Analysis of MYCaW© data from the Menstrual Cycle Support Course for Adults

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Meaningful Measures

Disclaimer: The views expressed in this report are those of the authors and do not represent those of Menstrual Cycle Support.

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Meaningful Measures Ltd provides innovative person-centred evaluation, audit, and research solutions. Our mission is to enable people's own voices to shape the understanding and improvement of health and wellbeing services around the world.

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1.0 Introduction

The Menstrual Cycle Support (MCS) organisation was founded in 2022 by Kate Shepherd Cohen. Its mission is "to ease menstrual suffering through menstrual education". MCS provides a clinically backed eHealth menstrual literacy course for adults which is designed to provide information on non-clinical period pain and menstrual health management. The Menstrual Cycle Support course was launched in the UK Parliament on 10th October 2022 and is the first course of its kind which is available through primary care on social prescription.

The Menstrual Cycle Course is available online for free at launch and for the duration of data collection, and available from more than 500 GP surgeries in the UK. People can be referred by a social prescribing link worker, or people can also self-refer online. The course is also recommended on the international health tech regulator Health App Library for clinicians (Organisation for the Review of Health Care Apps, or ORCHA)

The Menstrual Cycle Support course for adults is delivered in six 10-minute bitesize modules, can be taken at any time through a menstrual cycle and over several cycles. People can re-visit the course at any time, according to their need for support. The course design aspires to be inclusive and accessible and has considered the needs of people with dyslexia and autism.

The Menstrual Cycle Support course for adults content is based on the biopsychosocial principles of pain management set out in NHS pain-management programmes (PMPs), including Mindfulness Based Stress Reduction (MBSR); Acceptance & Commitment Therapy (ACT); and Compassion-Based Therapy (CBT). In addition, the course also follows and links to NHS guidelines for pain management and stress reduction and the course content mirrors NICE Guidelines for menstrual health support, and other clinical guidance. At its heart, the course prompts people to create a symptom 'diary' to add to enable people to communicate with their clinician to enable best, personalised care to be obtained.

The Menstrual Cycle Support course for adults has had extensive clinical review and input into its content and has been endorsed by the UK Government's Women's Health Ambassador, CEO of Endometriosis UK and the President of the Royal College of Obstetrics and Gynaecology.

The Menstrual Cycle Support course for adults is available via social prescribing, in line with the NHS Long Term Plan for universal personalised care. Social Prescribing Link Workers can refer patients to the course via a referral form found on the MCS website.

MYCaW® is an individualised questionnaire designed for evaluating personalised approaches to supporting people. MYCaW® enables a person to state their concerns, and then to assign a score to this concern and score their wellbeing. A follow-up questionnaire enables changes in reported concerns and wellbeing over time to be captured and allows for wider reflection on other things happening and the impact for the services received. MYCaW® has been accredited by NHS England for use in supported self-care services and is the main outcome measures for the Menstrual Cycle Support course.

1.1 Aim of report

To provide an analysis of MYCaW® concerns, and statistical analysis of score changes and analysis of follow up questions, additional questions asked on the survey and demographic data.

2.0 Methods

Pseudonymised data was sent to Meaningful Measures Ltd in a password protected excel file. Data was then cleaned to remove any 'test' entries and the dataset configured for analysis.

2.1 Analysis of Demographic data

All data pertaining to referral route, age, geographical location, and ethnicity were calculated as percentages.

2.2 Analysis of MYCaW© concern types

MYCaW© Concerns were analysed for the whole dataset. To do this, all the first and second concerns were combined. They were initially reviewed and organised into key themes. Where possible, each key theme was then split into several specific categories and an inclusion definition was written for each category to create a framework of concerns. This was reviewed by a second researcher and a final version agreed. Using this framework of themes and categories, a code was assigned to each category.

The whole dataset of concerns were then assigned a specific code according to the devised framework. A 10% random check of coding was conducted by a second researcher to check for discrepancies of interpretation and any differences were discussed and solved.

The proportion of concerns in each theme and category was then calculated to enable visual representation in the results section of this report.

2.3 Analysis of score changes

The mean changes and accompanying standard deviation for MYCaW© Concern 1, Concern 2 and Wellbeing scores, as well as the additional scored questions on the evaluation form, were calculated. To determine if the change in score was statistically significant, a 2-tailed students T-test was carried out on all concerns scores that had a baseline and follow-up score. This meant that all Concern or Wellbeing scores that did not have a follow-up score were omitted from this calculation.

