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Title **Randomized Preference Trial of Medical Versus Surgical Termination of Pregnancy less than 14 Weeks' Gestation (TOPS)**

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Aim

1) To compare the acceptability, efficacy, and costs of medical versus surgical termination of pregnancy at less than 14 weeks' gestation. 2) To understand women's decision-making processes and experiences when accessing the abortion service and taking part in the trial.

Conclusions and results

Of women in the preference arms, 54% chose medical termination of pregnancy (MTOP). When questioned 2 weeks after the procedure, more women having surgical termination of pregnancy (STOP) would chose the same method again in the future: adjusted difference 24.9% in the randomized arm and 15.9% in the preference arm. Acceptability of MTOP declined with gestational age. Differences in acceptability persisted at 3 months. No differences were found in the mean maximum amount women were willing to pay for their preferred method either before abortion (preference arms) or after (preference and randomized arms). No differences in anxiety or depression were found between women having MTOP and STOP. Women randomized to MTOP had higher scores on the intrusion subscale of the IES at 2 weeks and both intrusion and avoidance subscales at 3 months. There was no difference in IES scores in the preference arms. Overall satisfaction with care and median semantic differential scores were higher with STOP; women experienced STOP as milder, more agreeable, faster, and safer. In MTOP, women had more symptoms, reported higher mean pain scores during admission, and had more nausea and diarrhea after discharge. Around 90% of women had returned to work and normal activity by 2 weeks (this was not influenced by abortion method). Rates of unplanned or emergency admissions and overall complications were higher after MTOP than STOP.

The overall cost of STOP was greater than MTOP (GBP 498 versus GBP 287), but MTOP was more cost effective (based on successful completion of TOP on the day of admission). Three key service attributes were identified in the DCE; provision of counseling, delay to the procedure, and need for overnight stay. The desire for quick access to abortion was confirmed in the qualitative substudy.

Recommendations

Negative experiences of care and lower acceptability were greater with MTOP than with STOP. Acceptability of MTOP declined with gestational age. MTOP was less costly than STOP, but less effective. Most women choosing MTOP were satisfied with their care and found the procedure acceptable, suggesting a patient-centered abortion service should offer the choice of medical or surgical abortion up to 14 weeks' gestation.

Methods

Participants with no preference were randomized using a purpose-designed computer system, while those with a preference were assigned to their method of choice. MTOP was carried out with mifepristone 200 mg orally and misoprostol 800 µg vaginally followed as necessary by repeated doses of misoprostol 400 µg vaginally or orally. STOP was carried out by vacuum aspiration under general anesthesia after cervical priming with misoprostol 400 µg. Participants were interviewed 2 weeks after the procedure, but could contribute outcome data by telephone, fax, or Internet. Participants were sent a questionnaire at 3 months after the procedure.

Further research/reviews required

Further studies need to explore the barriers to offering women the choice of TOP method. Studies also need to determine the acceptability and effectiveness of; a) MTOP and manual vacuum aspiration in pregnancies below 9 weeks' gestation and b) MTOP and STOP after 14 weeks' gestation.

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