

CHAPTER 24

BREAST CANCER

*There is an ominous relationship
between abortion and later
development of breast cancer.*

Is this proven?

No, but there is a very close correlation that has been demonstrated in a large number of scientific studies. If further studies continue to demonstrate this, and no other definitive cause is found, it is highly likely that this will some day be seen as a cause and effect.

Is breast cancer increasing?

According to the American Cancer Society, in 1962 there were 63,000 cases.

In 1972, 90,000

In 1982, 120,000

In 1992, 180,000

Since then, the numbers have not increased.

Perhaps some of the above is attributable to better diagnoses with mammograms, etc. Even so, the increase is dramatic. In 1960, one woman in fourteen developed breast cancer. Today, it is almost one in eight.

There are certain other risk factors, are there not?

Major risk factors that are well recognized are:

- family history in first degree relatives
- early onset and late cessation of menstruation
- being female (male breast cancer, while rare, has not increased)
- nulliparity, i.e., not being pregnant.

There are other suspected risk factors?

Yes, diet is one. It is postulated that a high fat diet may contribute. Toxic chemicals, pesticides and pollutants have been suggested, as have lack of anti-oxidants in the diet. Alcohol, smoking and drugs may be implicated. Electromagnetic fields, such as living under high tension wires or being exposed to electronic display boards have been suspected. Certain genes may predispose. None of these, however, has been proven.

Contraceptive pills have been implicated. In the overall, however, 60% to 70% of all breast cancer occurs in women who do not have any of the classic risk factors.

Does pregnancy protect?

Yes, definitely. Women who have never been pregnant have twice the risk of breast cancer compared to those who have had children. Women who delay their first pregnancy into their thirties have almost a doubled risk of breast cancer compared to those who have babies in their late teens or early twenties. It is also possible that breast feeding may add another protective effect, but there is no real proof of this.

B. MacMahon et al., 1970
Bull. Wld. Hlth. Org., 43:209-21

J. Brind et al., "Induced Abortion as an Independent Risk Factor For Breast Cancer A Comprehensive Review & Meta Analysis"
J. Epidemiol Community Health, 1996

When was abortion first suspected as a cause?

Dr. M. C. Pike, at the University of Southern California in 1981, published the first serious scientific study that demonstrated a direct association of induced abortion with later breast cancer. He studied 163 women who developed breast cancer before age 33 and compared them with 272 controls. He showed that if a woman had aborted her first pregnancy, her chance for developing breast cancer was increased by a factor of 2.4 times.

Pike MC, Henderson BE, Casagrande JT, Rosario I, Gray CE (1981) *Brit. J. Cancer*; 43:72-6.

Give me other definitive studies.

Certainly one of *the* definitive studies was by H. L. Howe. Her study was done in upstate New York using official statistics from the New York State Health Department. This was an excellent study by epidemiologic standards and was not subject to any kind of recall memory bias from people asked in questionnaires. It used only hard data. She investigated all the women in this area who developed breast cancer under age 40 and checked to see whether or not they had had abortions. The conclusion was that women who had aborted their first pregnancy had a 1.7 times increased risk of breast cancer. Those who had gone on to abort their second and/or third pregnancy had a 4.0 times increased risk.

Howe HL, Senie RT, Bzduch H, Herzfeld P (1989) et al., *Int. J. Epidemiol.* 18:300-4.

Another was in Washington State: Few studies on this issue receive media attention. This went worldwide and broke the de-facto embargo on reporting the abortion-breast cancer link. Janet Daling did a very professional study that could not be discounted. It found:

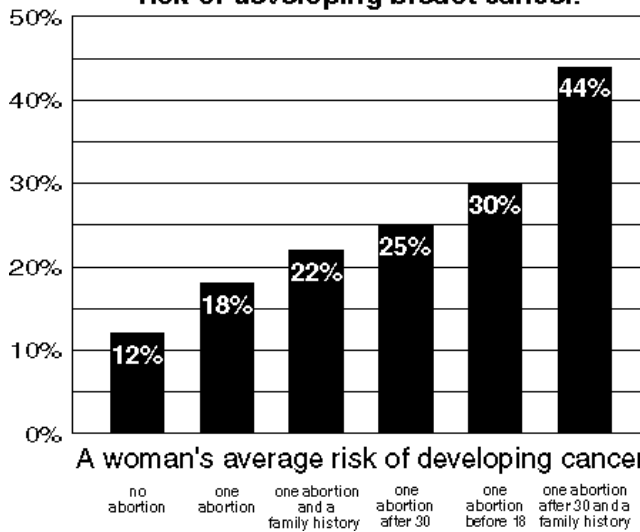
- An induced abortion raises a woman's chance of

