

years, perhaps 5 years; the figure is purely arbitrary. A broad range of effective alternative methods of birth control should be made available, and women should be discouraged from using the pill as a form of chemical sterilization. The pill is neither dangerous enough to condemn it out-of-hand, nor safe enough to prescribe it as a universal panacea. The circumstances of its use should be carefully defined and steps thoughtfully taken to protect women from the consequences of slipping into the habit of taking the pill indefinitely.

Senator NELSON. Thank you very much, Doctor.

(The complete prepared statement submitted by Dr. Cutler follows:)

STATEMENT BY DR. MAX CUTLER*

Mr. Chairman and Members of the Subcommittee: I am Dr. Max Cutler, Medical Director of the Beverly Hills Cancer Research Foundation and a member of the surgical staffs of the Cedars of Lebanon and St. Johns Hospitals in Los Angeles. My interest in cancer extends over a period of almost half a century. I received my early training in cancer between 1924 and 1931 in the Memorial Cancer Hospital, New York, most of it under a Rockefeller Fellowship.

In 1931, I founded the Tumor Clinic of the Michael Reese Hospital in Chicago and served as its director for five years. In 1936, I served as Visiting Professor of Surgery in the Peiping Union Medical College, Peiping, China, under the auspices of the Rockefeller Foundation. In 1938, I founded the Chicago Tumor Institute and served as its director for thirteen years. Between 1931 and 1946, I was consultant in cancer to the U.S. Veterans Administration. I was a member of the National Advisory Cancer Council for three years and have served in an advisory capacity to the Food and Drug Administration as an expert witness.

In 1929-1930, I was engaged in a research project in collaboration with Sir Lenthal Cheatele at Kings College Hospital, London. Cheatele had developed a new technique for the preparation of whole serial sections of the breast. Microscopic study of these giant sections yielded the first significant information on precancerous lesions of the breast. The results were published in a monograph, *Tumors of the Breast*, in 1931 of which I was the junior author. In 1938 we donated approximately a thousand of these historic sections to the Army Museum of Pathology in Washington, D.C.

The statement which I shall present this morning deals exclusively with the question as to whether the protracted use of the oral contraceptive increases the risk of breast cancer in women. In approaching this problem, I have reviewed what I consider to be the most reliable reports in the scientific literature pertinent to this subject. I have also studied some of the conflicting evidence that has been presented before your committee.

Without minimizing the seriousness of the established side effects of the oral contraceptives, such as thromboembolism and certain metabolic disorders, the very nature of breast cancer as a suspected hazard places it in a special category. So cancer conscious has the public become that mere mention of the word is enough to throw most people into utter panic. In order to understand the complexity of the problem, it is necessary to point out some of the salient features of cancer of the breast and its relation to the ovarian hormones.

The intimate relation between the ovaries and breast cancer has been known for many years. Surgical removal or radiation treatment of the ovaries results in remissions in about 40 per cent of premenopausal women with breast cancer. This effect occurs as a result of a diminution of estrogen production in the body. In clinical practice, we avoid the use of estrogens for fear of increasing the activity of existing disease or stimulating the growth of clinically latent foci of breast cancer.

Recent studies have shown that the incidence of breast cancer increases before the age 55 but remains constant beyond this age. These findings suggest that the risk from breast cancer is related to the quality of ovarian function.

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