Finally, the percentage of scores that met the minimal threshold of change to signify an important difference, were calculated. This includes scores that met the improvement threshold of 1 point and scores that met the deterioration threshold of 1

point. This level of change (minimal important difference) is the level of change needed for a demonstrable difference to be experienced by the participant.

3.0 Results

3.1 Baseline data collection

Of the 636 people who took the Menstrual Cycle Support course, data entry for 131 people was received by Meaningful Measures Ltd to analyse. Eight entries had follow-up data and no baseline data and so were removed. Two entries had been used for admin testing of the course and were also removed. There were, therefore, 121 data entries to analyse in the baseline dataset. This dataset was used to analyse the MYCaW© concerns being reported.

3.2 Follow-up data collection

Of the 121 baseline entries, 41(34%) had follow-up from completing the evaluation form when finishing the course. Therefore this 'paired' data was used when determining the level of MYCaW© score changes, and score changes of any other rated questions on the evaluation form.

3.3 Demographics

Demographic data was completed by 121 people who filled in the baseline evaluation questionnaire, before taking the Menstrual Cycle Support course. The demographic data was analysed first for the dataset of 121 people and then for the dataset of 41 people. To determine if the demographic characteristics of respondents was similar for the whole data set compared to the 'paired' dataset, a comparison was carried out. Figure 1 showed that the paired dataset did not represent people from West Midlands, Yorkshire & the Humber, or Wales and had double the proportion of people from the Northwest and 7% more people from London.

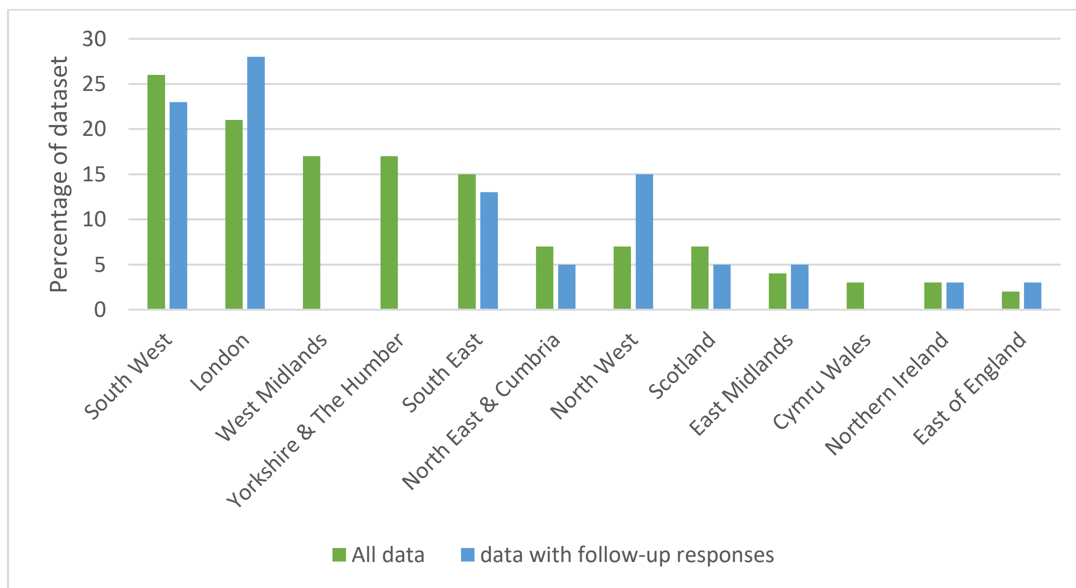

Figure 1. Geographical locations of respondents. All data is from everyone who completed a baseline questionnaire. Data from people with follow-up questionnaire responses only are those who were analysed for score MYCaW© score changes.

In Table 1 below the demographic analysis for both the dataset with 121 people and 41 people has been reported allowing for a comparison between the datasets. Whilst the referral routes were of the same proportion, the paired dataset had half the proportion of people aged 25 – 35 years and 10% more people aged 36-45. Regarding ethnicity, there were differences between the datasets as well. There was at least a 5% difference in distribution for the White British, White English, White Irish and Black African ethnicities.

Table 1 Comparison of demographic data for referral route, age and ethnicity, between the whole dataset (n=121) and the paired dataset (n=41).