getting breast cancer before age 45 by 50%. If done before age 18, it increases 150%; if after age 30, it's up 110%.

- A woman with a family member with breast cancer who had her first abortion after 30 years increased her risk 270%.
- All 12 women in the study with a family history of breast cancer, who aborted before age 18 — *all 12* — got breast cancer before age 45.

J. Daling, Risk of Breast Cancer Among Young Women, J. Nat. Ca. Inst., Vol. 86, No. 21, 11/2/94, pg. 1584

How much abortion increases a women's risk of developing breast cancer.



Other studies done since then include:

Greece: An overall increased risk of 51% was reported in women who had abortions, compared to those who did not. It involved 850 patients in Athens.

L. Lipworth, *Int. J. of Cancer*, April '95

U.S.A.: A statistically significant increased risk for

breast cancer of 23% was shown to be attributable to induced abortion. For women over 60 years, the risk was 80%.

P. Newcomb et al., *Preg. Termination & Risk of Breast Cancer*,
JAMA 1/24/96, Vol. 275, No. 4, pg. 283

For a thorough explanation of the Newcomb study above, see *Natl. RTL News*, 2/6/96, by J. Brind.

Paris: “Having at least two abortions is associated with an increased breast cancer risk of 2.1 times.”

N. Andrieu, *Role of Genetic & Repro. Factors in Br. Ca.*,
Genetic Spidem. 11 (3): 285, 1994

By mid 2002, “out of 37 independently published studies, 28 show a causal connection, Of these, 17 provide positive associations that reach statistical significant, a 95% certainty.”

Joel Brind, Breast Cancer Prevention Institute

Has anyone investigated recurrences of previously treated breast cancer?

Yes, Dr. H. Ownby did this in 1983. This was a study of women who had breast cancer that had been treated and gone into remission. Ownby studied how many of these developed a recurrence of their cancer. His research showed that among women who had carried their first pregnancy to term, 10% had a recurrence of their cancer within three years. Of those women who had aborted their first pregnancy, 20% had a recurrence. Among those who had aborted their second and/or third pregnancy also, 30% had recurrences.

H. Ownby, *Interrupted Pregnancy Poor Prognosis . . . in Breast Cancer*,
1983

Breast Cancer Res. Treat. 3:339-344

How about the aggressiveness of the tumor?

In 1991, H. Olsson studied the aggressiveness of, and the propensity to metastasize of diagnosed breast

cancer. His study showed that if she had aborted her first pregnancy and later developed breast cancer, her cancer was more aggressive and more quickly lethal than cancers among women who had carried their first pregnancy to term.

A marker gene associated with breast cancer, *INT2*, was shown to be eighteen times higher among those who had aborted than among normal women.

H. Olsson et al., *Cancer* 67:1285-90.

Are there ethnic differences?

Two studies have investigated this. In 1978, Choi investigated the difference between groups of Protestant and Catholic women in Canada and found that the Protestant women had more breast cancer. Helmrich, in 1981, investigated the difference between Jewish and Catholic women and found that there was more breast cancer among the Jews. Does this mean a difference due to ethnicity? Or could it be that the Catholic women had fewer abortions? Certainly no conclusions can be drawn, but this may be a bit of circumstantial evidence.

N. Choi, *An Epidem. Study of Br. Ca.*,

Am. J. Epidemal. 107:510, 1978

S. Helmrich, *Risk Factors for Br. Ca.*,

Am. J. Epidemal. 117, 35-45

Are there differences in economic classes?

There were two studies done in the state of Washington that are suggestive but again offer no hard proof. That state legalized abortion in 1969 by state referendum. For the first 5 years it did not pay for welfare abortions, then, in 1974, the state began to pay for welfare abortions. Bearing this in mind, the following has been shown.

