



BCPI Cited as Authority in SCOTUS Amicus Curiae Brief

By Angela Lanfranchi MD

Over the last decade, several organizations have used BCPI materials and advice for amicus curiae briefs submitted in support of cases brought before the Supreme Court of the United States (SCOTUS). Information about the detrimental health effects of hormonal contraception created by BCPI was used in several briefs challenging the Affordable Care Act a.k.a. “Obamacare.” For example, in a majority opinion, a 2nd

circuit Federal judge cited a BCPI reference in support of their ruling against mandating hormonal contraception in the Affordable Care Act.

At the present time, SCOTUS is deliberating the merits of a law enacted in Mississippi that bars abortions after 15 weeks except for medical emergencies and severe fetal abnormalities. In the *Dobbs v. Jackson* case, yet to be ruled upon, BCPI helped an over 6,000 member strong physician association, the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), to document in amicus curiae brief that abortion negatively impacts women’s health and future children. The brief argued that due to the consequences of abortion-related deaths, risk of later premature births, risk of breast cancer in the mother and the risk of depression, drug abuse and suicide post abortion that the law should be upheld.

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A Note from the President

By Angela Lanfranchi MD



I greatly regret that I don’t have a date for you to save for our annual golf outing. About ten years ago, Bob Gerling, an avid golfer and husband of board member Jo Ann Gerling, started an annual golf outing as a fund raiser for BCPI. It started with a round of golf at the Cranberry Golf Club in New Jersey and ended with a dinner in the club house. These last two years, Covid stopped the outing. It was always a fun event. It raised about 15% of our yearly budget. I am very grateful to Bob for all his efforts over the years. He’s fully retired now and no longer has access to the services that had enabled him to put together our yearly outing. I know some golfers will really miss it as I will. We thank him for the many years of wonderful golf events and his wife Jo Ann who faithfully made the themed baskets for bids every year with her friends. Many, many thanks.

Weaponizing Epidemiology to Cover Up Pill Risks

By Joel Brind, PhD



In their January, 2022 issue, the *Journal of the American Medical Association (JAMA)* published a seemingly definitive “Umbrella Review” in their *JAMA Network Open* journal showing “the associations between hormonal contraceptive use and ... major adverse health outcomes were not supported by high-quality evidence.” Popular journals quickly embraced the conclusion that all forms of hormonal contraception—the pill, injectable formulations like Depo-Provera, implantables like Norplant, etc.—are all safe after all.

But a closer look at the study by Sharmila Brabakaran (who has a bachelor’s degree in Pharmacy, and is a graduate student at the International Medical University in Malaysia) tells a different story; when one considers the real epidemiological import of this kind of review.

In order to increase the statistical power of many smaller studies, a meta-analysis pools the data across several studies to increase the confidence that a summary statistical finding is real—or not. In other words, the statistical models used to pool data across studies are designed to decrease the statistical noise and sharpen the quantitative observations to substantiate or reject trends seen not as clearly in individual studies.

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BCPI Now Has Pay Pal !!!!

After too many years, BCPI can now accept credit cards through Pay Pal on it’s website. BCPI supporters have asked for years if credit cards could be used and it took us over 20 years to work out how to do that.



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Last spring, I worked with the brief's counsel supplying the references in the literature and arguments I had made in other legal cases to support the fact that abortion raises the risk of breast cancer in a woman and that risk increases with gestational age up until 32 weeks. Within the brief's "Summary of Arguments" it was stated that "Third, later-term abortion raises a woman's risk of developing breast cancer. Since 1957, at least 41 studies have shown a positive, statistically significant association between induced abortion and breast cancer. The reason for the association is straightforward given how the physiology of the breast changes during pregnancy. Breast tissue mature enough to produce milk permanently resists cancer. Abortion arrests growing breast tissue before it matures, trapping it in a cancer-vulnerable state. Conversely, it is universally agreed—including by pro-choice groups such as Planned Parenthood—that one of the most effective protections against breast cancer is a full-term pregnancy early in life."

