As to the outcome of post-Pill pregnancy:

> Continued study of this *problem* should be undertaken, however, since as noted below, there is evidence from laboratory animals that the suspension of ovulation is associated with fetal anomalies once fertility is restored (p. 71).

Another uncertainty, with serious implications.

Concerning cancer of the cervix:

> * * * the Task Force urgently recommends prospective studies of the effect of sustained oral contraception on the immediate and ultimate response of the cervical epithelium in a carefully observed and representative population of women (p. 64).

If, as the Chairman stated on page 2 of the report, under "Results" quoted above, such a prospective study has been underway since 1967, why is the Task Force recommending that it be started?

And, about cancer of the breast:

> The Task Force recommends appropriately devised retrospective case-controlled studies as well as prospective studies to resolve the problem of an effect of oral contraceptives on the incidence and course of mammary lesions (p. 65).

Does this belong in the risk denominator, or was it just ignored?

On the subject of diabetes:

> Whether prolonged administration of steroid contraceptives can result in exhaustion of the insulinogenic reserve and thus induce diabetes in women who are not generally predisposed has not yet been ascertained (p. 75).

A chilling, damning prospect.

Regarding blood vessels and blood pressure:

> The clinical implications of these changes in the concentrations of angiotensinogen, renin, angiotensin, and aldosterone remain to be elucidated (p. 77).

Concerning blood lipids, possibly related to arteriosclerosis:

> Although changes in plasma lipids and lipoproteins are appreciable following the administration of contraceptive steroids, there is no knowledge of the functional significance of these changes (p. 77).

On kidney and urinary tract effects:

> In proportion to the widespread use of oral contraceptives, remarkably little is known about their effects on renal function. * * *
>
> Ureteral dilatation is the only well-documented effect of oral contraceptives on the excretory system. Such dilatation disappears after medication ceases * * * (p. 78).

Few physicians know about the ureteral dilatation; it is not mentioned in the labeling. Yet many women on The Pill have prolonged or repeated urinary tract infections which may be related to this change.

About the central nervous system:

> No information is available regarding the relation between contraceptive steroids and central nervous system excitability (p. 79).
>
> [re migraine] Evidently, more studies are required to ascertain the true incidence of these phenomena (p. 80).

And about the gastrointestinal tract:

> Studies of the effects of oral contraceptives on the gastrointestinal tract are limited (p. 80).

The thousands of women experiencing cramps or other types of abdominal pain while on The Pill generally are said to have "minor side effects" even though they may be due to peptic ulcer or thrombosis.

The Chairman in his summary states:

> Specific risks as well as requisite practices for followup of patients have been detailed in the labeling of all hormonal contraceptives.

"Specific" risks have not been detailed fully. The labeling still contains serious and misleading ambiguities, such as, "Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g. retinal thrombosis and optic neuritis." And, "Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post-treatment * * *."

As to "requisite practices for followup" it is interesting to note in the labeling what this includes: (1) Carcinogenicity: "Close clinical surveillance of all