

Dr. CUTLER. I am not certain, sir. I did not check back on the original reference, but I have seen this referred to in the literature by several authors.

Senator NELSON. Do I conclude from what you have said here that the research in this field has been inadequate?

Dr. CUTLER. Very inadequate.

Senator NELSON. Are you aware of what on-going research there may be at this time on this specific problem?

Dr. CUTLER. Not in detail. I know in a general way that some retrospective studies have begun under the National Cancer Institute.

Senator NELSON. If this issue was raised by the American Cancer Society as early as 1961, what would be the explanation for our failure to proceed with the appropriate protocols for an investigation of this kind?

Dr. CUTLER. Your question is why?

Senator NELSON. That is 9 years ago.

Dr. CUTLER. Yes; I do understand.

Senator NELSON. Do you have an explanation as to why we have failed to proceed with adequate research in this field?

Dr. CUTLER. Well, I think it is probably due to multiple factors. One is the complexity of the problem. Second, the answer must come from epidemiological studies, and those studies can only be of relevance when a sufficient time has passed. Actually, not enough time had passed to warrant any conclusions.

I would think that those are some of the factors in operation. But it is a sad fact that long—many years go by between the time that a significant observation is made and adequate studies are undertaken. That has been the rule.

Senator NELSON. But are the studies that are being done of adequate scope to evaluate the problems, once they are concluded?

Dr. CUTLER. So far as I know, the studies that are underway are totally inadequate to cope with this very critical situation.

Senator NELSON. Thank you; go ahead, Doctor.

Dr. CUTLER. The early detection of breast cancer often presents formidable difficulties. Not infrequently when a lump is first felt in the breast, either by the patient or by her physician, it is already in a relatively advanced stage of cancer. This is further complicated by the patient's delay—which now averages about 7 months—in consulting her physician for fear of facing a diagnosis of cancer with possible loss of the breast. Periodic biannual examination of the breast helps greatly in early detection and prevention by surgical removal of precancerous lesions.

Recent progress in the technique of X-ray examination of the breasts, known as mammography, has led to the detection of breast cancers that are too small to be felt manually. Users of oral contraceptives should have periodic X-ray examinations of the breast.

Women using the oral contraceptives often develop fullness and tenderness of the breasts and in some cases actual enlargement which persists. Microscopic studies of biopsy material from patients who have taken the oral contraceptives show increased cellular activity, reflecting the stimulating effects of the estrogens. In my own surgi-