RCM 2007-525
NDA 20-687
Mifepristone U.S. Postmarketing Adverse Events Summary through 04/30/2011

The following information is from United States post-marketing reports (i.e., not from a clinical trial) received by FDA of adverse events that occurred among patients who had taken mifepristone for medical termination of pregnancy. Because FDA has eliminated duplicate reports, and in some cases, reclassified the adverse event terms for individual cases after reviewing the narrative details, the numbers provided here may differ from the numbers of the reports that may be obtained through Freedom of Information Act requests. These events cannot with certainty be causally attributed to mifepristone because of information gaps about patient health status, clinical management of the patient, concurrent drug use and other possible medical or surgical treatments. The estimated number of women who have used mifepristone in the US through the end of April 2011 is approximately 1.52 million women.

Post-Marketing Adverse Events in U.S. Women Who Used Mifepristone for Termination of Pregnancy	
Cut off date of cumulative reports since approval date in US (September 2000)	04/30/11
Cases with any adverse event	2207
Died [1]	14
Hospitalized, excluding deaths	612
*Ectopic pregnancies [2]	58
*Experienced blood loss requiring transfusions [3]	339
*Infections [4] (Severe infections[5])	256 (48)

* The majority of these women are included in the hospitalized category.

[1] Deaths were associated with sepsis in eight of the 14 reported fatalities (7 cases tested positive for *Clostridium sordellii,* 1 case tested positive for *Clostridium perfringens).* All but one fatal sepsis case reported vaginal misoprostol use; buccal misoprostol use was reported in one case. The six remaining U.S. deaths involved unique events; there was one case each of substance abuse/drug overdose, methadone overdose, suspected homicide, and a delayed onset of toxic shock-like syndrome (uterine cultures were positive for *Peptostreptococcus* and fibroid cultures were positive for *Prevotella*), and there were two cases of ruptured ectopic pregnancy. There were five additional deaths in women from foreign countries (non-US) who used mifepristone for termination of pregnancy. These included one death associated with septic shock (*Clostridium sordellii* identified in tissue samples) in a foreign clinical trial and four deaths identified from post-marketing data that were associated with a ruptured gastric ulcer, uterine hemorrhage, "multivisceral failure" and thrombotic thrombocytopenic purpura leading to intracranial hemorrhage, respectively.

[2] Administration of mifepristone and misoprostol is contraindicated in patients with confirmed or suspected ectopic pregnancy (a pregnancy outside the uterus).

[3] As stated in the approved Mifeprex (mifepristone) labeling, bleeding or spotting can be expected for an average of 9-16 days, and may last for up to 30 days.

[4] This category includes endometritis (involving the lining of the womb), pelvic inflammatory disease (involving the nearby reproductive organs such as the fallopian tubes or ovaries), and pelvic infections with sepsis (a serious systemic infection that has spread beyond the reproductive organs). Not included are women with reported sexually transmitted infections such as Chlamydia infections and gonorrhea, cystitis and women with toxic shock syndrome not associated with a pelvic infection.

[5] This subset of infections includes cases that were determined to be severe based on medical review of the case details. Severe infections generally involve death or hospitalization for at least 2-3 days, intravenous antibiotics for at least 24 hours, total antibiotic usage for at least 3 days, and any other physical or clinical findings, laboratory data or surgery that suggest a severe infection.