The pill, parity and cervical cancer risk

Two papers carried out by the International Agency for Research on Cancer (IARC) were published recently in The Lancet (2002). They aimed to investigate evidence of a link between long-term oral contraception (OC), increasing parity, human papilloma virus (HPV) and cervical cancer. These important papers address the growing suspicion that reproductive factors such as parity and contraception may affect the risk of cervical cancer. Certainly this is biologically plausible, since both pregnancy and combined oral contraception maintain the transformation zone on the ectocervix where it is exposed to co-factors such as HPV. Previous publications suggesting a link have been unable to exclude confounding factors such as sexual behaviour.

The primary aim of the first paper was to investigate evidence of an increased risk of cervical cancer associated with oral contraceptive use. Researchers identified women aged between 18 and 40 years. The study was open and non-randomised because women had given birth to a healthy infant at a gestational age of 259–294 days weighing between the 10th and 90th centiles. A power calculation estimated that a sample size of 40 women in each group, desogestrel or IUD, was estimated to be able to identify a difference of 10% between treatment groups. During the study period, 10% of the women in each group, desogestrel or IUD, was expected to introduce other contraception methods. Only one HPV test was carried out, but vaccinated women who had only one HPV test were included. Notice bias is acknowledged in that women who had only one HPV test were included. Notice bias is acknowledged in that women who had only one HPV test were included.

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