



Angela Lanfranchi, MD

### A Note from the President...

Since October became Breast Cancer Awareness Month in 1985, breast cancer rates have continued to soar. It was started by a pharmaceutical company, ICI Pharmaceuticals. They had developed a drug they wanted to promote. The drug Tamoxifen, can both treat AND be used to prevent breast cancer. The more women who are aware that they could get breast cancer, the more use for their drug. I remember going to a breast conference in 1999 and hearing a lecture by a prominent breast surgeon from a famous New York cancer hospital. The message was if you did NOT prescribe Tamoxifen as prophylaxis in high risk patients, you (the non-prescribing MD), could be sued for malpractice by your patient who was at increased risk and who later developed breast cancer. We saw ads of lawyers looking for clients. We know that doctors fear malpractice, so it was a powerful motivator to the naive. I do not know if that surgeon was a paid consultant for the drug manufacturer because in 1999 lecturers did not have to disclose to their audience their financial arrangements. Now they do. The surgeon urged Tamoxifen prophylaxis despite the fact that 175 women would have to buy and take a drug that would put them into instant menopause and could cause them to develop a uterine cancer to "prevent" one woman from getting breast cancer. Since the Tamoxifen trial was stopped after five years and we know it takes 8-10 years to go from one cancer cell

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### Numerous New ABC link studies published in Asia by Joel Brind, PhD

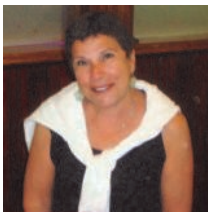


This past February, a systematic review and meta-analysis of the ABC link was published in the prestigious international journal *Cancer Causes and Control*. The study by Yubei Huang et. al. of the Tianjin Medical University in China reviewed and compiled the results of 36 studies from mainland China. Reporting an overall, statistically significant risk increase of 44% (odds ratio or O.R.=1.44) for women who have had one or more induced abortions. The Huang study confirmed the results I and my co-authors from Penn State Medical College had reported in 1996 in the British Medical Association's epidemiology journal.

The Huang study confirmed the abortion breast cancer (ABC) link in a completely different population in a different time frame, as our original 1996 meta-analysis compiled worldwide studies between 1957 and 1996. The Huang meta-analysis also showed a clear dose effect, i.e., women with two or more abortions showed a risk increase of 76%, and those with three or more abortions showed a risk increase of 89%. In epidemiology, when increased exposure to the putative risk factor results in a higher risk in-

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### 4th Annual BCPI Golf Outing by Bob Gerling



JoAnn Gerling



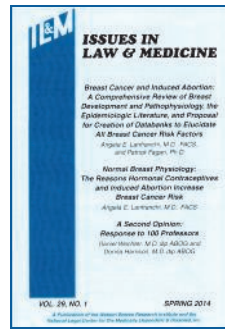
Angela Lanfranchi, Bob Gerling, Sean Flanagan

This year's outing was particularly special to me as the honoree was very near and dear to my heart; my wife Jo Ann. Thankfully, in no small degree to the 'gifted hands' of Dr. Lanfranchi, she is doing very well.

We had another great outing at this year's 4<sup>th</sup> Annual BCPI Golf Outing. The Cranbury Golf course was in great shape, the staff was very helpful, as usual, and we were blessed with another beautiful day. Many golfers showed up early to loosen up at the range and enjoy a continental breakfast

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### Issues in Law & Medicine features "the seminal article on abortion and breast cancer."



Barry Bostrum, Editor-in-Chief of *Issues in Law & Medicine*, wrote in the Preface of its latest edition (*Spring 2014*), "This edition features the seminal article on abortion and breast cancer by Angela E. Lanfranchi, MD, FACS, and Patrick Fagan, PhD. It provides a detailed explanation of normal breast development biology, and the pathophysiology which causes induced abortion to be a risk for breast cancer, with the extant epidemiologic studies that differentiate induced and spontaneous abortions. These studies are rigorously statistically analyzed. It also outlines a proposal for the establishment of much-needed data banks

that will be able to supply gold-standard prospective data for all breast cancer risks. The authors recommend collecting longitudinal data through the use of National Accreditation Program for Breast Centers (NAPBC) - approved mammography centers, to control the cost of mass mammography screening by identifying those women who are at higher risk of breast cancer and in need of regular or early screening...**This information is not only important for women, but also for doctors and lawyers in determining what constitutes informed consent for an induced abortion.**" (emphasis added)

