

Now, important statistical studies in humans by Dr. Feinleib at Harvard have shown that women who undergo an artificial menopause early in life by the removal of their ovaries (for diseases totally unrelated to breast cancer) have a reduced risk (by about 75 percent) of developing breast cancer in later life. In other words, removing the ovarian influence, the estrogenic influence, reduces the risk of breast cancer.

Another striking example of the close relationship between breast cancer in humans and estrogenic hormones can be demonstrated by the following clinical results. Women with advanced breast cancer, these are women who actually have cancer who have metastasis or advanced disease, if they have their ovaries removed therapeutically, removal of the primary source of estrogenic hormones; namely, the ovary—then these women show a remarkable improvement of their metastatic or advanced breast cancer in about one-third of the cases. Also, I have observed that estrogens taken in small doses unwittingly may aggravate a preexisting breast cancer. You must remember, this does not mean that estrogens will initiate a cancer, but they may aggravate or make worse a preexisting cancer, one that has not yet become discernible, either to the patient or the doctor.

Stopping the pill or discontinuing the drug will slow the tempo of this type of tumor growth.

A recent report in the British Medical Journal describes the tragedy of two male transvestites both of whom developed breast cancer after long-term estrogen therapy. Therefore, being profoundly aware of these clinical relationships and being a clinical surgeon myself, I am naturally concerned in my day to day practice about the potentially harmful effect of long-term low-dose estrogen administration as occurs in young women taking the birth control pill or middle aged women taking estrogens during the menopause. Whereas, some women take estrogens with the illusion of being "a thing of beauty and joy forever," other women take estrogens during the menopause for medically sound and legitimate reasons.

Although breast cancer is "easy to see" it is "hard to foresee." Prudence, however, requires that certain women with suggestive premalignant breast lesions and women with a "high-risk" predisposition for breast cancer should in my opinion avoid the long-term stimulation of estrogens or the pill.

Mr. GORDON. Doctor, is it easy to ascertain who are the high-risk women?

Dr. LEWISON. Mr. Gordon, in the next page in this same report, I have outlined the high-risk group and I will read them to you.

Whereas individual sensitivity to hormonal stimulation may vary greatly from person to person and from age to age, yet in my opinion it is wiser to be safe than sorry for malignancy makes no moratorium. Thus, for practical purposes and in my own practice I would recommend particular caution in the following categories of women who are known to have a higher than normal risk of developing breast cancer:

(1) Women with a strong family history of cancer especially breast cancer, more especially breast cancer.

(2) Women having had cancer of one breast. It is perfectly obvious to all doctors that women who have had cancer of one breast