

Diocese of LaCrosse
Natural Family Planning Program



NFP Realities

Enriching God's Family Day by Day

Spring, 2010

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Oral Estrogen Linked to Unfavorable Vascular Effects in Women Without Troublesome Hot Flashes

Laurie Barclay, MD as reported in Medscape Medical News

October 1, 2009 — Oral estrogen is linked to unfavorable vascular effects in women without troublesome hot flashes, according to the results of a randomized controlled trial reported in the October issue of *Obstetrics & Gynecology*.

"Postmenopausal hormone therapy (HT) was once recommended for the prevention of cardiovascular disease," write Pauliina Tuomikoski, MD, from Helsinki University Central Hospital in Helsinki, Finland, and colleagues. "This recommendation was based on the marked reduction (approximately 40–60%) of cardiovascular disease risk in the numerous observational studies when recently postmenopausal women, typically with severe vasomotor hot flashes, had decided to initiate HT. However, when older women with no or minimal vasomotor hot flashes were treated HT had no beneficial effect in secondary or primary prevention of cardiovascular disease."

"Women without troublesome hot flashes are susceptible to unfavorable vascular effects after oral estrogen treatment, resulting in less compliant vasculature," the study authors write. "This could partly explain the divergent results between observational studies and randomized clinical trials in which HT-related cardiovascular disease effects have been assessed, since in observational studies, women were likely to have experienced hot flashes when initiating HT, whereas women entering clinical trials did not have troublesome hot flashes."

For more information on this study please refer to: *Obstet Gynecol.* 2009;114:777-785.

Letter from the NFP Coordinator

Hello NFP Family,

Much has happened since the last newsletter. In July of 2009, the Diocese of La Crosse became the first diocese in the country to offer complete instruction in a sympto-thermal method of NFP on-line. Working collaboratively with Northwest Family Services from Portland, OR, the Diocese launched a three class series that is accessible 24/7 from any computer with internet access.

How exactly does the on-line class work? Each client is asked to register at the diocesan website. Shortly after the registration has been completed, the client is sent a packet of materials via priority mail. The packet includes the client manual, a digital thermometer, various pamphlets and charts. Around the same time, the client is sent an email from a diocesan instructor who is assigned to them for education support and chart interpretation with feedback. When both the materials and email have been received the client may log into the course using a password and account code set by the instructor.

The client has 45 days to complete each of the three classes. The actual course contains PowerPoint slides with accompanying information, activities that verify comprehension and various supportive articles and resources of interest. On average, it takes approximately two hours to complete a session.

Once the session is finished, the client is asked to complete a follow-up questionnaire that is submitted via email to their instructor. When the teacher receives this form, she returns feedback on the responses and provides answers to any questions asked. Additionally, the teacher provides the account code allowing the client to gain access to the next session.

Charting is also part of the on-line course. Each client has three options for charting. The first is to track their signs of fertility using a downloadable chart that is supported by Excel. The second is to download a PDF file and track the signs. The third is to use the charts provided in the materials sent. Clients are instructed to submit their charting to their instructor via email attachment or through the mail. Any charting that an instructor receives is reviewed in a timely manner returned with feedback to the client.

Clients are encouraged to continue utilizing the feedback services of their instructor after the formal on-line course has been completed. There is no additional charges for feedback services that occur outside of the class.

We are very excited to premier this method of instruction and have been pleased by the number of clients who are accessing the course. The feedback on the course has been positive with clients sharing how nice it is to be able to access NFP education as their schedule allows and to have to expert advice and collaboration of a trained instructor.

If you are interested in taking the course, please visit www.dioceseoflacrosse.com/nfp and go to NFP Class Registration. Or email nfp@dioceseoflacrosse.com for more information.

Depot Medroxyprogesterone Acetate Associated With Fracture Risk in Young Women

Nancy A. Melville as reported in Medscape Medical News

September 16, 2009 (Denver, Colorado) — Long-term use of the contraceptive depot medroxyprogesterone acetate (DMPA) has been associated with impaired bone-mineral acquisition in adolescents and accelerated bone loss later in life, but new research, presented here at the American Society for Bone and Mineral Research 31st Annual Meeting, indicates that the bone loss translates into a greater risk for fractures in young women.

Concerns about DMPA's effect on bone-mineral density were significant enough to prompt the US Food and Drug Administration to issue a black-box warning for the drug in 2004, yet more than 9 million women continue to use the contraceptive worldwide. With many users being teenagers, the concerns about the drug's effects on early adulthood bone development are particularly significant.

Compared with nonusers, women with 3 to 9 prescriptions and more than 10 prescriptions had a significant increased fracture risk, with the highest risk seen among women with long-term use, of more than 10 prescriptions, and a treatment duration of more than 2 to 3 years.

For the complete report, please refer to: American Society for Bone and Mineral Research (ASBMR) 31st Annual Meeting: Abstract 1057. Presented September 12, 2009.

