New product information wording – Extracts from PRAC recommendations on signals
Adopted at the 8-11 June 2020 PRAC

The product information wording in this document is extracted from the document entitled ‘PRAC recommendations on signals’ which contains the whole text of the PRAC recommendations for product information update, as well as some general guidance on the handling of signals. It can be found [here](#) (in English only).

New text to be added to the product information is **underlined**. Current text to be deleted is **struck through**.

1. Desogestrel – Suppressed lactation (EPITT no 19504)

**Summary of product characteristics**

4.6. Fertility, pregnancy and lactation

**Breastfeeding**

*Based on clinical study data, <product name> does not appear to influence the production or the quality (protein, lactose, or fat concentrations) of breast milk. However, there have been infrequent postmarketing reports of a decrease in breast milk production while using <product name>. Small amounts of etonogestrel are excreted in the breast milk. As a result, 0.01 - 0.05 microgram etonogestrel per kg body weight per day may be ingested by the child (based on an estimated milk ingestion of 150 ml/kg/day). Like other progestogen-only pills, <product name> can be used during breast feeding.*

[...]

5.1 Pharmacodynamic properties

**Mechanism of action**
<Product name> is a progestogen-only pill, which contains the progestogen desogestrel. Like other progestogen-only pills, <product name> is best suited for use during breast feeding and can be used for women who may not or do not want to use oestrogens. […]

**Package leaflet**

**Breast-feeding**

<Product name> may be used while you are breast-feeding. <Product name> does not appear to influence the production or the quality of breast milk. However, there have been infrequent reports of a decrease in breast milk production while using <product name>. A small amount of the active substance of <product name> passes over into the milk.

### 2. Hormone replacement therapy (HRT): tibolone – New information on the known risk of breast cancer (EPITT no 19482)²

New text in **bold underlined**.

**Summary of product characteristics**

4.4. Special warnings and precautions for use

[...]

**Breast cancer**

Evidence with respect to breast cancer risk in association with tibolone is inconclusive. A meta-analysis of epidemiological studies, including The Million Women study (MWS), showed a significant increase in the risk of breast cancer in association with use of the 2.5 mg dose. This risk became apparent within 3 years of use and increased with duration of intake, see section 4.8. These results could not be confirmed in a study using the General Practice Research Database (GPRD). After stopping treatment, the excess risk will decrease with time and the time needed to return to baseline depends on the duration of prior HRT use. When HRT was taken for more than 5 years, the risk may persist for 10 years or more.

No data for persistence of risk after stopping are available for tibolone, but a similar pattern cannot be ruled out.

4.8. Undesirable effects

**Breast cancer risk**

- […]
- **The Any** increased risk in users of oestrogen-only and tibolone therapy is lower than seen in users of oestrogen-progestogen combinations.
- […]

**Package leaflet**

2. What you need to know before you use <X>

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² This signal was discussed at the 14-17 May 2020 PRAC meeting.
Breast cancer

Evidence shows that taking combined oestrogen-progestogen and possibly also oestrogen-only tibolone increases the risk of breast cancer. The extra risk depends on how long you take HRT tibolone. The additional risk becomes clear within a few years of use. In studies with HRT, after stopping HRT the extra risk decreased with time, but the risk may persist for 10 years or more when women have used HRT for more than 5 years. However, the risk decreases after stopping treatment and it returns to normal within a few years (at most 5). No data for persistence of risk after stopping are available for tibolone, but a similar pattern cannot be ruled out.

3. Macrogol-containing products (all molecular weights and combinations) for bowel preparation – Colitis ischaemic (EPITT no 19517)

Summary of product characteristics

4.4. Special warnings and precautions for use

Ischaemic colitis

Post-marketing cases of ischaemic colitis, including serious, have been reported in patients treated with macrogl for bowel preparation. Macrogl should be used with caution in patients with known risk factors for ischaemic colitis or in case of concomitant use of stimulant laxatives (such as bisacodyl or sodium picosulfate). Patients presenting with sudden abdominal pain, rectal bleeding or other symptoms of ischaemic colitis should be evaluated promptly.

Package leaflet

2. What you need to know before you take <product name>

Warnings and precautions

- If you experience sudden abdominal pain or rectal bleeding when taking <product name> for bowel preparation, contact your doctor or seek medical advice immediately.