

January 20, 2010

President Barack Obama
The White House
1600 Pennsylvania Ave., NW
Washington, D.C. 20500

The Honorable Harry Reid
U.S. Senate
528 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Nancy Pelosi
Office of the Speaker
U.S. House of Representatives
H-232, U.S. Capitol
Washington, D.C. 20515

The Honorable Mitch McConnell
U.S. Senate
361-A Russell Senate Office Bldg.
Washington, D.C. 20510

The Honorable John Boehner
U.S. House of Representatives
1011 Longworth H.O.B.
Washington, D.C. 20515

Regarding: National Cancer Institute Misconduct and the Abortion Mandate in Health Care Reform

Dear Mr. President, Senator Reid, Senator McConnell, Representative Boehner and Representative Pelosi:

The purpose of this letter is twofold. First, we ask you to protect women's health by removing public funding for abortion from all legislation being considered by this Congress because a large body of research supports abortion as a risk factor for breast cancer. Second, we ask Congress to exercise its proper oversight authority and investigate the U.S. National Cancer Institute's failure to protect American women by issuing timely warnings about breast cancer risks.

Even as our national attention is presently focused on the devastation in Haiti and the prevention of further loss of life in the face of the tens of thousands already lost, we urgently bring to your attention the fact that the lives and health of thousands of women here in the US are each day unnecessarily put at risk from breast cancer, in part due to confusing and conflicting messages from our own National Cancer Institute (NCI).

This past year, three new studies appeared in the peer-reviewed literature reporting a significant link between induced abortion and subsequent risk of developing breast cancer, one in Turkey¹, one in China² and one in the US³. The American study (the main focus of which was actually the association between oral contraceptives and breast cancer) was co-authored by Dr. Louise Brinton, Chief of the Hormonal and Reproductive Epidemiology Branch in the NCI's Division of Cancer Epidemiology and Genetics, and the study reported an overall, statistically significant risk increase in breast cancer risk of 40% among women under age 45 in the Seattle, WA region. Induced abortion was listed among "known and suspected risk factors" under investigation in the Seattle study, and the observed risk elevation found was matter-of-factly reported to be "consistent with the effects observed in previous studies on younger women." In fact, this same population of women provided the basis for earlier reports by the same research team to report similar data in 1994⁴ and 1996⁵, just as the majority of worldwide studies has reported since as far back as 1957⁶.

In stark contrast, the website of the NCI continues to claim that it is "well established" that "induced abortion is not associated with an increase in breast cancer risk." This conclusion is stated in the "Summary Report" of the "Early Reproductive Events and Breast Cancer Workshop" (<http://www.cancer.gov/cancertopics/ere-workshop-report>) to which report the reader is referred from the NCI "Fact Sheet" on abortion and breast cancer risk (<http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>). The "workshop" was held by the NCI in February, 2003, and, contrary to the NCI Director's claim at the time that the workshop would comprise a "comprehensive review" of extant and current data on the issue of abortion and breast cancer, presentations on the issue were one-sided, i.e., they were made only by those supporting the conclusion of no association, no review of extant data was conducted and invited expert participants were explicitly prohibited from reviewing current data. (A full video record

of the public portions of this meeting is available in the video archives of NCI meetings on the NCI website: <http://videocast.nih.gov/PastEvents.asp?c=0&s=3611> and =3601.)

At the “workshop,” most established findings concerning reproductive risk factors for breast cancer were ratified by the participants, most notably the risk lowering (i.e., protective) effect of full-term pregnancy. This very conclusion stands in direct contradiction of the finding of no association of induced abortion and breast cancer, because abortion prevents pregnancy from going to term, thus abrogating the protective effect and leaving a woman with a greater long-term breast cancer risk than if she chooses not to abort the pregnancy. A woman’s lifetime risk for breast cancer will be lower if she continues the pregnancy to term. The earlier in life a woman has a full term pregnancy, the lower her risk of breast cancer. Every full-term birth adds to a woman’s long-term protection against breast cancer. 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 risk⁷. The risk of premature delivery following abortion increases with each abortion⁸. 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%. The comparison of risk of serious disease after a medical or surgical intervention with the risk associated with not having the intervention (in this case, allowing the pregnancy to go to term) forms the basis of obtaining informed consent for medication or procedure, by any standard of medical ethics. It is also telling that the detailed dissenting opinion of one of the 100 invited expert participants is only referenced on the workshop’s “Summary Report” with a small quotation there from, and no citation to enable readers to consult the full “minority dissenting comment” (available at: http://bcpinstitute.org/nci_minority_rpt.htm).

