

Health news

Reduce risk of cancer with the pill



By

REBECA KUROPATWA

When the birth control pill was first developed in the 1960s, researchers were initially looking for something to help people with infertility issues (who weren't ovulating), using various estrogen products in different dosing.

Dr. Gregory Goodwin Pincus (April 9, 1903 - August 22, 1967), an American biologist and researcher, was researching in Puerto Rico with his team when he realized the doses they were giving did not stimulate ovulation. Instead, they were stopping it.

And so, they realized what they had happened upon – the invention of the first birth control pill (in the 1960s).

Then, they began conducting different studies to determine how it would (a) prevent ovulation and (b) what side effects would occur.

"The doses of those first pills were at least eight-ten times higher than the doses today," said Dr. Richard Boroditsky, Professor of Obstetrics and Gynaecology and Medical Director of the Mature Women's Centre. "They realized over the years that you could get the same effect when dropping the doses. To give an example, the doses in the old days were 100-200 micrograms of estrogen and now they're down to 20 micrograms of estrogen.

"A major problem with the pill in high doses was the side effects, but women then were so happy to have a method of birth control that they didn't complain about the side effects, like nausea and breast tenderness. But, we noticed a very high incidence of blood clots – not quite as high as when you're pregnant but still high."

What came next was the development of lower dose pills – first getting down to less than 100 micrograms, then to less than 50 micrograms.

"If you drop the estrogen dose down to 50 micrograms or less (which is the dose in all birth control pills now), you decrease the risk of blood clots significantly," said Boroditsky.

"Today, the risk of a non-pill user developing a blood clot is about one-five per 10,000 women in the reproductive age group. If they're on the pill, their risk goes up to three-nine women per 10,000. If you triple a very rare risk, it's still rare.

"The risk of a pregnant woman developing blood clots is about 20 per 10,000. And the risk, after a woman delivers a baby, goes up to about 40-70 per 10,000. And if you breast feed, the risk is even higher."

According to Boroditsky, non-contraceptive benefits of the birth control pill are decreased menstrual flow, regulated menstrual flow, decreased pain during or in between periods, decreased PMS, and decreased acne.

"The major non-contraceptive benefit of the pill is it decreases the risk of developing cancers," said Boroditsky.

"The risk of a woman developing ovarian cancer in her lifetime is about eight per 1000 (about 0.8 percent)," he said, noting ovarian cancer is very hard to diagnose and usually, by the time it is diagnosed, it has already spread.

"Studies have shown the longer you're on the pill, the more you drop your risk of developing ovarian cancer – anywhere from a 10 percent decrease if you're on it for one year to a 50-70 percent decrease if you're on it for five years or more.

"In general, with breast cancer, (the most emotional and sensational cancer), there is no increase of developing it if you're on or have been on the pill.

"Women who do develop breast cancer on the pill are often young and it is usually detected early, with less spread and less death. If anything, the pill decreases the risk in people with family histories of developing breast cancer.

"Women who develop cervical cancer on the pill are often younger and sexually active with multiple partners before going on the pill. So, it's not the pill that causes or puts you at greater risk of developing cervical cancer. It's sexual activity.

"Cancer of the uterus is a lot more common than people think, averaging around 20 per 1000 women in their lifetime. Those at much higher risk are obese women (especially post-menopausal), women who've never been pregnant, and women with more menstrual periods.

"Women who continue producing estrogen but don't have progesterone (i.e. don't ovulate) or who are obese into the post-menopausal stage are at much higher risk of cancer of the uterus. But women on the pill, the longer they are on it, have anywhere from a 50 to 80 percent drop in the risk of developing uterine cancer."

According to Boroditsky, people do not talk about how the pill helps prevent cancer, because the popular perception out there is that hor-



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mones (i.e. the pill, hormone therapy, etc. cause cancer), noting "This message has been promoted by the media who have done a terrible disservice to women.

"I have to continually do a selling job to women to go on the pill because of its many benefits, yet bovine, pig, and adrenal gland hormones imported from the States are being touted as risk free and natural. In fact, compounded, bio-identical hormones are a huge marketing scam, are not safer, and, in some cases, have been reported to not protect the uterine lining and increase the risk of uterine cancer.

"Medical experts have known and been talking about the non-contraceptive benefits of oral contraceptives for years, but our patients are vulnerable to social and peer pressure regarding the risks of taking hormones. The media has been unaccountable and continues to fan the fear of taking hormones."

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