Statement on Induced Abortion and the Subsequent Risk of Breast Cancer

There is very strong evidence in the worldís scientific medical literature that induced abortion constitutes a significant risk factor for future breast cancer. Is it a real risk that every woman considering elective abortion should be appraised of? Or is it simply an unproven threat thrown into the abortion arena to frighten pregnant women from making the "choice"? These are absolutely vital questions for any abortion inclined pregnant woman. The threat of breast cancer, surgery, radiation, chemotherapy, disfigurement, even death, hang on the correct answers. We depend on "evidence based medicine" to guide us to valid conclusions on such issues. Here is the evidence:


The second independent risk factor for breast cancer is induced abortion. As of December, 2002, there have been published in the worldwide medical literature 38 studies (including 15 American studies) reporting data on the risk of breast cancer among women with a history of induced abortion. 29 of these studies report increased risk. Thirteen of the 15 American studies report increased risk, 8 with statistical significance (at least 95% probability that the result is not due to chance) irrespective of age at first full-term pregnancy. The relative risk increase of the 38 studies combined is 30%. (RR 1.3) In the current American abortion experience, this would result in approximately 5,000 additional cases of breast cancer per year in the U.S. (There are about 190,000 new cases of breast cancer diagnosed in the US each year.)

Consider the implications of the study specifically funded by the United States National Cancer Institute to investigate the abortion/breast cancer link (Daling et al, 1994, JNCI 86:1584-92). Janet Dalingís group found an overall 50% breast cancer risk increase by age 45 for women who have had an induced abortion. (What would it be by age 65??) American women today have an approximately 12% lifetime chance of developing breast cancer. It follows that those who have had an induced abortion will have an 18% lifetime chance of developing breast cancer. But the risk increase is even more than 50% for certain subgroups. For example, among women with a family history of breast cancer (mother, grandmother, sister, or aunt), the increase in risk was 80%. If the woman had her abortion before she was 18, the increase in risk was more than 100%! If the woman had both risk factors (family history, and abortion before 18), the risk was incalculably high, i.e., there were 12 such women out of 1800 in the study, and ALL TWELVE DEVELOPED BREAST CANCER BY AGE 45. This subgroup is too small to be "statistically significant," but surely it is "significant" if you are an abortion-minded 17
year old pregnant teenager with a family history of breast cancer - - - or if you are a
doctor counseling this teen about abortion risks- - - or if you are the girlís parent (or
boyfriend) concerned for her ultimate welfare.

Only one study has been published on American women which relied solely on
prospective data from medical records entered at the time of the abortion (making it
immune to the possibility of recall bias). This New York study reported a statistically
significant 90% increase in breast cancer risk BEFORE AGE 40 associated with

Authoritative sources in the National Cancer Institute and in the American College of
Obstetricians and Gynecologists generally will cite recall bias as the reason to trivialize
the scientific literature on the subject. They look upon these studies as flawed due to
recall bias (also know as reporting bias, or response bias), and apparently not worthy
of serious consideration. But what is this recall bias phenomena that dismisses the
validity of 29 of 38 worldwide studies? It involves the presumption that in interview
based studies, women who have breast cancer will be more honest when reporting a
past abortion, while many women who do not have breast cancer will tend to simply
not recall an abortion they had. The result of this recall bias would be studies showing
women with breast cancer would have a higher incidence of abortion in their past,
compared to women without breast cancer who underreported their past abortion. In
this way, says this theory, the false higher association of abortion to subsequent
breast cancer incidence has emerged. On this tenuous reasoning the worldís literature
is discounted as unreliable. We do not consider this to be good science. However, the
assumption of recall bias, once birthed, has taken on a life of its own, and it has
become the rallying cry for those who wish to discredit the worldís literature on the
subject.

It is worth noting that 4 studies have been done which have addressed the abortion-
breast cancer- recall bias issue. All four have ruled out recall bias as a significant
factor in their study. (Howe, et al., Int J Epidemiol l989, 18:300-4; Watanabe and
Hirayama, Nippon Rinsho 1968;26:1843-9 (in Japanese); Lipworth et al., Int J Cancer
cancer studies have demonstrated statistically significant recall bias effect.

