

DEsogestrel for Bleeding on the Implant (DEBI)

Submission date 27/03/2025	Recruitment status Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 28/05/2025	Overall study status Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 03/09/2025	Condition category Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

The contraceptive implant (68mg etonogestrel) is a hormone-containing rod that is placed under the skin of the arm and is more than 99% effective at preventing pregnancy. Unfortunately, 24% of users have the implant removed early due to frustrating and unpredictable changes in their periods. Bad experiences with the implant deter people from using other effective contraceptive methods and may increase the risk of unintended pregnancy.

The current first-line treatment that is recommended is to take the combined oral contraceptive pill (COCP). This research aims to see whether desogestrel is as good as COCP in reducing problematic bleeding while using the implant. Desogestrel is slightly safer and cheaper than the combined pill, can be used in people who cannot take the combined pill and can be bought without a prescription. Using desogestrel means that people are only exposed to one type of hormone rather than two in the combined oral contraceptive pill. People taking the combined pill require annual blood pressure and weight monitoring, which is not required with desogestrel. If desogestrel is found to be as good as the combined pill, it will mean a safer, cheaper, more accessible treatment for problematic bleeding on the implant.

Who can participate?

The trial will recruit 690 menstruating people aged 16-45 with self-reported problem bleeding whilst using the etonogestrel implant. Problem bleeding is defined as bleeding of any type (e.g. spotting/heavy) considered problematic by the person. They must be willing to complete a daily bleeding diary for the trial duration.

What does the study involve?

The research aims to see whether desogestrel is as good as the combined oral contraceptive pill in settling problem bleeding during 90 days for people with problem bleeding whilst using the etonogestrel implant. Resolution of problem bleeding is defined as people self-reporting a significant improvement in the bleeding pattern during the 90-day reference period. Daily bleeding diary and adherence questions have been combined to reduce the time burden on participants. There are no follow-up visits required in addition to usual care, and follow-up questionnaires have been designed to only ask what is needed to answer the trial outcomes.

What are the possible benefits and risks of participating?

Both desogestrel and the COCP have marketing authorisation in the UK for oral contraception, but for this trial they will be used outside of their marketed purpose. Desogestrel is an

unevidenced treatment used in clinical practice. Risks related to trial treatment (common side effects) are described in the patient information sheet and medicine information leaflet (for both COCP and desogestrel), and they will be advised by the clinician on treatment in accordance with their local policies. Full details of side effects are available in the individual SmPC patient information sheet. Safety monitoring will be conducted as per the Monitoring Plan.

Where is the study run from?
University of Nottingham, UK

When is the study starting and how long is it expected to run for?
April 2024 to July 2027

Who is funding the study?
NIHR Health Technology Assessment Programme, HTA

Who is the main contact?
debi@nottingham.ac.uk

Contact information

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Scientific, Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

Integrated Research Application System (IRAS)

1007190

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

24045

Study information

Scientific Title

Clinical and cost-effectiveness of desogestrel versus the combined oral contraceptive pill for problematic bleeding on the etonogestrel implant: DEBI trial

Acronym

DEBI

Study objectives

To establish whether desogestrel is non-inferior to the combined oral contraceptive pill (COCP) in settling problem bleeding during a 90-day reference period for people with problem bleeding whilst using the etonogestrel implant. Resolution of problem bleeding is defined as people self-reporting significant improvement in the bleeding pattern during the 90-day reference period.

To establish if the proportion of participants reporting problem bleeding is not worse in participants treated with desogestrel compared to COCP.

To determine the effect of desogestrel compared with COCP on total number of non-bleeding, spotting and bleeding days during the 90-day treatment period.

To determine the effect of desogestrel compared with COCP on the number and duration of bleeding episodes (one or more consecutive days of bleeding, bounded by bleed-free days) within the 90 days .

To determine the effect of desogestrel compared with COCP on the time to the longest consecutive non-bleeding days.

To determine the acceptability with trial treatment.

To establish participant adherence to treatment.

To determine the effect of desogestrel and COCP on participant Quality of life.

To determine the cost of treating implant user problem bleeding with desogestrel or the COCP.

To determine the proportion of participants who intend to continue their allocated treatment.

Ethics approval required

Ethics approval required

Ethics approval(s)

approved 07/05/2025, North West - Greater Manchester Central Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)207 104 8084; gmcentral.rec@hra.nhs.uk), ref: 25/NW/0110

Study design

Multicentre clinician- and participant-blinded randomized non-inferiority trial with economic evaluation

Primary study design

Interventional

Study type(s)

Efficacy

Health condition(s) or problem(s) studied

Self-reported problem bleeding on the contraceptive implant

Interventions

Intervention: desogestrel 75 micrograms, once daily by mouth.

Active comparator: 30 microgram ethinylestradiol and 150 microgram levonorgestrel COCP, 1 tablet daily by mouth (without a hormone-free interval). Both COCP and desogestrel tablets will be similar oval, unmarked, white tablets to mask the allocation.

This is a phase IV, multicentre, clinician and participant-blinded, randomised non-inferiority trial, with economic evaluation. Equal allocation (1:1) to receive either desogestrel (intervention) or COCP (usual care). Recruitment of 690 participants is required to achieve 90% power and conclude non-inferiority with respect to the resolution of problem bleeding.

Randomisation will be provided by REDCap, a secure online randomisation system at the NCTU. Unique log-in usernames and passwords will be provided to those who have been delegated the role of randomising participants into the trial as detailed on the DEBI Delegation Log. The online randomisation system will be available 24 hours a day, 7 days a week, apart from short periods of scheduled maintenance.

