

Reduce Yearly Breast Cancers by Over 15,000

By Angela Lanfranchi MD



How to reduce the number of breast cancers in young women by 15,000 cases a year? Tell the truth.

There are 9 million women taking oral contraceptives in the United States today. Most don't know that since 2005 they are a known Group 1 carcinogen for breast cancer. A UK study done in 2010 by Parkin showed a 15% attributable risk for breast cancer from oral contraceptives. That means there would be 15% fewer breast cancers in the UK if all women stopped taking oral contraceptives, aka The Pill. In the US in 2017 there would have been over 15,000 FEWER young women with premenopausal (<50 yo) breast cancer if all women stopped taking The Pill and other hormonal contraceptives.

According to the Center for Disease Control, the efficacy of the Pill is 92%. That means for each 100 hundred women on The Pill, 8 will become pregnant. There will be 720,000 unintended pregnancies. Of those, approximately one half, or 360,000, will end in an induced abortion. That number is closer to 550,000 if one adds the number of unplanned pregnancies in the additional 3 million women who take other hormonal contraceptives which fail 6-9% every year.

A young woman presents to a pregnancy resource center. She is pregnant.

Abortion cannot turn back the clock. She is pregnant and her decision whether to have her child or to have an abortion will impact her risk of breast cancer in the future. When conception occurred, even before implantation when some say her pregnancy will begin, that embryo has secreted hCG, human chorionic gonadotropin. HCG, that hormone that women test for using a store bought pregnancy kit, has already caused permanent changes in her breasts. Her breasts have started to get bigger by making more milk producing glands in response to the estrogen and progesterone her ovaries are making now that she is pregnant. I am old enough to have practiced medicine before those kits were available and pregnancy tests took days to result. We knew sore and tender breasts were the earliest sign of pregnancy because it happened even before the woman was "late."

What does that pregnant young woman have a right to know before she makes that decision impacting not only the life or death of her fetus/child (depending upon the decision she will make) but her own as well?

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National Academies Deny ABC Link Using Three Flawed Studies

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Released this past Spring, a consensus study report of the three National Academies of Sciences, Engineering and Medicine titled "The Safety and Quality of Abortion Care in the United States" dismissed the validity of the abortion breast cancer link in one short page using three severely flawed studies. The report ignored 36 statistically significant studies in the world's literature confirming the ABC Link which are included in the 57 studies which show a positive correlation. What's more, the entire world's literature to date consisting of 76 studies which differentiated spontaneous from induced abortion fulfill the Bradford Hill criteria for causality. The report concluded there was no risk of breast cancer after abortion. This is despite the facts that, even without studies demonstrating induced abortion is an independent risk for breast cancer, a pregnant woman who chooses an induced abortion to end a pregnancy is at increased risk for breast cancer by virtue of these well known and accepted facts: 1) she denies herself the risk lowering effect of a birth; 2) she has fewer pregnancies, necessarily delays her next pregnancy or may remain nulliparous; and 3) she increases her risk for preterm birth in her next pregnancy, which if it occurs before 32 weeks doubles her breast cancer risk.



Despite the aforementioned studies and biological facts, the report demonstrated selection bias by its criteria to pick the studies relied upon such as only studies after 2000 were considered, thereby ignoring 25 statistically significant studies in the literature before 2000. They also eliminated studies from China and India from which several meta-analyses concluded that they was an increase in breast cancer after induced abortion. Both China and India have sky rocketing breast cancer rates since abortion became widespread in those countries. The authors also wanted to exclude studies that could be tainted by recall bias. Recall bias means women without cancer will under report (deny) abortions so abortion only "appears" to increase breast cancer risk. Yet a study the authors cite as supporting recall bias, the 1991 Lindfors-Harris study, does not support its existence. The study found that women with cancer and without cancer both underreported their abortion in similar percentages; 21% (5 out of 24 women with cancer), and 27% (16 out of 59 women without cancer) respectively a difference of 6% between the groups). A non-statistically difference of 6% would not skew the data enough to invalidate a study. They also concluded that women "over-reported" their abortions, that they said they had abortions when they didn't have any because the computer records must be correct!!! The "over-reporting" was the study's only statistically significant finding.

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Save the Date

Mark your calendars!
The next BCPI Annual Golf Outing will
be held on June 9, 2019.
Please plan on joining us!



