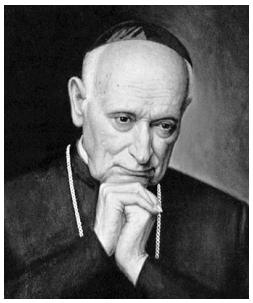
Mindszenty Report



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How Scientific Dishonesty and Political Correctness Cost Women's Lives

Abortion, Hormonal Contraception Raise Risk of Breast Cancer

(Editor's Note: The author of the following guest essay is the president of Breast Cancer Prevention Institute, a scientifically based nonprofit organization with a website at www.bcpinstitute.org. She is a Fellow in the American College of Surgeons.)

By Angela Lanfranchi, MD FACS

In the United States and throughout the world, thousands of women's lives are lost annually to breast cancer due to scientific dishonesty and political correctness. Breast cancer is the most common of women's cancers and the second leading cause of cancer deaths in women. Breast cancer strikes many women who are the heart of their families, leaving children without mothers and husbands without wives. Women and their physicians are commonly misinformed about the factors that increase and decrease their risk of breast cancer. Abortion and hormonal contraception increase the risk of breast cancer, but scientific dishonesty has prevented this vital information from reaching most women.

The corruption of medicine by political influence is nothing new. In 1860, Dr. Oliver Wendell Holmes, a physician, essayist and father of the celebrated U.S. jurist, in an address to the Massachusetts Medical Society, stated, "Theoretically, [medicine] ought to go on its own straightforward inductive path without regard to changes of government or to fluctuations of public opinion. . . . The truth is that medicine, professionally founded on observation, is as sensitive to outside influences, societal, religious, philosophical, imaginative, as the barometer is to the changes of atmospheric pressure."[1] That powerful statement remains true of medicine today.

Physicians are human and susceptible to the same pressures as other people. Although ideally physicians are trained to be inured to those pressures, sadly not all of us are inured. There is documented evidence of widespread fraud in connection with National Institute of Health (NIH) funded research. In 2005 a paper in the British journal *Nature*, using anonymous questionnaires, revealed that a statistically significant 15.5 percent of scientists admitted to "changing the design, methodology or results of a study in response to pressure from a funding source." That funding source was the NIH.[2]

Political correctness dictates that people are the source of global warming, and the planet, Gaia or Mother Earth, must be protected from their desecrations. The human population has to be controlled for the greater good. Therefore, contraception and abortion must be promoted even if it means lying to the people who believe that their governments and scientists are there to protect them and tell them the truth.

Given the truth, many women will choose what is best for their health despite forgoing some benefits such as avoiding hot flashes. Telling women the truth about breast cancer risk factors will result in saving women's lives. An illustration of this occurred in 2002, when a Women's Health Initiative study found that hormone replacement therapy (HRT) increased a woman's breast cancer risk by 26 percent.[3] When those results became widely known through the popular media, fully one half or 37 million women stopped taking HRT. By 2007, there was an 11 percent reduction in postmenopausal breast cancer in women attributed to stopping HRT. This saved thousands of women's lives.

Truth about Contraception and Abortion

Since the late 1960s, women have been using hormonal contraception, more popularly known as the Pill. These are the same drugs used in HRT but in more potent formulations. The Centers for Disease Control statistics show that 85 percent of American women of reproductive age have taken hormonal contraception. In addition, since the early 1970s, abortion on demand has been a constitutional right in the U.S. It is thought that 30 to 40 percent of women have had an abortion by age 40.

In the same period, breast cancer incidence has been increasing steadily. In 2005, monograph 91 of the International Agency for Research on Cancer (IARC), part of the United Nations World Health Organization, classified hormonal contraceptives as Group 1 carcinogens for

breast, cervical and liver cancers after reviewing the world's literature on estrogen-progestin combination drugs. This was done after scientists gathered in France and reviewed the extant world literature on the carcinogenicity of estrogen-progestin combination drugs.[4]

Since 1975, non-invasive breast cancers in the U.S. have increased 400 percent and invasive breast cancers 40 percent. Ever-younger women have been getting breast cancer. A 2013 study published in the *Journal of the American Medical Association* found an alarming increase in "distant" breast cancer among women aged 25 to 39. "Distant" breast cancer is breast cancer that has metastasized to other parts of the body. This rise in breast cancer incidence amounted to an increase of 2 percent per year from 1976 to 2009.[5]

This sharp rise in breast cancer risk is promoted by cancer organizations as a reason to give them more money for research. Yet we already know two major causes of the rise: hormonal contraception and induced abortion. Medical textbooks describe the breast biology and breast maturation through pregnancy that account for this increase in risk.

