

Gregg L. Cunningham, Executive Director

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Dear Pro-Life Supporter,

Any fair reading of the research findings establish the fact that the causal connection between abortion and breast cancer is compelling. And this is particularly bad news for African-American women: The *2010 Census Briefs*, “The Black Population: 2010,” <http://www.census.gov/prod/cen2010/briefs/c2010br-06.pdf>, September 2011, says that African-Americans make up 12.6% of the U.S. population. The Centers for Disease Control, “Abortion Surveillance – United States, 2009,” appearing at the website <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6108a1.htm>, November 23, 2012, says black women accounted for 35.4% of all abortions in 2009.

BreastCancer.org, “U.S. Breast Cancer Statistics,” warns that “[i]n women under 45, breast cancer is more common in African-American women than white women. Overall, African-American women are more likely to die of breast cancer. For Asian, Hispanic, and Native-American women, the risk of developing and dying from breast cancer is lower” [emphasis added]. “In 2016, [among women of all races] an estimated 246,660 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 61,000 new cases of non-invasive (in situ) breast cancer.” The site notes that “[a]bout 40,450 women in the U.S. are expected to die in 2016 from breast cancer ....”

Of greater concern to all women, but especially black women, is the notice by pro-life OB/GYNs (<http://aaplog.org>), “AAPLOG Statement on the Association of Induced Abortion and the Subsequent Development of Breast Cancer”:

Using the Gail Model for Breast Cancer Risk Analysis (Thorp, *et al.*, (2002) Long-Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence, Vol. 58, No. 1, p. 75,76, and table 8,9,10), we see that an 18-year-old black woman who has an abortion, then has a baby 5 years later, has double the chance of getting breast cancer than if she had delivered the first (at age 18) pregnancy. Same scenario for a Caucasian would show a 28% increase ... [emphasis added].

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As of 2004, 41 studies had been published in the worldwide medical literature (including 16 American studies) reporting data on the risk of breast cancer among women with a history of induced abortion. 29 (70%) of these studies report increased risk. Thirteen of the 16 (81%) American studies report increased risk, 8 with statistical significance (at least 95% probability that the result is not due to chance) irrespective of age at first full-term pregnancy. The relative risk increase of the 41 studies combined is 30%. (Note: this means that among aborting women there would be a 30% increase in breast cancer cases over what would normally be expected. In the current American abortion experience, this would result in approximately 5,000 additional cases of breast cancer per year in the U.S. ...) [emphasis added].

The aforementioned AAPLOG article also observes that the Daling Study (Janet R. Daling, Kathleen E. Malone, Lynda F. Voigt, Emily White and Noel S. Weiss, *Journal of the National Cancer Institute* 86 (1994): 1584-1592) “found an overall 50% breast cancer risk increase by age 45 for women who have had an induced abortion.” The study also found that for aborting women with a family history of breast cancer, “the increase in risk was 80%.” If a woman aborted before age 18, “the increase in risk was more than 100% (doubled!).”

AAPLOG further found that the Howe Study (Howe, *et al.*, “Early abortion and breast cancer risk among women under age 40,” *Int J Epidemiol* 18 (1989): 300-304) “reported a statistically significant 90% increase in breast cancer risk by age 40 with a history of induced abortion.” This Howe study was “... immune from charges of interview bias: no interviews [were conducted or relied upon].” The study also had “excellent methodology: [it was] totally records based, and there was mandated reporting of both the fetal death (abortion) and of breast cancer.” The association argues that “[a]ll interview studies are subject to potential inaccuracy due to ‘recall bias’ (also called response bias, or reporting bias). But those who deny the ‘ABC [Abortion Breast Cancer] link’ twist this concept ... into ‘selective recall bias.’ They theorize (without proof) that women with breast cancer will selectively admit to their abortion history, [but] healthy ‘control group’ women will more likely selectively deny their abortion history.”

