Direct Healthcare Professional Communication

August 2026

Desogestrel- and etonogestrel-containing medicines: risk of meningioma and new measures to minimise this risk

Dear Healthcare Professional,

The General Administration for Pharmaceutical Vigilance (PVGA) of the Central Administration for Pharmaceutical Care at the Egyptian Drug Authority (EDA), would like to inform you about the following:

Summary

- For desogestrel- or etonogestrel-containing medicinal products, there is a slightly increased risk of developing a meningioma during current long-term use (≥ 1 year).
- The use of desogestrel or etonogestrel is contraindicated in women with a meningioma or a history of meningioma.
- Women treated with desogestrel or etonogestrel should be monitored for signs and symptoms of meningioma.
- If a meningioma is diagnosed in a woman, treatment with desogestrel or etonogestrel must be discontinued.
- The risk may be higher in women who have previously used progestogens already known to carry an increased risk of meningiomas (e.g., cyproterone, nomegestrol, medroxyprogesterone, and chlormadinone). This should be considered prior to initiating treatment with desogestrel or etonogestrel.
- Overall, it is estimated that approximately one additional case of meningioma occurs per 67,300 women treated with desogestrel.

Background on the safety concern

- Desogestrel and etonogestrel are progestogens used for contraception. Desogestrel-containing medicines are available as oral tablets, while etonogestrel-containing medicines are available as implants or, in combination with ethinylestradiol, as vaginal rings.
- Meningiomas are tumours of the tissue layer surrounding the brain and spinal cord. Usually they are benign (non-cancerous) and grow slowly, but depending on their size or location, they can cause serious problems.
- Although the risk is increased in people using these medicines, the overall likelihood of developing meningioma remains very low: one additional meningioma is estimated to occur for every 67,300

women who use these medicines

Recommendations for Healthcare Professionals

- Use of desogestrel- or etonogestrel-containing medicines is contraindicated in women who have a meningioma or have had one in the past.
- Women using these medicines should be monitored for signs and symptoms of meningioma.
- If a patient is diagnosed with meningioma while using desogestrel or etonogestrel, treatment should be discontinued.
- Adverse Event Reporting: Please report any suspected adverse reactions associated with desogestrel- and etonogestrel-containing products to the General Administration for Pharmaceutical Vigilance (GAPV) at the Egyptian Drug Authority (EDA).

Summary of Product Characteristics

- Warnings and precautions :
  Neurologic Meningioma have been reported following long-term administration of progestins, including medroxyprogesterone acetate (MPA). desogestrel- or etonogestrel-containing medicines should be discontinued if a meningioma is diagnosed. Caution is advised when recommending medroxyprogesterone to patients with a history of meningioma.
- Adverse reactions: Meningioma

References

EMA:

https://www.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-6-9-july-2026

BfArM (Germany) :

https://www.bfarm.de/SharedDocs/Risikoinformationen/Pharmakovigilanz/DE/RHB/2026/rhb-desogestrel-etonogestrel.pdf)

Call for reporting

Healthcare professionals are asked to report any suspected adverse reactions via the Egyptian reporting system:

Name: General Administration for Pharmaceutical Vigilance Email:

pv.followup@edaegypt.gov.eg

Online reporting: https://vigiflow-eforms.who-umc.org/eg/med

QR Code:

Hotline: 15301


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