

have a much greater predisposition for developing a second cancer on the other side.

(3) Women with recurrent benign breast disease. There are the metastasis and fibroadenomas that I mentioned earlier.

(4) Women with lobular carcinoma in situ or other proliferative epithelial breast lesions. These are a specific category of breast lesions where the cells seem to have growth or hyperplastic potential.

Senator NELSON. As to item 3, you are saying, I take it, women with recurrent benign breast disease, which I recollect you say on page 2 of your statement, 25 to 35 percent of the women, you conclude are more susceptible to the inducement of cancer if they are using estrogens over a long period of time?

Dr. LEWISON. Senator, on page 1, I mention the fact that between 25 and 35 percent of the women have been known by anatomical dissection to have chronic cystic metastasis or benign breast tumors. These are not women who have recurrent benign disease, but only have this condition at one time.

Now, in this category of the high risk group, I have narrowed this group by saying women who have recurrent cysts and fibroadenomas, not just for the first time.

Senator NELSON. I see. Have there been any studies of any size to indicate the predisposition of those who have recurring benign tumors of one kind or another developing carcinomas subsequently?

Dr. LEWISON. Yes, there are a number of studies in text books that have been published on this subject, including my own. There have been studies abroad, monograph reports, and the references of these are available. Most of them agree that the risk of developing breast cancer is three to five times as great in women who have recurrent or proliferative types of benign breast disease.

Senator NELSON. Three to five times? The development of cancer is indicated three to five times more frequently in those with benign breast disease?

Dr. LEWISON. For the same age range.

Senator NELSON. Are there any studies which indicate that for those who do have this high incidence of benign breast disease, that extended use of an estrogen for some purpose or other does produce cancer in a higher percentage?

Dr. LEWISON. These studies, Senator Nelson, are at present ongoing. Our own study is one of these studies that are at present in the process of accumulating this very necessary information. It is not yet available.

Senator NELSON. So that I understand it in the perspective you intend, is it correct that you are saying that since women who have recurring benign breast disease do in fact develop carcinoma three to five times more frequently than those without it, that you consider it risky to add to that the prolonged treatment for either contraceptive reasons or other reasons, the introduction of estrogen into the system, is that what you are saying?

Dr. LEWISON. By all means, yes, sir.

Senator NELSON. We do not have the facts at this time that that would show an increased incidence?

Dr. LEWISON. That is correct.