Barrier Contraception and Breast Cancer

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Barrier Contraception and
Breast Cancer

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Philadelphia, July 1978-June 1979 Arne N. Gjorgov

Foreword

This study was initiated and conducted to determine whether or not human semen deposited in the vaginal canal of married women might reduce the incidence of breast cancer. Dr. A. Gjorgov presented evidence that women who have used barrier contraceptive methods for extended periods of time have a risk of developing breast cancer that is 4.6—5.2 times the risk of women who used other (nonbarrier) forms of contraception. A barrier contraceptive method is defined in this study as one which obstructs the passage and resorption of seminal content during sexual contact, such as the condom and withdrawal. The principle message of this study may be summarized as follows: Elimination of the male barrier methods of contraception would induce a break in the presently rising trend of the incidence of breast cancer and would initiate a decline of the number of new patients with the disease. As a result of this preventive action, the reduction of the incidence of breast cancer is estimated by as much as 50% of the currently observed frequency.

The hypothesis is startling, the study and its concepts are thought-provoking, and the results and the prospects for prevention against breast cancer are challenging. This is a rare study in which evidence is presented to support the indication of a possibility for preventive action against breast cancer. Certain related aspects of the disease and of the study merit further emphasis.

Traditionally, breast cancer belongs to the surgical practice, in its overt as well as undefined stages. Despite the abundant literature on breast cancer, the centuries long experience in diagnosis, management, and surgery, contemporary chemotherapeutic clinical trials, radiation treatment, hormonal therapy, population screening programs, self-examination campaigns, and extensive field and experimental studies of the etiology and control of the disease, the loss of valuable lives and productivity of women in their mature years as well as the extent of human suffering were never substantially affected. No answer has been reached to the dilemmas surrounding the disease, and the frustrations in dealing with the disease persist. These dilemmas were best underscored by one of the most prominent cancer pathologists, James Ewing, who wrote in his classical work Neoplastic Diseases in 1940: 'From clinical and pathological studies I have drawn the impression that, in dealing with mammary cancer, surgery meets with more peculiar difficulties and uncertainties than with almost any other form of disease. The anatomical types of the disease are so numerous, the variations in
clinical course so wide, the paths of dissemination so free and diverse, the
difficulties of determining the actual condition so complex, and the sacrifice of
tissue so great as to render impossible in a majority of cases a reasonably
accurate adjustment of means to ends.'
I would leave the evaluation of the nature of the asserted methods of barrier
contraception and of the applied statistical procedures for quantitative analysis
to the experts. Assuming that the presented association of the exposure to
barrier contraception with the increased risk of developing breast cancer is
causal, the author concluded that a sizeable proportion of the female population
in the United States, married women in particular, experienced this major health
hazard because of the use of these methods for regulation of their fertility in the
childbearing age. The hypothesis is based on the evidence of presence of
biologically active factors (prostaglandins?) in human seminal plasma. The
author believes that the elimination of the risk of pregnancy is compounded by
these inappropriate male methods for fertility control with the elimination of
some protective factors in the human biological balance. It was found that the
risk of developing breast cancer differed in the groups of the study cohorts
according to the reported pattern of contraceptive practice. It was estimated
that 17.4% of women using condom or withdrawal, and 3.9% of women using
nonbarrier techniques (diaphragm, rhythm, pill, IUD, foam-cream-jelly, tubal
ligation) would develop breast cancer, a risk ratio of 4.5 times. It was further
estimated that the harmful (carcinogenic) effect is operative when condom and
withdrawal are used at a frequency of 50% or more in a 5-year period during the
reproductive age of 15—40 years.
The study reflects an outlook and response of an observer with a different
cultural background to the challenges, needs, priorities, and controversies of the
contemporary American scientific, technological, and cultural environment. This
cultural tradition of international cooperation was instrumental in generating
this study and its promising results, and may confirm the pattern of scientists to
pursue investigations, epidemiological or clinical, to study medical phenomena
in populations different to their own.
The study is not necessarily concurrent with the concepts and theories
presently prevailing in the field. The biological plausibility of the research
hypothesis and of the collected data is judged, besides the presented results,
according to the consistency with or explanation of as many facts of life or
observations as possible. The study and its results seem to help explain the
changing frequencies and the increasing incidence rates of breast cancer, the
international differences of the disease, and most of the reproduction-related
risk indicators. In epidemiological terms, the results of the study showed that
the effects of a number of other reproductive and biological factors, such as age
at first birth, parity, age at menarche, lactation, family history of breast cancer, had noncausal associations with the breast cancer risk.

Foreword X

The author indicates that theoretically almost 80% of the causative effect in the epidemiology of breast cancer could be attributed to the long-term contraceptive exposure (use) of condom and withdrawal. The study and its results may prove to be a contribution of considerable impact in medical and public health fields if the main conclusions of the study are verified to be consistent with the etiology and epidemiology of breast cancer, including the predicted reduction of the incidence rates of the disease in married women in the United States population and, perhaps, in the populations of other countries. Until other confirmatory studies are conducted, the preventive aspects defined in this study, i.e. the information of and suggestion for elimination of the devastating effects of condom use on woman’s health, I believe are significant enough to be conveyed to the medical profession as well as to the contraceptive users in the community.

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