Why are “interview” based studies so widely employed but so little criticized when the studies’ topics involve everything but abortion? For instance, the book *Medical and Health Sciences – Volume X*, Osmo Otto Paivio Hanninen, Mustafa Atalay, B.P. Mansourian, A. Wojtezak, S.M. Mahfouz, Harry Majewski, Elaine Elisabetsky, Nina L. Etkin, Ralph Kirby, T.G. Downing and M.I. El Gohary, eds. (EOLSS Publishers/UNESCO, 2010) reports at page 97 that “[i]n the past 30 years 112 consumer food safety studies have been undertaken using different research methodologies (see Table 3). Eighty-three percent utilized survey techniques (questionnaires and interviews) ...” This disparity in standards for evaluating methodological validity suggests that politics plays a role when abortion is the issue.

AAPLOG says that “three studies (Wantanabe (1968), *Nippon Rishno*, 26: 1853-9 from Japan, in Japanese; Lipworth (1995) *Int J Cancer*, 61:181-4, from Greece; Daling, (1994) *JNCI* 86:1584-92, USA) all had, within their study design, a method to show selective recall bias, if it existed. None showed this bias.” AAPLOG also cites another study to support this contention:

Tang (Mei-Tzu C. Tang, Noel S. Weiss, Janet R. Daling, and Kathleen E. Malone; Case-Control Differences in the Reliability of Reporting a History of Induced Abortion; *AJ Epidemiology*, Vol. 151, #12, June 15, 2000) conducted a study to specifically demonstrate recall bias. The cancer patients and the healthy controls BOTH exhibited [exactly the same degree of recall bias, offering compelling evidence that “selective recall bias” is a myth].

This finding “strongly suggests the world literature (29 of 41 studies by 2004) reporting an average 30% increase in breast cancer in patients who had undergone abortions is very likely accurate.”

Joel Brind (a cancer researcher and professor of human biology and endocrinology at Baruch College, City University of New York) complains in *National Review* (“Abortion and Breast Cancer: The Stubborn Link Returns,” March 10, 2015) that “[a]lthough the Meirik study [led by Olav Meirik of the World Health Organization], the only published study that claimed to report direct evidence of the response-bias hypothesis, was debunked in 1998, response bias continues to this day to be invoked as a matter of fact by [abortion-rights campaigner Dr. David Grimes, a clinical professor at the University of North Carolina School of Medicine] ...” Dr. Brind observes tellingly that “... Grimes is silent on the veritable tsunami of ABC-link evidence that has poured in from Asia in just the past few years.”

Grimes is also “silent” on the proven methodological deception dishonestly practiced by researchers producing studies positing no ABC link (see HuffingtonPost.com, “How Safe is Abortion?” March 3, 2015, and “Hush: The Documentary – Hubris and Hypocrisy about Abortion,” Sept. 2, 2016). He merely repeats and repeats the names of the mainstream medical associations who repudiate the ABC link without attempting to defend the indefensible fact that these associations are relying on flawed studies which have been discredited in excruciating detail. Dr. Brind criticizes Dr. Grimes for “misrepresentation of bad science” and for relying on “100 percent fictitious” tabular data to validate his defense of selective “recall bias.”

In the *Journal of American Physicians and Surgeons*, Vol. 10, No. 4, Winter 2005, 105-110, Dr. Brind argues, for instance, that:

Although many case-control studies, based mostly on retrospective collection of data, have shown a statistically significant increase in breast cancer risk after induced abortion, especially before the first full-term pregnancy (FTP), this risk is denied by the National Cancer Institute and many researchers. The conclusions of ten recent studies based on prospective data collection are cited to buttress this position [that abortion is not causally linked to breast cancer]. These studies are examined in detail, with a focus on methodologic aspects [in the article below]. Collectively, these studies are found to embody many serious weaknesses and flaws, including cohort effects, substantial misclassification errors due to missing information in databases, inadequate follow-up times, inadequately controlled effects of confounding variables, and frank violations of the scientific method. These recent studies therefore do not invalidate the large body of previously published studies that established induced abortion as a risk factor for breast cancer.

