

# FACT SHEET ON THE ABORTION-BREAST CANCER LINK

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Coalition on Abortion/Breast Cancer  
<http://www.AbortionBreastCancer.com>

**A. Three breast cancer risks are associated with abortion.** Two risks are recognized risks. Only one risk is contested – the independent link.

**1. Abortion causes women to lose the protective effect of a full term pregnancy.**

Standard medical texts acknowledge that the younger a woman is when she has her first full term pregnancy, the larger her family is, and the longer she breastfeeds, the lower her breast cancer risk is. *A first full term pregnancy matures 85% of the mother's cancer-susceptible Type 1 and 2 breast lobules into fully cancer-resistant Type 4 lobules.* [1]

Every full-term pregnancy affords additional protection against breast cancer by maturing more breast tissue into cancer-resistant tissue. Hence, every abortion of a viable pregnancy leaves a woman with a higher long-term risk of breast cancer compared to not having the abortion, the only reasonable and ethical standard for informed consent.

The U.S. National Cancer Institute acknowledges the protective effect of childbearing, but it contradicts itself by denying a link between abortion and breast cancer. [2]

**2. Abortion further raises breast cancer risk by leaving the breasts with more places for cancers to start ("the independent link").** Eight medical organizations recognize this effect. [3] *It is the only contested breast cancer risk associated with abortion.* Biological, epidemiological and experimental research provides support for the independent link.

**a. Biological Evidence** – Nearly all of the childless woman's breast lobules consist of cancer-susceptible Type 1 and 2 lobules (tissue containing a milk duct and milk producing glands) where 95% of all breast cancers are known to arise. In a normal pregnancy (not most miscarriages which tend to be abnormal pregnancies), the mother's estrogen level increases 2,000% by the end of the first trimester. Estrogen, a hormone and a carcinogen, causes her breasts to grow by stimulating her lobules to multiply. She, therefore, develops an increased number of cancer-susceptible Type 1 and 2 lobules.

In the last months of pregnancy, another process called differentiation helps protect the mother from estrogen overexposure. Pheromones produced by the fetus (human chorionic gonadotropin and human placental lactogen) mature her lobules into cancer-resistant Type 4 lobules. By mid-2<sup>nd</sup> trimester, 70% of her lobules are Type 4 lobules, but 30% remain cancer-susceptible. *The longer she is pregnant before she aborts, the more places she has for cancers to start and the greater her breast cancer risk is.* [4] By 32 weeks gestation, she has developed a sufficient number of Type 4 lobules for her breast cancer risk to decline sharply and for her to acquire 90% of the protective effect of a full term pregnancy. If she carries her pregnancy to term, 85% of her lobules will be cancer-resistant Type 4 lobules containing colostrum. [1]

*Either a premature birth before 32 weeks gestation or an abortion before 32 weeks gestation increases her breast cancer risk because she has not matured enough Type 1 and 2 lobules (which increased in number during the first two trimesters) into cancer-resistant Type 4 lobules.* [5-8] *She is left with more places in her breasts for cancers to start. The most cancer-vulnerable time in a woman's life takes place between the onset of menstruation and a first full term pregnancy.*

By contrast, most miscarriages (also called "spontaneous abortions") do not increase breast cancer risk. Most miscarriages are abnormal pregnancies that take place in the first trimester. Angela Lanfranchi, MD of the Breast Cancer Prevention Institute explained, "Early spontaneous abortions in the first trimester are the result of pregnancies that have lower hormone levels, so that the breasts do not enlarge and create the additional lobules that are at risk for subsequent cancer formation. Either the mother's ovaries or the fetal placental unit fails to produce enough hormones to sustain the pregnancy." [9]

**b. Epidemiological Research** – In 1996, Professor Joel Brind of the Breast Cancer Prevention Institute and his co-authors at Penn State conducted a scientific review and meta-analysis of 23 studies. [10] They found 18 studies that reported risk increases among women who had abortions. They reported a 30% risk increase for women who have abortions after the birth of a first child and a 50% risk increase for women who have abortions before the birth of a first child.

