

Statement on Senate Bill 690
“Limited Service Pregnancy Centers -- Disclaimers”

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By
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This statement is **in opposition to SB 690**.

I have read the report by Kleder and Richmond-Crum “The Truth Revealed”, funded by NARAL Pro-Choice Maryland Fund. An assumption of the report is that the medical community has “firmly established no link exists between abortion and the development of breast cancer.” The citation used for this statement is the 1997 Melbye study published in the New England Journal of Medicine. It is true that no increase risk was reported for 1st trimester abortions. However, that study **did** show a statistically significant 38% increase in risk in breast cancer when an abortion was done in the 2nd trimester. Approximately 10% of all abortions in the US are done in the second trimester which last year meant that 120,000 women substantially increased their risk of breast cancer. The report also said these findings were confirmed by the National Cancer Institute (NCI) in 2003. However, as the last section of my testimony will show, the NCI has demonstrated itself to be unreliable in giving the public accurate information due to political pressures and especially in regards to women’s risk of breast cancer from medications such as hormone replacement therapy and oral contraceptives.

As a breast cancer surgeon over the last 25 years I have cared for ever younger women with breast cancer; my youngest was 28 years old. There has been a 40% increase in incidence in breast cancer over my career as well. I have researched the causes of these alarming increases over the past ten years and have become knowledgeable about the reasons for these trends, one of which is induced abortion.

In my testimony I will give established medical facts necessary for informed consent when a woman considers an induced abortion, the normal changes that occur in the breast during pregnancy that account for those facts, how the public policy adopted by other nations have impacted breast cancer incidence, and how the NCI has not been an accurate source for informing the public of many cancer risks, especially in regards to a woman’s risk of breast cancer.

I. Established facts a woman should know when considering an abortion:

A. A woman’s lifetime risk for breast cancer will be lower if she **continues** the pregnancy to term.

A woman who has a full term pregnancy has a lower lifetime risk of breast cancer than a woman who remains nulliparous (without a birth). This is an undisputed fact that would be especially important to a woman with a significant family history of breast cancer or other risks which cause her to be already at increased risk for breast cancer¹.

B. The earlier in life a woman has a full term pregnancy, the lower her risk of breast cancer.

Standard medical texts recognize this fact. Based upon the widely used Gail Risk Model to assess breast cancer risk, which considers the age of a woman's first full term pregnancy as part of the evaluation, a woman who has a pregnancy at age 18 has a greater than 50% risk reduction than if she has her first child at 32². Young women considering abortion especially need this information.

C. Every full-term birth adds to a woman's long-term protection against breast cancer.

Even among women who are older at first childbirth or already have born children, **long-term** risk decreases with each additional full-term pregnancy³. In other words, the induced abortion of any normal pregnancy leaves a woman with a higher long-term risk of developing breast cancer, compared to carrying that pregnancy to term.

D. Through the effect of increasing her risk of premature delivery after an abortion, a woman will increase her breast cancer risk secondarily, as premature delivery doubles breast cancer risk.

Premature delivery before 32 weeks is known to more than double breast cancer risk⁴. It leaves the breast with a greater number of Type 1 and 2 lobules where ductal and lobular breast cancers start respectively. The growth stimulating hormones of pregnancy increase the numbers of cancer vulnerable Type 1 and 2 lobules during early pregnancy. These Type 1 and 2 lobules do not mature in significant number to cancer resistant Type 4 lobules until the last trimester⁵.

The risk of premature delivery following abortion increases with each abortion⁶. A woman's future children after her abortion(s) are also put at increased risk of cerebral palsy due their premature delivery. Women need to be aware that abortion can affect both her breast cancer risk and health of future children. Although African-Americans are about 11% of the population, they account for 38% of all abortions and have the highest premature delivery incidence of 17% compared to the overall population of 12.5%.

II. Data concerning the breast changes with pregnancy.

There are well documented, physiologic changes which occur in the breast with a normal pregnancy and result in a lowering of breast cancer risk for the mother if the pregnancy goes past 32 weeks⁷. This reduction is due to the maturing hormones produced by the fetal-placental unit in preparation for breast feeding.

A lobule is a unit of breast tissue consisting of milk glands and ducts which carry the milk toward the nipple. Prior to a first full term pregnancy, the breast is about 75% Type 1 and 25% Type 2 lobules where ductal and lobular breast cancers form respectively. By the end of the pregnancy, the breast is about 85% fully matured to cancer resistant Type 4 lobules and only 15% immature, cancer vulnerable lobules, thereby reducing the mother's future risk of breast cancer. During a pregnancy the absolute numbers of these lobules also increase as the breast doubles in volume with an increase in number of lobules and a decrease in stroma (the surrounding connective tissue)⁸. A premature delivery before 32 weeks **for any reason**, whether physician-induced or due to an incompetent cervix or any other natural cause, doubles breast cancer risk, because the breast has already responded to the hormones estrogen and progesterone, which are produced by the ovaries in response to fetal-placental secretion of human chorionic gonadotropin (hCG). These hormones cause an increase in breast tissue, Type 1 and 2 lobules, where cancers start⁹. Only after 32 weeks' gestation does the fetal-placental hormones hCG and human placental lactogen (hPL) fully mature the breast lobules into Type 4 making them cancer-resistant. **An induced abortion before 32 weeks**

has the same physiologic effect on the breast and differs from premature delivery only in the fact that the fetus is delivered dead and not alive. Even pregnancies ending after 32 weeks but before 40 week's gestation do not offer the maximal protection afforded by a 40-week pregnancy.¹⁰