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Reduce breast cancers by 10,000 a year

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Young women are fully aware that younger and younger women are getting breast cancer; their friends, family and co-workers have suffered from it. In fact, since 1973 non-invasive (in-situ) breast cancer incidence has increased 400%. Since 2003, the American Cancer Society changed their reporting of breast cancer statistics to the public by excluding non-invasive breast cancers so that now women only hear the numbers for invasive breast cancers which have increased 40% since 1973. Yet women still get mastectomies, radiation and hormonal treatments that put them into instant menopause for these non publicized, non-invasive cancers. Their fertility can end with those hormonal treatments. Even though between 97% and 99% of women are cured of non-invasive cancers, they should know those facts which increase and decrease their risk for any breast cancer. Every physician acknowledges the fact that a full term pregnancy protects a woman from breast cancer by differentiating her breast tissue, thereby making it cancer resistant. In fact, after the National Cancer Institute's Workshop on Early Reproductive Risks and Breast Cancer in 2003, workshop leader Leslie Bernstein PhD was quoted in an interview the at the workshop's conclusion, 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." Yet she added that women should not make life-altering decisions based on these findings. That's Dr. Bernstein's opinion. Most women would disagree. Shouldn't it be the pregnant woman who decides what's important to her in her unique set of circumstances? What if her mother had breast cancer at an early age? What if she had other risks? In her case, having a child, even if adoption was the best option for her, would reduce her risk. Bernstein went on to reveal in that interview that she wanted to keep abortion out of the "discussion" of breast cancer risk. That was her clear motivation. But was it right not to fully inform the public? Even without an independent risk acknowledged, abortion delays a full term pregnancy for that woman, and for each year it is delayed her risk of premenopausal breast cancer increases 5% a year. A woman who has a full term pregnancy at 18 years old has a 50-75% lower risk of breast cancer than a woman who waits until she is 30 to have her first full term pregnancy.

The most egregious omission affecting a young woman's life is that fact that in 2005, the International Agency on Research of Cancer listed oral contraceptives as Group I carcinogens for breast, cervical and liver cancer. You'll find cigarettes and asbestos in the same group as risks for lung cancer and mesothelioma. In the United States, 82% of all women of reproductive age have unknowingly taken these carcinogens for even relatively trivial reasons such as pimples and cramps. Today, there are 9 million women unwittingly taking oral contraceptives. When is it ever OK to give a Group 1 carcinogen to healthy women for a non-disease, fertility? Why don't they know that oral contraceptives are the same drugs their mothers abandoned in droves when they learned hormone replacement therapy increased their risk of breast cancer? Except they are in higher, more potent doses in the pill! That abandonment resulted in an 11% decrease in post menopausal breast cancer. Young women need to demand the truth when they are facing decisions that could increase their risk of becoming one more of the 2.5 million breast cancer survivors there are today.

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For a more detailed debunking of recall bias go to https://www.bcpinstitute.org/uploads/1/1/5/1/115111905/bcpi-factsht-recall_bias.pdf.

The consensus report chose the 2000 Newcomb, 2001 Goldacre and 2005 Brewster studies.

In the Newcomb study there were only 23 women with an abortion history and 138 cases of breast cancer. The authors admitted that the women in the study may have had abortions outside of the HMO records they used for the study. No time frames were used so an abortion could have occurred 1 day, 1 month or 1 year before an abortion. We know it takes an average 8-14 years for detectable tumor to develop after an abortion. The authors also cautioned in their paper "**Some limitations of this study should be considered in interpreting our results.**"

In the Goldacre study the authors state, "**Our data on abortions are substantially incomplete because they only include women admitted to hospital, only include those in the care of the National Health Service, and only in the time and area covered by the study.**" In fact, a mere 300 of the 28,616 cases included in Goldacre (women diagnosed with breast cancer between 1968 and 1998) were classified as having a history of induced abortion — amounting to barely 1 percent of cases over a 30-year period of abortions done in the U.K.

In the 2005 Brewster study the authors state they included women "**with all reproductive events occurring from 1981 onwards], and] ... with some reproductive events occurring before 1981, and number of pregnancies equaled number of births — that is, no miscarriages or induced abortions before 1981 (note age at first birth was unknown).**" Furthermore, the analysis of the ordering and timing of women's reproductive events compares nulliparous aborting women, parous aborting women, and women the sequence of whose abortions and pregnancies are unclear to a reference category of women with "no abortion," without specifying whether these women are parous or nulliparous. Combining non-aborting nulliparous women (who generally have increased breast cancer risk) and non-aborting parous women (who generally have low breast cancer risk) would produce a non-aborting cohort with a breast cancer risk elevated over that of the ideal reference group. This elevated risk would mute the risk associated with abortion, by comparison. The authors stated, "**The important weakness of the study relates to missing data on miscarriage and induced abortion status and potential confounding factors for a substantial proportion of the original study population.**"

In other words, the Newcomb study relied on results of 23 women with an abortion history, the Goldacre study relied on results of 300 women with an abortion history and regarding the 2005 Brewster study it is unknown how many women with an abortion history were in it according to its own authors!

In 2003, after its Workshop on Early Reproductive Events and Breast Cancer, the National Cancer Institute asserted that there was no increase in breast cancer risk after an induced abortion. They asserted no further studies need be done on the topic. A yet worldwide research continues to be done on the subject. In fact, in 2009 Louise Brinton, a former Branch director at the NCI, co-authored a study that asserted in its discussion section that there was a 40% statistically increase in breast cancer risk after an induced abortion.

Now 15 years later, after the NCI asserted there was no ABC Link, there is more evidence for it than ever. For a complete listing of the studies go to: https://www.bcpinstitute.org/uploads/1/1/5/1/115111905/bcpi-factsheet-epidemiol-studies_2014.pdf.