

**Oral contraceptives and the risk of breast cancer in BRCA1 and BRCA2 mutation carriers.** Narod SA, Dube MP, Klijn J, et al. *J Natl Cancer Inst* 2002; **94**(23): 1773–1779. (Reviewed in National Electronic Library for Health, NHS Centre for Reviews and Dissemination, University of York, York, UK)

Contraceptive advice for the woman with a strong family history of breast and ovarian cancer is a difficult area. Some of these women carry known genetic mutations (BRCA1 and BRCA2) predisposing to breast and ovarian cancer. It remains unclear whether contraceptive steroids further increase their cancer risks. A recent international case-control study looked at the risks of breast cancer among 2622 women with these mutations. It was found that women with the BRCA1 gene mutation had a slightly higher risk of early-onset breast cancer if they had ever used oral contraception. The increased risk related particularly to women who had used oral contraception for more than 5 years, or at a younger age, or before 1975. Women with the BRCA2 gene mutation appeared not to increase their breast cancer risk by using oral contraception, however far fewer of these women were studied.

This well-designed study adds to our knowledge in this difficult area but frustratingly did not look specifically at the oestrogen/progestogen content of oral contraceptives used by the women.

Any evidence of increased breast cancer risk must be weighed against growing evidence that combined oral contraception helps protect against ovarian cancer in these high-risk women.

Reviewed by **Kate Weaver**, MB ChB, BSc  
*Staff Grade in Reproductive Health Care at Dean Terrace Family Planning Clinic, Edinburgh, UK*

**Young women's accounts of factors influencing their use and non-use of emergency contraception: in-depth interview study.** Free C, Lee RM, Ogden J. *BMJ* 2002; **325**: 1393–1396

This study specifically included young women living in deprived areas of London with high teenage pregnancy rates. Thirty sexually active women were interviewed.

The main barriers to use of emergency contraception (EC) were an anticipation of being criticised, or not believing that they were personally vulnerable to pregnancy. Some subjects revealed a lack of knowledge about how they could have accessed EC. Twenty of those interviewed were classed as 'White British', 10 were in further education (college or university) and 14 of those interviewed were between the ages of 20 and 25 years, so their accounts may not be typical of younger, more vulnerable women. As in many qualitative studies, results are difficult to generalise.

We already know that professional efforts to increase knowledge about and access to EC have had limited success amongst teenagers. The conclusions from this study may be that a shift in cultural attitudes is needed, both to make teenagers feel they are unlikely to be criticised for seeking EC, and that pregnancy is a real possibility that they wish to postpone.

Reviewed by **Gill Wakley**, MD, MFFP  
*Writer and lecturer, General Practitioner Non-principal, Abergavenny, UK*

**Five-year clinical experiences with Nova T<sup>®</sup> 380 copper IUD.** Batár I, Kuukankorpi A, Siljander M, et al. *Contraception* 2002; **66**: 309–314

This paper is the report of an open, single-group, phase III clinical trial of 5 years' duration. Four hundred women were recruited to be monitored for 5 years using the Nova T<sup>®</sup> 380 copper IUD. The study was restricted to parous women between the ages of 18 and 44 years with a mean age of 31.4 years. The other criteria for exclusion would be as expected for any intrauterine device (IUD) fitting.

The study gave a Pearl Index of 0.4, which is comparable to other IUDs with a similar copper loading. The rate in the first year was 0.5 rising to 1.9 in the fifth year. The authors admit that it was not a comparative trial so other criteria, such as removal rates for bleeding etc., are not directly