessary to make it an effective treatment.

In September 1988, Mifegyne® was approved in France for medical termination of pregnancy up to 49 days of amenorrhea in combination with a prostaglandin analogue. This approval made France a pioneer in providing access to medical abortion giving women more autonomy in the process. However, in response to anti-abortion protests, Roussel-Uclaf decided to suspend the distribution of Mifegyne® on October 26, 1988. Two days later, the French government ordered Roussel-Uclaf to continue distribution in the interests of public health. French Minister of health at that time Claude Évin explained "I could not permit the abortion debate to deprive women of a product that represents medical progress. From the moment Government approval for the drug was granted, RU-486 became the moral property of women, not just the property of a drug company."

In France, soon followed by other European countries, this was the final point of several decades of harsh debate and political actions to give women more autonomy and the choice to medically terminate an unwanted pregnancy.

Twenty five years after its launch, Mifegyne® has been approved in nearly thirty countries worldwide including Austria, Belgium, Denmark, Great Britain, Israel, Norway, Russia, South Africa and Sweden. Millions of women worldwide have used Mifegyne® and a prostaglandin analogue to terminate pregnancy with impressive safety and efficacy.

25th anniversary of women’s access to medical abortion with Mifegyne®

Interview of Prof. Etienne-Emile Baulieu, the “Father” of Mifegyne®

The announcement of the discovery of RU-486 / mifepristone immediately started violent debates between the pro- and anti-abortion groups. In the late 80’s, while attending a debate on French national television, I was accused by another Doctor “to be responsible for more death than Stalin and Hitler put together.”

What do you answer to this? You either leave or laugh... And I laughed (since it was so stupid), even though it was an extremely violent accusation. As a target for anti-abortion supporters, I received numerous insults and threats by mail or over the phone. I even escaped a bombing attack in New Orleans. Thanks to a plane delay, I was late to my presentation and the bomb exploded while someone else was on stage. Luckily nobody got hurt.

France now has a good experience with both surgical abortion and medical abortion and we observe that at least 70-80% of women looking for early abortion prefer the RU-486 / mifepristone to surgical abortion.

Regarding the future of Mifegyne®, there are still improvements that can be achieved. We can always improve the distribution of the molecule and in the case of Mifegyne®, a single pill containing the 600 mg dose would be an improvement.

Finally, I must say that it is quite a thrill to be the “anonymous” discoverer of such a revolutionary product. At least, I can promote the product without being accused of serving my self-interest to become rich. As millions and millions of women use this product, it gives me great satisfaction even if my name is not mentioned. It is a very intimate success and I think this is very appropriate considering the aspects of the decision to have an abortion.
2. The evolution of medical abortion

The launch of Mifegeyne® in 1989 has changed the way abortion was perceived and performed. Unlike surgical abortions which required at least 6 weeks of gestation before being performed, medical abortions can be initiated as soon as a pregnancy is confirmed.¹

Increased awareness about medical abortion among women does not increase the number of abortion but leads them to seek abortion services very early in pregnancy with less side-effects and complications.²

Hence, the availability of medical abortion does both allow and motivate women to obtain abortions at earlier gestations.¹

Since Mifegyne® was introduced, women have come for abortions at earlier gestations. In France, the proportion of abortions performed at or before seven weeks from the onset of the last menstrual period increased from 12% in 1987 to 20% in 1997.¹

In Sweden, the proportion of abortions performed before nine weeks increased from 45% in 1991 to 65% in 1999, in 2011 it was 79% according to the Swedish national statistics.¹,³

Research on patients’ perception of medical abortion in France, Great Britain and Sweden have found that the majority of women—often more than 90%—are satisfied with the procedure and would opt for the same method if in the future they needed another abortion.¹ Studies of women obtaining abortions in all three countries suggest that when given a choice between medical and surgical abortion, 57-70% opt for medical.¹

### Abortion rate per 1,000 women aged 15-44

<table>
<thead>
<tr>
<th>Country</th>
<th>Before mifepristone MA</th>
<th>After mifepristone MA</th>
</tr>
</thead>
<tbody>
<tr>
<td>France 1987-1997</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>England and Wales 1990-2000</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Sweden 1990-1999</td>
<td>21</td>
<td>18</td>
</tr>
</tbody>
</table>

### Impact of the introduction of medical abortion on gestational age at abortion in Sweden

![Impact of the introduction of medical abortion on gestational age at abortion in Sweden](chart)

### MToP vs. SToP market shares per country (2011-2012)

<table>
<thead>
<tr>
<th>Countries</th>
<th>FR¹</th>
<th>UK¹</th>
<th>SC³</th>
<th>DE⁵</th>
<th>SP⁷</th>
<th>CH⁸</th>
<th>BE⁹</th>
<th>NL¹⁰</th>
<th>PT¹¹</th>
<th>IT¹²,¹³</th>
</tr>
</thead>
<tbody>
<tr>
<td>MToP</td>
<td>55%</td>
<td>47%</td>
<td>80%</td>
<td>16%</td>
<td>12%</td>
<td>67%</td>
<td>21%</td>
<td>16%</td>
<td>67%</td>
<td>9%</td>
</tr>
<tr>
<td>SToP</td>
<td>45%</td>
<td>53%</td>
<td>20%</td>
<td>84%</td>
<td>88%</td>
<td>33%</td>
<td>79%</td>
<td>84%</td>
<td>33%</td>
<td>91%</td>
</tr>
</tbody>
</table>