Category		(%) whole dataset N=121	(%) Paired data n=41
Referral Route	*Referred*	*12*	*12*
	Self-Referred	*88*	*88*
Age (years)	*18-24*	*14*	*29*
	25-35	*38*	*20*
	36-45	*32*	*41*
	46-55	*7*	*10*
	Not stated	*7*	*0*
Ethnicity	*White British*	*58*	*46*
	Any other white	*14*	*10*
	White English	*10*	*5*
	Black African	*3*	*8*
	Indian	*3*	*5*
	White Irish	*3*	*8*
	Any other Asian	*3*	*3*
	White & Asian	*2*	*3*
	Any other mixed background	*2*	*3*
	Black Caribbean	*1*	*0*
	Pakistani	*1*	*3*

3.4 Relationship with and confidence to talk about the menstrual cycle

Respondents were asked to rate their relationship with their menstrual cycle on a scale of 0 to 6, where 0 was the worst score and 6 was the best score. As shown in Table 2 below, there was a clear improvement by the end of the course. This change of 1 point on the 0 – 6 scale was statistically very significant (p≤0.0001).

Similarly, there was a greater improvement of 1.4/6 in people's confidence to talk about their menstrual cycle with health professionals. This was also statistically very significant (p≤0.0001).

For this group of people, it can therefore be concluded that the Menstrual Cycle Support course is meeting the aim of improving menstrual education and allowing people to understand their menstrual cycle and have confidence to talk about it. The caveat here is that this only represents 34% of all the people who started the evaluation, so it cannot yet be concluded if everyone who takes the course has the same benefit. More follow-up data collection is needed to determine this.

	Baseline score (±SD)	Follow-up score (±SD)	Score change (±SD)	P value
Relationship with menstrual cycle (n=41)	3.4 (±1.5)	4.4 (±1.1)	1.0 (±1.4)	p≤0.0001
Confidence to talk about menstrual cycle (n=41)	3.7 (±1.7)	4.5 (±0.8)	1.4 (±1.7)	p≤0.0001

Table 2 – Analysis of score changes when people were asked to rate their relationship with their menstrual cycle, and their confidence talking about the menstrual cycle (0 is worst, 6 is best).

3.5 Framework of Concerns from people completing the Menstrual Cycle Support course.

To support the systematic analysis of MYCaW© concerns a framework of themes and categories was developed using all of the concerns that people identified in their baseline questionnaire.

When combining Concern 1 and Concern 2, a total of 198 concerns were reported by people as they started the Menstrual Cycle Support course. Five key themes emerged when analysing the concerns data – i) Concerns about the menstrual cycle; ii) Concerns relating to menopause and perimenopause; iii) Physical concerns; iv) Concerns relating to medical support; v) Concerns about educating other people and vi) Other concerns that didn't fit any other theme.

Where possible each theme was then split into further discrete categories and an inclusion definition was written for each category. Table 3 details the full framework.

It should be noted that the frameworks often evolved when further concerns data is collected, thus this current version should be viewed as the first iteration of the framework.

Once the framework of concerns had been established, all concerns in the dataset were then coded to a specific category. The number of concerns in each category and theme was then calculated. To give a sense of the proportion of people experiencing the difference concerns, the frequency of concerns per theme was determined and is presented below in Figure 2.

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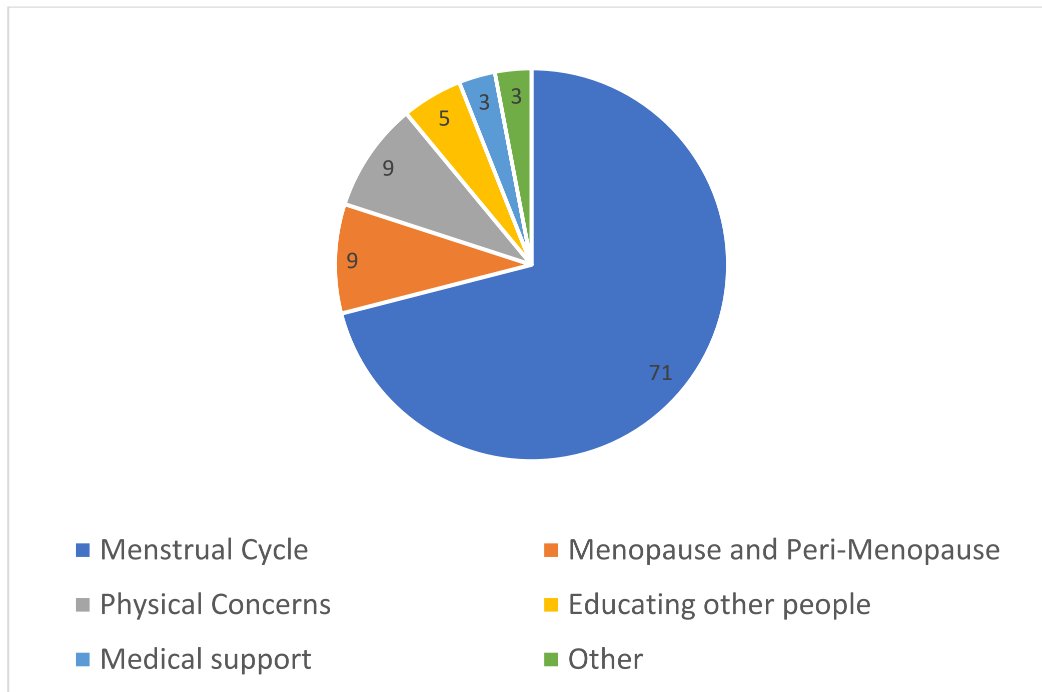
Table 3. Framework of concerns from people completing the Menstrual Cycle Support course for adults (n=198)

