

Dear ARHP Member:

The media has been abuzz with two new studies on oral contraceptives. The ARHP community is committed to evidence-based medicine, and misinterpretations of clinical research and sensationalized reporting can have a negative impact on public health.

ARHP has compiled a few basic talking points to help health care providers address any patient concerns or media inquiries. This information is not an analysis of either study, but it is intended to help providers convey the scientific meaning of these studies in a simple, fact-based framework to patients.

Study No. 1 — Oral Contraceptive Pill (OCP)/Arterial Plaque

These talking points are to assist you in alleviating patient concerns about recent media coverage of a study on oral contraceptives and risk of heart attacks and stroke.

1. There is no need for women to immediately stop taking oral contraceptives based on this study.
2. The results of the study are from a single, small, unpublished paper and they show **no increased risk of actual heart attacks or strokes** among women using oral contraceptive pills.
3. Instead, the results do show slight increase in arterial plaque buildup among OCP users aged 35-55, a population already at low risk for heart disease.
4. There is a large body of published, peer-reviewed evidence that shows the risk of heart attack and stroke for women who use oral contraceptives is very small.
5. With regard to actual events, the one-year risk of dying for nonsmokers using oral contraceptives is very low: two women out of 100,000. This means that in a typical sized football stadium packed with 100,000 women, only two would be at risk of dying.
6. For comparison purposes, consider the following:
 - a. In a one-year period, 12 out of 100,000 women are at risk of dying from pregnancy.
 - b. In a one-year period, 20 out of 100,000 people are at risk of death due to an automobile accident.
7. For women who are concerned about heart disease, there are several steps they can take:
 - a. Don't smoke
 - b. Eat a healthy diet
 - c. Get regular exercise
 - d. Maintain a healthy weight
 - e. Control blood pressure, cholesterol, and diabetes

Study No. 2 — Oral Contraceptive Pill/Cervical Cancer

These talking points are to assist you in alleviating patient concerns about recent media coverage of a study, published in *The Lancet* (Nov. 10, 2007), on oral contraceptives and increased risk of cervical cancer.

1. This study shows that long-term use of oral contraceptives (more than five years) is associated with an increased risk of cervical cancer. The study also reports that when a woman stops taking oral contraceptives, her risk fades over time and returns to normal after 10 years.
2. In comparison, the benefits of oral contraceptives have been widely documented. For instance, women who use OCPs for 10 or more years have a significant decrease in risk of ovarian and endometrial cancer.
3. While this study shows a slight increased risk of cervical cancer, the risk is still very low. An increase in the incidence of a rare event remains a rare event.
4. For women who are concerned about cervical cancer there are some steps she can take:
 - a. Use condoms
 - b. Don't smoke
 - c. Consider HPV screening and vaccine
 - d. Get regular pap smears

ARHP has intensive, peer-reviewed curricula on both cervical cancer and understanding risk associated with hormonal contraception. For more information on these topics, please access these two resources:

- **Managing HPV: A New Era in Patient Care** www.arhp.org/healthcareproviders/visitingfacultyprograms/hpv/index.cfm
- **You Decide: Making Informed Health Choices about Hormonal Contraception** <http://www.arhp.org/healthcareproviders/visitingfacultyprograms/riskperspective/index.cfm>

Beth Jordan, MD
ARHP Medical Director

Wayne C. Shields
ARHP President and CEO

Source: Association of Reproductive Health Professionals, Washington, DC.