

genetic or teratogenic effects, rheumatoid complications, thromboembolism, liver, blood and metabolic changes. Some of these effects have actually been recorded in a small number of cases, others are merely suspected. Virtually all of these witnesses strongly recommended that further research be undertaken to determine whether these apparent associations were real, what the actual hazards might be, and how the vulnerable patients might be identified.

2. There was repetition of the arguments, many of which have been repeated for a decade, that steroids may either cause or prevent cancer. In the absence of any evidence whatsoever of human cancer due to oral contraceptives and in light of the long latent period of development of many cancers, both sides admit that the argument cannot be settled upon existing data and that additional research is needed to answer this most disturbing question raised.

3. There were several witnesses who were critical of the promotional material and other activities of drug companies in downgrading certain data or reported adverse reactions to oral contraceptives. Here, too, further research plus full and objective reporting of results is necessary.

4. There were witnesses who spoke more generally, in terms of the broad perspectives of pregnancy, of other contraceptives available, and of the need to weigh benefit and risk in each case. Because little is really known of how oral contraceptives—or most drugs, in fact—actually operate, to weigh a known benefit against an unknown risk is not a simple task—even when the risk is not demonstrably great.

5. There were, unfortunately, also charges made which, although supported by no new data, have in fact aroused considerable new anxiety among the 20 million women on five continents estimated to be using oral contraceptives. I would like, if I may, to include following this testimony an article from the New York Times of February 15, 1970, reporting an increase in unwanted pregnancies among women who discontinued use of orals because of widely circulated news stories and reports of possible danger.

Senator NELSON. May I ask a question at this stage.

This is an article from February 15, New York Times?

Mrs. PIOTROW. Yes, sir, it is.

Senator NELSON. What puzzles me is that that is 31 days after hearings started. I wonder how they accumulate these statistics of pregnancy since stopping the pill for such a short period?

Mrs. PIOTROW. I imagine that as soon as the women think they may be pregnant they go to the doctors rather promptly.

Senator NELSON. The story had to be researched, they had to go find some basis for this story, so at best you had a pregnant woman in 20 days or so.

It puzzles me the way these stories are thrown around by doctors who have no statistics and no proof, asserting that pregnancies occurred and some of them were asserting it within 14 days after the hearings had started. I think it indicates careless and hysterical comments by the medical profession. One doctor got out his computer and said this will cause 100,000 babies. They did not comment on the fact that, as Dr. Connell said last week, they had 116, I guess it was, requests, to transfer to another contraceptive.