Women of higher social economic status who were aborted had an increase in breast cancer which then leveled off. Poor women did not experience a similar rise in breast cancer until 5 years later when their incidence rose up to the plateau earlier achieved by the rich.

There was a similar study by Krieger in 1990 in

California showing similar results.

Choi '78, Denesa '80, Kelsey '81, Lowe '70, Krieger '90

If induced abortion is a problem, does spontaneous loss carry the same risk?

Early on, some thought yes, but more recent studies have shown dramatically lower levels of female hormone in those who miscarried, as compared to those who had induced abortions. Among these studies were ones by B. Witt, Tulane Med. Sch., in 1990; a study in the *Br. J. OBGyn.* in 1976; one by D. Stewart, U. of CA Davis in 1993; one by A. Guilloume in NY City, and the well known one by Janet Daling in '94. All have shown that miscarriages are not associated with an increased risk.

What of breast feeding? If pregnancy is protective, does it add further protection?

It would seem logical that this would be so. If maturation of the breast is what causes the protection, and if lactation in any way completes the maturing of the milk glands, then logically breast feeding should be an additive protective factor. In fact, sufficient studies have not been done on this, so we cannot draw any firm conclusions. But a collaborative re-analysis from 47 studies in 30 countries was done with 50,302 women with breast cancer and 96,973 without. It concluded: "If women in developed countries had 2 to 5 children, on average, but breast fed each child for 6 months longer than they currently do, about 25,000 (5%) breast cancers would be prevented. If each child were breast fed for an additional 12 months, about 50,000 (11%) might be prevented."

Collaborative . . . on Breast Cancer . . ."
the *Lancet* Vol. 360, No. 9328, 20 July, 2002

What about differences between the African-American and white races?

There have been two studies out of Howard University in Washington, DC that have addressed this issue. They are the first ones to compare races. Laing found that black women who had aborted had an increased incidence of breast cancer, the increase centering largely among women over 50 years old. He also found an increase in breast cancer among black women who used birth control pills, but not after spontaneous miscarriage, which was called a “protective factor.”

A. Laing, *Br. Ca. Risk Factors in African-American Women*,
J. Nat. Med. Assn., Dec. '93, Vol. 85, No. 12, pg. 931

Is this a genetic ethnic difference, or might there be another explanation? It is difficult to ignore the fact that black women in the United States, where this study was done, have three abortions for every one that their white counterparts have. A high percent of these abortions cluster in the teen years which, by definition, means many of them are first pregnancies. If abortion is a causative factor, and if black women have three times as many abortions as white women, then it would seem logical that they should have a higher incidence of breast cancer, which in fact they do.

Sadly, black women die almost twice as often from breast cancer as whites.

Eley et al., *Racial Differences in Survival*,
JAMA 9/28/94, Vol. 272, No. 12, pg. 947

This study found a relatively increased risk of 50% up to age 40, increasing during the 40s to 180%, and to 370% to women over 50 years of age.

What about diet? It has been suggested as a causative factor.

Yes it has. *Time* magazine, in 1994, devoted the major subject matter of one issue to this, strongly sug-

gesting that a high intake of fat and red meat might increase the incidence of breast cancer. It is a fact that the female hormone implicated in breast cancer, estrogen, is stored in fatty tissue. Therefore, obese women may be at greater risk. The concern, however, is not about obesity, as such, but rather about dietary intake.

Again, there is no proof. But it is interesting to note that the breast cancer rate in Japan has gone up sharply, and it has been suggested that, with their increased standard of living, it is due to their increasing consumption of red meat and fatty foods. In the U.S. the breast cancer rate has also gone up sharply, and this has continued during the last decade or two during which time the intake of red meat and fat has decreased sharply. We could compare to a third nation, the Soviet Union before its opening to the West. There the abortion rate rose even faster, but there the intake of red meat and of fat was minimal. To draw a conclusion is unscientific, as other factors undoubtedly play a part, but, if fat is causative, one might surmise that it has gone up in Japan because they have increased such dietary intake; that it has gone up in the U.S. because of a decrease in this dietary intake, and that it went up even higher in the former Soviet Union because of a near deficiency of these dietary factors.

