disadvantages from uncommon but serious long-term complications.

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Discussion points

1. What advice should we give to young women with a family history of breast cancer who have concerns regarding use of the COC?

2. Consider the important concepts of absolute, relative and attributable risks.

3. Should women with cervical intraepithelial neoplasia be advised that they may continue to use the COC, or should they consider an alternative contraceptive method?

4. How much information is it necessary to give to COC users regarding cancer risks?

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A CPD Self-Assessment Test

QUESTION SHEET

Review No. 2000/04

To be reviewed not later than 31 August 2005

Combined oral contraception and cancer

Indicate your answer by ticking the appropriate box for each question	True	False
1. Late menarche/early menopause increase the risk of breast cancer.	☐	☐
2. Within 10 years of stopping the COC the risk of breast cancer is the same as that of non-users.	☐	☐
3. Breast cancers diagnosed in COC users tend to be less clinically advanced.	☐	☐
4. A family history of breast cancer has a synergistic effect with COC use.	☐	☐
5. The protective effect of higher dose COC use on ovarian cancer appears to persist for at least 15 years.	☐	☐
6. Use of the COC may have contributed to a global upward trend in mortality from endometrial cancer.	☐	☐
7. Smoking halves a woman's risk of cervical cancer.	☐	☐
8. There is an increased risk of cervical cancer with increased duration of COC use.	☐	☐
9. The increased risk of hepatocellular carcinoma should always be discussed with a woman starting the COC.	☐	☐
10. Following hydatidiform mole, hormonal contraceptives should be avoided until hCG is undetectable in serum as measured by a specialist laboratory.	☐	☐

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The British Journal of Family Planning 2000; 26(4): 237-240

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