Estrogen and Breast Biology

The *carcinogenic effects of hormonal contraception* are due to two actions of estrogen:

1) As a mitogen acting in concert with progesterone; and
2) As a direct carcinogen through the formation of metabolites.

Mitogens cause breast cells to multiply through division of one cell into two cells (mitosis). Before a cell can divide into two, its DNA must be copied so that after division each cell will have a complete set of genes, which are segments of DNA that control a particular cell function. When the DNA is copied, errors can be made which result in mutations. These mutated cells can mutate further; and when multiple mutations occur, a cancer cell may result.

Breast cancer cells that form can also have estrogen and progesterone receptors that stimulate them to grow. Therefore, estrogen and progesterone are not only cancer initiators but also cancer promoters. Estrogen alone and its metabolites can also be directly carcinogenic. For example, a particular metabolite of estrogen, 4-hydroxy catechol estrogen quinone, can directly damage DNA, resulting in mutations. Studies have shown that breast cancer patients have higher levels of 4-hydroxy catechol estrogen quinone as well as higher levels of the most potent estrogens, such as 17-β estradiol, compared with the least potent ones, such as estriol.

These two mechanisms which promote the formation of breast cancer through estrogen exposure are the reason that hormonal contraceptives and combination hormone replacement therapy cause breast cancer.

Breast Maturation through Pregnancy

With breast maturation through a full-term pregnancy, a mother reduces her future breast cancer risk. *The interruption of that maturation by induced abortion increases breast cancer risk.*

It is the embryo, and later the fetus and placenta through the production of two hormones, hCG and hPL (human chorionic gonadotropin and human placental lactogen), that are largely responsible for the final maturation of the mother's breast into milk-producing breast lobules. A mother's breasts enlarge very soon after conception, making sore and tender breasts one of the first signs of pregnancy. Even before the embryo (or blastocyst) implants in its mother's womb, a chemical signal, hCG, produced by the embryo causes its mother's ovaries to increase production of estrogen and progesterone in order to sustain the pregnancy. After about eleven weeks, it is the fetus and placenta and not the mother which produce most of the needed estrogen and progesterone to sustain the pregnancy.

If the mother ends her normal pregnancy with an induced abortion, her breasts will have already started to enlarge and grow by increasing the numbers of Type 1 and 2 lobules that developed in her breasts during puberty, leaving her breast with more sites for cancers to initiate. Lobules are units of breast tissue comprised of a milk duct with surrounding mammary (milk) glands, which are in turn composed of individual breast cells. Each breast cell contains a nucleus of DNA, the coded complete blueprint of genetic information that every cell in the body contains. The source of any cancer that develops in a body is the result of a mutation or damage done to a cell's DNA. The damage may be the result of a chemical, such as a benzopyrene in cigarette smoke; a virus, such as human papilloma virus which causes cervical cancer; or even a naturally occurring hormone such as estrogen.

At a microscopic pathologic level, Type 1 lobules are the sites where about 85 percent of all breast cancers arise, named ductal cancers because they arise in the milk ducts. The cells in Type 1 lobules have greater numbers of estrogen and progesterone receptors in their cells' nuclei than Type 2 lobules. Type 2 lobules are more mature yet still are the sites where 10 to 15 percent of all breast cancers start (called lobular cancers because they arise in the milk-secreting mammary glands). The longer a mother is pregnant (up to 32 weeks) before an induced

abortion, the greater the numbers of Type 1 and 2 lobules she will have formed, providing more cells which are at risk of developing into breast cancer cells.

