cannot be ignored. Both physician and patient must be made aware of the possible risks and give due consideration to alternative contraceptive methods.

I cannot help being greatly concerned for the millions of women who are bound to be frightened by the mere suggestion that in using the oral contraceptives they face a potential risk of breast cancer, and I think it would be utterly wrong to frighten millions of women unnecessarily over a potential risk which can be controlled, minimized, and perhaps even eliminated.

Senator McIntyre. May I interrupt you at that point, Doctor. You just told us, "it would be utterly wrong to frighten millions of women unnecessarily over a potential risk which can be controlled, minimized, and perhaps even eliminated."

Would you please tell the committee a little bit more about how this can be accomplished.

Dr. Cutler. By use of the weaker pill, 50 micrograms, instead of the stronger pill. This has been pointed out by the British scientists and is being more and more accepted by the profession in this country. The use of a weaker pill, and second, by its use over a limited period of time.

I will explain this point in greater detail, later in my statement.

Senator McIntyre. Well, all right; thank you.

Senator Nelson. May I ask a question. When you say over a limited period of time, what is that period?

Dr. Cutler. I have said in this statement 2 or 3 years. That figure is quite arbitrary. We are guessing and compromising. We have no definite knowledge. No one can say at what point it becomes a little more or a little less safe.

But experimental evidence in animals shows that the carcinogenicity is dose-related and time-related. The larger the dose, the more cancers that are produced. The longer the waiting period, the more cancers appear. It is on the basis of this time and dose relationship that we make this estimate, which is purely arbitrary. It could be 3 or 4 years, it could be 4 or 5 years. This is about as far as we can go with it. It is a compromise.

Senator Nelson. I would assume from what you previously said, when you refer to minimizing the risk, that you would recommend a 50 microgram of estrogens in the pill, that you would recommend a limited period of use. You also testified earlier in your statement as to need for a regular breast examination. You would include that with these other two; is that correct?

Dr. Cutler. That is right, sir.

Senator McIntyre. Doctor, in view of this, is there any reason why the high estrogen pills should remain available, in your opinion?

Dr. Cutler. I am not certain that I am competent to answer that question because I am not a gynecologist, and actually do not dispense the pill. I refer my own patients and friends who come to me to a gynecologist. But in discussing this matter with men who are highly sophisticated and experienced in this area, I get the clear impression that there is no real use for the larger pill. I am not absolutely sure about that. That is my impression.