

## Primates: Cebidae

Contraceptive methods:	GnRH agonist (Implant)	GnRH agonist (injection)	Progestagen (implants)	Progestagen (implant)	Progestagen (injection)	Progestagen (injection)	Surgical / Permanent
<b>Contraceptive Product:</b>	Deslorelin acetate	Luprolide acetate	Etonogestrel 68 mg	Levonorgestrel 2x 75mg	medroxyprogesterone acetate	prolgestrone 100mg/ml	N/A
<b>Commercial Name:</b>	Suprelorin®	Lupron®	Implanon® Nexplanon®	Jadelle®	Depo-Provera®, Depo-Progevera®	Delvosteron®	Vasectomy
<b>Product Availability:</b>	4.7mg ('Suprelorin 6') and 9.4 mg ('Suprelorin 12') widely available through veterinary drug distributors in the EU.	Luprolide acetate licenced for human use	Manufactured by Bayer Schering Pharma AG. Available through human drug distributors	Manufactured by Organon. Available through human drug distributors	Manufactured by Pfizer. Widely available throughout Europe through human drug distributors.	Manufactured by MSD animal Health UK, Intervet Europe. Licensed for use in female dogs, cats, and ferrets; available through veterinary distributors	N/A
<b>Restrictions and/or permit required by Importing Country:</b>	The EAZA RMG recommends: always check with your local licencing authority	Data deficient	The EAZA RMG recommends: always check with your local licencing authority	The EAZA RMG recommends: always check with your local licencing authority	The EAZA RMG recommends: always check with your local licencing authority	The EAZA RMG recommends: always check with your local licencing authority	N/A
<b>Mechanism of action:</b>	GnRH agonist suppress the reproductive endocrine system, preventing production of pituitary and gonadal hormones. As an agonist of the GnRH initially stimulates the reproductive system - which can result in oestrus and ovulation in females or temporary enhancement of testosterone and spermatogenesis in males - therefore additional contraception needed during this time. Please see below and refer to Deslorelin datasheet.	GnRH agonist suppress the reproductive endocrine system, preventing production of pituitary and gonadal hormones.	Interference with fertilization by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Interference with fertilization by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Anti-estrogenic activity. Interference with fertilization by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Anti-estrogenic activity. Interference with fertilization by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Surgical procedure in which the ductus deferens are cut, tied, cauterized, or otherwise interrupted
<b>Insertion/Placement:</b>	Sub-cutaneous, in a place where it can be easily detected or seen for removal at a later date (i.e. Upper inner arm); refer to Suprelorin fact sheet for effective method of implant placement (tunnellisation).	Injectable	Intramuscular or subcutaneous. The EAZA RMG recommends sub-cutaneous, upper inner arm for visibility (aid for later removal)	Intramuscular or subcutaneous. The EAZA RMG recommends sub-cutaneous, upper inner arm for visibility (aid for later removal)	Injectable intramuscular	Injectable subcutaneously - do not inject intradermally or into subcutaneous fat or scar tissue	Surgical
<b>Females</b>							
<b>Dose</b>	Dosages and duration of efficacy have not been well established for primate species. 1 x 4.7 mg or 1 x 9.4 mg. <b>DO NOT CUT IMPLANT</b>	Dosing information is not available; extrapolation from human literature is likely the best place to start	Recommended 1/3 to 1 implant, depending on species and weight; Contact The EAZA RMG advisory panel for more information on particular cases. Doses not well established	Recommended 1 to 2 rods, depending on species and weight. Contact The EAZA RMG advisory panel for more information on particular cases. Doses not well established	MPA can have a variable length of duration and a much higher dose is needed than in Old World primates for efficacy; 20mg/kg body weight of Depo-Provera, effective for approximately 30 days. For these reasons MPA is only advisable as a short term contraceptive to suppress post-partum oestrus	A dose of 50 mg/kg of Delvosteron has been used in a collection for short term contraception being effective for approximately 3 months. This drug is only advisable as a short term contraceptive e.g. to suppress post-partum oestrus, introduction of newly vasectomised male. Repeated use not advised.	N/A
