LIPIODOL[®] ULTRA FLUID

The only oil-based contrast agent indicated for HSG**

INFERTILITY **EVALUATION** TUBAL UTERINE IMAGING IMAGING



LIPIODL® ULTRA FLUID FOR HYSTEROSALPINGOGRAPHY



Pharmaceutical form: Lipiodol[®] Ultra Fluid 480 mg lodine per mL, solution for injection 10 mL, ethyl esters of iodized fatty acids of poppy-seed oil

Recommended dosage: Up to 20 mL, depending on the volume of the uterine cavity



- P4 Lipiodol[®] Ultra Fluid indication
- **P5** Infertility prevalence
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Hysterosalpingography

Definition: radiological examination to investigate the uterine cavity, Fallopian tubes & peritoneal cavity. It entails the injection of contrast medium and visualization under fluoroscopy.¹⁰

CHARACTERIZATION OF HSG FINDINGS¹¹



Müllerian duct anomalies

HSG - Simple & accurate procedure for tubal patency & uterine investigation



▶ PREVALENCE OF PRIMARY INFERTILITY AMONG WOMEN WHO SEEK A CHILD, IN 2010¹²



Infertility - A huge clinical unmet need over the world









HSG - Procedure performed after bleeding period & before ovulation (ideally before the 12th day of the menstrual cycle for women with normal cycle length)



PATIENT PREPARATION

The patient is positioned on her back on a table under a fluoroscope, bringing legs up into gynecological position
 Cervix must be cleaned with an antiseptic
 Vaginal speculum gently inserted for visualization of cervix





Catheter inserted through the opening in the cervix into the uterus

Contrast medium (Lipiodol® Ultra Fluid) instilled slowly through catheter into the uterine cavity

Images taken of the uterine cavity and Fallopian tubes

Lipiodol® HSG: Endorsement by international clinical practice guidelines



NICE Guidelines 14

«...The potential therapeutic effect of diagnostic tubal patency testing has been debated for over 40 years. Tubal flushing might involve water- or oil-soluble media. A systematic review of eight RCTs showed a significant increase in pregnancy rates with tubal flushing using oil-soluble contrast media when compared with no treatment...Tubal flushing with oil soluble contrast media was associated with an increase in the odds of live birth...[Evidence level 1a]...» *Hierarchy of evidence: 1a – Systematic review and meta-analysis of randomised controlled trials



American Society for Reproductive Medicine (ASRM) ¹⁵

«...Hysterosalpingography (HSG), using either a water- or lipid-soluble contrast media, is the traditional and standard method for evaluating tubal patency and may offer some therapeutic benefit...»



Canadian Fertility & Andrology Society (CFAS) ¹⁶

«...Hysterosalpingography...: Water-soluble or oil-based radio-opaque contrast material is used to delineate the uterine cavity...»

«...HSG is generally accepted as the traditional, least invasive and most cost effective method of evaluation of tubal patency in low-risk women...»



Normal HSGs

Lipiodol® HSG showing normal uterine cavity & patent tubes





Courtesy: Pr. Velja Mijatovic & Dr. Kim Dreyer, Amsterdam University Medical Center (Netherlands) Example of specific Lipiodol® droplets in the peritoneal cavity confirming tubal patency



Abnormal findings

Lipiodol[®] HSG showing uterine cavity with a filling defect near the left tube due to an endometrial polyp & normal right tube with patency Lipiodol® HSG showing Müllerian duct anomalies



Courtesy: Pr. Velja Mijatovic & Dr. Kim Dreyer, Amsterdam University Medical Center (Netherlands)



Courtesy: Dr. Naile Bolca Topal, Uludag University (Turkey)

Lipiodol® for HSG - Accurate tubal & uterus imaging



✓ No evidence of difference between OSCM Lipiodol[®] & WSCM groups ^{6,7,17}

- Miscarriage
- Infection
- Ectopic pregnancy
 Haemorrhage

«...There were no significant differences in miscarriage, ectopic pregnancy & infection rates between tubal flushing with oil or water, or between oil plus water media versus water media only...»