After participant eligibility has been confirmed, informed consent has been received, baseline data items have been provided, the participant can be randomised into the trial and a trial number allocated. Following randomisation, a confirmatory email will be sent to the randomising clinician, local Principal Investigator, and the local pharmacy. A randomisation notification will be sent to the Chief Investigator and NCTU.

Intervention Type

Drug

Phase

Phase IV

Drug/device/biological/vaccine name(s)

Feanolla (Desogestrel) 75 mcg film coated tablets (Lupin Healthcare Ltd, PL 35507/0195). [desogestrel] , Levest (Levonorgestrel 150mcg and Ethinylestradiol 30mcg) coated tablets [150 micrograms levonorgestrel, 30 micrograms ethinylestradiol]

Primary outcome(s)

Participant-reported resolution of problem bleeding, with resolution defined as self-reported significant improvement in the bleeding pattern during the 90-day reference period. Improvement in problem bleeding will be measured by participants' self-determination that their bleeding pattern has improved using a 5-point Likert scale, 90 days after the participants start their study medicine

Key secondary outcome(s)

Clinical effectiveness

1. Longest duration of consecutive non-bleeding (no bleeding or spotting) whole days within the 90 days measured using a 5-point Likert scale at Days 30 and 60
2. Total number of non-bleeding, spotting and bleeding days measured using a Daily bleeding diary during the 90-day treatment period
3. Number and duration of bleeding episodes (one or more consecutive days of bleeding, bounded by bleed-free days) measured using a Daily bleeding diary within the 90 days
4. Time to the longest consecutive non-bleeding days measured using a Daily bleeding diary within the 90 days

Treatment acceptability and adherence

1. Acceptability of treatment (global and progestogenic side effects) measured using a Participant Questionnaire on days 30, 60 and 90
2. Adherence to treatment measured using a Daily bleeding diary

Safety

Discontinuation of allocated treatment and of implant measured using participant-reported discontinuation/removal of their implant in a Participant Questionnaire on days 30, 60 and 90

Cost-effectiveness

1. Quality of life (EQ-5D-5L and ICECAP-A) measured using participant-reported EQ-5D-5L and ICECAP-A on days 30, 60 and 90
2. Primary care, sexual health, and secondary care health resource use measured using a Participant Questionnaire on days 30, 60 and 90
3. Personal and out-of-pocket expenses arising from problem bleeding measured using a Participant Questionnaire on days 30, 60 and 90

4. Intention to continue the trial drug at 3 months measured using a Participant Questionnaire on days 30, 60 and 90

Completion date

31/07/2027

Eligibility

Key inclusion criteria

1. Female, or trans-male and non-binary people with a uterus, ovary/ovaries and vagina not using hormones other than etonogestrel implant
2. 16 – 45 years old
- 3 Etonogestrel implant user, with current implant in situ for at least 3 but no more than 24 months
4. Self-reported problem bleeding
5. Willing to complete daily bleeding diary for the trial duration
6. Able to provide Informed Consent
7. Sexually transmitted infection screening undertaken and high sensitivity pregnancy test negative at time of recruitment

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

16 years

Upper age limit

45 years

Sex

Female

Key exclusion criteria

1. Current routine use of oral NSAIDs
2. Current use or use within the last 3 months of hormones or medications known to affect menstrual bleeding, including progestogens, estrogens, androgens, tranexamic acid, selective progestogen receptor modulators
3. Current use or use within the last 6 weeks of liver enzyme inducing medicines which induce the cytochrome CYP3A4
4. Postpartum < 6 weeks (UKMEC 3 or 4)
5. Current use or use within the last 6 months of gonadotrophin-releasing hormone analogues
6. Current use or use within the last 9 months of DMPA
7. Surgery to genital tract altering bleeding, including hysterectomy, bilateral-oophorectomy or endometrial ablation

8. Contraindication (UKMEC Category 3 or 4) or allergy to desogestrel or excipients (including soya bean oil)
9. Contraindication (UKMEC Category 3 or 4) or allergy to COCP containing levonorgestrel and ethinylestradiol or excipients
10. Established pathological reasons for abnormal uterine bleeding, including malignancy or endometrial hyperplasia, fibroids, cervical polyps or lesions (seen on speculum examination), endometrial polyp(s), adenomyosis, coagulopathy, ovulation disorder (e.g. polycystic ovary syndrome)
11. Current known sexually transmitted infection (If STI screening comes back positive then the participant will remain in the trial)
12. Currently pregnant (positive urinary pregnancy test)
13. Previous participation in this trial
14. Declines screening for sexually transmitted infection dual nucleic amplification test (NAAT) for *Neisseria Gonorrhoeae* and *Chlamydia Trachomatis* at the time of presentation
15. Declines a speculum examination to assess the cervix for abnormality or other cause for problem bleeding at the time of presentation
16. Declines examination of the implant insertion site to ensure palpable and present at the time of presentation

Date of first enrolment

15/09/2025

Date of final enrolment

31/10/2026

Locations

Countries of recruitment

United Kingdom

England

Scotland

Study participating centre

Not provided at time of registration

United Kingdom

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Sponsor information

Organisation

University of Nottingham

ROR

<https://ror.org/01ee9ar58>

Funder(s)

Funder type

Government

Funder Name

Health Technology Assessment Programme

Alternative Name(s)

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from debi@nottingham.ac.uk. Anonymised participant data may be shared with researchers external to the trial research team in accordance with the NCTU's data sharing procedure and the National Institute for Health Care Research (NIHR) policy on the sharing of research data. All requests for data should be sent to the Nottingham Clinical Trials Unit. Participants consent to their anonymised information being used to support other research in the future and that it may be shared with other researchers.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 2.0	06/06/2025	03/09/2025	No	Yes
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Protocol file	version 2.0	06/06/2025	03/09/2025	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes