TABLE V.—SUMMARY

	Table I	Table II	Table III	Table IV	Total	Percent of total
15 to 19	211	61	39	70	381	6.56
20 to 24	926	299	292	351	1,868	32.22
25 to 29	706	307	266	308	1,587	27.36
30 to 34	385	188	259	199	1,031	17.78
35 to 39	215	115	158	133	621	10.72
40 to 44	59	47	83	65	254	4.38
45 to 49	12	20	7	12	51	.88
50 to 55		1	1	3	5	.09
Total	2,514	1,038	1,105	1,141	5,798	99.99
Phlebitis	3	1	2	3	9	=1.55/1,000 incidence.
Embolism	0	0	1	1	2	=0.34/1,000 incidence.

TABLE VI.—COMPARISON OF AGE-SPECIFIC MORTALITY FROM THROMBOEMBOLIC PHENOMENA AMONG WHITE ENOVID USERS AND THE WHITE NONPREGNANT U.S. POPULATION, 1962

	Enovid users			General population		
Age group	Number of TE deaths	Population,[1] white females	Rate per million	Number of TE deaths	Population, white nonpregnant females	Rate per million
15 to 19	0	67,200	0	10	5,556,000	1.8
20 to 24	4	329,600	12.1	20	2,759,000	7.3
25 to 29	2	268,900	7.4	30	2,861,000	10.5
30 to 34	2	177,100	11.3	37	4,015,000	9.2
35 to 39	2	106,300	18.8	40	5,037,000	7.9
40 to 44	2	43,500	46.0	66	5,374,000	12.5
Total	12	992,600	12.1	203	25,602,000	[2] 7.9

[1] Age distribution is based on Dr. Allen's sampling of clinic and private M.D.'s and on an assumed total population of white users of Enovid.

[2] When adjusted for differences in age distribution this rate equals 8.4 deaths per million. The difference between the 12.1 and 8.4 rates is not statistically significant, but the differences between the Enovid users and general population rates for the 35 and over groups are highly significant. The Enovid rate for ages 20–24 is large enough to be of borderline significance (P=.06).

ASSUMPTIONS NECESSARY FOR THESE CALCULATIONS

1. That all users were white.
2. Distribution by age (estimated) is representative for Enovid users.
3. That our 60 percent sample provided a valid estimate of 1962 deaths from TE cases.
4. That all 1962 cases of fatal TE—Pulmonary embolism are known to us.
5. That the proportion of post-operative patients among the Enovid users (in the denominator) is not significantly different from that in the general population denominator.
6. That the proportion of deaths where Enovid was being used for pathologic states (noncontraceptive) is the same as the proportion of Enovid users for such States.

TABLE VII.—THROMBOEMBOLIC DEATHS PER MILLION IN WHITE USERS OF ENOVOID AND IN THE GENERAL POPULATION OF WHITE NONPREGNANT FEMALES

The two numerators and the two denominators used in obtaining the comparative death rates are shown below:

Envoid users:

Deaths (12).—White nonpregnant females; aged 15 to 44; death associated with PE/TE; excludes post-operative cases. Equals 12.1 deaths per million users.

Enovid Users (992,000).—White females; aged 15 to 44.

Nonusers:

General population deaths (203).—White nonpregnant females; aged 15 to 44; deaths classified under ISC codes 463–6; excludes post-operative cases. Equals 8.4 deaths per million users

General population (25,602,000).—White nonpregnant females; aged 15 to 44.