



8th Congress of the European Society of Contraception  
"A holistic approach to sexual health: is it needed, appropriate and possible"  
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Report from Meet the Expert session:  
" Breast cancer and oral contraceptives "  
Friday 25 June 2004, 13:00-14:00

Experts: Dr. Anne Szarewski (UK) & Prof.Dr. Carlo La Vecchia (Italy)

Most information on the relation between breast cancer and OC use derives from a collaborative re-analysis of individual data including 53,297 women with breast cancer and 100,239 controls from 54 epidemiological studies. This provided definite evidence that current users of combined OC, and women having stopped use no more than 10 years previously, have a small increase in the RR of breast cancer (RR=1.24). However, 10 or more years after stopping use the risk levels off to approach that of never OC users. The results were similar in women with different background risks of breast cancer. Only women who had begun use before age 20 had an apparent and persistent moderate excess risk (RR=1.22) of breast cancer. Breast cancers diagnosed in ever OC users were clinically less advanced. It is not possible to infer from these data, however, whether this could be attributed to earlier diagnosis, biological effects of OC, or a combination of reasons. Other features of OC use, such as duration, dose and type of hormone formulation, had little effect on breast cancer risk on the basis of that collaborative re-analysis.

A few additional cohort and case-control studies of OC and breast cancer have been published after that collaborative re-analysis. In the Royal College of General Practitioners oral contraception study including 46,000 women, as well as in the Oxford-FPA cohort study, no association was found between breast cancer mortality and various measures of OC use after several decades of follow-up. Another cohort study of 426 families of breast cancer probands in Minnesota, USA suggested that ever users of earlier formulations of OC with family history of breast cancer were at high risk for the disease (RR=3.3). That study was however based on 38 familial case users only, and contrasted with findings of the collaborative re-analysis which showed no excess risk in users with a family history of breast cancer. A report from the Nurses' Health Study II cohort study suggested a favourable effect of physical activity on breast cancer risk in current OC users only, but the data were too limited to adequately assess the interaction between physical activity and OC use. In the women's Contraception and Reproductive Experiences (CARE) study (Norman et al., 2003), a population-based case-control study of 1847 postmenopausal women from the USA, previous OC users were not at increased breast cancer risk, and there was a negative interaction between combined hormone replacement therapy (CHRT) use and past OC use. In fact, the excess risk for CHRT use was restricted to never OC users, but it was not observed in past OC users. A few other recent studies from the USA and Norway suggested that the use of more recent, low dose OC is not materially related to breast cancer risk.

Carlo La Vecchia, 7/9/2004  
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