Another Reason to Reject Injectables: Increases the Risk of Obesity

A study published in the American Journal of Obstetrics and Gynecology involving 703 women who were beginning the use of either birth control pills or DMPA (DepoProvera), and compared them to women who used a form of non-hormone contraception. Over the 3 year study period, DMPA users gained significantly more body fat than oral contraceptive (OC) and non-hormone (NH) contraception users, the researchers reported, adding that women of normal weight were found to gain much more body fat than women who were obese at the beginning of the study. "It is a concern that women who were not obese at the start of the study were twice as likely to become obese over the next 3 years if they selected DMPA over non-hormone contraception," study authors Drs. Abbey B. Berenson and Mahbubur Rahman of The University of Texas Medical Branch, Galveston, write. (Baklinski, Thaddeus M. Study Finds Injectable Contraceptive Leads to Obesity. Galveston: LifeSiteNews.com, 2009.)

Mercedes Wilson, founder and president of the natural family planning (NFP) organization, Family for the Americas, observed that hormonal contraception is devastating women's health in the third world. "The pill, IUDs, injections, and the patch are devastating to the poor because they all carry the same steroids, which are known to be toxic and carcinogenic. 21 scientists with the World Health Organization in 2005 confirmed that estrogens in birth control methods are carcinogenic of the number one type, which is the most dangerous type of all," Wilson told LifeSiteNews in an interview in 2008. "In the third world, however, they are still using the 3-month injections the most," Wilson noted. "It does so much harm to the poor. They are given it while mothers' are breastfeeding their babies. The steroids are going right through the breast milk to the babies and that is a calamity. It causes cancer, heart disease, you name it; the list is interminable. And with the lack of the health facilities in the third world, it is criminal."

Article from Northwest Family Services NWFS Update. August, 2009

Federal Study Confirms Contraception-Breast Cancer Link

Ten years ago, Dr. Chris Kahlenborn, authored the book *Breast Cancer: Its Link to Abortion and the Birth Control Pill*, which established the connection between the birth control pill and breast cancer.

Now, a federal study confirms that data.

The study shows a strong connection between the use of oral contraceptives and a particularly aggressive form of breast cancer with a high mortality rate, known as "triple-negative" breast cancer (TNBC). The study also found that the connection was highest among women who began using oral contraceptives while they were teenagers.

The 2009 Jessica Dolle study of the Fred Hutchinson Cancer Research Center appeared in the April 2009 issue of the cancer epidemiology journal *Cancer Epidemiology, Biomarkers and Prevention*.

Human Fertility Conference

Human Fertility—Where Faith and Science Meet

July 15-17, 2010
Milwaukee, WI
Intercontinental Hotel
139 East Kilbourn Avenue
Milwaukee, WI 53202

This conference is ideal for NFP teachers, faculty of NFP training programs, theologians, physicians, nurses, midwives, and, of course anyone who has a serious interest in the subject. Continuing education units will be offered through this conference.

Please consider attending this important conference. The conference will provide an opportunity to receive up-dates on the state of NFP science. It will also afford an opportunity to be inspired by the presentations on faith and culture.

Conference information, the agenda and registration form are available at: <http://www.usccb.org/prolife/issues/nfp/humanfertilityconference.shtml>

Healthy Youth Act of Wisconsin

On February 24, 2010, Governor Doyle signed into law an act that dramatically changes the way human growth and development curriculums will be taught within the public school systems of Wisconsin. The act requires all schools providing health classes to include information on sexuality that is medically accurate and age appropriate in the following areas; importance of communication about sexuality between a student and a student's parents, reproductive and sexual anatomy, including physical and emotional changes during maturation, puberty, pregnancy, parenting, body image and gender stereotypes, skills for making responsible decisions, including recognizing and refraining from inappropriate verbal, physical, and sexual behaviors; the benefits of and reasons for abstaining from sexual activity, stressing abstinence as the most reliable way to prevent pregnancy and STDs; health benefits, side effects, and proper use of contraceptives and barrier methods; the develop of healthy life skills; the affects of alcohol and drugs on decision making; and the impact of media on thoughts, feelings, and behaviors in relation to sexuality. The legislation does not weight the amount of time spent on each element.

In addition to this information on sexuality, health classes must promote self esteem and positive social skills, identify resources for survivors of sexual assault, and use materials and methods that do not promote bias against certain pupils.

There are a couple of areas that are truly detrimental in this bill. First, gender stereotype information is mandated. The door is now open for education on homosexuality. There is nothing that can be done to close this door. Secondly, there is no way a teacher can link sexual activity to marriage. The legislature may look at a link of sex to marriage as a 'bias'. The best one can do is link the research on child development and well-being to the security of marriage.

Because this legislation is the current law of our state, parents are urged to find out more about how their local school districts will abide by its assurances. In general, we would make the following recommendations to all children who are within a Wisconsin public school.

