Dr. HELLMAN. What it shows is that there has been no change in cancer of the breast, in decrease of deaths from cancer of the neck of the uterus. Now, I do not think that these data reflect the oral contraceptives. And this brings us to the next serious problem.

Mr. GORDON. Dr. Hellman, you stated on page 17—you are not reading?

Dr. HELLMAN. I am not reading; no, sir.

Mr. GORDON. You stated, "* * * the problem of the possible carcinogenic effect of the oral contraceptives on the breast is worrisome and unresolved."

I gather you are sort of uneasy about the situation. You used the word "uneasy" before.

Dr. HELLMAN. I think that that is a good word. I will stick with it.

Mr. GORDON. So much so that you stated on August 1, 1967, you said that, "If I were a young lady these days and had any fear of cancer, I would probably use an intrauterine device." That is your statement right here.

Dr. HELLMAN. That reminds me of a statement my wife once made, that Dr. Hellman talks a lot and I cannot keep track of everything he says.

That was an interview, as I remember it, and the question posed to me was if you had a patient who came in to you and was very much afraid of cancer, would you prescribe the oral contraceptives? Under those circumstances, with this information, I would not prescribe the oral contraceptives. I think you have to treat a patient and her emotional standpoint. If the contraceptive she uses is going to scare her, I do not think that is the way a physician ought to treat a patient.

Mr. DUFFY. Doctor, in other words, it is your testimony regarding this point that this quote is taken somewhat out of context?

Dr. HELLMAN. I beg your pardon?

Mr. DUFFY. I asked is it your testimony in answer to Mr. Gordon that this quote of yours is taken somewhat out of context.

Dr. HELLMAN. Well, it is a true quote. I remember saying it, but, yes, it is a little out of context. I would say the same thing today if the same question were asked.

I was coming to Mr. Gordon's point, because this brings up the next issue. As I said to you, these data in this graph do not reflect the use of the oral contraceptives in the United States. The reason that they do not reflect it is that when you give a known carcinogen—take X-ray, aniline dyes, Pyribenzamine, a number of things that are known to cause cancer to human beings—with any biological system, you have a delay between the initiation of therapy and the onset of the cancer. In humans, it is estimated that the mean delay would be about 10 years from the introduction of a carcinogen.

Now, we have not used the oral contraceptives in any great degree for 10 years. Furthermore, you would have a delay between the onset of the disease, if you give a carcinogen, and the death. And death might be delayed again from anywhere from 2 to 5 years depending on the type of therapy the patient got. So if you add all these things together, it is unlikely that the vital statistics of the United States will reflect any change, if there is one, from the oral contraceptives until the mid-1970's or so. These are very encouraging bits of information, but they do not bear on the subject.