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. 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. The combination type of pill containing 50 micrograms or less of estrogenic component is an equally effective contraceptive as pills containing far higher doses and their use should be encouraged.

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 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 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 ten to twenty years.

The women who have been taking the pill for five 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 fifteen to twenty 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 two to three years. 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. When you say women should be discouraged from using the pill as a form of chemical sterilization, you are referring to long-term use?

Dr. CUTLER. Long term, yes, sir.

Senator NELSON. Senator Dole.

Senator DOLE. Just briefly, Dr. Cutler, Mr. Chairman, I would like at this time to place in the record a statement of Dr. Edward T. Tyler, medical director, Family Planning Centers of Greater Los Angeles.

(The document follows:)

FAMILY PLANNING CENTERS OF GREATER LOS ANGELES,
Los Angeles, Calif., February 24, 1970.

A Report For Senator Gaylord Nelson's Subcommittee.
From: Edward T. Tyler, M.D.

HONORABLE SENATORS: I have been invited to present my views to your Committee on oral contraceptives and the possible problems related to the use of these agents, particularly in the United States. While I am not certain it will