

Supplementary Table 2

Supplemental Table 2: Hypothetical Inclusion/Exclusion Table for AAPLOG/ACPeds Citizen Petition References. This table is meant to mirror those provided in the FDA’s 2021 REMS Modification Rationale Review for letters received from SFP and Chelius Plaintiffs. References which were captured in the 2016 review are included in the “References included in the REMS review” section and highlighted. The FDA’s “reviewed in the 2016 memo” rationale has been appended. References which were not captured in the 2016 review but for which exclusion criteria were difficult to ascribe are also included in this section and are both highlighted and italicized. Pre-2016 references which were neither captured in the 2016 review nor explicitly addressed in the FDA response letter to the citizen petition are included in the “References excluded from the REMS review” section and are both highlighted and underlined. Exclusion rationales are based on those provided in the REMS Review and/or the response letter, with a bold “Assessment status unclear” note appended for the three highlighted and underlined studies.

References cited in citizen petition from American Association of Pro-Life Obstetricians & Gynecologists and American College of Pediatricians (March 29, 2019)	
References included in the REMS review	
<i>American College of Obstetricians and Gynecologists 2014; Obstet Gynecol, 123(3):676-692 reviewed in 2016 memo</i>	
<i>American College of Obstetricians and Gynecologists 2017; Obstet Gynecol, 130(2):e57-e70</i>	
<i>Carlsson I, et al. 2018; BMC Womens Health, 18(1):158</i>	
Chen MJ et al. Obstet Gynecol 2015;126(1):12-21 reviewed in 2016 memo	
<i>Fjerstad M et al. 2009; N Engl J Med, 361:145-151 reviewed in 2016 memo</i>	
<i>Fung KFK et al. 2018; J Obstet Gynaecol Can, 40(1):e1-e10</i>	
<i>Lohr PA et al. 2007; Contraception, 76:215-220 reviewed in 2016 memo</i>	
<i>Lynd K et al. 2013; Int J Gynaecol Obstet, 121(2):144-8 reviewed in 2016 memo</i>	
<i>Raymond EG et al. 2018; Contraception, 98(1):30-35</i>	
<i>Raymond EG et al. 2018; Contraception, 97(4):324-328</i>	
References excluded from the REMS review	Rationale for Exclusion
Arain M, et al. 2013; Neuropsychiatr Dis Treat, 9:449-461	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. Not related specifically to abortion care.
Aronoff DM et al. 2008; J Immunol, 180:8222-8230	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. Focuses on misoprostol. Non-clinical animal study.

Biggs MA, et al. 2019; Contraception, 99(2):118-124	Survey on women's perspectives on access to mifepristone.
Donovan MK 2018; GPR, 21:41-47	Focused on logistics of accessing abortion care.
Doubilet PM et al. 2013; N Engl J Med, 369:1443-1451	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. Not related specifically to abortion care.
Fang L et al. 2012; PLoS ONE, 7(10):e48384	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. Non-clinical animal study.
<u>Gary MM et al. 2006; Ann Pharmacother, 40(2):191-7</u>	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. We note that the extensive literature search conducted as part of the 2016 clinical review, which was consistent with the division's standard approach for reviewing an efficacy supplement and encompassed 90 references, did not capture this publication. Assessment status unclear.
Hu M et al. 2014; J Ultrasound Med, 33:1585-1588	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. Not related specifically to abortion care.
Jones R et al. 2014; J Womens Health (Larchmt), 27(1):58-63	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. Provided only general statistics on abortion care in the United States.
Mentula MJ et al. 2011; Hum Reprod, 26(4):927-932	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. We note that the extensive literature search conducted as part of the 2016 clinical review, which was consistent with the division's standard approach for reviewing an efficacy supplement and encompassed 90 references, did not capture this publication. More recent data, however, were reviewed as part of the 2016 review. ¹
<u>Miech RP 2007; Ann Pharmacother, 41(12):2002-7</u>	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. We note that the extensive literature search conducted as part of the 2016 clinical review, which was consistent with the division's standard approach for reviewing an efficacy supplement and encompassed 90 references, did not capture this publication. Assessment status unclear.

¹ This rationale is based on the FDA's language in the response to the citizen petition, where they state that "However, the data in the Mentula study are relatively old (2003-2006); in our 2016 review of the S-020 efficacy supplement, we conducted an extensive review of more recent data¹⁹ and concluded that Mifeprex, in a regimen with misoprostol, is safe and effective for medical termination of intrauterine pregnancy through 70 days gestation" (see pg. 8, supra reference 116).

<u>Miech RP 2005; Ann Pharmacother, 39(9):1483-8</u>	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. We note that the extensive literature search conducted as part of the 2016 clinical review, which was consistent with the division's standard approach for reviewing an efficacy supplement and encompassed 90 references, did not capture this publication. Assessment status unclear.
Niinimäki et al. 2009; Obstet Gynecol, 114(4):795-804	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. We note that the extensive literature search conducted as part of the 2016 clinical review, which was consistent with the division's standard approach for reviewing an efficacy supplement and encompassed 90 references, did not capture this publication. However, the authors' conclusion in this publication is consistent with our review of the safety data in 2016. ²
Raymond EG et al. 2016; JAMA Intern Med, 176(5)	Focused on logistics of accessing abortion care.
Schreiber CA et al. 2018; N Engl J Med, 378(23):2161-2170	Not related specifically to abortion care.
Sternberg EM et al. 1989; Proc Natl Acad Sci U S A, 86(7):2374-8	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. Non-clinical animal study.

² This rationale is based on the FDA's language in the response to the citizen petition, where they state that "Nevertheless, the authors concluded that both methods are generally safe and recommended discussing the adverse event profiles of different methods when counseling women seeking pregnancy termination" (see pg. 37, supra reference 116).