Said Dr. Lanfranchi, a breast cancer surgeon, "This article was the result of four years of work, doing the writing and the research in between seeing and taking care of my patients." Dr. Lanfranchi was responsible for the pathophysiology and breast development information that causes there to be a link between abortion and breast cancer. Her co-author, Dr. Patrick Fagan of the MARRI Institute, provided the statistical analyses of the extant epidemiological literature from 1957 through 2013 and the editorial support needed for the manuscript. Together, they proposed a way to go forward with further research using gold standard prospective data. In their paper they acknowledge the help received from Dr. David Prentice and Dr. Irma Russo who read and made suggestions for the manuscript. Dr. Lanfranchi said, "With 205 references, 133 pages and 5 appendices, I think those who doubt the ABC Link will find it hard to refute scientifically. Best of all, through the kindness of the publisher, anyone can download a copy of the paper from the BCPI website for free. In Australia, where I just gave lectures in 6 cities, attendees did just that. They brought the copies to their local Cancer Councils, health departments and legislators for comment and action for the protection of women through informed consent."

You can find this article, *Breast Cancer and Induced Abortion: A comprehensive Review of Breast Development and Pathophysiology, the Epidemiologic Literature, and Proposal for Creation of Databanks to Elucidate All Breast Cancer Risk Factors*, on the BCPI website with each section presented as an individual Fact Sheet or download a PDF file of the entire paper (pages 1-133).

<http://www.bcpinstitute.org/factshts.htm>

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PLEASE MAKE A NOTE OF OUR NEW ADDRESS.  
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**531 US Highway 22 East, Suite 170,  
Whitehouse Station, NJ 08889 USA**  
Phone toll-free: 1-86-NO CANCER (1-866-622-6237)  
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**Many new ABC Link Studies in Asia** (Cont. from page 1) crease, the factor (abortion in this case) is more likely to be an actual cause of the disease in question (breast cancer in this case).

The growing breast cancer epidemic in communist China was an entirely predictable result of the "one-child policy" and its forced abortions. Promotion of abortion has hardly been limited to China. A veritable tsunami of peer-reviewed, published reports of the predictable epidemic elsewhere is starting to surface from all over Asia. In South Asia alone, at least a dozen studies have appeared just since 2008: nine in India and one each in Pakistan, Bangladesh and Sri Lanka.

In addition to adding confirmation of the ABC link, the recent South Asian studies provide a different perspective. It is **not** because of ethnic differences between South Asians and East Asians or Caucasians. The more than half century of research establishing the ABC link provides ample proof that when it comes to breast cancer risk factor, women are women, no matter their ethnicity. However, there is a big difference in the baseline lifestyle of Asian women, and this makes a huge difference for the following reason.

Breast cancer is a multifactorial disease. There are many risk factors which impact breast cancer risk. 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. The reason is that 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 breast feeding them, and were themselves drinking alcoholic beverages and smoking cigarettes. All of these increase the risk of breast cancer. With the addition of abortion, the lifetime risk goes up about 30%, from about 10% to about 13%. In epidemiological terms, that is expressed as a relative risk of 1.3. (i.e., a 30% increased risk) which is the overall average relative risk we reported in our 1996 review.

In China, where the baseline risk has been traditionally low, one would

**Note from the President...** (Continued from page 1)

to a cancer which is large enough to detect, the reduction in risk was probably due to cancers that were being treated in the trial that had not yet been detected. In other words, breast cancers were being **treated** by the Tamoxifen, but the data appeared to "prevent" cancers that were already present. Tamoxifen is a great drug to treat cancer; not so great to prevent it, in my humble opinion.

So now every October women are reminded of the fact that their breasts could turn on them at any moment and become cancerous. They are made to think that they have two ticking time bombs attached to their chests which could go off and kill them at any moment. I see them in my office every October. Many believe it was just the fickle finger of fate that targeted them. Breast cancer advocacy groups that benefit from "pink money" given by those touched by breast cancer in order to find a cure, promote this "awareness" without the emphasis on prevention as well. The more cancer, the more donors running and buying pink beribboned objects made by companies who will be promoted by the beneficiary "advocacy" organizations.

