

A Note from the President

By Angela Lanfranchi MD FACS



I am very happy and proud to report that BCPI will soon be submitting a new meta-analysis for publication regarding induced abortion as a risk factor for breast cancer in South Asia. The effect of induced abortion in South Asia is far greater than in the U.S. as the absolute risk for breast cancer in those countries is .5% as opposed to the much higher 3% risk of American women. This results in much higher relative risks for Asian women. Absolute risk is the percent of women who would get breast cancer if they had no identifiable risk factors. Most of you are familiar with the cumulative lifetime risk for breast cancer in the U.S. which is approximately 1 out of 12 women, which presupposes that all women will live to the age of 82 and not die of other causes first. That's why it's so important that women get educated about all risk factors so that many cases of cancer can be prevented from ever occurring.

ABC link in South Asia: BCPI study coming soon!

By Joel Brind, PhD

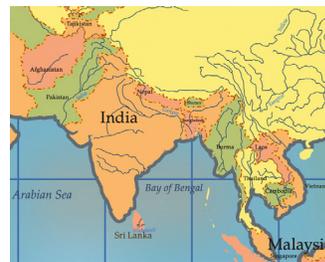
Two and a half years ago in this Report, I wrote about the “explosion of new studies from South Asia” which reported on the association between abortion and breast cancer (“ABC link”). At that time, there had appeared a dozen studies we could find in the peer-reviewed literature from India, Pakistan, Bangladesh and Sri Lanka, all just in the last decade!

Now, I'm here to report that the number of South Asian studies published since 2007 with usable ABC link data has grown to 20! Yet one would hardly know this, as they tend to be scattered in obscure journals, ignored by the “mainstream” research world.

Therefore it is time to review these all systematically in a report that cannot be easily ignored. Accordingly, I have been leading a team of BCPI researchers in the preparation of a systematic review and meta-analysis (SRMA) on the ABC link in South Asia. Hopefully, the study will be in press in time for October (National Breast Cancer Awareness Month).

The SRMA is being funded by BCPI, and in addition to myself and President Angela Lanfranchi, the team is comprised of veteran researchers Brent Rooney, co-author of a 2007 review of the cost consequences of abortion vis-à-vis pre-term birth, (which appeared in the *Journal of Reproductive Medicine*), and biostatistician Steve Condy, who co-authored, along with me, a 2015 SRMA on the use of the injectable contraceptive DMPA and the increased risk of HIV transmission (which appeared in *Issues in Law and Medicine*).

Our preliminary tally comprises 16 studies from India, two from Bangladesh and one each from Pakistan and Sri Lanka. Fourteen of them report statistically significant associations between abortion and breast cancer, while 6 do not report statistically significant associations.



Importantly, unlike previous meta-analyses on the ABC link, which reported overall risk increases of between 30 and 50%, the risk increase among the South Asian studies averages about 150%. Such a moderately strong—rather than a weak—association, is a more reliable indicator of a causal association. Moreover, several of the studies indicated the risks for different numbers of abortions, resulting in a significant “dose effect”, another indicator that the association is a causal one.

Another unusual aspect of the South Asian studies is that most of them report data only on “abortion”, i.e., they do not differentiate between induced and spontaneous abortion (miscarriage). Back in 1996, when my group published our first SRMA on this subject, we actually excluded studies that did not specifically report induced abortion data. That was because back then (from the 1950s to the 1990s), most abortions were spontaneous abortions, since induced abortion was generally illegal and rare around the world. But in the 21st Century, all that has changed. Between the widespread legalization of abortion in the West during the late 1960s and early 1970s, and the “one child policy” in China and other population control initiatives around the

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world, most reported abortions are now induced abortions. In China, it's as high as 90%, while in India, it averages around 65%.

One may reasonably claim that 35% of abortions' being spontaneous instead of induced is quite a substantial proportion; that such a proportion may confound the data on induced abortion. That is true, but the well-established fact that spontaneous abortion does not affect breast cancer risk means that the ABC link emerging from a meta-analysis would be substantially underestimated by the inclusion of spontaneous abortions. Hence, the actual increase in risk for South Asian women is likely substantially higher than 150%.

