

NFP: Current Research

Increased risk of breast-cancer with use of oral contra-ception



age at menarche and menopause, pregnancies and family history of breast cancer.

Of these 8,097 patients, 1,225 were diagnosed with breast cancer within one year of completing the survey. The researchers found that smoking, older age, the use of the birth control pill for longer than 11 years, and use of exogenous hormones such as those used for post-menopausal hormone therapy, were predictive of breast cancer.

Interestingly, use of the birth control pill for 11 years or more posed an even greater risk than smoking for developing breast cancer. A summary of the study can be found on the USCCB website under Current Medical Research.

This study adds to the mounting evidence demonstrating the harmful effects, both biological and moral, of hormonal contraception.

Croghan et al., "The role of smoking in breast cancer development: an analysis of a Mayo Clinic cohort," *Breast Journal* 15 (2009): 489-95. Article summary at USCCB website.

A study was recently published in the *Breast Journal*, a journal which publishes research on the diagnosis and treatment of breast diseases, focusing on how smoking affected a woman's risk for developing breast cancer. Not surprisingly, smoking was found to be a risk factor for breast cancer; however, use of the birth control pill was also shown to increase a woman's chances of developing breast cancer.

The study was conducted on patients of the Mayo Breast Clinic in Rochester, Minnesota. 8,097 patients filled out a medical history form. The modifiable risk factors included smoking, use of hormonal contraceptives and high-fat diets. Non-modifiable risk factors included

The Rythym Method

A short while ago I was having a conversation with one of my non-catholic friends and the topic of how many children my husband and I wanted to have came up. My friend made the comment that "well you never know [how many kids you will have] with the Rythym method." I politely corrected her misconception by telling her that we in fact use something called the Creighton model and explained the difference between the two methods.

This made me think that there may be many people out there, catholic and non-catholic alike, that have the same mis-information about people who do not subscribe to artificial contraceptives. In reality, natural means of limiting family size, such as those that fall under the blanket term of NFP have evolved as the science has evolved. Newer methods such as the Ovulation, Sympto-Thermal, and Creighton systems rely on much more effective means of predicting what days a woman is likely to become pregnant. Here is a brief comparison of the methods differences.

A couple using the Rythym method abstains

from sex during a set number of days (usually about ten) during the woman's menstrual cycle. This period of abstinence is based on the knowledge that a woman usually ovulates 14 days before the start of her next menstrual cycle. It does not take into account the variability a woman may experience from cycle to cycle.

The Creighton model and other NFP methods rely on the fact that a woman experiences observable changes in her body (such as basal body temperature, mucus and cervix changes) when she is fertile. These couples abstain from sex during these fertile windows if they do not wish to become pregnant. This often allows for fewer days of abstinence than the rythym method and also takes into account variability in a woman's cycle which the Rythym method does not.

The current natural family planning methods are considered more effective than Rhythm for people wishing to avoid or delay pregnancy with a method use failure rate of about 1% while the Rhythm method has a *perfect* use failure rate of up to 9%.

Please send topics, articles, questions, and suggestions to me via e-mail at indorsten@gmail.com

