I should add that patients who have been operated on for removal of so-called benign tumors of the breast, in which the pathologist has been concerned about an overactivity of the cells under the microscope, should be considered in the high risk group.

I think we simply have to realize that there is reason for concern and do everything we can not to frighten the public by emphasizing that there has been no proof.

Senator DOLE. Do you think the physician generally is aware of the point you made in your testimony that where there is a history, family history of breast cancer, that the pill should not be prescribed? Is that general information or is it something new this morning?

Dr. CUTLER. That depends on the gynecologist. Many of my gynecological colleagues have called me over the years to ask whether a certain patient whom we are taking care of mutually should have the pill. I cannot say how widespread this knowledge is, it certainly is not new this morning, nor is it common knowledge among the profession.

Senator DOLE. That is a good point. As far as I know it has not been called to our attention previously, and it is something that should be conveyed at least to the physician, the gynecologist, who prescribes the pill.

You summarized quite well—that it is neither a panacea nor should it be condemned out of hand. You also indicate on page 10, that probably the potential risk can be controlled, minimized, or perhaps even eliminated. I assume it is to be inferred from your statement that with more research we can achieve this goal. How do you eliminate the risks?

Dr. CUTLER. Only by more research, and there are many avenues, clear cut areas, in which important information can be gleaned even before these many years pass from epidemiological studies. Hopefully, two things, one is that some information will come along as a result of research within the next few years that will give us some lead as to which way we are going and, of course, the other, hopefully, is that something altogether new in a contraceptive will come which will be more safe than anything we have now.

Senator DOLE. There has been a Corfman-Siegel study. Would additional studies of this type be helpful?

Dr. CUTLER. Yes. The Corfman study is extremely helpful and a very important epidemiological contribution. You see, epidemiology has become a science only in the last 8 or 10 years. Before that time, the results of some statistical studies have been quite uncertain. In recent years, epidemiological studies are far more scientific and more accurate and more reliable. And it is upon these that we really have to base our ultimate conclusions.

Senator DOLE. Thank you, Mr. Chairman.

Senator MCINTYRE. Doctor, back on page 6 you point out that recent progress in X-ray techniques have led to the detection of breast cancers that are too small to be detected manually, and for this reason you recommend that users of oral contraceptives have periodic X-ray examinations of the breast; I take it, along with other recommendations that you are making here about low estrogen content of the pill, trying to control the period for which it is taken,