That raises the question as to why the risk increase should be so much higher in South Asia than in the West or in China. But the answer is not because of ethnic differences between South Asians and East Asians or Caucasians: It is well established from the more than half century of breast cancer research that when it comes to breast cancer risk factors, outside of a few well defined genetic variants, women are women, no matter their ethnicity. (In fact a great hallmark of breast cancer research is the reproducible finding that, while Japanese immigrants to the US have lower breast cancer incidence than American women, they "catch up" after one generation in the US.) But there is a big difference in the baseline lifestyle of Asian v. Western women, and this makes a huge difference. Why?

Breast cancer is a multifactorial disease, with many risk factors. Most are related to reproduction and/or female reproductive hormones. Consequently, in the West (like the US), the baseline lifetime risk of breast cancer is high (around 10%) without considering abortion at all. That's because, long before abortion's legalization (and resulting high prevalence), women were taking contraceptive steroids ("the pill"), waiting longer to bear children, having fewer of them, not breastfeeding them, and were themselves drinking alcoholic beverages and smoking cigarettes. All of these increase the risk of breast cancer. Add abortion, and the lifetime risk goes up about 30%, from about 10% to about 13%.

In China, where the baseline risk has been traditionally low, one would expect the average relative risk to be higher, and it is. However, it's not much higher (about 50% as opposed of 30%), because marriage and childbearing are restricted until the late 20s and parity is restricted to one or two children. These are substantial risk factors, to which abortion is factored in. Also, abortion is almost always done after the first childbirth, when its effect is smaller. Moreover, abortion is now so common in many parts of China (such as Shanghai) that the ABC link does not show up at all: not because it has no effect, but because of a lack of an appropriate, comparison group of women who have not had any abortions. Although it might seem that the ABC link might be most easy to document in places where abortion is most common, in fact the opposite is true. In an epidemiological study, women who have had any abortions must be compared with typical women who have not. But when the majority of women have had at least one

abortion, the "typical" women who have not had any abortions are no longer typical. Rather, they are women with fewer or no children and/or who started having children later in life. The trouble is, these characteristics all increase the risk of breast cancer. Hence, the women who've had abortions are compared to a group with higher breast cancer risk due to these other factors. As we have explained (in 2004 in the British Journal of Cancer) and Yubei Huang and colleagues have demonstrated (in what is called a "meta-regression analysis", in 2013 in Cancer Causes and Control), once the majority of women have had any abortions, the additional breast cancer risk attributable to abortion no longer shows up.

But in South Asia, the traditional woman has (until very recently, and in many places, still currently) married and started having children in her teens, had many children, breastfed them all, never drank and never smoked. Consequently, there is not much else to cause breast cancer besides abortion and contraceptive steroids, and the ABC link (and the pill, for that matter) sticks out like a proverbial sore thumb.

Most importantly, all these statistics add up to an unfolding tragedy for South Asian women. There are about 800 million of them, and the prevalence of abortion is already around 25%. So consider that 200 million women have their cumulative lifetime risk of breast cancer increased from about 2% to about 5% (a 150% increase), that comes out to 3% of 200 million, or 6 million cases of breast cancer! Add to that the fact that the average age at diagnosis for these women is under 50 years (compared to age 61 in the US), and the fact that the cure rate is only about 50% (compared to 80% in the US), and the human tragedy truly approaches holocaust proportions. And let's not forget that abortion has now become legal and common in most of the world, so the South Asian tragedy is only part of the story.

Most tragically, most women are still in the dark, kept there by a worldwide public health establishment that doggedly continues to push the false narrative that abortion is safe for women. It is BCPI's continuing mission to change that; to continue to shed light on this unconscionable state of affairs. And we continue to thank all of you who help make our research and educational efforts possible through your generous donations.

REMINDER!

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www.bcpinstitute.org

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