Hopefully, such a program would identify those substances which may be safe and those which may be of concern. It might identify those women who are most susceptible to the adverse effects of the drugs. And, it might identify those complications which may occur after long-term use.

On the other hand, I do not anticipate that solutions to these problems are near at hand. Epidemiological studies and long-term clinical studies are hampered by the variety of drugs available, the intermittent consumption of the drugs, the mobility of our population, the variable durations of therapy, our lack of knowledge of what endpoints to search out, and last, but not least, our lack of knowledge of the true incidences of many of the diseases which might be involved.

Almost 10 years elapsed from the first reports to the final conclusion by the British epidemiologists that the contraceptive agents were implicated in thromboembolism. In that instance, there is approximately a fivefold to tenfold increase in risk. It may require an equivalent period of time to detect as much as a doubling of risk for some of the other hazards. Fundamental investigations aimed at the basic understanding of the functions of the substances, by their very nature, are of long duration.

In view of these possibilities, we are faced with a dilemma. I am convinced that, for some couples, there is no adequate substitute for the contraceptive agents. I am equally convinced that, for others, the type of contraception employed may not be an important consideration. I believe, therefore, that we should pursue an intermediate course, and while temporizing measures may be desirable, we must acquire as rapidly as possible as much information as we can. Accordingly, I urge the initiation and continuation of a broad range of studies. Enough support must be forthcoming to avoid the monopolies of limited-research approaches or narrow concepts. The scientific community must be encouraged to range widely and freely in studying the effects of the contraceptive steroids, and in the other areas of contraception as well.

Senator NELSON. Who do you suggest should initiate and direct the kind of research you refer to?

Dr. SALHANICK. I think there should be at least three sources of stimulation of the investigative effort. First, I think, the control agencies should initiate certain of the research endeavors.

Senator NELSON. To whom do you refer when you say control agencies?

Dr. SALHANICK. The FDA.

I think the National Institutes of Health should initiate, continue, and support some of the research efforts, and I think that there should be funding of research in universities which are not doing direct research projects, but are instituted from the creative minds of the individuals there. In addition, I think that industry has the responsibility to continue some of their investigation.

Senator NELSON. Have you done any metabolic studies yourself on the effects of the pill?

Dr. SALHANICK. No, sir. I participated in collecting the data which have been published in research in the volume which I mentioned.

Senator NELSON. You were the editor of this volume called Metabolic Effects of Gonadal Hormones and Contraceptive Steroids?