Women consistently report that the best features of the Mifegyne® and misoprostol regimen include:²

1. Avoiding surgery and anaesthesia;
2. The perception that the process is more “natural”;
3. The preservation of privacy;
4. And convenience
3. Latest trends in medical abortion

Since introduction of medical abortion, improvements in terms of access and practice have been continuous. Mifegyne® has the potential to facilitate access to abortion services, particularly if large numbers of physicians who do not currently offer surgical abortion start providing medical abortion services. While not all women prefer medical to surgical abortions, providing women the choice between the methods will increase satisfaction levels among women obtaining abortions.14

A new trend in medical abortion is the home use of prostaglandin. Several studies have confirmed the safety, efficacy and high acceptability of home-use of misoprostol and suggested that it should become an option.1 Home-use of misoprostol allows women more flexibility, privacy and control in their abortions.15 Complications are very rare. This is currently proposed to women in several countries (Austria, Denmark, France, Portugal, Spain, Sweden). Some centers also propose a follow-up at home thanks to an urinary hCG test to be used 2 weeks after abortion.

Another trend has been the increased consideration of safety, especially in finding misoprostol to be the best PG to be associated with Mifegyne®, and the increased consideration of pain experienced by women during medical abortion.16 While analgesics play a role in medical abortion, one of the primary means of managing pain is through adequate counselling before the procedure and reassurance during the process. During the preparatory phase, counsellors should inform patients that they may experience pain and give them sufficient pain treatment at hand. This will allow women to prepare for the experience mentally, emotionally and logistically.

4. Exelgyn, committed to the improvement and expansion of MToP

Exelgyn strives to further improve women’s healthcare and autonomy by expanding access to safe and qualitative drugs worldwide. Exelgyn is strongly committed to Medical Termination of Pregnancy (MToP) and strives to expand access to this safe and effective method worldwide. This is why in 2013, Exelgyn launched their own misoprostol which is available under different trade names in different countries: MisoOne®, Topogyne® and Mispregnol®.

MisoOne® / Topogyne® / Mispregnol® (misoprostol 400 µg) is a prostaglandin analogue indicated in medical termination of developing intra-uterine pregnancy, in sequential use with mifepristone (Mifegyne®), up to 49 days of amenorrhea. It is tailored for MToP: the right dose (400 µg) in One oral tablet. MisoOne® / Topogyne® / Mispregnol® completed a European Decentralized Procedure in October 2012 in 21 European countries.
With MisoOne® / Topogyne® / Mispregnol® used in combination with Mifegyne®, Exelgyn provides the complete method recommended by the European Medicines Agency to medically terminate pregnancy up to 49 days of amenorrhea.

Exelgyn understands that the impact and the promise of medical abortion is huge. Through the launch of Mifegyne®, and now MisoOne® / Topogyne® / Mispregnol®, Exelgyn has gone a long way towards facilitating access to safe and effective medical abortion.

In the near future, Exelgyn is planning the launch of various products to make a difference in the lives of women considering medical abortion.

**Mifegyne® indications:**

Mifegyne® is approved in Europe in 4 indications:

- Medical termination of developing intra-uterine pregnancy in association with prostaglandin up to 63 days of amenorrhea,
- Softening and dilatation of the cervix uteri prior to surgical termination of pregnancy during the first trimester,
- Preparation for the action of prostaglandin analogues in the termination of pregnancy for medical reasons (beyond the first trimester),
- Labour induction in foetal death in utero. In patient where prostaglandin or oxytocin cannot be used.

*For more information on Mifegyne® or MisoOne® / Topogyne® / Mispregnol®, please consult the Summary of the Product Characteristics (Mifegyne® SmPC & MisoOne® SmPC).*

**HIGHLIGHTS**

The approval of Mifegyne® was the successful outcome of a long struggle. Its launch in France in 1989, soon followed by other European countries, was the final point of several decades of harsh debate, giving women more autonomy and the choice to medically terminate an unwanted pregnancy.

Mifegyne® has changed the way abortion was perceived and performed. Since introduction of medical abortion, improvements in terms of access and practice have been continuous. More consideration is given to pain, from analgesics prescription to adequate counseling before the procedure and reassurance during the process.

Today, the plurality of abortion methods available gives women more choices, thus increasing their level of satisfaction. For most women, the benefits of medical abortion make this method preferable to surgery.

Exelgyn strives to further improve women’s healthcare and autonomy worldwide. Exelgyn has been strongly committed to medical termination of pregnancy since Mifegyne®’s launch twenty five years ago. The product received approval in nearly thirty countries. In the near future, Exelgyn is planning the launch of various products to make a difference in the lives of women considering medical abortion.
Bibliography:

10. IGZ. Jaarrapportage 2012 van de Wet abbreking zwangerschap.

Prof. Baulieu Interview bibliography:


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