Breast cancer incidence is increasing, as predicted from earlier studies. Disclosure of the probable contribution of induced abortion to the increase in risk should be part of the informed consent process for abortion [emphases added].

In that same connection, the American College of Pediatricians (ACP), in “Abortion and the Risk of Breast Cancer: Information for the Adolescent Woman and Her Parents” (Jane Anderson, M.D, FCP, Clinical Professor of Pediatrics, U.C. San Francisco), also offers caution regarding informed consent:

ABSTRACT: Studies from many nations suggest that induced abortion (IA) may be a causal risk factor for the development of breast cancer. Researchers agree that IA contributes to the increased risk of breast cancer by delaying the timing of a full-term pregnancy which is a protective factor. Increasing numbers of studies now show that IA prior to 32 weeks in and of itself is a risk factor for breast cancer due to the physiology of breast development and the manner in which abortion interferes with the maturation of the breast cells. Although largely ignored by the mainstream medical community, this risk information deserves a prominent place in the education of all adolescent women who may, in the future, consider an IA [emphasis added].

This ACP article notes that “the vast majority of studies (57 of 73 worldwide) ... show a strong association between IA and an increased risk of breast cancer.” The authors criticize the medical establishment for denying the ABC link by dishonest “bias in the selection of articles chosen for ‘exhaustive review,’ as well as flaws in methodology (e.g. including spontaneous abortions [which don’t increase the breast cancer risk when occurring in the first trimester of pregnancy] along with IAs) ....”

The article also refers to a Finnish study (Klemetti R., Gissler M., *et al.*, “Birth outcomes after induced abortion: a nationwide register-based study of first births in Finland,” *Hum. Reprod.* (2012): 1-6) as one of

multiple analyses finding increased abortion risk with each successive abortion. The authors note that in 2006, “45 percent of [U.S.] abortions were repeat abortions.”

But pro-abortion campaigners such as David Grimes and Ann Furedi (president of the British Pregnancy Advisory Service (bpas)) persist in denying any abortion-breast cancer (ABC) link by relying on studies they know to be embarrassingly flawed. The so-called “Danish Study,” more precisely known as the Melbye Study (Melbye M., Wohlfahrt J., Olsen J.H., Frisch M., Westergaard T., Helweg-Larsen K. and Andersen P.K. *N Engl J Med* 336 (1997): 81-85), found no ABC link but according to AAPLOG, “[o]f the 10,000 women who had breast cancer, most are too old to have their abortion history on registry record ...”

This study was also misleading because “about 60,000 women who had abortions before 1973 were misclassified as having no abortion.” The result was an “underestimation of the relationship between abortion and breast cancer.” Also problematic was the fact that “25% of the women in the study were under age 25 at the close of the study. Their abortions are on the government registry. But they were too young to have developed breast cancer.”

The second study on which the medical establishment relies to deny the existence of an ABC link is known as the Beral Study (Beral V., *et al.*, “Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries,” *Lancet* 363 (2004): 1007-1016).

The AAPLOG article cited above says that:

By 2004 there were only 41 published world-wide studies. How did she [Ms. Beral] get 53 studies? By finding 12 more, one would expect. WRONG! Actually, Beral took the 41 published studies, and excluded 15 ... (these previously published studies together showed an 80% increase in breast cancer risk after abortions!). Beral then added 27 previously unpublished studies of her own choosing, and came to the conclusion that there is no association [between abortion and breast cancer] [emphasis added].

Concerning the questionable reliability of “unpublished” studies, the *Cochrane Handbook for Systematic Reviews of Interventions*, version 5.1.0, March 2011, says:

The inclusion of data from unpublished studies can itself introduce bias. The studies that can be located may be an unrepresentative sample of all unpublished studies. Unpublished studies may be of lower methodological quality than published studies: a study of 60 meta-analyses that included published and unpublished trials found that unpublished trials were less likely to conceal intervention allocation adequately and to blind outcome assessments (Egger 2003) [emphasis added].

