



Coalition on Abortion / Breast Cancer

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COALITION ON ABORTION/BREAST CANCER OPPOSES SO-CALLED “REPRODUCTIVE HEALTH AND ACCESS ACT”

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The Coalition on Abortion/Breast Cancer strongly opposes HB 6205 (Currie-D), the so-called “Reproductive Health and Access Act,” and urges all members of the Illinois General Assembly to vote No on this bill and to publicly oppose the bill, in part, for the following reasons.

HB 6205 establishes a dangerous “fundamental” right to an abortion and requires public schools to teach “comprehensive sex education,” which generally includes information on contraceptives including oral contraceptives. Abortion and oral contraceptives raise a woman’s risk for breast cancer. The Institute of Medicine lists abortion as a risk factor for premature birth. [7]

ABORTION

Standard medical texts acknowledge a significant risk reduction associated with childbearing. Abortion results in the loss of this protective effect. Medical texts say that the longer a woman delays a first full term pregnancy, the greater her breast cancer risk is. A first full term pregnancy matures 85% of her immature, cancer-susceptible breast lobules into permanently cancer-resistant lobules. [1] Every additional full term pregnancy further reduces her risk by 10%. Breastfeeding reduces risk in proportion to the number of months she breastfeeds.

Dr. Lynn Rosenberg (Boston University Medical School), an expert witness for abortion providers in a 1999 lawsuit against the State of Florida, testified under oath that the 15-year-old, who has an abortion, has a greater breast cancer risk than does the one who has a baby (due to the effect of delayed first full term pregnancy). [2] The pregnant teenager or young woman has a right to this information from her doctor. Two Americans, who had abortions as minors, successfully sued their doctors (in liberal jurisdictions) for failing to warn about the risks of breast cancer risk and emotional harm. [3]

Abortion further raises breast cancer risk by leaving the breasts with more places for cancers to start (known as the “independent link”). Eight medical groups acknowledge this risk. Three studies last year from the U.S., China and Turkey confirmed the independent link between abortion and breast cancer and reported statistically significant risk increases for women with abortions. [4,5,6] The authors of the Turkish study wrote, *“Therefore, similar to our findings, the majority of the studies reported that induced abortion was associated with increased breast cancer risk.”* [6]

In a study last year on women from the Seattle area, **National Cancer Institute branch chief Dr. Louise Brinton admitted that abortion raises breast cancer risk.** Brinton is Chief of the Hormonal and Epidemiology Branch at the National Cancer Institute’s Division of Epidemiology and Genetics. In their 2009 study, lead author Jessica Dolle, Louise Brinton and their colleagues at the Fred Hutchinson Cancer Research Center reported: 1) a statistically significant 40% increased risk for women who’ve had abortions; 2) that **users of oral contraceptives before age 18 multiply their risk of a deadly form of breast cancer - triple-negative breast cancer - by 3.7 times**; and 3) that recent users of oral contraceptives multiply their risk of triple-negative breast cancer by 4.2 times. Triple-negative breast cancer occurs most often in women under age 50 and African Americans. The authors said unequivocally, *“Specifically, older age, family history of breast cancer, earlier menarche age, induced abortion, and oral contraceptive use were associated with an increased risk for breast cancer. Risk was decreased in relation to greater number of births and younger age at first birth.”* [4]

Abortion raises breast cancer risk in a third way. **The Institute of Medicine lists abortion as a risk factor for having a premature birth later in life.** [7] **Four studies show that premature birth before 32 weeks gestation increases the mother’s risk for breast cancer.** [8-11] No scientists challenge these findings. An early premature

birth (before 32 weeks) raises breast cancer risk for the same reasons that abortion raises breast cancer risk - by leaving the breasts with more places for cancers to start. The hormonal and structural changes to the breasts are identical whether the mother aborts or has an early premature birth.

More than one hundred studies report increased risk of premature birth for women with abortions. Last year, three systematic reviews and meta-analyses confirmed higher risks of preterm birth for women with abortions. [12-14] There are no published systematic reviews and meta-analyses showing that prior induced abortions do not elevate preterm birth risk. **Premature birth before 37 weeks gestation puts babies at increased risk of cerebral palsy, mental retardation, epilepsy, difficulties walking, seeing and hearing, etc.**

ORAL CONTRACEPTIVES

As stated above, oral contraceptive use is associated with a four-fold increased risk of the deadly triple-negative breast cancer. [4] In 2006, **the World Health Organization assigned combined (estrogen & progestin) oral contraceptives the highest level of carcinogenicity - Group 1** (on the same list as tobacco and asbestos). [15] A Mayo Clinic meta-analysis found the use of oral contraceptives before first full term pregnancy increases the risk of pre-menopausal breast cancer by 44%. [16]

“Reproductive Health” is a dangerous and scandalous euphemism that is putting many women’s genuine overall “health” at serious risk. Please vigorously and publicly stand for women’s health by opposing HB 6205.

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- See also:
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