<b>Latency to effectiveness:</b>	3 weeks average - additional contraception needed during this time ( <b>PLEASE see product data sheet</b> ). In cebids 5mg Megestrol acetate pills daily 7 days before and 7 days after implant has been used	Same as deslorelin with an initial stimulation phase and suppression should then occur 3-4 weeks later (please refer to deslorelin and lupron datasheet for more details)	In general inhibition of ovulation after 1 day when inserted on day 1-5 of cycle or when replacing oral progestogen. As the right stage during menstrual cycle is often unknown, it is advised to use other contraceptive methods for at least 7-14 days after insertion of the implant depending on administration route (IM or SC)	In general inhibition of ovulation after 1 day when inserted on day 1-5 of cycle or when replacing oral progestogen. As the right stage during menstrual cycle is often unknown, it is advised to use other contraceptive methods for at least 7-14 days after insertion of the implant depending on administration route (IM or SC)	1-3 days post injection. However, if the cycle stage is not known then extra time must be allowed; therefore, separation of the sexes or alternative contraception should be used for at least 1 week. Depo-Provera injection can be used to prevent the post-partum oestrus until a suitable longer term implant can be placed or as longer term contraception.	1-3 days post injection. However, if the cycle stage is not known then extra time must be allowed; therefore, separation of the sexes or alternative contraception should be used for at least 1 week. Depo-Provera injection can be used to prevent the post-partum oestrus until a suitable longer term implant can be placed or as longer term contraception.	N/A
<b>Oestrus cycles during contraceptive treatment:</b>	Initial oestrus and ovulation (during the 3 weeks of stimulation) then no oestrus cycle. To suppress the initial oestrus and ovulation you can follow the megestrol acetate protocol mentioned above.	Same as deslorelin.	Oestrus is inhibited. Menstruation in non-human primates are more or less present with regular cyclicity. This is an individual and dose-dependent response.	Oestrus is inhibited. Menstruation in non-human primates are more or less present with regular cyclicity. This is an individual and dose-dependent response.	Oestrus behaviour may be observed. Ovulation and cycling can occur in adequately contracepted individuals (but is unlikely and the degree of suppression is dose dependent).	Oestrus behaviour may be observed. Ovulation and cycling can occur in adequately contracepted individuals (but is unlikely and the degree of suppression is dose dependent).	N/A
<b>Use during pregnancy:</b>	<b>Not recommended</b>	<b>Not recommended</b>	In non-human primates progestagens normally do not interfere with parturition.	In non-human primates progestagens normally do not interfere with parturition.	In non-human primates progestagens normally do not interfere with parturition.	In non-human primates progestagens normally do not interfere with parturition.	N/A
<b>Use during lactation:</b>	No contraindications once lactation established	No contraindications once lactation established	Considered safe for nursing; Does not affect lactation, but etonogestrel is excreted in milk.	Considered safe for nursing infant.	Considered safe for nursing infant.	Considered safe for nursing infant.	N/A
<b>Use in prepubertals or juveniles:</b>	Data deficient in this group, see product information sheet	Data deficient in this group, see product information sheet	The use of synthetic progestagens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	The use of synthetic progestagens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	The use of synthetic progestagens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	The use of synthetic progestagens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	N/A
<b>Use in seasonal breeders:</b>	Data deficient. Should start at least 1 month prior the breeding season.	Data deficient. Should start at least 1 month prior the breeding season.	N/A	N/A	N/A	N/A	N/A
<b>Duration</b>	Duration of efficacy has not been well established as a guide: 4.7 mg implants will suppress for a minimum of 6 months; 9.4mg will be effective for a minimum of 12 months.	Not well established, duration of effect being likely related to the dose. Higher doses result in longer duration of effect. <b>Data deficient</b>	2-3 years in various primates	2-3 years in various primates	Dose dependant: 30 days in general. However, effects could last 1-2 years in some individuals.	Dose dependant: 30-90 days in general. However, effects could last 1-2 years in some individuals.	N/A