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Reasons for reluctance to include grey literature included the absence of peer-review of unpublished literature. It should be kept in mind, however, that the refereeing process has not always been a successful way of ensuring that published results are valid (Godlee 1999). The team involved in preparing a Cochrane review should have at least a similar level of expertise with which to appraise unpublished studies as a peer reviewer for a journal. On the other hand, meta-analyses of unpublished data from interested sources are clearly a cause for concern [emphasis added].

There has emerged, in fact, a recent epidemic of research fraud. *The Washington Post*, March 27, 2015, reported a story headlined “Major publisher retracts 43 scientific papers amid wider fake peer-review

scandal.” The story says that “[a] major publisher of scholarly medical and science articles has retracted 43 papers because of ‘fabricated’ peer reviews amid signs of a broader fake peer-review racket affecting many more publications.” It adds that “[t]he publisher is BioMed Central, based in the United Kingdom, which puts out 277 peer-reviewed journals.” Most disturbing is the revelation that “the Committee on Publication Ethics, a multidisciplinary group that includes more than 9,000 journal editors, issued a statement suggesting a much broader potential problem.” This “problem” is defined as “systematic, inappropriate attempts to manipulate the peer-review processes of several journals across different publishers.” Peer review “is the vetting process designed to guarantee the integrity of scholarly articles by having experts read them and approve or disapprove them for publication.”

Peer review is being abused and it’s in trouble. *American Scientist*, in a 2011 article titled “A Troubled Tradition,” contends that “peer review is an imperfect system, fraught with questions of bias, efficacy and ethics. At each step of the process, there are opportunities and temptations for reviewers to go astray, and these can take many forms, from simple negligence to intentional abuse for personal gain.” Indeed, *Scientific American* published a February 13, 2013 article titled “Trial sans Error: How Pharma-Funded Research Cherry-Picks Positive Results.” It would appear that Ms. Beral was the very sort of “cherry-picker” decried in this article when she gamed her research to include studies which supported her desired outcome (no ABC link) and exclude those which suggested a different result (the existence of such a link). And this sort of manipulation doesn’t seem to be anomalous in the abortion-breast cancer research realm.

Donna Harrison, M.D. of AAPLOG notes in *Triple Helix*, Spring 2014, “Abortion & Breast Cancer: Women Have a Right to Know the Facts,” that “RCOG [the Royal College of OB/GYNs] leans heavily [on the Beral study] in formulating its abortion guidance,” and David Grimes says that he leans heavily on RCOG to defend his contention that abortion does not cause breast cancer (TheGuardian.com, “A scientist weighs up the five main anti-abortion arguments,” August 12, 2015). Now this rickety house of cards is crashing down on the corrupt politicians who masquerade as objective cancer experts.

Joel Brind (LifeNews.com, “Abortion Advocates Continue Denying Scientific Studies Showing Abortion-Breast Cancer Link,” March 3, 2015) adds in response that “[a] 2014 meta-analysis of 36 studies from mainland China (Huang Y., Zhang X., Li W., Song F., Dai H., Wang J., Gao Y., Liu X., Chen C., Yan Y., Wang Y. and Chen K. “A meta-analysis of the association between induced abortion and breast cancer risk among Chinese females,” *Cancer Causes Control* 25 (2014): 227-236) reported a 44% overall increase in breast cancer risk among women with any abortions.”

Dr. Brind adds that “the strongest evidence [actually] comes from South Asia (i.e., India, Pakistan, Bangladesh, Sri Lanka),” and he cites abortion-breast cancer risk findings which “average greater than fourfold and as high as 20-fold, according to at least a dozen South Asian studies in the last 5 years alone.” In his most chilling prediction, Brind estimates that “[w]ith over a billion women in China and India alone, it’s very conservative to predict millions of breast cancer deaths in Asia attributable to abortion, in the coming decades.” He also explains that “[i]f half of those billion women (five hundred million) end up having one or more abortions, and as few as 2% of them end up with breast cancer as a result, that would be 10 million women.” Adding insult to injury, bpas president Ann Furedi issued an unethical bpas press release on January 22, 2009, in which she said, “For most women, having an abortion poses fewer medical risks than going through pregnancy and birth.” This is the lie told by the biased Royal College of OB/GYNs.

