whole and we proceeded to negotiate several new studies. Dr. Seigel and I collaborated in this effort. The largest contract we have is with the Kaiser Foundation Research Institute in the San Francisco Bay area, in Walnut Creek.

Senator NELSON. What is that contract specifically, you said the largest in size.

Dr. CORFMAN. It costs about $1 million a year. It is now in its third year. It started at approximately $600,000 and will eventually——

Senator NELSON. And this specific study is directed at what?

Dr. CORFMAN. Its purpose is to undertake a long-term examination of a variety of medical effects. The study requires specially designed examinations in about 10,000 women each year. The examinations include the medical history, selected physical measurements, blood pressure, electrocardiogram, psychological evaluation, and a number of blood and urine determinations, each selected for its relevance to the variety of effects under study. As of this date, special facilities have been constructed and several thousand women have been examined. Data are now under analysis by a staff of research scientists and clinicians, and we expect to report findings from this study later in this calendar year.

This contract provides us a system of monitoring women and couples taking a variety of contraceptives.

This is the largest study of its kind in the United States, perhaps in the world. As far as we know only two other similar studies are underway elsewhere, both in England. These two studies and ours provide a system of surveillance to detect medical effects of contraceptives now in use and new ones which may be developed in the future.

Does that answer your question, Senator Nelson?

Senator NELSON. Yes, it does.

Dr. CORFMAN. We now support three studies designed to provide information whether oral contraceptives increase the risk of cancer. The first is conducted in family planning clinics in Los Angeles, Calif., and is designed to measure the rate at which cervical dysplasia advances toward more serious pathology in women using oral contraceptives as compared to women using other methods. Since many investigators believe that cancer of the cervix may originate as cervical dysplasia, information on progression rates from this study will have relevance to the question of whether the oral contraceptives increase the risk of cervical cancer. This study provides an early warning system to detect if there is a positive relationship.

Interesting preliminary data from this study suggests that cervical dysplasia is more common among women who choose oral contraceptives than women who choose other methods. If further analysis confirms this observation, it will mean that women who choose oral contraceptives are somehow different from women who choose other methods, even before the medication is begun.

Senator NELSON. What do you mean by that?

Dr. CORFMAN. It means there is something different about women who choose oral contraceptives. Perhaps they have different sex practices. That is the most likely explanation. This kind of information and information from other studies suggest that such women are more prone to cervical cancer before they actually start the contraceptive methods involved.