

The Fifth Way THE PILL KILLS!

By Angela Lanfranchi MD



“The Pill” refers to the common estrogen-progestin combination drugs used for contraception which have been taken by 82% of women in the USA according to the Center for Disease Control. These drugs are recognized as Group 1 carcinogens by the UN’s International Agency on Research of Cancer. As our readers are aware, BCPI has a brochure describing the 4 ways that the Pill Kills: 1) Blood clots resulting in heart attacks, strokes and pulmonary emboli; 2) increase in lethal infections of HIV and HPV; 3) increase in breast, cervical and liver cancer; and 4) increase likelihood of dying a violent death from intimate partner violence by MHC similar partners.

This past November 2017, the American Journal of Psychiatry published a comprehensive study of nearly 500,000 Danish women who took hormonal contraceptives and were followed an average of 8.3 years. The study, “Association of Hormonal Contraception with Suicide Attempts and Suicides,” found a 97% statistically significant increase in suicide attempts and over 200% statistically significant risk of suicide. The association between hormonal contraceptive use and a first suicide attempt peaked after just 2 months use. The hormonal contraceptives studied included the Pill, the patch, vaginal (Neuva) ring, Mirena IUD, and oral progestin-only pills. It is well documented that the Pill causes alteration in moods and often causes depression. Although the study did control for previously diagnosed psychiatric conditions and other confounders, induced abortion was not considered as a confounder i.e. something that might cause an erroneous statistical analysis. Since over half of women who seek an induced abortion have used contraception in the cycle that they got pregnant and a previously published study on Finnish women by Mika Gissler found a three-fold increase in suicide among women with an abortion history, the study may have omitted induced abortion as an important confounder. She recommended that women who have an induced abortion be monitored for possible mental health disorders to prevent these suicides.

Save the Date

The next annual BCPI Golf Outing will be on Friday June 1, 2018. Our honorees will be Drs. Irma and José Russo, world-class researchers who have contributed hundreds of papers to the literature, including the effects of pregnancy on the breast and the resultant resistance to breast cancer. They have done primary experimental research and clinical research regarding new treatments for breast cancer. After Irma’s passing in 2013, José has continued research as Director of the renamed Irma H. Russo, MD, Breast Cancer Research Laboratory (BCRL) at Fox Chase Cancer Center in Philadelphia, which has a mission of understanding the cellular and molecular basis of breast cancer as well as developing relevant translational tools for the treatment and prevention of the disease. On a personal note, they were mentors to me. José encouraged and heartened me. Irma read and edited papers I wrote for publication on the abortion breast cancer link and other topics. She also made sure all our brochures were scientifically accurate before they went to print. In thanks for all their support of BCPI, we will donate a portion of the funds we raise at this outing to BCRL in their honor.



José and Irma Russo

BCPI Launches New Website

This past January, BCPI launched a newly designed, beautiful website, which is easier to navigate with expanded content. For instance, in the BCPI - News Updates section under Resources, you are able to see the published abstract on the study about the Pill and suicide with a link to the publisher. We hope you take the time to explore it. We have also resumed a presence on social media platforms so you can help us spread the word.

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New Chinese Meta-Analysis On the ABC Link Adds Nothing of Substance

By Joel Brind, PhD



Joel Brind, PhD

January 2018 saw the publication of another meta-analysis on abortion and breast cancer, in the journal *Medicine*. This new study by Yongchun Deng et al. of Chongqing, China was a survey of recent studies from around the world from 1983 – 2014. Interestingly, its overly rigorous exclusion criteria resulted in only 25 studies results being tallied, only eleven of which were published since 2000, and only four in the last decade. This can be attributed to the fact that studies that did not specifically examine induced abortion (as opposed to abortion generically, which includes spontaneous abortion, aka miscarriage) were excluded. Our recent meta-analysis (due for publication in the May edition of *Issues in Law and Medicine* and described in a previous *BCPI Report*) looked back at 20 studies on abortion and breast cancer in South Asian women done from 2000-2017.

Since our first meta-analysis on the subject in 1996, there have been at least 3 other large meta-analyses published (not counting our new one on South Asian studies). A great many issues relating to the accurate measurement of exposure to abortion and its effects have been extensively discussed in the peer-reviewed literature. For example, in the meta-analyses of Huang et al. in 2013 and Guo et al. in 2015, their results obtained on the Chinese and worldwide literature, respectively, were extensively discussed in the context of populations in which the prevalence of induced abortion is so high (i.e., a majority of women have had at least one induced abortion), that the effect of abortion is seriously underestimated, even to the point of appearing as a protective factor (i.e., associated with decreased risk of breast cancer). The Huang and Guo meta-analyses essentially corroborated this trend and its biological basis, which I had originally articulated in 2004 in the *British Journal of Cancer*. Yet studies on the women from Shanghai—most of whom have had at least one induced abortion—are included by Deng et al., even though the lack of increased risk they reported is now known to be attributable to the high prevalence of abortion. Due to this fact, the population is unsuitable for studying the effect of abortion on breast cancer risk. Moreover, Deng et al. could hardly claim unfamiliarity with this literature, as they cited the Huang, Guo and Brind (1996) meta-analyses. Deng also included the several other invalid studies, for example, from Sweden, Norway and Scotland, which my group had exposed for fatal methodological flaws in the peer-reviewed literature.

All in all, the Deng meta-analysis adds nothing useful to the literature on abortion and breast cancer. Even though they do report a small but significant (11%) risk increase in parous women (women with children) but not in nulliparous (childless) women, these are woefully large underestimates, born of both bad methodology and bad execution.

Hormonal Contraception Link to Breast Cancer Confirmed

By Angela Lanfranchi MD

Published on December 7, 2017 in the *New England Journal of Medicine*, a study of 1.8 million women followed on average for 10.9 years confirmed what BCPI readers have known for nearly 20 years, i.e. hormonal contraception (the Pill) is a known risk for breast cancer. The researchers found a statistically significant 20% increase in breast cancer risk of all current and recent users. They also found a dose effect with women who took the Pill less than 1 year having a 9% increase in risk and those taking the Pill more than 10 years a 38% increase in risk.

There are many women who take the Pill for longer than 10 years. Teenagers start taking the Pill for acne or painful periods and only stop in their 30's when they want to have children. Often the Pill is resumed to “space” their children and to ameliorate perimenopausal symptoms. It was not uncommon for me to have patients with breast cancer who had taken the Pill for 20 or 30 years. The Mirena IUD (progestin only IUD) also was found to increase risk by 21%.

The American Academy of Pediatricians recommends: “Pediatricians should be able to educate adolescent patients about LARC methods, including the **progestin implant and IUDs**. Given the efficacy, safety, and ease of use, LARC methods should be considered first-line contraceptive choices for adolescents.” Due to the risk of breast cancer and suicide, I would advise parents to make their pediatricians aware of this and stay within hearing at all doctor visits so that their children can be protected from this poor advice. A link to obtain the complete study can be found under the Resource section “News Updates” on our website.