Joel Brind also criticizes the 2006 “Oxford” study (Reeves G., Kan S., Key T., Tjønneland A., Olsen A., *et al.*, “Breast cancer risk in relation to abortion: Results from the EPIC study,” *International Journal of Cancer* 119 (2006): 1741-1745), widely claimed by abortion proponents to rebut the ABC link. He points out in an October 18, 2006 press release (Coalition on Abortion/Breast Cancer) that “[b]oth abortions and breast cancer diagnosis were included right up to the same year – 2000. Many women were over 40 when

abortion was legalized in their respective countries. Therefore, many younger women with recent abortions were compared to older breast cancer patients who were too old to have been exposed to legal abortions during most of their fertile years.” The usual conniving contrivance.

Naturally, the abortion industry hysterically disputes any study which exposes the dangerous sequelae (side effects) of abortion. That sort of quasi-criminal dishonesty may sound familiar to anyone who remembers the tobacco wars. CancerCouncil.com.au features a report which reveals the depths to which unethical cigarette manufacturers stooped to conceal the hazards inherent in smoking titled “The Tobacco Industry – A History of Deception,” which describes litigation which forced the tobacco industry to open “40 million pages” of internal documents. Those documents “revealed decades of industry misconduct” such as “... denials of addiction and links between smoking and cancer” and “attempts to manipulate scientific research” and “... attacks on epidemiology and epidemiologists ...” *The Guardian*, August 8, 2014, reports a similar story headlined “[Pro-life MP] Eric Abetz under fire for backing false claims linking abortion to breast cancer.” Ironically, pro-abortion Australian MPs are reported to be demanding that the Australian PM bar cabinet ministers from attending medical conferences if they believe abortion is causally related to breast cancer.

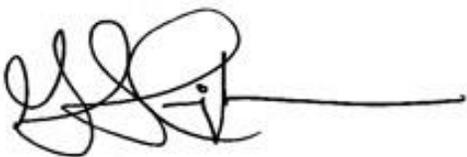
NYTimes.com, May 24, 2012, posted a story headlined “Battle Brewing Over Labeling of Genetically Modified Food.” The article said: “Farmers, food and biotech companies and scientists say that labels might lead consumers to reject genetically modified food ... without understanding its environmental and economic benefits.” To the arrogant CEOs of these companies, not unlike the arrogant management of the abortion industry, consumers are just too dumb to understand the science, so it should be hidden from them.

And this sort of corporate corruption is pervasive. SeattleTimes.com reported a conceptually similar article on April 7, 2012, headlined “Pesticides to blame for bee-colony collapse.” The story said: “A new study released yesterday, and two published last week, strengthen the case that neonicotinoid pesticides are key drivers behind declining bee populations – alone and especially in combination with other stressors. This class of pesticides covers 143 million acres of U.S. countryside, and more damning studies are awaiting publication.” Then the punch-line: “Yet, pesticide corporations like Bayer and others are running a predictable PR defense aimed at delaying action by manufacturing doubt – it’s called the ‘tobacco strategy.’” It could also be called the “abortion strategy.”

The Center For Bio-Ethical Reform (CBR) believes that pregnant women are entitled to be made aware of all the competing research whose consideration is required to form an opinion which supports true informed consent. We intend to summarize the foregoing consumer protection information in a brochure (the most comprehensive but understandable ever published) for distribution by sidewalk counselors to pregnant women they engage outside of abortion clinics. Would you please consider increasing your monthly giving to CBR or perhaps even pray about a larger one-time donation to help with this and related projects?

The abortion industry (as well as its unethical enablers in the academic community, government and press) is killing not merely babies, but also women, and not a few. Please help us protect both these children and their mothers.

Lord bless,

A handwritten signature in black ink, appearing to read 'Gregg Cunningham', with a long horizontal line extending to the right.

Gregg Cunningham  
Executive Director