Mr. DUFFY. Doctor, may I interrupt you for just a minute?

Dr. KISTNER. Yes.

Mr. DUFFY. You, in your last sentence you say increased incidence occurs in prostitutes. Have you been able to determine any rates and whether any of these women have been using the pill?

Dr. KISTNER. Most of these data are pre-pill; I don't even know whether prostitutes use the pill.

Mr. DUFFY. Does the rate of occurrence——

Dr. KISTNER. No, the only point I am trying to make is when the cervix comes in contact with the penis, and whether this is due to the herpes simplex virus or not, there seems to be a cause and effect relationship to causation of cancer of the cervix. When the cervix does not come into contact with the penis it does not seem to occur as commonly.

The increased prevalence of carcinoma in situ among pill users may be related to alteration of the cervical epithelium, the lining of the mouth of the womb, by estrogens and progestogens, the components of the pill. However, the investigators state that this cannot be determined until further data on incidence rates is collected to confirm the differences in prevalence. It is important to realize that the prevalence rates in certain socio-economic groups will be somewhat high and it is therefore difficult to prove an increased incidence due to an extraneous factor due to the high prevalence that occurs in that particular group.

To continue on page 2 then, the authors of the report; that is, the report about carcinoma in situ of the cervix, have stressed the fact that, regardless of the trends shown by this study, the annual examination of women using oral contraceptives provides the best possible method of lowering the mortality rate from cervical cancer. Whether a woman takes a pill or not I think that statement should go down in bold black. Women should, or must have, if we are ever to get rid of cancer of the cervix, the No. 2 killer of women, the Papanicolaou smear. Whether the pill will aid in that or not, I don't know. If the Government or anybody else wants to do anything to save women from dying from the No. 2 killer then some method should be made available for screening all women with Papanicolaou smears. I think it is somewhat ostrichlike to say that this isn't possible. It must be made possible.

These investigators stated that annual examination, together with appropriate cytology and biopsy should provide a method of diagnosing all cases of nearly cervical neoplasia when there is an opportunity for 100 percent chance of cure, and I think we all agree with this.

Now, the investigators plan a new study of carcinoma in situ of the cervix, this time with a control group of women who use an IUD instead of the diaphragm. This new study will be designed to show how many women who have a normal cervix, when either the pill or the IUD is started, subsequently develop premalignant changes.

A prospective study of this type is long overdue. As Roy Hertz has said, "In medicine when you look at anything through the retrospectroscope what you see is frequently hazy and the conclusions that one might derive are not definite." We need prospective studies in this particular field and I think it is the most pressing problem of the moment.

Morphologic changes which occur in the epithelial cells of the cervix as the result of either endogenous, that is made inside the body, or,