The NCI web page on the 2003 workshop has just been updated on January 12, 2010, in accordance with what the page describes as a “Regular Evidence Review”. As a result of this review, the page now includes the claim that “the evidence overall still does not support early termination of pregnancy as a cause of breast cancer.” In the face of the recent publication of results to the contrary (as noted in the second paragraph of this letter) reported by an NCI Branch Chief, Dr. Brinton, this appears disingenuous. Dr. Brinton herself was the chief organizer of the 2003 NCI workshop. Until the January 12, 2010 revision of the workshop report web page, there was no review or revision to the page since May of 2003. It seems hardly coincidental that the only revision—a reiteration of the earlier, contradictory finding concerning induced abortion—was made only after at least one press inquiry to the NCI was made on January 8, 2010 (<http://www.theglobeandmail.com/blogs/bureau-blog/was-maurice-vellacott-right-about-abortion/article1424760/>). There have been many advances in scientific knowledge regarding reproductive risks of breast cancer in the past seven years.

The link given on the NCI workshop “Summary Report” page for “regular updates” also contains outdated information on the risk of breast cancer related to oral contraceptive use. Specifically, the page (http://www.cancer.gov/cancertopics/pdq/prevention/breast/HealthProfessional/page3#Section_280) implies no significant risk increase, citing a paper from 2002, even though the 2009 report co-authored by Brinton³ reports, as its most significant finding, a more than fourfold increased risk of triple-negative breast cancer among women under 40 who used oral contraceptives for more than one year. The authors inferred “a distinct etiology” (i.e., drew a causal inference) from this observation of a strong and specific association, yet the NCI has yet to update its web page to reflect this finding which was published nine months ago, as well as other recent evidence of the cancer-causing potential of oral contraceptive steroids.

The evidence is overwhelming that the NCI is in direct conflict with its own mission. The NCI is not providing accurate information that would permit women making choices about contraception and abortion to avoid the dangers of the increased risk posed by these exposures, even though they are reported by one of NCI’s top scientists in the field.

Through it all, however, Congress and the Administration appear unmovable in passing legislation that would guarantee that the federal government will provide funding for the continuation and expansion of abortion and hormonal (i.e., steroidal) contraception. But as all credible public opinion polls now attest, the present Administration and Congress are swimming against an ever strengthening tide of public opinion. The latest revelations about conflicting messages being broadcast over the internet by the NCI versus quietly appearing in the pages of medical journals are finding greater receptivity among a public recently awakened by “Climategate” revelations about the lack of scientific integrity in high places on the one hand, and the “systemic failure” of large federal agencies to accomplish their missions on the other. The

high prevalence of scientific dishonesty in NIH research was even recently documented in the prestigious peer-reviewed journal *Nature*⁹.

The political consequences to the present leaders in the Administration and the Congress are unfolding clearly enough in front of us, and these concern us only to the extent that you will see the necessity to change course according to the will of the people. But our concern is life; lives saved or lives lost as a result of public policy changes that will impact Americans for many years. The current legislative track of health care reform, by increasing access to and public funding for ever more abortions will assuredly only magnify the quiet catastrophe that has consumed millions of American children and women over the last four decades.

In the strongest possible terms, therefore, we request that any public funding of abortion be removed entirely from all legislation being considered by this Congress and that Congress also exercise its proper oversight authority and investigate the role of the NCI in communicating information about breast cancer risks to the American public.

Respectfully,

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***Additional signatories are listed on page 4.**

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ADDITIONAL SIGNATORIES

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Chris Kahlenborn, MD, President, Polycarp Research Institute
Leonard P. Ryback, MD, Ph.D., President, Catholic Medical Association
Gerard Nadal, Ph.D., Molecular Biologist, Coming Home
John Koehler, MD, CEO & Medical Director, Physicians Immediate Care; Board Member, Illinois Family Institute
Margaret H. Hartshorn, President, Heartbeat International
Georgette Forney, Co-founder, Silent No More Awareness Campaign
Patricia McEwen, Ph.D., Director, Life Coalition International
Rev. Johnny Hunter, National Director, Life Education and Resource Network, Inc.
Alveda King, Director of African American Outreach, Priests for Life
Janet Morana, Executive Director, Priests for Life
Rev. Thomas Euteneuer, President, Human Life International
Melanie Freimuth, President, Human Life Alliance
Christopher Bell, President, Good Counsel
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Stephen E. Broden, Senior Pastor, Fair Park Bible Fellowship
Jennifer S. Giroux, Executive Director & CEO, One More Soul
Mrs. Rivers Teske, Founder, Hidden Choices.com
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