<b>Reversibility</b>	Considered reversible but every species has not been tested. Duration to reversibility extremely variable. Removal of implant to aid reversibility is recommended.	Considered reversible but every species has not been tested. duration to reversibility extremely variable.	Designed to be fully reversible but individual variations can occur. To increase potential for full reversibility implants must be removed.	Designed to be fully reversible but individual variations can occur. To increase potential for full reversibility implants must be removed.	Designed to be fully reversible but individual variations can occur	Designed to be fully reversible but individual variations can occur	N/A

<b>Effects on Behaviour</b>	None observed except lack of libido. There are anecdotal reports of change of hierarchy with the behavioural implications that this may have.	Same as deslorelin	Effects on behaviour have not been studied, every individual may react differently. Because progestagens can suppress ovulation it can be expected that courtship and mating behaviour will be affected in some way. Further research in the subject is necessary.	Effects on behaviour have not been studied, every individual may react differently. Because progestagens can suppress ovulation it can be expected that courtship and mating behaviour will be affected in some way. At high doses can have masculinising effect. Further research in the subject is necessary.	Effects on behaviour have not been studied, every individual may react differently. Because it binds readily to androgen receptors and is antiestrogenic, females may experience male-like qualities (increased aggression, development of male secondary sex characteristics, etc.) Further research in the subject is necessary.	Effects on behaviour have not been studied, every individual may react differently. Because it binds readily to androgen receptors and is antiestrogenic, females may experience male-like qualities (increased aggression, development of male secondary sex characteristics, etc.) Further research in the subject is necessary.	N/A
<b>Effects on sexual physical characteristics</b>	Similar to gonadectomy	Some dichromatic species may change colour.	Some signs of oestrus behaviour might occur. Ovulation may also occur even though pregnancy does not ensue.	Some signs of oestrus behaviour might occur. Ovulation may also occur even though pregnancy does not ensue.	See above	See above	N/A
<b>Males</b>	<b>Data deficient</b>	<b>Data deficient see comment for deslorelin</b>	<b>Not Recommended</b>	<b>Not Recommended</b>	<b>Not Recommended</b>	<b>Not Recommended</b>	Reported
<b>Dose</b>	Usually a higher dose than in females are required in males. <b>Data deficient.</b> 2 implants of 9.4 mg have been used successfully to suppress a young male Spider monkey.	Usually a higher dose than in females are required in males. <b>Data deficient</b>	N/A	N/A	N/A	N/A	N/A
<b>Latency to effectiveness:</b>	Depending on the species there may be fertile sperm present in vas deferens for 6-8 weeks post treatment or even longer. Testosterone decreases after 3-4 weeks but sperm can stay fertile for many weeks after. Additional contraception needed during this time or separation of the sexes.	Depending on the species there may be fertile sperm present in vas deferens for 6-8 weeks post treatment or even longer. Testosterone decreases after 3-4 weeks but sperm can stay fertile for many weeks after. Additional contraception needed during this time or separation of the sexes.	N/A	N/A	N/A	N/A	Depending on species and individual, perhaps as long as 2 months or more
<b>Use in prepubertals or juveniles:</b>	<b>Data deficient</b> in this group, see product information sheet	<b>Data deficient</b> in this group, see product information sheet	N/A	N/A	N/A	N/A	Data deficient
<b>Use in seasonal breeders:</b>	<b>Data deficient.</b> Should start at least 2 months prior the breeding season.	<b>Data deficient.</b> Should start at least 2 months prior the breeding season.	N/A	N/A	N/A	N/A	N/A
<b>Duration and Reversibility</b>	<b>Data deficient</b> , but deslorelin is considered reversible. See product information sheet.	<b>Data deficient</b> , but Lupron is considered reversible. See product information sheet.	N/A	N/A	N/A	N/A	The procedure should not be used in males likely to be recommended for subsequent breeding as reversal is unlikely
<b>Effects on Behaviour</b>	Testosterone related aggression is likely to decrease. <b>Data deficient</b> in this group, see product information sheet.	Testosterone related aggression is likely to decrease. <b>Data deficient</b> in this group, see product information sheet.	N/A	N/A	N/A	N/A	Vasectomy will not affect androgen-dependant behaviours