Women need to be taught about the things that will lower their breast cancer risk. BCPI provides that knowledge for free. Women in this country do not need to be assaulted every October with the reminder that their breasts can form cancer in a way that is frightening. While it is true cumulative lifetime risk in the U.S. is 1 in 8 women will get breast cancer, that is only true if they **all** live to be 82 and don't die of something else first. Cardiovascular disease kills more women than breast cancer. Women need to know that if they have no risk factors for breast cancer, their risk of getting breast cancer is 3.3%. They need to be informed of how to reduce their chance of breast cancer, what makes them at higher risk, and if they are at increased risk, when to start screening for breast cancer so the cancers can be treated when they are curable.

Breast cancer research for those that have cancer is important. If a woman wants to contribute money to that end, donate to a breast cancer researcher, hospital, or institute where that research is being done directly. It is not necessary to go through a 3rd party "advocacy" organization to distribute that donation. Remember, "an ounce of prevention is better than a pound of cure" and early detection is not prevention. Prevention is the first defense.

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expect the average relative risk to be higher, and it is. However, it's not that much higher; an average of 1.44, 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. Abortion is now so common in some parts of China (such as Shanghai) that the ABC link does not show up at all as a risk when it is studied there.

In South Asia, the traditional woman has married and started having children in her teens, has many children breastfeeding all of them and has never drank, smoked, or taken oral contraceptive steroids (the pill). Consequently, there is not much else to cause breast cancer besides abortion, and the ABC link therefore sticks out like a proverbial sore thumb. Out of a dozen studies, ALL of them show increased risk, 10 of them with statistical significance. Adding up all the studies from the sub-continent, the average odds ratio comes out to be a whopping 5.54, over a 450% increase in breast cancer risk with abortion. One study in India (West Bengal) reported an odds ratio of 10.66, (966% increase) and one in Bangladesh (East Bengal) reported 20.62, almost a 2,000% increase in risk.

If there was any real question of any epidemiological studies being ambiguous about the ABC link, the recent studies from South Asia provide an ideal population in whom to study the effects of abortion on breast cancer risk. A clearer, stronger connection could hardly be imagined.

It's simple to ballpark the ultimate effects of such an exposure as abortion on a population of over a billion women in India and China alone: just a one percent increase of that number of women is 10 million cases of breast cancer. Similar results are starting to emerge in other Asian countries as reported in recent studies in Turkey, Armenia, Iran and Kazakhstan. Literally there are millions of women bound to get breast cancer because of abortion.

**Joel Brind, PhD, is co-founder of BCPI and serves on its Board of Directors.**

**4th Annual Golf Outing** (Continued from page 1)

before teeing off at 12:00.

We had 5 'hole-in-one' contests including prizes for the best team score, longest drives for the men and the women, and the closest to the pin. This year Sam Singer's foursome ran away with most of the prizes including 1<sup>st</sup> place with low team score, longest drive by Brad Carey, and closest to the pin by Kevin Madigan. The only winner outside of Sam's foursome was the longest drive for the women, won by Marie Ryan...I'm still looking forward to seeing someone drive home with one of the Flanagan family's Volvos, the prize at hole #2.

This year's dinner was particularly special because of the beautiful birthday cake we all shared for John McCourt who spent his day celebrating with all our BCPI golfing buddies. We also had the pleasure of hearing a very informative talk from Joel Brind PhD.

It was a great day of golf and fellowship. There are many people who helped make the day a success, but I have to begin with Helen Mayernik, without whom we wouldn't be able to start on this project. I also want to thank my wife Jo Ann and our friends Joanie, Pat, Terri, and Ann for their continued help and support in preparation of this day. A special thank you to the Flanagan family, Smythe Volvo, Sam and Nancy Singer, my brother knights from Our Lady of Lourdes KOC, the Ryan's, and all my friends at UBS whose generous support made this day so successful.

**SAVE THE DATE!**  
**The 5TH**  
**Annual BCPI Golf**  
**Outing**  
**is scheduled for**  
**June 5, 2015**

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