M1 Menstrual Cycle	Psychological concerns	M1a	Any concerns which relate to psychological issues that arise because of, or are connect to the menstrual cycle, e.g. PMS, PMT, PMDD, mood changes.
	Pain	M1b	Reference to experiencing pain at key points of menstrual cycle
	Heavy bleeding	M1c	Concerns about heavy bleeding during menstruation
	Knowledge about the menstrual cycle	M1d	All references to concerns about not understanding the menstrual cycle or wanting more clarity and understanding about it.
	Changes it menstrual cycle	M1e	Concerns about changes to menstrual cycle
	Impact of menstrual cycle and managing the issues caused.	M1f	Concerns about the impact of the menstrual cycle on general health or activities of daily living. Include concerns about managing issues that arise.
	Tiredness, low energy and fatigue	M1g	Concerns that relate to the tiredness, low energy and fatigue as a result of menstrual cycle
M2 Menopause & Perimenopause	Menopause	M2a	Concerns about the impact of the menopause
	Perimenopause	M2b	Concerns about the impact or wanting knowledge about the perimenopause
M3 Physical Concerns	Gynaecological concerns	M3a	Concerns about gynaecological conditions
	Other physical concerns	M3b	Concerns about all other physical concerns
M4 Medical support	Lack of medical support	M4	Concerns about not being believed or getting support from medical professionals
M5 Educating other people	Wider education	M5	Concerns about how to educate wider groups of people
M6 Other		M6	Concerns that don't fit anywhere in current categories

The largest group of concerns related to the menstrual cycle. All other themes represented 9% or less of the total concerns recorded.

Figure 2. Percentage of Concerns in each main theme (n=198)



3.5.1 The Menstrual Cycle

The theme about menstrual cycle concerns was split into a further 7 categories. Figure 3 shows the breakdown of the frequency of concerns in this menstrual cycle theme. Further description and examples of concerns in each of the categories is provided below.

Knowledge about the Menstrual Cycle

A quarter of menstrual cycle concerns related to people's lack of knowledge about the menstrual cycle itself. This ranged from not knowing about the full menstrual cycle, and not being able to work out where they were in their cycle, to wanting to understand

more about how different things affected their cycle or how different stages of their cycle affected their general health and wellbeing e.g.,

"Gain a better understanding of where I am in my cycle day-to-day and what I can learn to expect."

"I feel little connection to my menstrual cycle, every month my period takes me by surprise."
"Understanding how my menstrual cycle affects my general health."

