



The Deadly After-Effect of Abortion: Breast Cancer

A first pregnancy permanently changes the structure of a woman's breasts. Before she is pregnant, her breasts cannot produce milk, as the gland cells are immature and underdeveloped. When she becomes pregnant, estrogen and other hormones flood her system. This results in rapid growth in size, while the internal structure undergoes dramatic change.

Cells, previously dormant, rapidly grow into a system of branching ducts and gland cells capable of producing milk. Once this growth, change and maturing is complete, there is no further significant change the rest of her life. Once mature, the chance of developing cancer is much less. When these cells are changing and transitional, they are less stable and have much greater potential of becoming cancerous. If she completes her first pregnancy, this unstable period passes and her gland cells mature and stabilize.

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But – if she interrupts her pregnancy, in its early phase – 90% of abortions are done in the first trimester – she in effect stops the development of the cells at this unstable, transitional phase. It seems apparent that cancerous changes can and do occur more frequently among these transitional cells of a woman who has terminated her pregnancy. If she aborts more than once before completing a pregnancy, her chance for cancer increases even more. A subsequent full term pregnancy helps, but sadly never removes the sharply increases threat of cancer.

- There are almost 1,300,000 abortions in the U.S. each year, 56% are first abortions, 44% second or more.
- One woman in nine will develop breast cancer, and 25% of them will die.

Increase – how much?

Women who carry their first baby to term sharply cut their chance for breast cancer. Women who abort their first pregnancy sharply increase their chance. With 2 or more abortions, there is a 3-4 fold increase.

For Instance

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A 15 year old girl has about one in nine or an 11% lifetime risk of breast cancer. If she gets pregnant in her teens and has the baby, she reduces her risk to about 7.5%. However, if she has an abortion, her risk rises to over 15% (assuming she has at least one child in her 20s). If the abortion sterilizes her, and/or for other reasons she never has another pregnancy, her risk rises to 30%.

7,000 added to deaths?

In the United States, almost 700,000 women abort their first pregnancy each year. Of these, 11% or 77,000 would have developed breast cancer. But, because of their abortions, the number of cancer cases will increase to approximately 105,000. Of these extra 28,000 cases, 25% or 7,000 additional women will die of breast cancer every year.

Abortion mortality?

The abortion industry claims 1 per 100,000 or about 13 maternal deaths per year in the U.S. from induced abortions. If, however, we add these 7,000 deaths, a total of 7,013 will be dying annually. Compare this to mortality from childbirth which totals about 240 per year.

Is Breast Cancer Increasing?

Yes, in 1962 there were 63,000 cases

in 1972 there were 90,000 cases

in 1982 there were 120,000 cases

in 1992 there were 180,000 cases

in 2001 it held at 180,000 cases

What increases a woman's risk?

Breast Cancer in close relatives; never having a baby; early onset and late cessation of menstruation; possessing certain genes; and induced abortion particularly of first pregnancy are major risk factors.

Smoking, toxic chemicals, high fat diet, contraceptives and other drugs, alcohol, and electromagnetic fields are among other suspected risk factors.

What protects her?

Completing her first pregnancy by her early twenties. We must also counsel her not to abort her first pregnancy. A spontaneous miscarriage does not increase her risk.¹

When was this first suspected?

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Dr. M. Pike² at the University of Southern California in 1981 did the first major study. He showed that aborting her first pregnancy increased her chance of developing breast cancer by a factor of 2.4 times.

There were other studies?

Yes. Dr. H. Howe³, using New York State official Health Department records, found that aborting her first pregnancy had 1.7 times increased risk of breast cancer under age 40. If she also aborted her 2nd or/and 3rd pregnancy, her risk was 4.0.

Dr. Janet Daling's⁴ study in 1994 received worldwide publicity. She found:

- An induced abortion increased the risk of Breast Cancer before age 45 by 50%.
- If done before 18 years, it increased by 150%.
- If done after 30 years, it increased by 110%.
- If she had a family member with breast cancer and aborted after 30 years, her risk increased by 270%.
- All 12 women in the study, with such a family member who aborted before age 18, got breast cancer before age 45

New scientific evidence shows that the increase in abortions worldwide has caused a sharp increase in breast cancer. Over thirty-four studies indicate that women who abort their first pregnancy have a much higher risk of developing cancer.

In Greece:⁵ An overall increased risk of 51% was reported in 1995.

In Paris:⁶ Having at least two abortions is associated with an increased breast cancer risk of 2.1 times.