Valerie Beral and her colleagues published a review in the British journal *Lancet* in 2004. [11] The Beral paper (Beral et al. 2004) only examined the contested breast cancer risk (the independent link). Although its authors conceded the recognized risk of abortion—the loss of the protective effect of childbearing—they did not estimate the TOTAL risk of abortion (independent link + loss of the protective effect of childbearing). Its authors conceded that childbearing reduces breast cancer risk. Beral et al. did not compare groups of women who were physiologically the same. They should have compared pregnant women who aborted to pregnant women who carried their pregnancies to term. Instead, they compared the effect of aborting with the effect of not having had that pregnancy. Pregnancy brings about permanent changes in the structure of the breasts. Pregnant women who choose abortion should be compared to pregnant women who give birth after a full term pregnancy. Beral et al. used unscientific reasons to exclude 14 peer-reviewed, published studies that reported risk increases for women who had abortions. The Beral review has been severely criticized for its flaws in at least five medical journals. [12-16]

In 2005, Dr. Brind authored a review of 10 recent studies for the *Journal of American Physicians and Surgeons*. [17] These studies have been widely used by the abortion industry to deny an independent link between abortion and breast cancer. He identified serious methodological problems in the 10 studies and said that they cannot be used to discredit the much larger body of research that supports an independent link between abortion and breast cancer. *Importantly, no experts have ever challenged his conclusions, although the journal welcomes such letters.*

Scientists from Harvard (Michels et al. 2007) [18] and Oxford (Reeves et al. 2006) [19] have also published studies in an attempt to deny the independent link, but Dr. Brind followed up by demonstrating in two medical journals that these studies are also seriously flawed. [20,21] More recently, the authors of the California Teachers Study (DeLellis Henderson et al. 2008) [22] claimed that “neither induced abortion nor miscarriage is associated with breast cancer risk.” Dr. Brind publicly accused the authors of authoring a “fraudulent study.” [23] Nearly one in five women with breast cancer in the study were counted as not having breast cancer. Brind’s critique of the study is not yet published.

In 2007, Patrick Carroll, a British statistician and actuary, reported that abortion is the “best predictor” of breast cancer rates in eight European countries (including the U.K.), and fertility is also a useful predictor of those trends. [24,25] Carroll demonstrated that he could predict future breast cancer cases for England and Wales for the years 2003 and 2004 with nearly 100% accuracy by using abortion rates and, to a lesser extent, fertility rates in his mathematical model.

**c. Animal Research** - Research by Russo and Russo showed that 77.7% rats given abortions and subsequently exposed to a carcinogen developed breast cancers, but 66.7% of similarly exposed virgin rats and 0% of the rats with pups developed the disease. [26]

**3. Abortion increases the risk of premature birth, and a premature birth before 32 weeks of pregnancy increases breast cancer risk.** The Institute of Medicine lists abortion as a risk factor for premature birth. [27] A premature birth before 37 weeks of pregnancy increases the baby’s risk of cerebral palsy. [28] Epidemiological research shows that a premature birth before 32 weeks of pregnancy increases the mother’s breast cancer risk. [5-8] Premature birth before 32 weeks gestation raises breast cancer risk for the same biological reasons that an abortion does—by leaving the mother with more places in her breasts for cancers to start. The hormonal changes to the breasts are identical in both circumstances. Thus, the link between premature birth and breast cancer provides additional support for an independent link between abortion and breast cancer.

**B. Medical Malpractice Lawsuits** – Two U.S. women in liberal jurisdictions (Portland, Oregon and Philadelphia County, Pennsylvania) and three Australians have successfully sued their abortion providers for having failed to inform them about the risks of breast cancer and emotional harm. [13] In the U.S. lawsuits, both women were childless minors at the time of their abortions. Both sued their abortionists once they became adults. Fortunately, neither woman has developed breast cancer at this time. Hopefully, they never will, even though their abortions put them at increased risk.

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