CLAIMS

1. Use of a composition in the manufacture of a medicament for use in a method of contraception in a female mammal having a risk of venous thromboembolism (VTE) equal to or lower than the VTE risk associated with a combined oral contraceptive (COC) based on ethinylestradiol as the estrogen combined with a progestogenic component selected from levonorgestrel or norgestrel, wherein said composition is a COC that comprises about 15 mg of an estetrol component as the estrogenic component and about 3 mg of drospirenone as the progestogenic component.

2. The use according to claim 1, wherein the number, frequency and/or severity of VTE events is reduced compared to a COC based on ethinylestradiol as the estrogen combined with a progestogenic component selected from levonorgestrel or norgestrel.

3. The use according to claim 1 or 2, wherein the number of VTE cases is less than 10, preferably less than 8, more preferably less than 7, even more preferably less than 6, yet even more preferably less than 5, yet even more preferably less than 4 per 10,000 women during one year.

4. The use according to any one of claims 1 to 3, wherein the composition is to be administered via an administration method comprising a combined method with an administration-free interval of about 7 days, or with an administration-free interval of about 4 days.

5. The use according to any one of claims 1 to 4, wherein the estetrol component is estetrol, preferably estetrol monohydrate.

6. The use according to any one of claims 1 to 5, wherein the contraceptive is formulated as an oral dosage unit, preferably wherein the dosage unit is formulated to correspond to a daily dosage unit.

7. The use according to any one of claims 1 to 6, wherein the haemostatic changes are smaller than the haemostatic changes associated with a COC based on ethinylestradiol as the estrogen combined with a progestogenic component selected from levonorgestrel or norgestrel.

8. The use according to any one of claims 1 to 7, wherein the profile of side effects other than VTE is better than the profile of side effects associated with a COC based on ethinylestradiol as the estrogen combined with a progestogenic component selected from levonorgestrel or norgestrel.

9. The use according to any one of claims 1 to 8, wherein the estetrol component and drospirenone are to be administered to a woman who is a first-ever user, or a woman who is a switcher or a re-starter with a break of greater than 4 weeks, or a woman with increased baseline risk for VTE due to one or more major risk factors selected from BMI greater than 30, older age, and positive personal and/or family history.

10. The use according to any one of claims 1 to 9, wherein the relative VTE risk, by comparison to a woman not using COCs, is lower than 3.5, preferably lower than 3.2, more preferably lower than 3.0, even more preferably lower than 2.5, yet even more preferably lower than 2.0.

11. The use according to any one of claims 1 to 10, wherein the percentage of subjects in the high risk category for thrombosis, defined as subjects having an odds ratio of 2 or above for thrombosis risk compared to subjects not using COCs, represents less than 40%, preferably less than 35%, more preferably less than 30%, even more preferably less than 25%, yet even more preferably less than 20%, of the total population using said COC.