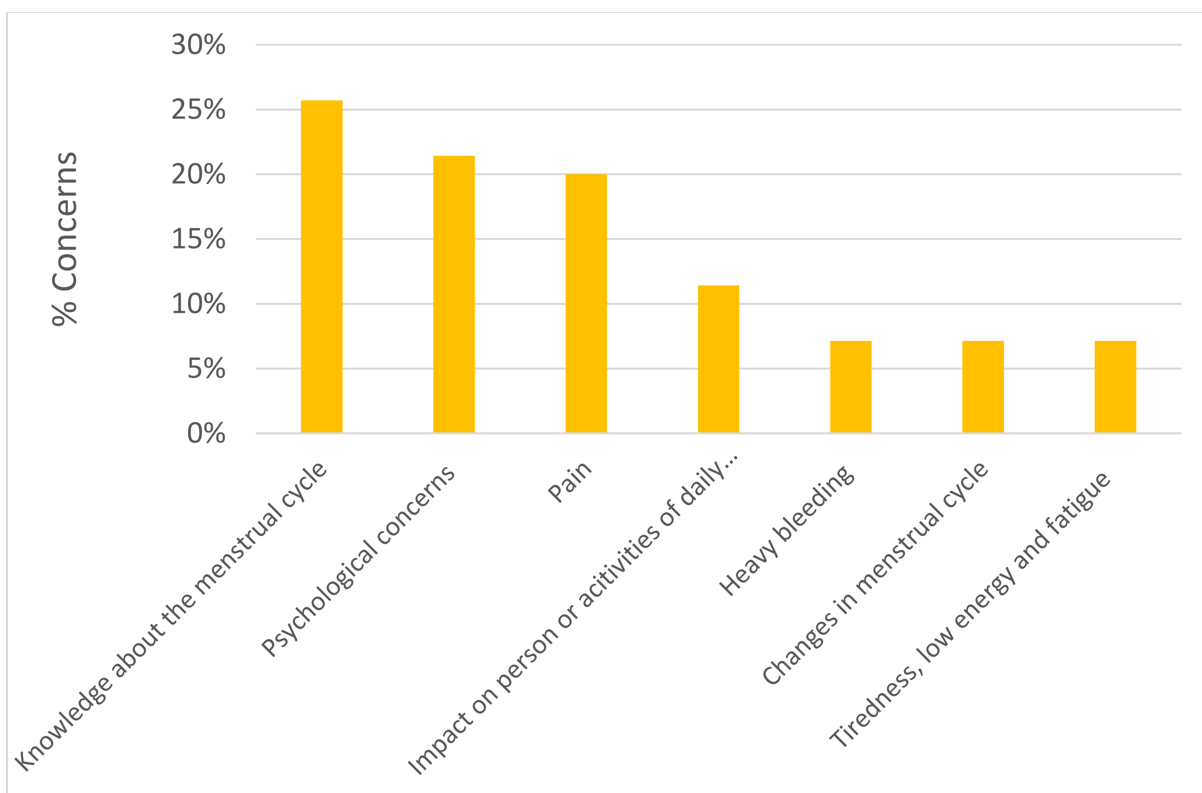


Figure 3. Breakdown of concerns in the menstrual cycle theme.

Psychological Concerns:

Just over 20% of concerns related to the psychological issues that arise at different stages of the menstrual cycle, including Premenstrual Syndrome (PMS), Premenstrual dysphoric disorder (PMDD), mood changes and anxiety. The concerns highlighted how difficult it can be to manage the impact of hormonal changes e.g.,

"Dealing with the PMDD rage and anxiety that comes at certain times of cycle."

"Destructive / undermining self-image during the cycle impacting on the mental wellbeing."

"Irritability and negative view of others during the cycle impacting on the quality of the relationships in all areas."

Pain

20% of concerns in the menstrual cycle related to the pain people suffered usually - but not always - during their period. The response tended to highlight a high level of pain that was difficult to bear and not always managed by painkillers or other medication e.g.,

"Pain - Abdomen, legs - unbearable at times and not eased by painkillers"

"Severe back pain with periods."

"Pain management - without pumping myself full of anti-inflammatories or feeling forced into contraceptives"

The final four categories were less frequent and related to the impact on a person or activities, heavy bleeding, changes in the menstrual cycle and tiredness.

Impact on a person or daily activities

The impact of the menstrual cycle on a person and/or daily activities ranged from brain fog and food cravings to the effect on their personal life, their work life, and the impact of trying to manage premenstrual symptoms e.g.,

"Brain fog at the start of menstruation"

"how personal life changed and isolation affects the menstrual cycle"

"Unable to work due to pain intensity and feeling faint"

Heavy bleeding

Heavy bleeding had a range of impacts on people e.g. linked with pain, and very low energy levels. Often, however, people just stated heavy periods as their concern e.g.,

"Extremely heavy periods and clotting. I have lack of energy for basic daily tasks…"

"Blood loss and clots - heavy periods"

"How heavy it can be if I come on late."

Changes in menstrual cycle

For the people that had concerns in this category, this mainly related to the irregularity of the menstrual cycle or how the nature of their periods changed as they have got older e.g.,

"Irregular cycle length - missing periods every few months"

"My cycle has become more irregular"

"Every other month my cycle is different and has stronger symptoms why?"

Tiredness, low energy and fatigue

The final category of tiredness, low energy and fatigue was created to capture the concerns that specifically related to this impact of the menstrual cycle e.g.,

"Get through the tired days"

"I have periods of complete exhaustion monthly."

"How drained I am during my period."

3.5.2 Menopause & Peri-menopause concerns

In this theme the 18 people wanted to know more about stages of the menopause, how to prepare for it, and managing the impact of both perimenopause and menopause e.g.,

“Peri-menopause? Am curious about how and when it might affect me.”

“Navigating changes throughout the peri-menopause, combined with being on hormonal contraception for both contraception & the progesterone part of HRT.”