How does induced abortion influence the development, in some women, of breast
cancer? (And let it be known that miscarriage also known as spontaneous
abortion has no demonstrated breast cancer link). We do not know for sure. However,
there may be an endocrinological basis. Consider the following facts: 1. estrogen
excess can be a promoter of breast cancer development. 2. By 12 weeks of pregnancy,
the estrogen level is about 20 times increased over non-pregnant levels. (This is why
pregnant ladies have nausea and vomiting) 3. This causes maximal proliferation of
undifferentiated (not able to produce milk) breast cells. (This is why pregnant ladies
have breast enlargement and tenderness) 4. When pregnancy goes to term, the cells
mature, and begin to give milk. (And it is known that full term pregnancy reduces breast
cancer risk. Lactation may confer additional protection.) 5. When pregnancy is suddenly interrupted by induced abortion, the estrogen levels drop precipitously, and these cells are left in an immature state which presumably is more vulnerable to cancer influences. 6. When a person experiences a spontaneous miscarriage, in almost all cases the pregnancy has produced a subnormal estrogen level which is not associated with increased breast cancer risk. There are current ongoing studies exploring the validity of this theory.

The worldís scientific literature on the subject, (29 of 38 world wide studies, including 13 of 15 American studies) sends a very strong message. Why, then, the deafening silence on the issue by Americaís medical authorities? In fact, there is outright denial of the evidence: Both the 2002 and 2003 issues of ACOGís Compendium of Selected Publications state (page 392 and page 445) "Long term risks sometimes attributed to surgical abortion include potential effects on reproductive function, cancer incidence, and psychologic sequelae. However, the medical literature, when carefully evaluated, clearly demonstrates no significant negative impact on any of these factors with surgical abortion." In the March 2002 issue of Obstetrics and Gynecology Clinics of North America, there is a 10 page review article entitled íRisk factors for breast cancer.î In this article, only the following sentence mentions abortion: íMuch has been written regarding the risk of breast cancer and induced abortion; however, an analysis of current data reveals no relationship of induced abortion to breast cancer risk.î All of this information is obviously contrary to the great majority of published evidence. On this vital issue, organized medicine, for reasons of its own, is apparently willing to ignore, trivialize, or deny the evidence. We find this unacceptable. Womenís health, even their lives, may be at risk.

We urge the ACOG to insist upon the highest standards of scientific integrity in dealing with this body of literature as it pertains to ACOG publications and public statements. Intellectual honesty calls for a thorough reevaluation of these studies by a balanced panel of individuals known for both integrity and skillful scientific analysis. The women whose health we serve deserve no less.

Ultimately, evidence based medicine (and truth) will prevail---but too late for many women who are submitting to their elective abortions without any informed consent regarding breast cancer risk, and with the assurances of many of the leaders in women's health care (and the silence of other leaders) that they need not worry about such risk. If the existing evidence is correct, the physicians who have denied the abortion/breast cancer link, and also those who have conveniently ignored it, will stand guilty of an immense disservice to the women they purport to serve--especially to some of those who subsequently develop breast cancer.
Counselors or doctors dealing with a pregnant woman considering abortion can confidently inform her that:

Interruption of her first pregnancy will remove the protective effect of the first full term pregnancy, and subject her to a small but real increased risk of developing breast cancer in the future.

According to the only study yet published which was specifically funded by the United States National Cancer Institute to investigate the ABC link, (the Daling study), if a woman has a mother, sister, aunt or grandmother with breast cancer, she will increase her chance of getting breast cancer by 80%, is she is under 18, she will double her chance of getting breast cancer, and if both conditions pertain, her risk is much, much higher (12 of 12 in the Daling study). And all these cancers were diagnosed by age 45.

This is not a scare tactic. This is a frightening fact.

75% of the worldís scientific literature on the subject, including 86% of the American scientific literature on the subject, agree with the conclusion that elective abortion results in a significant increase in the risk of developing breast cancer in later life.

Studies which show an increased risk of breast cancer after elective abortion:
Hirohata at al. (1985) Natl Cancer Inst Monogr 69:187-90. Occurrence of breast cancer in relation to diet and reproductive history; a case-control study in Fukuoka, Japan.Å

Studies which did not show an increased risk of breast cancer after elective abortion: