

FACT SHEET... Re: Review of Abortion-Breast Cancer link (ABC link) at National Cancer Institute (NCI) workshop on “Early Reproductive Events and Breast Cancer Risk,” held Feb 24-26, 2003

- What was supposed to happen did not happen, i.e., no “comprehensive review” of extant literature on abortion-breast cancer link (ABC link). The conference was in fact set up so that it could not happen, i.e.:
- Workshop Chairperson Louise Brinton, a senior NCI epidemiologist, exercised major control over which scientists were to be invited.
- Invited experts were not independent; rather mostly dependent on NCI and/or other federal agencies for their grants. (The chilling effect of this is not speculation, but learned from various statements of such scientists, made personally and off the record.)
- Contrary to stated intention to exclude experts believed to have preconceived conclusions or strongly held ideas about abortion, invited experts included many with known pro-abortion extremist positions. For example, Lynn Rosenberg and Julie Palmer have both served as paid expert witnesses for abortion providers in court challenges to parental notification (LR; Florida, 1999) and parental consent (JP, Alaska, 2002) laws.
- Main expert invited to make the formal ABC link presentation was not a scientist who had published in this area (e.g., Janet Daling, who was asked to present on another topic, or Joel Brind, who was not asked to present at all).
- Main expert invited to make the formal ABC link presentation was Leslie Bernstein, whose main area of expertise is obesity and exercise in relation to breast cancer.
- New “late breaking” data showing no ABC link were presented by Drs. Bernstein, Melbye and Newcomb, with no opportunity for actually scrutinizing such data. In fact, on the record during the Q&A following Dr. Bernstein’s lecture, Dr. Brind asked if the data would be made available during the workshop. Dr. Bernstein replied that she would not make it available until its publication. New data should have been made available to workshop participants before the workshop began. However,
- Events of that day (2/25) were missing from the video record on NCI website for two months.
- Conference was ended abruptly, with general session scheduled to be the penultimate session, made the final session, allowing no opportunity for any final statements expressing any dissent with the workshop’s findings.
- No minority or dissenting report was solicited. Nevertheless, a dissenting opinion was filed with the NCI as a “minority report” by Dr. Joel Brind (one of the invited participants). The NCI website (www.cancer.gov) does not contain this report (which is posted on the BCPI website: www.bcpinstitute.org). While the NCI website makes mention of the minority report, it contains only a small quotation from it, does not identify the author, nor does it provide any link or contact information.

- Findings were listed on NCI’s website without any indication of any disagreement, yet, approval of findings by NCI Boards of Scientific Advisors and Scientific Counselors was described as “unanimous”.
- Approval of findings by NCI Boards of Scientific Advisors and Scientific Counselors was virtually instantaneous (on March 4th, the day findings were presented).
- Actual finding of level 1 evidence (“well established”) that “Induced abortion is not associated with an increase in breast cancer risk.” runs counter to over 40 years of published evidence, 29 of 38 worldwide epidemiological studies showing increased risk (with 13 of 15 studies on US women showing increased risk, 8 achieving at least borderline statistical significance).
- The connection between pre-term births and breast cancer was listed as an “epidemiological gap—not even level 2, 3, or 4 evidence—despite the fact that, as pointed out by Dr Brind at the final session, Dr. Melbye’s own group has provided excellent evidence of the risk-increasing effect of early pre-term births (before 32 weeks) using the same population database and the same statistical methodology (without the flaws in the abortion study), in agreement with the work of others. The discrepancy in the conclusions by the workshop vis-à-vis these two variables is glaring, especially since the workshop relied heavily on Melbye’s data to conclude there is no ABC link.
- When Dr Brind raised this concern at the final session, no one addressed it at all, not even Dr. Melbye, who was present at the time. (This is on the video record of 2/26.)
- Even if, for the sake of argument, one were to ignore any effect of induced abortion as an independent risk factor (i.e., as an exposure that increases risk beyond the risk level attributable to the non-pregnant state) it is grossly misleading to suggest that induced abortion has no effect on future breast cancer risk. Induced abortion has no meaning except in the case where a pregnancy is already under way. Since aborting a pregnancy denies a woman the long-term protective effect of a full-term pregnancy, it is unarguable that a woman’s long-term risk of breast cancer will be greater if she chooses abortion over childbirth.
- Therefore, information provided to the public by the NCI, including on its website, should state this unequivocally, in order to provide meaningful guidance to women considering abortion. Anything less would only be the result of willful deception, as exemplified by:
- The press statement made after the workshop, by Dr. Bernstein (who made the only full formal presentation on the ABC link at the workshop): “...even though the findings clearly show that ‘the biggest bang for the buck is the first birth and the younger you are the better off you are, ...There are so many other messages we can give women about lifestyle modification and the impact of lifestyle and risk that I would never be a proponent of going around and telling them that having babies is the way to reduce your risk.’” (www.cancerpage.com, 3/3/03), which begs the follow-up question:
- “Even if they are already pregnant?”