In USA:⁷ An increased risk of 23% was shown. For those over 60 years the risk was 80%.

How about recurrences?

In 1983 H. Ownby⁸ found among breast cancer patients whose disease had been in remission, a:

10% recurrence in women whose first pregnancy went to term.

20% recurrence in women whose first pregnancy was aborted.

30% recurrence in women who also aborted their second and/or third pregnancy.

And aggressiveness of the cancer?

Dr. H. Olsson⁹ found, if she had aborted her first pregnancy, that the cancer was more aggressive, metastasized earlier and was lethal more quickly as compared to women who had completed their first pregnancy.

What about studies showing no risk?

With few exceptions these were flawed by: inappropriately crude age matching or adjusting of controls (the main problem); interpreting as statistically insignificant some retrospective case controls with low statistical power; minimizing the actual results obtained in their conclusions; the actual results obtained in their conclusions; and attributing results to patient's "recall bias" even though a close exam refutes such a claim.¹⁰

The Swedish Lindford Harris Study¹¹ is an example of an invalid study. It claimed "no overall risk after abortion in the first three months" - but it:

- Combined those who aborted their first pregnancy with those who completed their first pregnancy.
- Had no control group. It compared with the total population which includes those who aborted.
- Claimed "recall bias" with no proof.

In its conclusion it did not mention that in its findings is showed first that

- Women, aborted after a term delivery, equaled 58% of average risk.
- Women, aborted before a term delivery, equaled 109% of average risk.

The Danish, Melby Study was also fatally flawed¹².

- It listed legalization as in 1973 whereas it was actually 1939, so 60,000 post abortive women before 1973 were listed as non-abortive.
- One fourth were under 25 years old and they were too young to have cancer.
- Even with this gross imbalance there was an increased relative risk of 1.44 not reported in conclusions.

What about Contraceptive Pills?

This is exhaustively examined and reported in Dr. Chris Kahlenborn's book *Breast Cancer...and the Contraceptive Pill*¹³. It conclusively shows definite linkage particularly if used before age 20 and if taken for many years.

Why is this not reported?

TIME¹⁴ Magazine and both the AMA¹⁵ and New England Journals¹⁶, in reviewing pre-disposing factors, did not include abortion. Dr. Remennick¹⁷ concluded "an initial attitude of researchers toward abortion usually determines the way they interpret results."

How many studies are there in the Medical Literature?

There are now over 50. Of 34 statistically significant studies worldwide, 27 show a positive correlation between abortion and breast cancer. In the U.S., it is 13 out of 15¹⁸.

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Footnotes

¹MacMahon, B, et al, (1970) Bull. Wld. Hlth. Org. 43:209-21.

²Pike MC, (1931) Brit. J. Cancer. 43:72-6.

³Howe HL, (1989) Int. J. Epidemiol., 18:300-4.

⁴Daling, J. et al, Risk of Br. Ca. Among Young Women, J. Nat Ca. Inst., Vol. 86, No. 21, Nov 2, '94, Pg. 1584.

⁵Lipworth, L, (April 1995) Int. J. Cancer.

⁶Andrieu, N. Role of Genetic and Repro. Factors (1994)

⁷Newcomb, P. et al, (1996) Preg Termin. & Risk of BR. Ca. JAMA, Vol. 275, No. 4, Pg. 283.

⁸Ownby, H., Interrupted Preg...Poor Prognosis...in Br. Ca. (1983) Br. Ca. Res. Treat 3:339-344.

⁹Olsson, H. et al, (1991) Cancer 67:1285-90.

¹⁰Brind, Joel, Baruch College numerous articles Natl. Right to Life News

¹¹B.-M.-Lindfors-Harris et al, Response Bias...abortions...two Swedish studies, (1991) Am. J. Epidemiol., Vol. 134, No. 9, Pg. 1003.

¹²Melbye et al, "Induced Abortion and the Risk of Breast Cancer", N. Eng. J. Med., 1997; 336:81-5.

¹³Breast Cancer and the Contraceptive Pill, (ISBN 0-9669777-3-4)

¹⁴TIME, Jan. 14, 1991

¹⁵JAMA, July 21, 1993

¹⁶N. Eng. J. Med., Jan. 1994

¹⁷Remennick, L. (1998) Int. J. Epidemiol., 18:498-510.

¹⁸Brind et al, Induced Abortion...risk...br. cancer, J. Epidem. Community Health 1996, 50:481-

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96. This meta-analysis of the 28 studies (published by 1996) showed abortion to be a significant independent risk factor for breast cancer.