“Starting Menopause”

“Vaginal dryness”

3.5.3 Physical Concerns

Physical conditions were raised as concerns by a further 18 people and were often gynecologically related, such as polycystic ovary syndrome or endometriosis e.g.,

“diagnosis of endometriosis”

“PCOS without fertility focus”

It was unclear whether the other physical concerns reported related to the menstrual cycle, or related to separate physical issues e.g.,

“estrogen driven breast cancer”

“Bad skin”

3.5.4 Medical Support:

Six people reported their concerns about getting medical support where they have raised hormonal issues with medical professionals but not been believed or are too worried that they won’t be taken seriously by their GP. Many of these concerns related to a severe impact of the menstrual cycle of people’s mental health.

"I've experienced being dismissed with my concerns about my mental health and period cycle, by psychiatrists and G.P. And medical gaslighting too. I'm deeply traumatized by what I've been through in mental health service-labelled with all sorts. Physical symptoms and severe MH ones."

"I am diagnosed bipolar but my psychiatrist told me she won't look in to my hormones because men have also bipolar. I know that my psychosis is linked to my cycle. Because psychosis does not happen each month it is not classed as PMDD…"

3.5.5 Educating others

Ten people reported concerns about educating other people about menstrual health. The desire to support others ranged from supporting students or work colleagues to generally supporting other people with knowledge or enabling their partner to believe and support them e.g.,

"Finding ways to make my partner support me and believe I need this"

"How to educate those I work with"

"How to help the students with menstrual health problems"

3.6 MYCaW© Score changes

All evaluations that had baseline scores and matching follow-up scores were deemed to have 'paired' data and were used in the analysis of MYCaW© concerns and wellbeing score changes.

Out of the total number of baseline evaluations completed, 41/131 (31%), people also completed a follow-up evaluation form. Therefore, the data provided in this section has its limitations, as it is not representative of the whole evaluation dataset. It is more appropriate to describe this data as a 'proof of concept' which shows that this Menstrual Cycle Support course is able to deliver to its intended aims for adults.

Table 4 outlines the score changes, statistical significance levels and the relevance of these score changes. MYCaW© concerns showed an average reduction in the severity once the participants had completed the Menstrual Cycle Support course. The average wellbeing scores also improved after completion of the course. To determine if these score changes were down to chance or were likely to have been influenced by the Menstrual Cycle Support course for adults, a two-tailed, paired T-Test was carried out. All score changes were highly statistically significant, meaning that there was a less than 5% probability that the score changes were due to chance.

MYCaW©	Baseline score (±SD)	Follow-up score (±SD)	Score change (±SD)	P value	% minimal positive important difference	% minimal negative important difference
Concern 1 (n=41)	4.0 (±1.5)	2.9 (±1.7)	-1.1 (±1.6)	≤0.0001	63%	12%
Concern 2 (n=23)	3.8 (±1.4)	2.4 (±1.6)	-0.9 (±1.4)	≤0.002	39%	4%
Wellbeing (n=41)	3.3(±1.4)	2.4(±1.5)	-0.9(±2.1)	≤0.008	41%	22%

Table 4 – Summary of the MYCaW score changes. A negative score change denotes and improvement for the person.

To further understand the relevance of the score changes we calculated what proportion of score changes met the minimum threshold level of change. This level of changes (minimal important difference) is the level of change needed to for a demonstrable difference to be experienced by the participant. It is like asking the question “so what does the score change really mean?”

We can see that 63% of the Concern 1 score changes met this positive threshold level, and 41% of the wellbeing score changes. It is always anticipated that some score changes show deterioration instead of improvement. This can be due to a range of factors, often those outside the control of the evaluation. This is explored further in the next section. Overall, the average scores indicate that for the people who completed the evaluation, their concerns and wellbeing are improved as a result of completing the Menstrual Cycle Support course.

This data corroborates the score changes in Table 2 which demonstrated that on average people were more confident to talk about their menstrual cycle and more knowledgeable about the menstrual cycle after completing the Menstrual Cycle Support course for adults.

To ensure that these results are fully representative of the people who use the Menstrual Cycle Support course, it is important to have a much greater proportion of follow-up data, as this data currently is open to bias – for instance, this data may only capture the responses of people who felt the course was beneficial. There is no data to understand why people may not have completed all the course or data from people who may have not found the course beneficial.

3.7 What else is going on in your life

Approximately half of the people who completed the follow up evaluation form responded to this question (n=22). There were 4 broad themes that were identified in the respondent's data: General Wellbeing; Stress and Worries; Physical issues; Lack of support. Figure 4 shows how these comments were distributed in the themes.