There will be more sites for cancers to start, following an induced abortion. There is about a 3 percent increased risk in a woman's chance of cancer for each week of gestation before an induced abortion.

If the pregnancy is a normal, healthy one that goes to 40 weeks or "full-term," there will be near complete (about 85 percent) maturation of the mother's mammary glands into Type 4 lobules. This is why there is a known protective effect against breast cancer when a woman has a full-term pregnancy. Each successive pregnancy reduces the mother's risk of breast cancer by 10 percent.

Pregnancy causes Type 1 lobules to increase the number of ductules (which become mammary glands) from an average of 11 ductules per lobule to 47, becoming Type 2 lobules. Type 2 lobules mature still more fully into Type 3 lobules when there is an average of 80 ductules in each lobule. Type 3 lobules have very few estrogen/progesterone receptors and do not quickly copy their DNA, thereby decreasing the possibility of mutations and carcinogenesis. By 32 weeks these Type 3 lobules start to produce colostrum, the first milk, thereby becoming Type 4 and resistant to cancer.

The maturation process that protects a woman from breast cancer happens only because the child in her womb produces the hormones hCG and hPL, which prepare the mother to breast-feed. In the first half of pregnancy, hCG stimulates estrogen and progesterone levels which cause the breast to enlarge with increased numbers of Type 1 and Type 2 lobules. In the second half, the hormone hPL enables full differentiation to Type 4 lobules.

Abortion before 32 Weeks Raises Cancer Risk

Hormonally normal pregnancies that end prematurely before 32 weeks and which are not first trimester spontaneous abortions (miscarriages) increase breast-cancer risk because they have left the mother's breast with more places for cancer to start. The breasts enlarge and double in volume by mid-second trimester by producing more vulnerable Type 1 and 2 lobules. *A pregnancy that ends before maturation into cancer-resistant lobules will result in breasts that have more incompletely differentiated mammary tissue than before pregnancy, thereby increasing the number of cells susceptible to carcinogenesis.* This is especially true for a woman's first pregnancy. It does not matter if the pregnancy is ended prematurely through an induced abortion or by a premature delivery before 32 weeks. The hormonal effects on the mother's breast are not changed by the intent of the pregnancy's end.

Most spontaneous abortions (miscarriages) do not carry the same risk as induced abortions because most spontaneous abortions occur before three months' gestation and are therefore associated with low levels of the pregnancy hormones needed for breast development. This in turn is due to an abnormality in the fetal-placental unit or the mother's ovaries which then results in a spontaneous abortion (miscarriage).[6] Women who miscarry often report having "not felt pregnant" owing to these low hormonal levels.

Not only women but also physicians have been deceived and ill-informed about the risks of hormonal contraception and induced abortion. Busy clinicians, taking care of patients, might just read the table in a textbook to get some factual information. In the 2000 edition of *Diseases of the Breast* by Jay Harris et al., early full-term pregnancy is not listed in its table of methods of prevention, according to its accompanying text, because *"unplanned early pregnancy and an average of more than two completed pregnancies per woman have undesirable social and ecologic consequences."* The fact that it takes a fertility rate of 2.1 children per woman to maintain the population is disregarded. The book's recommendations appear to be influenced by the notion that humans are bad for the "ecology."

In summary:

- Since 2005, the World Health Organization's International Agency on Research of Cancer has confirmed that hormonal contraception is a Group 1 breast carcinogen, a cause of breast cancer.
- From 1957 until the end of 2013, there have been 57 published studies differentiating induced and spontaneous abortions and the risk of breast cancer. Of these, there have been 37 statistically significant worldwide studies that have shown induced abortion is correlated with breast cancer. These studies fulfill the Nine Bradford Hill Criteria for causality. A peer-reviewed article published in 2014[7] documenting these studies and the breast biology accounting for these risks can be found and downloaded in a PDF file at: http://www.bcpinstitute.org/publishedpapers.htm.

