

Fact Sheet

The combined Pill and cancer



Does the combined Pill cause cancer?

Cancer risk

The results of two recent large UK studies indicate that the combined pill is not associated with an overall increased risk of cancer. In fact, they showed that there is an overall reduction in the all-cause death rate of 12% in women who have ever used the combined pill.

Gynaecological cancer risk

The combined pill reduces the risk of uterine (principally endometrial) and ovarian cancer. Taking the combined pill for three years reduces a woman's risk of developing endometrial cancer by about 50%. With every five years of use, there is approximately a 20% reduction in the risk of ovarian cancer. Taking the combined pill for 10 years or more reduces a woman's risk of developing such cancers by 80%. The protective effect lasts for at least 20 years after stopping taking the combined pill.

Breast cancer risk

There is an ongoing debate as to whether the use of the combined pill increases the risk of breast cancer. A large study published in 1996 found an increased risk for current users, while another large case-control study published in 2002 found no increased risk, regardless of duration of use, age at starting the combined pill or family history of breast cancer. Overall the results from studies do not demonstrate conclusively an increased risk of breast cancer. Any risk of breast cancer associated with taking the combined pill is likely to be small, and will reduce with time after stopping taking it.

Cervical cancer risk

There may be a small increase in the risk of cervical cancer with long-term use (more than five years) of the combined pill. The risk appears to increase with duration of use; however, after stopping taking the combined pill, the risk of invasive cancer declines, returning to the same as women who have never taken the pill 10 or more years after stopping. The benefits of using the combined pill

long-term still generally outweigh the risks. The risk of cervical cancer can be reduced through using condoms, stopping smoking, having regular Pap tests and having the HPV vaccine (Gardasil® or Cervarix®).

Liver cancer risk

There is a four-fold increase in the risk of liver cancer in long-term combined pill users. This adds few additional cases, as the background risk is extremely low. There does not seem to be an additional increased risk, above their existing risk, in women with chronic hepatitis.

Colorectal cancer risk

Studies have shown that there is a reduced risk of colorectal cancer in women who take the combined pill.

The use of combined oral contraceptives in women with a history of cancer

Breast cancer history

Breast cancer is a hormonally sensitive tumour, and the prognosis of women with current or recent breast cancer may worsen with use of the combined pill. Therefore the risks of using the combined pill in women with current breast cancer or a past history of breast cancer outweigh the benefits. However, there are no contraindications to women with a family history of breast cancer using the combined pill.

Cervical cancer history

In women who have been diagnosed with CIN or cervical cancer (awaiting treatment), the benefits of the combined pill outweigh the risks.

Ovarian cancer history

No contraindication to the use of the combined pill.

Endometrial cancer history

No contraindication to the use of the combined pill.

Gestational trophoblastic neoplasia history

No contraindication to the use of the combined pill.

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Liver cancer history

The combined pill should not be used.

References

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For further information

- Contact the Family Planning NSW Talkline on 1300 658 886 or go to www.fpnsw.org.au/talkline
- NRS (for deaf) 133 677
- Or visit your nearest Family Planning clinic

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