Understanding what else is happening in a person's life at the time of completing the evaluation can also identify any confounders which may explain why some scores do not improve as anticipated. For instance, approximately 50% of people reported that they were experiencing stress or had other physical issues that they were dealing with. This can, therefore, affect how much a person's wellbeing will improve during this evaluation.

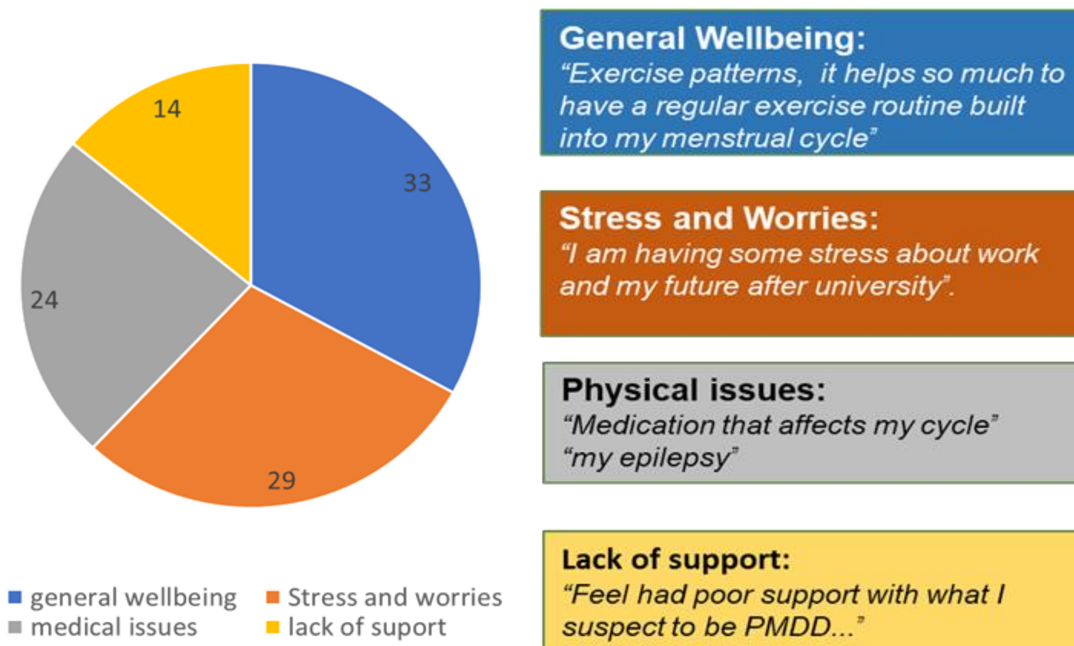


Figure 4. Overview of 'Other things going on in people's lives

More explanation of the responses in each category will now be provided. A third of people who responded to this question described how they were more aware of their

general wellbeing either by taking time out when they need it or via their diet, exercise or meditation e.g.,

"Eating more protein in the luteal phase is what my tracking told me was needed"

"Exercise patterns, it helps so much to have a regular exercise routine built into my menstrual cycle"

"Mindfulness is helping my overall feeling of wellbeing"

Nearly a third of respondents explained how stresses and worries in their life were affecting them. Some people didn't explain what stress or worries they were experiencing specifically, others described the stress they experienced when related to work and how the stress has impacted them e.g.,

"I am having some stress about work and my future after university".

"Stress has played a huge part in my health, including my cycles…"

"Trying to conceive, the stresses that brings".

A range of medical issues were described by a quarter of respondents, ranging from problems with medication, or other diagnosed and undiagnosed conditions e.g.,

"Medication that affects my cycle""

"Undiagnosed ADHD, high anxiety, perimenopause"

"My epilepsy"

Finally, a few respondents highlighted how they felt unsupported and highlighted where they felt medical support was lacking e.g.,

"Feel had poor support with what I suspect to be PMDD - meet criteria. Advised by GP Mirena Coil would definitely help - did not help, I continued to ovulate. Have spent years doing research to help myself as medical staff do not have the knowledge to help."

3.8 What is important about the support you have received.

All people who completed the follow-up evaluation form (n=41), provided a response to this final question of what was important about the support from the Menstrual Cycle Support course. There were 4 themes that emerged from the feedback of the respondents – Knowledge about the menstrual cycle; Course in general; Acceptance of how the course affects 'me'; Charting. Figure 4 shows the overall distribution of the comments per theme.

3.8.1 Knowledge gained about the menstrual cycle

Over half of the respondents at follow-up found the knowledge gained about the whole menstrual cycle extremely helpful, understanding about the different stages of the cycle, knowing about sweet spots, and knowing how to engage with their menstrual cycle e.g.,

"Learning to honour the menstrual cycle instead of fighting against (also learning that the cycle is a whole 28 days or more not just my period!)."