Women Deserve the Facts

Institutions that don't agree that there is a link between abortion and breast cancer rely upon a few flawed studies that received widespread publicity when they were published. Since 1957 until the end of 2013, there have been only nine studies that showed a negative correlation and none was statistically significant. Each of these studies has been thoroughly debunked in the peer-reviewed article mentioned in the preceding paragraph,[8] which is why the article is more than 100 pages long. In the last two years since publication, there have been no letters to the editor to point out flaws. The well-known breast physiology accounting for the

abortion-breast cancer link make it very difficult to show a negative result.

It is never ethical to give a healthy woman a Group 1 carcinogen for her healthy state, fertility. Women need to know non-carcinogenic, natural family planning methods to postpone pregnancy. Women considering an abortion deserve to be told that the abortion will increase their risk of breast cancer later in life. Women have a right to know what physicians know about breast cancer risks, so that thousands of women can be spared a life-changing breast cancer diagnosis.

1 O.W. Holmes, Address to annual meeting, Massachusetts Medical Society, 30 May 1860, paragraph 7, in *Currents and Counter-Currents in Medical Science: With Other Addresses and Essays* (Boston, MA: Ticknor and Fields, 1861).

2 B.C. Martinson, M.S. Anderson and R. deVries, "Scientists behaving badly," *Nature* (June 2005), pp. 737-38.

3 J. Rossouw, et al. (Writing Group for the Women's Health Initiative Investigators), "Risks and benefits of estrogen plus progestin in healthy postmenopausal women," *Journal of the American Medical Association* (2002), pp. 321-33.

4 V. Cogliano et al., "Carcinogenicity of Combined Oestrogen-Progestogen Contraceptives and Menopausal Treatment," *Lancet Oncology* (August 6, 2005), pp. 552–53; Cogliano et al., *Carcinogenicity of Combined Estrogen-Progestogen Contraceptives and Combined Estrogen-Progestogen Menopausal Therapy,* http://monographs.iarc.fr/ENG/Monographs/vol91/mono91.pdf.

5 Rebecca H. Johnson, Franklin L. Chien and Archie Bleyer, "Incidence of Breast Cancer With Distant Involvement among Women in the United States, 1976 to 2009," *Journal of the American Medical Association* vol. 309, no. 8 (2013), pp. 800-805.

6 J. Kunz and P.J. Keller, "HCG, HPL, oestradiol, progesterone and AFP in serum in patients with threatened abortion," *British Journal of Obstetrics and Gynaecology* (August 1976), pp. 640-44.

7 A. Lanfranchi and P. Fagan, "Breast Cancer and Induced Abortion: A comprehensive review of breast development and pathophysiology, the epidemiologic literature, and proposal for creation of databanks to elucidate all breast cancer risk factors," *Issues in Law & Medicine,* vol. 29, no.1 (Spring 2014), pp. 3-133.

8 Ibid.

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RECLAIMING CHRISTIAN HUMAN RIGHTS. The left has appropriated the language of human rights for its own purposes, including the supposed right of men to use women's restrooms and the right to force bakers to make cakes for same-sex wedding receptions. But Christian thinkers throughout history have supplied a deeper theory of human rights, which was revitalized in the fight against communism and fascism in the 20th century and deserves attention in today's religious liberty battles. Ask for 5/16

THE RISE AND ECLIPSE OF RELIGIOUS LIBERTY IN AMERICA. Toleration hard-earned over centuries is threatened by new 'rights' colliding with Christian beliefs. The ACLU is on the forefront, now opposing even the Religious Freedom Restoration Act which it once supported. Ask for 4/16

THE ASCENDANCY OF RADICAL SOCIALISM. Sen. Bernie Sanders, New York Mayor Bill deBlasio and various city council members illustrate the alarming ability of true socialists to attract votes despite a century of socialist failures around the world. Ask for 3/16

Memorial Day, May 30

It is, in a way, an odd thing
to honor those who died in the defense
of our country, in defense of us, in wars far away.
We see these soldiers in our mind
as old and wise...but most of them were
boys when they died and they gave up two lives —
the one they were living and the one
they would have lived.
When they died they
gave up their chance to be husbands,
fathers and grandfathers.
They gave up their chance
to be revered old men.
They gave up everything
for our country, for us.
And all we can do is remember.

— President Ronald Reagan
Arlington National Cemetery, 1985

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