Can stress cause breast cancer?

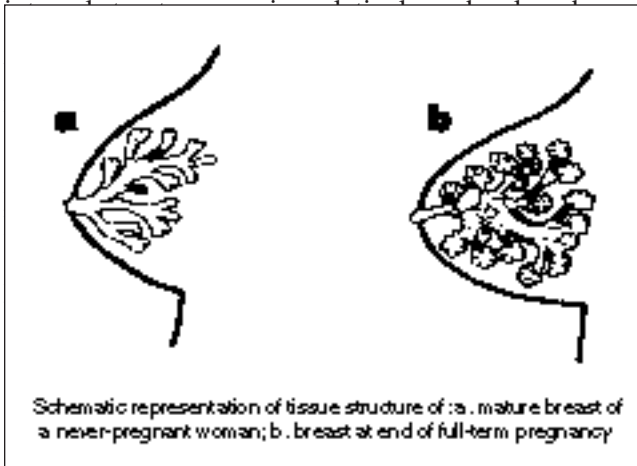
Investigators at the University of Wisconsin have found no link at all. "Although women with breast cancer often attribute it to stress or depression, we found no evidence of such an association." They followed 617 without and 258 with cancer for 5 years.

These studies on the association of abortion with breast cancer are rather convincing. But if they are true, how do you explain the mechanism of the development of this cancer?

This is best understood by looking at the female breast in three different phases of maturity:

Immature Phase: This is the 5-year-old girl whose breast, under the microscope, is indistinguishable from that of her 6-year-old brother. Her brother's breast never matures. Hers will.

Nulliparous Adult Stage: During adolescence there is a flood of female hormones which cause her breast to grow in size and shape. To external appearances her breast is mature but it cannot yet produce milk, and the



So what has this to do with later cancer?

Perhaps a lot. We don't know all the causes that trigger the growth of cancer but we call such causes carcinogenic agents. We know that the immature breast cells are relatively resistant to such agents. We know that, after the first phase of growth, the cells are more susceptible and that, after a pregnancy and full maturation, the cells are again more resistant.

In early pregnancy there is a rapid growth and change of these cells. If this is suddenly interrupted, the breast is left with many transitional cells in a state of change, half-way between immature and mature cells in intermediate stages. It is thought that these cells are more unstable and less resistant to carcinogenic insult — to the triggering of cancer.

What if she has a baby and then aborts the next one?

Studies show an increased risk — but a lesser one.

If all of this is true, how many women will actually die of breast cancer?

There are approximately 1.4 million induced abortions annually in the United States. Over half, or 750,000 of these, are first pregnancies. At a conservative estimate, one in ten of these women will get breast cancer — this is 75,000 cases. About one-fourth of those who develop breast cancer, that's 18,750 women, will die from the disease.

If, in fact, abortion of her first pregnancy increases her chance of breast cancer from 1.0 to 1.5, then we should see, not 75,000 but 112,500 cases of cancer among this target population. If the death rate among them remains at 25 percent, (and it could be higher), then not 18,750, but over 28,000 women will die.

Among this group, however, if, instead of aborting their first pregnancy, these 750,000 women would

have carried to term and delivered, they would have reduced their chance for breast cancer from 1.0 to .75. Accordingly, the 75,000 expected cases would be reduced to three-fourths of that, or about 56,000 cases, and the 18,750 deaths would have been reduced to 14,000 deaths.

A major study that refutes your thesis is the Lindeford-Harris study from Sweden. What of it?

It is poorly done, from a scientific standpoint, and its authors' conclusions do not accurately reflect some of its actual findings. Dr. Brind, mentioned above, has called it the "Swedish data massage." It compared Swedish women with breast cancer to the entire Swedish population, which contains all of the same Swedish women who have breast cancer. Therefore, this comparison to the control group is invalid.

Even in this study, however, there is proof of the very thing its authors deny. In their article's conclusion, the authors state that there is no overall risk of breast cancer from abortion. However, within the report, a table of results shows that women who aborted *after* having a live birth had 58% of the average risk of breast cancer, while women who aborted *before* their first live birth had 109% of the average risk. This is an 88% increase in breast cancer, and it is clearly shown in the heart of this study, a study that is routinely held up as proving exactly the opposite.

