How Does the Link Between Abortion and Breast Cancer Work?

Two principles account for the link:
1. Estrogen Exposure
2. Breast Lobule Formation

Estrogen Exposure:

As soon as conception occurs and even before implantation in the uterus, the embryo secretes a hormone, hCG (Human chorionic gonadotropin), which causes the mother’s ovaries to produce more estrogen and progesterone. This causes the mother’s breasts to become sore and tender.

In a viable pregnancy, estrogen levels increase 2,000% by the end of the 1st trimester. This surge prepares the mother’s breasts for breast feeding.

If the pregnancy ends by elective abortion, the hormone ceases and remains unchanged. This means the breasts fail to prepare for breast feeding.

After 32 weeks of pregnancy, the Type 1 and 2 lobules mature into Type 3 and 4 lobules in preparation for breast feeding.

If the pregnancy ends by elective abortion, the increase in numbers of Type 1 and 2 lobules formed in the first two trimesters remain unchanged. These places just don’t form more Type 3 and 4 lobules where cancers can start.

The breast doubles in volume by 20 weeks.

Breast Lobule Formation

- After 32 weeks of pregnancy, the Type 1 and 2 lobules mature into Type 3 and 4 lobules in preparation for breast feeding.
- If the pregnancy ends by elective abortion, the increase in numbers of Type 1 and 2 lobules formed in the first two trimesters remain unchanged. These places just don’t form more Type 3 and 4 lobules where cancers can start.
- Women who never carry a pregnancy beyond 32 weeks never fully mature their breast tissue and have increased risk.
- Women who delay full-term pregnancy past age 30 have a 90% higher risk of breast cancer than those who carry a pregnancy to term by age 20.

What about Miscarriage?

If induced abortion is a problem, does spontaneous loss (miscarriage) in the first trimester carry the same risk?

Studies have shown dramatically lower levels of female hormone in those who miscarried. The less estrogen a woman produces, the lower her risk of breast cancer. Her breasts are not stimulated and remain unchanged.

Additionally, the overwhelming majority of epidemiological studies have shown that miscarriage is not associated with an increased risk of breast cancer.

**Epidemiologic Studies Support the ABC Link**

Since 1957 there have been 66 studies done concerning induced abortion and breast cancer risk. Of these, 54 showed a positive association and 25 were statistically significant.

**A Woman’s Choice**

A woman who chooses induced abortion of her first pregnancy:
- Denies herself the risk reduction of a full-term pregnancy.
- May never have children—a risk for breast cancer.
- Or, delay a full-term pregnancy which increases her risk of premenopausal breast cancer by 5% per year delayed after age 20.

A woman who chooses induced abortion after she has had a child:
- Denies herself a further 10% reduction in risk by another full-term pregnancy.
- Will have increased the number of Type 1 & Type 2 lobules where cancers start in her breast

References


Abortion & Breast Cancer

Is there a Link?

What is the Truth behind the Controversy?
History and Background

- In 1970, breast cancer occurred in 1 out of 12 women.
- In the 1990’s that number increased to 1 in 7 women.\(^1\)
- Breast cancer is the only major cancer that is on the rise.
- In 1973, abortion was legalized in this country.

Breast tissue contains lobules, which are composed of a milk duct and some ductules (milk glands). There are four types of lobules. In general,
- Type 1 lobules—present at birth
- Type 2 lobules—form during puberty when estrogen levels rise and breasts develop
- Type 3 lobules—formed after Type 4 lobules stop forming milk
- Type 4 lobules—contain colostrums (the early milk)

Before a full-term pregnancy, the breast is composed of 75% Type 1 and 25% Type 2 lobules. Type 1 lobules are where 85% of all breast cancers start and only 15% of breast cancers are called lobular cancer. Types 3 & 4 are resistant to cancer.

Induced abortion before 32 weeks leaves more immature breast lobules, increases risk of premature births, and increases exposure to estrogen before first birth, long susceptibility window. Postmenopausal obesity decreases number of immature breast lobules and increases risk of postmenopausal breast cancer.

Breast Cancer and Artificial Hormones

In June 2005, the World Health Organization concluded after review of all studies to date that estrogen-progesterin combination drugs used in birth control pills and hormone replacement therapy (HRT) actually cause breast, cervical and liver cancer. This is a higher classification of risk than previously reported.\(^5\)

Increased breast cancer risk occurs whether these hormones are given orally, by injection, by absorption through the skin, or other means (e.g., birth control pills, Depo-Provera, the Patch, or vaginal rings). Even the newer lower-dose formulations, called “mini-pills,” still increase breast cancer risk.

Hormone replacement therapy (HRT), prescribed for the side effects of menopause, such as hot flashes and mood swings, also increases risk through the same mechanisms as birth control pills. The greater the number of years women take HRT, the higher the risk.

One potent synthetic estrogen, DES, has been found to increase risk in mothers and their daughters when taken during pregnancy.\(^1\)

Like any medication, hormones used carefully and for short periods can be beneficial. Used for long periods of time, they can significantly increase breast cancer risk.

Alternatives to the use of these steroidal medications exist, which do not increase breast cancer risk.