The significance of this and other briefs that have used BCPI materials in their arguments is that lawyers who want to prevail in their cases will only use material that can successfully withstand the most rigorous analyses and refutations by other medical and legal experts. The arguments and evidence must withstand scrutiny.

Supported by readers of the BCPI Report, the BCPI website is a repository for material not organized and collected on other sites. I doubt those facts and arguments would have made it into any briefs without our readers' support. For example, the list of abortion/breast cancer studies that the brief cited was made at the persistent request of several BCPI supporters. Many, many thanks for that request and your unfailing support of BCPI.

You can find a copy of the AAPLOG *Dobbs v. Mississippi* brief on our website under *News and Publications* under the "Resources" tab or at [20210729163532595_No. 19-1392 - American Association of Pro-Life Obstetricians and Gynecologists - Amicus Brief in Support of Petitioner - 7-29-21.pdf](https://www.bcpireport.org/2021/07/29/20210729163532595_No.19-1392-AmericanAssociationofProLifeObstetriciansandGynecologists-AmicusBriefinSupportofPetitioner-7-29-21.pdf) ([supremecourt.gov](https://www.supremecourt.gov)).

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But the relatively new device called an "umbrella analysis" is being used—at least in the present case—to raise the bar for statistical and medical significance so high that real statistical trends—even well-established ones—are relegated to being considered noise, thus conveniently making impolitic risks disappear. Thus has epidemiology been effectively weaponized against the consideration of major health risks of hormonal contraceptives.

There is little space here to detail the many ways that the Brabaharan article misleads the reader. But here are some highlights (or lowlights):

- 1) Despite the blanket conclusion cited above, the authors admit—not in the abstract, but deep in the Discussion section—that the results of studies on VTE (venous thromboembolism) "suggest(ing) that concern about VTE risk is warranted."
- 2) They also bury near the end, among "Limitations" the statement: "When drawing conclusions about clinical practice ... it is necessary to be mindful that progestin-only methods (i.e., progesterone-only tablets, depot medroxyprogesterone acetate injections, progesterone implants, and levonorgestrel-releasing intrauterine systems) are not represented in a clinically meaningful way."
- 3) They completely change the criteria by which adverse study outcomes are viewed as significant. Specifically, according to their new criteria, a study previously classified as "significant" (i.e., $p < 0.05$, or that there is a 95% certainty that the results are not due to chance) is now considered "weak." They will only allow findings to rise to the level of "suggestive" if the statistical certainty rises to 99%, and there are more than 1,000 subjects in the study. But that's still not "highly suggestive." For that, the certainty needs to rise to 99.9999%. The very highest category of evidence, in the authors' view (i.e., "convincing") includes yet more hurdles that must be overcome.

All this would not be so troubling were it not for the hypocritical use of cherry-picked data from a single study they like to justify their exclusion of data they don't like. Case in point: In dismissing the increased risk of breast cancer, which has been well established for decades now, the authors say that "any increased risk of breast cancer returns to baseline 10 years after cessation of combined oral contraception." For this supposed fact they cite a single study from 1996. Funny how the authors never cite a well-publicized study in the *British Medical Journal* in 2007 based on the database of the Royal College of General Practitioners (RCGP). Although the RCGP study was also interpreted as supporting the overall interpretation of oral contraceptive (OC) use as safe, it identified a much more alarming pattern in the risk of breast cancer among OC users. Specifically, the RCGP study found no significant breast cancer risk increase among current users or those for whom up to 10 years had elapsed since last OC use, a 27% risk increase with borderline significance among those for whom 10-15 years had elapsed since last use, and a highly significant 145% increase in breast cancer risk among those for whom 15-20 years had elapsed since last OC use. How does that square with "returns to baseline 10 years after cessation of combined oral contraception"? It doesn't.

Unfortunately, the Brabaharan study represents the complete politicization and perversion of epidemiology to spread the false belief that hormonal contraception is safe. It isn't.