B. M. Lindefors-Harris et al.,
Response Bias. . . . Abortions. . . . Two Swedish Studies,
Am. J. Epidemal. 1991, Vol. 134, No. 9, pg. 1003

But there are many other studies that tend to disprove your claims.

So they claim, but, with few exceptions, these were flawed by: inappropriately crude age matching or adjusting of controls (the main problem); interpreting as statistically insignificant some retrospective case con-

trols with low statistical power; minimizing the actual results obtained in their conclusions; and attributing results to patients' "recall bias," even though a close exam refutes such a claim.

But I haven't seen such criticisms in any public reports.

There has been a true conspiracy of silence by the media and also by many researchers who, like the Swedish study, bury actual findings and conclude otherwise, e.g., editorials in journals, listing exhaustively multiple possible causes of breast cancer and never even listing abortion, e.g., *JAMA*, July 21, 1993, and *New England Journal of Medicine*, Jan. 1994, as well as *Time* magazine on Jan. 14, 1991.

Dr. Remennick concluded "an initial attitude of researchers toward abortion usually determines the way they interpret results."

¹⁰Remennick LI (1989) *Int. J. Epidemiol.* 18:498-510.

Has anyone compared all the studies?

Yes, happily, a comprehensive meta-analysis examined 61 published studies and subjected them to critical comparative analysis. Its conclusion was:

"The results support the inclusion of induced abortion among significant independent risk factors for breast cancer, regardless of parity or timing of abortion relative to the first term pregnancy. Although the increase in risk was relatively low, the high incidence of both breast cancer and induced abortion suggest a substantial impact of thousands of excess cases per year, currently, and a potentially much greater impact in the next century, as the first cohort of women exposed to legal induced abortion continues to age."

J. Brind et al., "Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis," Hershey Med. Center, *J. Epidemiol. Community Health*, 1996

In the review of 23 legitimate studies, 18 found increased risk. By 2002, of 37 world-wide studies published since 1957, 28 found increased risk.

What about the contraceptive pill? Certainly many who take the pill also get abortions. Could it be that the pill causes the cancer and not the abortion?

There are three major studies, from Russia, Estonia, and Soviet Georgia, that were done prior to Russia's opening to the West. During those years there were almost no contraceptive pills used in those nations. During those years abortion was the method of birth control. And what happened to breast cancer? It increased by approximately 300 percent.

L. Remennick, *Reprod... & Cancer Incidence in USSR*,
Intl. J. Epidemiol., 18:498-512, 1989

Incidentally, the above reasoning, such as it is, would also apply to the suggestion that food additives and street drugs are part of the cause of the increase in breast cancer. Prior to the lowering of the Iron Curtain, there were essentially no food additives used in the Soviet Union and neither were there many street drugs. The breast cancer rate however, as noted, sky-rocketed in these countries. This would seem to implicate abortion as a cause and to see such additives as only aggravating factors, if indeed they are implicated at all.

Aside from abortion, does the pill cause breast cancer?

By far the best analysis of this is by Chris Kahlenbom, M.D. in his book, *Breast Cancer; Its Link to Abortion and the Birth Control Pill*.

New Hope, KY 2002, One More Soul Publisher, 381pp.

Eleven of its seventeen chapters examine the cancer risks of the "pill." It shows that women who used the "pill" for four or more years before their first pregnan-

cy had a 72% increased risk of cancer.

The pill decreases the risk of uterine and ovarian cancer but increases the risk of breast, liver and cervical cancer. The estimate is that there are 40,000 - 80,000 additional cases of cancer with a 25% mortality.

Which is the worst?

Women given Depo Provera for at least two years before age 25 have a triple increased risk.

Give me at least one study.

A meta-analysis showed that 18 of 21 studies done since 1980 showed the 72% increased risk (above).

Romien, et al. "Oral Contraceptives and Breast Cancer, Review and Meta Analysis. *Cancer*, 1990; 66:2253-2263

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Summary and meta-analysis of epidemiological evidence of the abortion-breast cancer link