NICE Clinical Guidelines 2013¹⁴

OSCM: Oil Soluble Contrast Medium (Lipiodol® Ultra Fluid) | WSCM: Water Soluble Contrast Medium

Rare HSG complications may occur

- Venous intravasation: Reported rate < 6.9%^{2,18}
- Pulmonary embolism: Very rare cases which remained clinically asymptomatic (Reported rate 1.1%)¹⁹; No cases reported in a meta-analysis from 2019²⁰
- Lipogranuloma: Reported rate < 0.1%²¹
- Thyroid dysfunction (contraindicated in case of confirmed hyperthyroidism): Low risk of transient hypo/hyperthyroidism; when biochemically observed, no clinical consequences reported ²²

Lipiodol® for HSG - A safe procedure

| Miscarriage ²³ | | | | | |
|--|---|--------------------|---|------------------|---|
| Study or subgroup | oscm n/N | WSCM n/N | Odds Ratio M-H,Random,95% CI* | Weight | Odds Ratio M-H,Random,95% CI* |
| Dreyer 2017 Spring 2000 | 29/554 19/273 | 31/554 25/260 | + | 58.8 % 41.2 % | 0.93 [0.55, 1.57] 0.70 [0.38, 1.31] |
| Total | 48/827 | 56/814 | • | 100 % | 0.83 [0.56, 1.24] |
| Heterogeneity: Tau² = 0.00 Test for overall effect: Z = 0 | ; Chi² = 0.46, df = 1 (P = 1.92 (P = 0.36) | 0.50); l²=0% | 0.01 0.1 1 10 100 Favors OSCM Favors W | SCM | |

Ectopic pregnancy ²³

| Study or subgroup | OSCM n/N | WSCM n/N | Odds Ratio M-H,Random,95% CI* | Weight | Odds Ratio M-H,Random,95% CI* |
|--|--|--------------------|--|--------|---|
| Dreyer 2017 | 2/554 | 2/554 | - | 43 % | 1.00 [0.14, 7.12] |
| Spring 2000 | 2/273 | 2/260 | - | 57 % | 0.47 [0.09, 2.60] |
| Total | 4/827 | 6/814 | • | 100 % | 0.65 [0.18, 2.36] |
| Heterogeneity: Tau ² = 0.00; Test for overall effect: Z = 0. | ; Chi ² = 0.32, df = 1 (P = .65 (P = 0.52) | 0.57); l²=0% | 0.01 0.1 1 10 100 Favors OSCM Favors WSCM | | |



✓ Procedural pain level: No significant difference between OSCM & WSCM group⁷

| | OSCM (Lipiodol® Ultra Fluid) N=554 | WSCM (Telebrix Hystero®) N=554 | P value |
|---|--|--------------------------------------|---------|
| Median pain score on visual-analogue scale | 4.8 (3.0-6.4) | 5.0 (3.0-6.7) | 0.28 |

✓ Post-procedural pain reported less frequently in OSCM than in WSCM group ⁶

| Study or subgroup | OSCM n/N | wscm n/N | Odds Ratio M-H,Fixed,95% CI* | | Weight | Odds Ratio M-H,Fixed,95% CI* |
|--|-------------|-------------|---------------------------------|-------------|--------|--|
| Rasmussen 1991 | 54/103 | 281/314 | - | | 100 % | 0.13 [0.08, 0.22] |
| *M-H: Mantel-Haenszel, CI: Confidence Interval | | | 0.05 0.2 1 | 5 20 | | |
| | | Fav | vors OSCM | Favors WSCM | | |

Lipiodol[®] for HSG - A well-tolerated procedure





| Features | Benefits | |
|-----------------------------|---|--|
| Tube & uterus visualizer | Both tubes & uterine cavity visualization Accurate image quality ^{1,17,24} | |
| ► Convenient | Simple Well-tolerated - Less frequent post-procedural pain & no significant difference in pain level during the procedure compared to WSCM group ^{1,6,7,17} Minimally-invasive | |