<b>Effects on sexual physical characteristics</b>	Some dichromatic species may change colour if testosterone related. Decrease in body size, feminisation of males.	Some dichromatic species may change colour if testosterone related. Decrease in body size, feminisation of males.	N/A	N/A	N/A	N/A	None observed in non-human primates
<b>General:</b>							
<b>Side effects</b>	Similar to gonadectomy; especially weight gain	Similar to gonadectomy; especially weight gain	Possible weight gain, possible increased or decreased frequency of bleeding during menstruation. The EAZA RMG recommends always reading the manufacturer's data sheet.	Possible weight gain, possible increased or decreased frequency of bleeding during menstruation. At high doses can have masculinising effect. The EAZA RMG recommends always reading the manufacturer's data sheet.	Long term use is not recommended since it can have possible deleterious effects on the uterus and mammary tissue. Progestins are likely to cause weight gain in all species. In the human literature, Depo-Provera® has been linked to mood changes. Because it binds readily to androgen receptors and is anti-estrogenic, females may experience male-like qualities (increased aggression, development of male secondary sex characteristics, etc.) The EAZA RMG recommends always reading the manufacturer's data sheet.	Long term use is not recommended since it can have possible deleterious effects on the uterus and mammary tissue. Progestins are likely to cause weight gain in all species. In the human literature, progestagens has been linked to mood changes. Because it binds readily to androgen receptors and is anti-estrogenic, females may experience male-like qualities (increased aggression, development of male secondary sex characteristics, etc.) In some diabetic animals Delvosteron has led to an increased insulin requirement, it is advised that the product be used with caution in diabetic animals and that urine glucose levels are carefully monitored during the month after dosing. The EAZA RMG recommends always reading the manufacturer's data sheet.	N/A
<b>Warnings</b>	Causes initial gonadal stimulation; correct administration essential - see product information sheet	Causes initial gonadal stimulation	Interaction with other drugs are known to occur and may influence protection against pregnancy. In some diabetic animals progestagens has led to an increased insulin requirement, it is advised that the product be used with caution in diabetic animals and that urine glucose levels are carefully monitored during the month after dosing. The EAZA RMG recommends always reading the manufacturer's data sheet.	Interaction with other drugs are known to occur and may influence protection against pregnancy. In some diabetic animals progestagens has led to an increased insulin requirement, it is advised that the product be used with caution in diabetic animals and that urine glucose levels are carefully monitored during the month after dosing. The EAZA RMG recommends always reading the manufacturer's data sheet.	Interaction with other drugs are known to occur and may influence protection against pregnancy. In some diabetic animals progestagens has led to an increased insulin requirement, it is advised that the product be used with caution in diabetic animals and that urine glucose levels are carefully monitored during the month after dosing. The EAZA RMG recommends always reading the manufacturer's data sheet.	Interaction with other drugs are known to occur and may influence protection against pregnancy. The EAZA RMG recommends always reading the manufacturer's data sheet.	Infection of the surgical wound might occur. Intradermal closure of the skin is advised together with prophylactic antibiotic treatment and NSAID
<b>Reporting Requirements: In order to increase our knowledge of the efficacy of contraception methods in the Cebidae family it is recommended that all individuals on contraception be reported to the EAZA RMG</b>							
<b>References:</b> 1) Wildlife Contraception: Issues, Methods, and Applications. Edited by Cheryl S. Asa and Ingrid J. Porton. 2005. The John Hopkins University Press. 2) Asa, C.S. & Porton, I.J. (eds.) (2005) Wildlife Contraception: Issues, Methods, and Applications. The Johns Hopkins University press: Baltimore. 3) Noah Compendium of data sheets - Delvosteron - <a href="http://www.noahcompendium.co.uk">http://www.noahcompendium.co.uk</a>							
<b>Disclaimer: The EAZA RMG endeavours to provide correct and current information on contraception from various sources. As these are prescription only medicines it is the responsibility of the veterinarian to determine the dosage and best treatment for an individual</b>							