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January 30, 2006

BY ELECTRONIC DELIVERY

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

**Re: Proposed rule on Obstetrical and Gynecological Devices;
Designation of Special Control for Condom and Condom
With Spermicidal Lubricant; Docket No. 2004N-0556.**

**Draft Guidance: Class II Special Controls Guidance
Document: Labeling for Male Condoms Made of Natural
Rubber Latex; Docket No. 2004D-0555.**

Dear Sir or Madam:

The American Society for Reproductive Medicine ("ASRM") submits these comments on the Food and Drug Administration's ("FDA's") proposed rule and draft guidance on the designation of special controls for latex condoms and condoms with spermicidal lubricants. ASRM is a non-profit organization dedicated to advancing knowledge and expertise in reproductive medicine and biology and is the foremost organization promoting the study of reproduction and reproductive disorders. ASRM has more than 8,000 members throughout the United States and more than 110 foreign countries, the great majority of whom are physicians practicing in the fields of obstetrics, gynecology and urology. ASRM's membership also includes others involved in reproductive medicine, such as doctoral level scientists, nurses, and technicians.

ASRM is pleased that FDA has proposed special controls that are firmly grounded in science and evidence-based medicine. ASRM recognizes that some groups and individuals believe that condom use may encourage certain unwanted behaviors. As we will discuss below, such beliefs are not supported by evidence-based science, and as such FDA should not allow them to inappropriately influence condom labeling. The

special controls the agency has proposed in the above-referenced documents will provide consumers with accurate information on the efficacy and appropriate use of latex condoms, particularly with respect to uses that may protect against or reduce transmission of sexually transmitted disease (STD). Therefore, ASRM encourages FDA to adopt the proposed controls in a final rule and final guidance.

The effectiveness of condoms in reducing unintended pregnancies has been demonstrated in numerous investigations.¹ In addition, a large body of evidence indicates that proper condom use appears to substantially reduce the risk of sexually transmitted pathogens.²

However, as FDA states, the use of condoms does not eliminate risk of either unintended pregnancy or transmission of sexually transmitted diseases. Contraceptive efficacy is correlated directly with several factors, including (1) the ability to use a condom with each act of intercourse; (2) proper placement of a condom on the penis; (3) avoidance of condom breakage; and (4) use of proper methods of withdrawal to reduce spillage. Likewise, pathogens that might be present on skin not covered by a condom (human papilloma virus (HPV) and herpes simplex virus (HSV)) still might be transmitted between partners.³ The labeling proposed by FDA conveys the strong effectiveness data supporting condom use without minimizing these persistent risks.

ASRM also supports FDA's position on the use of lubricants containing the spermicide nonoxynol-9 (N-9). N-9 has no demonstrated ability to reduce pregnancy rates or transmission of sexually transmitted pathogens to a greater extent than lubricated condoms not containing N-9 in the lubricant.⁴ Because N-9 has been shown to increase penile and vaginal irritation in a small percentage of patients, these areas might serve as a portal for disease transmission secondary to skin breakage or disruption.⁵

ASRM submits the following responses to the specific questions posed by the FDA in the Federal Register notice proposing the draft guidance document (70 Fed. Reg. 69102, 69118 (Nov. 14, 2005):

1. *Should labeling include more details on the prevention of genital HPV infection and information on different approaches to prevention of cervical cancer?*

¹ Warner L, Hatcher RA, Steiner MJ. Male condoms. In: Hatcher RA, Trussell J, Stewart F, Nelson AL, Cates Jr W, Guest F, Kowal D, eds. *Contraceptive Technology 2004*, 18th edition., Argent Media, New York.

² Stone KM, Thomas E, Timyan J. Barrier methods for the prevention of sexually transmitted diseases. In: Holmes KK, Sparling PF, Mardh P-A, eds. *Sexually Transmitted Diseases 1988*, 3rd edition, McGraw-Hill, New York.

³ Wasserheit JN, Valdiserri RO, Wood RW. Assessment of STD/HIV prevention programs in the United States: national, local, and community perspectives. In: Holmes KK, Sparling PF, Mardh P-A, eds. *Sexually Transmitted Diseases 1988*, 3rd edition, McGraw-Hill, New York.

⁴ Roddy RE, Cordero M, Ryan KA, Figueroa J. A randomized controlled trial comparing nonoxyl-9 lubricated condoms with silicone lubricated condoms for prophylaxis. *Sex Transm Inf* 1998;74:116-199.

⁵ Roddy RE, Cordero M, Cordero C, Fortney JA. A dosing study of nonoxynol-9 and genital irritation. *Int J STD AIDS* 1993;4:163-170.

Condoms can reduce the transmission of seminal fluid carrying the human papilloma virus. Therefore, decreasing the direct effect of these fluids on the cervix may be helpful in decreasing the risk of cervical dysplasia and neoplasia. It would be appropriate for labels to indicate that HPV still can be acquired through direct skin contact in areas not protected by the condom.

2. *Would labeling provide assurance that condoms provide adequate safety and effectiveness?*

Condom labeling would allow the consumer to understand that proper and consistent condom use would “reduce” the incidence of intended pregnancy and STD transmission.

3. *Should the FDA consider other special controls?*

Consumers should be aware that condoms containing latex rubber might cause a localized or generalized allergic reaction in some users or their partners. The use of a nonlatex (polyurethane) condom might reduce this risk. However, special controls beyond evidence-based labeling do not appear to be warranted.

4. *Would this special control alone provide reasonable assurance of the safety and efficacy of latex condoms with N-9 lubricants?*

Inclusion of the spermicide N-9 in condom lubricant has not been shown to increase condoms’ contraceptive efficacy. Although there is no direct evidence that N-9 increases STD transmission, the fact that N-9 can cause genital irritation suggests the possibility exists. Labeling should alert consumers to the lack of contraceptive efficacy and the slight possibility of increased transmission of some pathogens with condoms containing N-9 in the lubricant.

5. *Do the risks of condom lubricant containing N-9 outweigh the contraceptive benefits?*

Although there is no evidence supporting an increase in contraceptive efficacy when N-9 is used as a condom lubricant, the potential that this same lubricant can increase STD transmission is theoretical. However, studies using spermicides alone show an increase in skin irritation, which may increase STD transmission. Until there are studies focusing specifically on the effect of nonoxynol-9 as a condom lubricant and skin disruption, the true risk-benefit ratio remains to be determined.

In conclusion, ASRM supports appropriate labeling of condoms with and without N-9 in the lubricant. Condom labeling should aim to increase contraceptive efficacy and reduce the transmission of sexually transmitted pathogens. At the same time, it should be clear that STDs can be acquired through direct contact with skin not covered by a condom. Furthermore, condom users should be informed that N-9 does not appear to offer significant benefit to condom users and, in certain patients, might possibly increase the risk of infection if genital irritation occurs. Because the

health of the condom user and his sexual partner is of the utmost importance, ASRM feels that appropriate labeling will allow these individuals to fully understand the risks and benefits associated with condom use.

Sincerely,

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