Lipiodol[®] efficacy & safety for tubal patency & uterine investigation



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LIPIODOL® ULTRA-FLUID. Composition: Ethyl esters of iodized fatty acids of poppy seed oil 10 mL, corresponding to an iodine content of 480 ma/mL. Indications (**): In diagnostic radiology - Hysterosalpingography - Ascending urethrography - Lymphógraphy - Sialography - Fistulography and exploration of abscesses - Exploration of frontal sinuses - Pre and postoperative cholongiography. In interventional radiology - Visualisation and localization (by selective intra-arterial use during CT) of liver lesions in adults with known or suspected hepatocellular carcinoma - Visualisation, localisation and vectorisation during Trans-Arterial Chemo-Embolisation (TACE) of hepatocellular carcinoma at intermediate stage, in adults - Selective embolization in combination with Histoacryl alue (particularly for arteriovenous malformation or aneurysms) - Selective injections of UPIODOL ULTRA-FLUID into the hepatic artery for diagnostic purposes where a spiral CT scan is not practical. In endocrinology - Prevention of severe cases of iodine deficiency. Posology and method of administration (*): have to be adapted according to the type of examination, the territories explored, the age and weight of the patient. The volume to be administered depends on the particular requirements of the technique and the size of the patient. Contraindications: Hypersensitivity to LIPIODOL ULTRAFLUID - Confirmed hyperthyroidism - Patients with traumatic injuries, recent haemorrage or bleeding - Hysterosalpingoaraphy during pregnancy or acute pelvic inflammation - Bronchography. In interventional radiology (Trans-Arterial Chemo-Embolization), Administration in liver areas with dilated bile ducts unless drainage has been performed. Special warnings and special precautions for use (*): There is a risk of hypersensitivity regardless of the dose administered. Lymphography: Pulmonary embolism may occur immediately or after few hours to days from inadvertent systemic vascular injection or intravasation of LIPIODOL ULTRA-FLUID: Perform radiological monitoring during LIPIODOL ULTRA-FLUID injection and avoid use in patients with severely impaired lúng function, cardiorespiratory failure or right-sided cardiac overload. Hypersensitivity: all iodinated contrast agents can lead to minor or major hypersensitivity reactions, which can be life-threatening. These hypersensitivity reactions are of an allergic nature (known as anaphylactic reactions if they are serious) or a non-alleraic nature. They can be immediate (occurring within 60 min) or delayed (not occurring until up to 7 days later). Anaphylactic reactions are immediate and can be fatal. They are dose-independent, can occur right from the first administration of the product, and are often unpredictable; avoid use in patients with a history of sensitivity to other iodinated contrast agents, bronchial asthma or alleraic disorders because of an increased risk of a hypersensitivity reaction to LIPIODOL ULTRA-FLUID. Thyroid: can cause hyperthyroidism in predisposed patients. Lymphoaraphy saturates the thyroid with iodine for several months and thyroid exploration should be performed before radiological examination. Chemo-Embolization: Trans-Arterial Chemo-Embolization is not recommended in patients with decompensated liver cirrhosis (Child-Pugh ≥8), advanced liver dysfunction, macroscopic invasion and/or extra-hepatic spread of the tumour. Renal insufficiency must be prevented by correct rehydration before and after the procedure. Oesophageal varices must be carefully monitored. Hepatic intra-arterial treatment can progressively cause an irreversible liver insufficiency in patients with serious liver malfunction and/or undergoing close multiple sessions. The risk of superinfection in the treated area is normally prevented by administration of antibiotics. Embolization with alue: An early polymerisation reaction may exceptionally occur between LIPIODOL ULTRA-FLUID and certain surgical glues, or even certain batches of glue. Before using new batches of LIPIODOL ULTRAFLUID or surgical glue, the compatibility of LIPIODOL ULTRAFLUID and the glue must be tested in vitro. Interaction with other medicinal products and other forms of interaction (*): Metformin. Beta blockers, vasoactive substances, anajotensin-converting enzyme inhibitors. angiotensin-receptor antagonists, Diuretics, Interleukin II. Fertility, pregnancy and lactation (*): LIPIODOL ULTRA-FLUID must only be used in pregnant women if absolutely necessary and under strict medical supervision. Breastfeeding should be discontinued if LIPIODOL ULTRA-FLUID must be used - Effects on ability to drive and use machines: The effects on ability to drive and to use machines have not been investigated - Undesirable effects (*): Most adverse effects are dose-related and dosage should therefore be kept as low as possible : hypersensitivity, anaphylactic reaction, anaphylactoid reaction, vomiting, diarrhea, nausea, fever, pain, dyspnea, cough, hypothyroidism, hyperthyroidism, thyroiditis, pulmonary embolism, cerebral embolism, retinal vein thrombosis, lymphoedema agaravation, hepatic vein thrombosis, granuloma. Overdose (*): The total dose of LIPIODOL ULTRA-FLUID administered must not exceed 20 mL -Pharmacodynamic properties (*): Pharmacotherapeutic group: X-ray contrast media, iodinated; ATC code: V08A D01. Water-insoluble iodinated contrast medium. Presentation (**): 10 mL glass ampoule. Marketing authorization holder (*): Guerbet - BP 57400 - F-95943 Roissy CdG cedex - FRANCE. Information: tel: 33 (0) 1 45 91 50 00. Revision: April 24th, 2018. (*) For complete information please refer to the local Summary of Product Characteristics (SPC).

(**) Indications, volumes and presentations may differ from country to country.

Reporting of suspected adverse reactions is important as it helps to continuously assess the benefit-risk balance. Therefore, Guerbet encourages you to report any adverse reactions to your health authorities or to our local Guerbet representative.

Countries in which HSG indication is registered: USA, Canada, Argentina, UK, Ireland, The Netherlands, Denmark, Turkey, South-Africa, Japan, Taiwan, Thailand, Australia & New Zealand. For a copy of the SPC, please contact a member of Guerbet.

This brochure is not intended for US Healthcare Professionals.



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