Dr. KISTNER. Thank you.

Senator NELSON. Our next witness is Dr. Giles G. Bole, Jr., associate professor of internal medicine, University of Michigan Medical School, and acting physician in charge, Rackham Arthritis Research Unit at the University of Michigan.

Dr. Bole, the committee is very pleased to have you come here today to present your testimony.

Your statement will be printed in full in the record, and you may proceed in any way you desire.

Let me say that I have something I must do. I must go to my office about this time. I did not realize that we would run until this late an hour, but Senator McIntyre will conduct the hearings while I am gone.

STATEMENT OF DR. GILES G. BOLE, JR., ASSOCIATE PROFESSOR OF INTERNAL MEDICINE, UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

Dr. BOLE. Thank you, Senator.

I think, Senator Nelson and Senator McIntyre, before I read portions of my formal testimony that I would like to make a few preliminary comments, if I could.

I have been asked to report on our studies relating to the effect of oral contraceptive agents in patients with arthritis. I think this morning, listening to the testimony of experts relating to the complex problem of cancer and oral contraceptives, that I should first say that I will deal with small numbers, I will deal with a three-phase investigation, and I hope Senator McIntyre and members of the committee, perhaps, can glean from this testimony the complexities that, in fact, exist when we project to large prospective studies of large numbers of patients, irrespective of the side effects or presumed side effects that one is concerned with at the moment.

I will delete certain portions of my submitted testimony for the sake of time, and if there are questions I welcome an interruption.[1]

Our observations have been published in a preliminary way on the problem of oral contraceptives and their effect on patients with arthritis—J. Lab. Clin. Med. 72:873, 1968; Lancet i:323, 1969; Arth. Rheum. 12:306, 1969; Bull. Path. 10:358, 1969. Several other investigative groups have also reported preliminary observations bearing upon the effect of oral contraceptive agents on patients with rheumatic disease.

Our studies were initiated in the spring of 1968 and include observations on three groups of women seen and evaluated in the arthritis clinics at the University of Michigan Medical Center during the years 1967–69. We are currently completing a study of 450 presumably healthy young women seen at a local planned parenthood clinic in Ann Arbor, Mich.

We are all aware of the increased interest in potential adverse biological effects of oral contraceptive agents. It is important to recog-

[1] The complete prepared statement and supplemental information submitted by Dr. Bole begins at p. 6098.