"Acknowledging that each day can differ and that there might be some consistency in how I feel each day of my period over a few months."

"Learning to engage with the different phases of my cycle and trying to remember to take time to rest or seek solitude when needed."

3.8.2 Course in general

Twenty percent of respondents praised the course itself, highlighting that it had been a "brilliant course". Others provided more detail on why they found the course so good. For some it created a sense of community, for others it was the information provided or the "warm and gentle approach" in the videos e.g.,

"The knowledge in this course has been so powerful for me, to really be able to understand my cycle and use it as a compass for my life. Now I can navigate life with an intimate understanding of what is going on inside me, physically and emotionally, and why. It helps me prepare and adapt to these changes so they do not disrupt and surprise me like they did before. I know myself now, more than ever before and have a new respect and love for my body and myself."

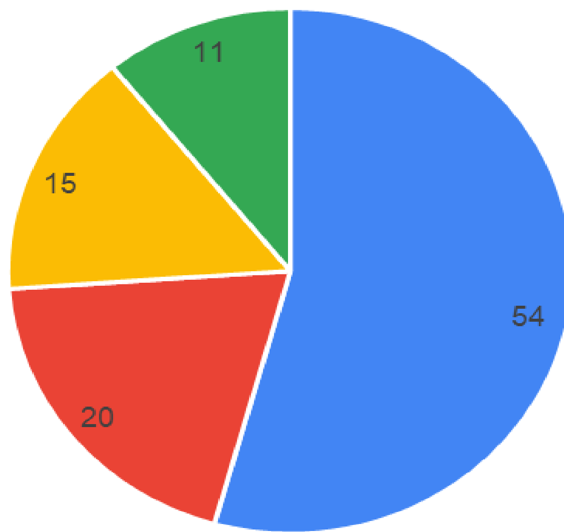


Figure 5. Overview of the important aspects of the Menstrual Cycle Support Course.

3.8.3 Acceptance of how the menstrual cycle affects me

Fifteen percent of people found that their takeaway from the course was a level of acceptance of how the menstrual cycle affects them and therefore allowing themselves to adapt accordingly e.g.,

"Acceptance and feeling like I'm allowed to take a slower pace."

"Giving myself peace and permission to rest."

"Learning more about how all of my cycle affects me and how to work with my cycle and not just resent it"

3.8.4 Charting

The final theme in this section was reported by 11% of respondents who found the information on charting their menstrual cycle the most important aspect. This information is enabling those people to adapt and respond to their menstrual cycle to support their wellbeing e.g.,

"The fact that our cycle has 4 phases was a revelation for me and something I had never considered before. I understand now that I should start tracking my cycles to try and understand the patterns that might emerge."

"The cycle wheel chart is a great tool! Will definitely be using it to find my sweet spots."

"The cycle charting, especially in concordance with the seasons. Allowing planning around the times of high and low emotion and reflecting on the regular emotional patterns that the cycle brings. Also the reflection using wellbeing to bring ease to the cycle was very beneficial."

4.0 Observations and Recommendations

In this section a range of observations and recommendations have been suggested to enable a greater quantity of data to be collected on the Menstrual Cycle Support course.

4.1 Follow-up data

As explained in the body of the report, the amount of data that had follow-up scores was very low ie ~30% of people who started the evaluation. Note: due to the low level of data collected, further data collection and reporting should be completed in the future to corroborate the initial findings of this report. For those that completed a follow up, the course appears very beneficial, however this is only 6% of everyone who logged into the course and 31% of those who provided baseline data.

Recommendation: As the course is provided for free, it would be worth considering making the evaluation a compulsory part of the course but allowing people to opt out of the questions. With clear accompanying justification for why you want people to complete the evaluation question and clear explanation of how the data will be used,

and how their identity will be protected, it is likely that more evaluation data will be collected.

4.2 Types of concerns provided

Some concerns felt more like people wanted to get something off their chest as opposed to providing an actual current concern.

Recommendation: that additional wording may be added in to steer a respondent to write current concerns only.

5.0 Conclusion

The data from this evaluation has demonstrated that the Menstrual Cycle Support course for adults has enabled people to become more aware of their menstrual cycle, have more confidence to talk about their menstrual cycle with clinicians, and have more knowledge to chart their cycle and adapt their life according to the different phases.

Due to the small dataset, this report's findings should be viewed as positive proof of concept that this course is able to deliver its aims. Further data collection is recommended to corroborate these initial very positive findings with a more representative dataset.

Report End