Senator McINTYRE. Thank you very much, doctor.

Dr. CUTLER. In the final analysis, we are faced with this dilemma: Do the "blessings" of the pill outweigh its long-range potential hazards?

The available evidence indicating a relationship between the steroid hormones and the induction of breast cancer suggests that this relationship is dose-related and time-related. The higher the dose given and the longer the exposure, the greater the number of cancers produced in animals. It becomes obvious that it should be a matter of good medical practice to use the lowest doses which are effective, and to avoid the chronic use of oral contraceptives altogether.

Senator NELSON. What do you mean by chronic use?

Dr. CUTLER. I mean over a period of many years. Referring to a couple who had their family at a certain age, 35/36, and are considering the use of the contraceptive pill until the menopause, I think that perhaps should be dispensed with and perhaps another contraceptive considered under those circumstances. The combination type of pill containing 50 micrograms or less of estrogenic component is equally effective contraceptive as pills containing far higher doses and their use should be encouraged. This information I get from the gynecologists who have studied this problem extensively.

The chronic use of the pill for many years as a form of chemical sterilization is dangerous from the point of view of its potential carcinogenesis. Other methods of birth control which are strictly local in their mechanism of action, such as the diaphragm or the intrauterine device, provide perfectly adequate means of spacing children. If termination of a reproductive career for medical or other reasons is desired, the option of surgical sterilization should be available. I am told, and I was shocked to learn, that nearly one-half of the States in our country still have archaic laws on the books which either prohibit or discourage the use of voluntary sterilization. I hold that the fallopian tubes are the property of the woman and not government property. After completing its family, a mature couple should be able to elect other methods of birth control than the prolonged chronic use of the pill.

It has been said that the proven risks of taking the pill are less than the proven risks of pregnancy. No doubt this is true, and would be a valid argument if the sole alternative to the pill were pregnancy. It is also true that the potential long-range hazards of inappropriate chronic use of the pill may be considerably greater than anyone can really assess for another 10 to 20 years.

The women who have been taking the pill for 5 years or more are too few and too young to demonstrate any changes with respect to the risks of increasing the incidence of breast cancer. That risk is a potential time bomb with a fuse at least 15 to 20 years in length. I share the hope that the concern about this danger may be unfounded, and that the considerable experimental evidence may be inapplicable to women, but this is a gamble which is difficult to justify because of the large numbers of women at risk.

It seems to me that official policy and sound medicine should strongly dictate that the lowest effective doses of the pill be used for child-spacing purposes not to exceed 2 to 3 years, perhaps 3 or 4