

Dr. COREMAN. I am certainly in agreement with the idea that oral contraceptives are a different kind of medication. I think the former Commissioner, Dr. Ley, put it well when he said that that medication for well people should be dispensed differently from medication for people who suffer from disease.

How this is to be done I am not prepared to say except that the advantages and disadvantages of various contraceptives should be discussed in detail by the doctor and patient.

The idea of a special descriptive pamphlet for the patient is also attractive.

Senator DOLE. Do you have any comment on it, Dr. Seigel?

Dr. SEIGEL. No.

Senator DOLE. Again, in a layman's approach, and I think I am aware of some of the potential hazards, but are we able to define at this point the real hazards, the hazards that are likely to occur in using the pill? Can you enumerate one, two, three, four or is it all based on the fact that there has not been adequate study, we need more research before we can do this?

Dr. COREMAN. The only hazard we can quantify is thromboembolism, and some people even doubt that data. It is a little like the smoking and cancer issue. Most of us feel that it is settled, but there are some who still doubt. I believe we can quantify the risk of thromboembolism but I do not think we can quantify anything else.

The other issues that have been discussed are a cause for concern, but we cannot yet say to a woman "if you take oral contraceptives you are going to increase your risk of diabetes by such and such an amount, or your risk of having cancer by such and such an amount," even if it is a zero.

Dr. SEIGEL. I had the opportunity to review some mortality statistics on thromboembolism after the British published their data, and my basic conclusion was—

Senator NELSON. Did you review the studies made by the British, the British study?

Dr. SEIGEL. Yes, sir. I have attempted to put together the mortality statistics from the United States on thromboembolism, and have published results indicating that there are increases that are consistent with the British findings.

But the point I was going to make was that I was really very reluctant to make any statement about the number of women who had died as a consequence of oral contraceptive use. That is a very sticky area. If one embarks on the exercise of determining what is the risk of death associated with oral contraceptives then one really must go through a process of asking what number of women would then become pregnant if not using the oral contraceptives, and what are the risks associated with pregnancy. There is an excellent paper on this subject by Christopher Tietze from "Studies in Family Planning" in September of 1969 which points out that for moderately effective contraception with no induced abortion, the excess risk of death would be 2.5 per 100,000 as compared to the excess risk of death with the oral contraceptive which Dr. Tietze estimated to be something like three per 100,000.

The risk associated with pregnancy is of the order of 20 deaths per 100,000 pregnancies.