This breast physiology explains the independent breast cancer risk that induced abortions cause in addition to the loss of the protective effect the mother could have gained by carrying her pregnancy to term. The longer the gestation before the induced abortion, the higher the breast cancer risk for the mother.

Spontaneous abortions (miscarriages) do not carry the same risk as induced abortions because spontaneous abortions are associated with low levels of the pregnancy hormones needed for breast development because there is an abnormality in the fetal-placental unit which then results in a spontaneous abortion¹¹. Women who spontaneously abort often report having "not felt pregnant" due to these low hormonal levels.

III. Data concerning abortion, breast cancer trends and public policy of nations

In 2007, actuary Patrick Carroll published his study, "The Breast Cancer Epidemic: Modeling and Forecast Based on Abortion and other Risk Factors" in the Journal of American Physicians and Surgeons. He used computerized abortion and breast cancer registries and found the greatest predictor of future breast cancer incidence was a nation's abortion rates.

In the United Kingdom, those countries which have the highest abortion rates also have the highest breast cancer rates.¹² In England where abortion rates are the highest, the incidence of breast cancer is 116 per 100,000, while in Ireland where abortion is rare, the incidence is 97 per 100,000. Scotland is in between England and Ireland in both breast cancer and abortion rates. There has been a 70% increase in the risk of breast cancer in Britain between 1971 and 2002. Romania had one of Europe's lowest breast cancer rates while abortion was illegal there under Ceausescu. Since his execution and the legalization of abortion, breast cancer rates have risen and now Romania has one of the highest breast cancer rates in the world. In China, the enforcement of a one child policy, which includes using abortion, occurred with a subsequent 40% increase in breast cancer rates. In the United States, subsequent to the legalization of abortion in 1973, there has been a 40% increase in the risk of breast cancer over the last 30 years. On a smaller scale in the U.S., Washington State breast cancer rates in black women were seen to rise after state funding of abortions by impacting abortion availability to poor black women¹³.

IV. Regarding relying on the authority of the U.S. National Cancer Institute (NCI)

The February 2003 "Workshop on early reproductive events and breast cancer" which was initiated by the NCI did conclude that there was no association between abortion and breast cancer¹⁶, save for one dissenter who wrote a minority report, which is available at www.bcpinstitute.org. However, as a governmental agency, the NCI has a demonstrably poor record regarding timely warnings to the American public about cancer risks. For example, in 1928, a British journal reported a study linking cigarettes with lung cancer. Yet many decades passed before the NCI strongly supported that link which impacted the economies of its Southern tobacco-producing states as well as the health of the American public. In fact, it was only after the 1964 US Surgeon General's report link cigarettes to lung cancer that the NCI acknowledged a link.

In regard to breast cancer, there were data in the literature supporting links between estrogen-progestin combination drugs (those found in hormone replacement therapy [HRT] and oral contraceptives [OCP]), and increased breast cancer risk for over 20 years¹⁷. However, it was not until 2002 that the public became widely aware of those studies on HRT through the popular press coverage of the Women's Health Initiative study published by the British journal *Lancet* that year¹⁸. Similarly, it was a full year after the World Health Organization's (WHO) International Agency for Research on Cancer (IARC) published a report in *Lancet Oncology* before the NCI acknowledged on its web site that OCPs increase breast cancer risk¹⁹. Yet there has been no public warning to the 75% of American women who have taken OCPs by the NCI other than a web posting on May, 4, 2006. It has been 50 years since the first study linking abortion to breast cancer was published in 1957²⁰. Before 1999, when the abortion-breast cancer debate had become even more prominent in the public arena, there were 17 statistically significant studies linking abortion and breast cancer which remained largely unknown to both the lay public and professional medical community. In fact, 13 out of 14 epidemiological studies on American women then in the published record showed increased risk among women who had had any induced abortions²¹. The failure of the NCI to warn the public about the abundant published evidence of abortion's links to breast cancer is particularly striking in light of the fact that abortion is one of the most common elective procedures performed on women.

There have been serious ethical problems at the National Institutes of Health and the NCI. It has recently been demonstrated that scientists working on grants from the National Institutes of Health (of which the NCI is the largest institute) are not immune to economic and political pressures. A recent study in the British journal *Nature* revealed that, questioned anonymously, more than 15% of NIH grant recipients, admitted to scientific misconduct in the form of "changing the design, methodology or results of a study in response to pressure from a funding source"²².

Based on this testimony, I urge an unfavorable report.

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