1. Take the time to review your local school district's human growth and development curriculum. Become familiar with the lessons at your child's grade level.
2. Remember, you are the primary educator for your children. Do everything you can to teach the correct information to your children BEFORE they are subject to any of this information in the classroom.
3. If your child seems any bit annoyed or anxious about hearing this information within the classroom, opt out of the education. If you take this route, make sure you provide your child with information on the beauty of human sexuality. It is incorrect to opt your child out of the classes and then provide no instruction at all.
4. If you opt to keep your child in the class, view the entire curriculum before the lessons take place. Then go through the potential problematic areas with your child in advance of the class. If you can, provide possible questions/facts that your child may ask/present in the class during the lesson.

The research showed that women who start using oral contraceptives before the age of 18 multiply their risk of TNBC by 3.7 times. Recent users of oral contraceptives within the last one to five years multiply their risk by 4.2 times.

Furthermore, the study is noteworthy because it contained an admission of the link between abortion and breast cancer by National Cancer Institute (NCI) researcher Louise Brinton, who had previously influenced the agency to deny an abortion-breast cancer link.

The study showed a 40% risk increase for women who have had abortions, and one of the study's tables listed abortion as a "known and suspected risk factor."

For the complete article written by Tim Drake go to: http://www.ncregister.com/blog/federal_study_confirms_contraception-breast_cancer_link/

Latest Adverse Event Data on Gardasil Vaccine

The latest data on adverse events with Gardasil, comes from the US Vaccine Adverse Event Reporting System (VAERS). In total, 12,424 adverse events after immunization were reported to in United States between June 2006 and December 2008, during which an estimated 23 million doses had been distributed (with a course of 3 doses per person recommended). This represents a reporting rate of 53.9 reports per 100,000 doses distributed.

Of these, 772 reports (6.2% of the total) were described as serious, including 32 reports of death.

In the United States, the death rate from cervical cancer (3/100,000 women by statistics from the CDC) is at present similar to the rate of reported serious adverse events from Gardasil (3.4/100,000 doses distributed), Dr. Harper, professor and vice-chair, Obstetrics and Gynecology, Community and Family Medicine and Informatics and Personalized Medicine said, "This is a sobering reality". "Would a parent accept such a rate of serious adverse events if the same cancer prevention can occur with continued Pap screening? Is there any acceptable level of risk of serious adverse events, including death, to prevent genital warts?" she asked, referring to one of the vaccine's other benefits.

To read the complete article go to: *JAMA*. 2009;302:750-757, 795-796, 781-786.

Frequent, Brisk Exercise After Menopause Lowers Breast Cancer Risk

Nancy Larson As reported in Medscape Clinical Briefs

October 9, 2009 — Postmenopausal women who maintain a regular, moderate to vigorous exercise program reduce their risk for breast cancer, even if they did not exercise in the past, according to a study published online October 1 in *BMC Cancer*.

Researchers found that women who maintained a high level of activity for more than 7 hours a week during the 10 years before the study reduced their risk for breast cancer by 16% vs more sedentary women. Reasons for the link between activity and reduction of breast cancer risk may include the ability of exercise to reduce levels of endogenous sex hormones, modulate insulin and insulin-like growth factors, increase immunity, and reduce ongoing inflammation, according to the researchers.

BMC Cancer. Published online October 2, 2009

New Breast Cancer Screening Guidelines Opposed by Societies

Laurie Barclay, MD as reported in [Medscape Medical News](#)

November 19, 2009 — Several professional organizations and expert groups have voiced their objections to new recommendations for breast cancer screening issued by the US Preventive Services Task Force (USPSTF) and published in the November 17 issue of the *Annals of Internal Medicine*.

"[The American Cancer Society] continues to recommend [mammography] screening annually for women 40 to 49 years of age," Victor G. Vogel, MD, MHS, FACP, national vice president for research at the American Cancer Society (ACS) in Atlanta, Georgia, told *Medscape Medical News*. "Clinicians should recognize that very few agencies, including the ACS, are altering their screening guidelines based on the USPSTF modeling results, which simply reanalyze previously published data."

Based on an evidence review, the updated USPSTF guidelines recommend against routine mammography screening for women before age 50 years, suggest that screening end at age 74 years, and recommend changing the screening interval from 1 year to 2 years.

In addition to the ACS, the American College of Radiology (ACR), the American College of Obstetricians and Gynecologists (ACOG), and several other expert groups recommend that clinicians and patients continue to follow earlier guidelines. The ACS recommendations call for annual mammograms starting at age 40 years and continuing for as long as a woman is in good health; ACS has no specific upper age at which mammography screening should be discontinued. The society suggests that the decision to stop regular mammography screening should be individualized based on patient-specific, potential benefits and risks of screening within the context of overall health and estimated lifespan.

ACOG's recommendations are similar, except that mammography is recommended every 1 to 2 years from ages 40 to 49 years.

The complete study can be found at: *Ann Intern Med*. 2009;151:716-726, 727-737, 750-752.

Office of Family Life, Diocese of La Crosse, Natural Family Planning Program

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