

X



[Make an Appointment](#)

[Back](#)

Epidemiology

Epidemiology

Refer a Patient

Our mission, vision & core values

Leadership

History

Equality, diversity & inclusion

Annual report

[Give to MSK](#)



646-227-3624

Email

pikem@mskcc.org

Education

Aberdeen University, Scotland

Current Research Interests

Dr. Pike's research interests are in the etiology and chemoprevention of breast, endometrial and ovarian cancers. He is the Principal Investigator of a large international multi-institutional study (MOCOG) of the determinants of long-term survival from high-grade advanced-stage ovarian cancer. This study investigates the molecular biology and immunology of tumors from 600 long-term, 600 medium-term and 600 short-term survivors. He also collaborates with the Ovarian Cancer Association Consortium to identify factors associated with ovarian cancer incidence. A woman's risks of endometrial and ovarian cancers are significantly reduced by use of combined estrogen-progestin oral contraceptives (COCs). The protection increases with duration of COC use and lasts for more than 30 years after the last use of a COC. Why COC use protects against endometrial cancer is well-understood, but why COC use protects against ovarian cancer is not. 'Traditionally' almost all COC packs have contained 21 active and 7 placebo pills, but recently the ratio of active to placebo pills has been changed to 24:4 and 84:7. These 24:4 and 84:7 COCs are predicted to add significantly to the protection of COCs against endometrial cancer. The effect of these COCs on ovarian cancer risk is unclear. If ovarian cancer risk reduction is determined through ovulation inhibition these changes will have little or no effect on the extent of risk reduction. If, however, the protection is through increased exposure to the progestin component of the COC then these changes could make the protection much greater. Dr. Pike is working with gynecologic faculty at MSK on understanding the mechanism of protection against ovarian cancer from COCs by studying the biology of the fallopian tube and cortical inclusion cysts within the ovary, the two sites where current evidence suggests most of the most common ovarian cancers arise. Dr. Pike is working with Dr. Jonine Bernstein and radiology faculty at MSK to evaluate whether breast magnetic resonance imaging and contrast-enhanced mammography can be used through evaluation of background parenchymal enhancement (BPE). He is working with gynecology, radiology and pathology faculty at Columbia University Irving Medical Center on the use of an anti-progestin for the prevention of breast cancer – this study also compares the effect of the anti-progestin on proliferation in the breast and change in BPE.



Publications

Selected peer-reviewed publications:

Pike MC, Krailo MD, Henderson BE, Casagrande JT, Hoel DG. [‘Hormonal’ risk factors, ‘breast tissue age’ and the age-incidence of breast cancer](#). Nature. 1983 Jun 30;303(5920):767-70. PubMed PMID: 6866078.

Key TJ, Pike MC. [The dose-effect relationship between ‘unopposed’ oestrogens and endometrial mitotic rate: its central role in explaining and predicting endometrial cancer risk](#). Br J Cancer. 1988 Feb;57(2):205-12. PubMed PMID: 3358913; PubMed Central PMCID: PMC2246441.

Pike MC, Ross RK, Lobo RA, Key TJ, Potts M, Henderson BE. [LHRH agonists and the prevention of breast and ovarian cancer](#). Br J Cancer. 1989 Jul;60(1):142-8. PubMed PMID: 2679844; PubMed Central PMCID: PMC2247357.

Hovanessian-Larsen L, Taylor D, Hawes D, Spicer DV, Press MF, Wu AH, Pike MC, Pearce CL. [Lowering oral contraceptive norethindrone dose increases estrogen and progesterone receptor levels with no reduction in proliferation of breast epithelium: a randomized trial](#). Contraception. 2012 Sep;86(3):238-43. doi: 10.1016/j.contraception.2011.12.015. Epub 2012 Feb 9. PubMed PMID: 22325110; PubMed Central PMCID: PMC3355208.

Wu AH, Pearce CL, Lee A, Tseng C, Jotwani A, Patel P, Pike MC. [Timing of births and oral contraceptive use influences ovarian cancer risk](#). Int J Cancer. 2017 Jul 27. doi: 10.1002/ijc.30910. [Epub ahead of print] PubMed PMID: 28748634.

[View a full listing of Malcolm Pike’s journal articles.](#)

Disclosures

Doctors and faculty members often work with pharmaceutical, device, biotechnology, and life sciences companies, and other organizations outside of MSK, to find safe and effective cancer treatments, to improve patient care, and to educate the health care community.

MSK requires doctors and faculty members to report (“disclose”) the relationships and financial interests they have with external entities. As a commitment to transparency with our community, we make that information available to the public.

Malcolm Pike discloses the following relationships and financial interests:

No disclosures meeting criteria for time period

The information published here is for a specific annual disclosure period. There may be differences between information on this and other public sites as a result of different reporting periods and/or the various ways relationships and financial interests are categorized by organizations that publish such data.

This page and data include information for a specific MSK annual disclosure period (January 1, 2022 through disclosure submission in spring 2023). This data reflects interests that may or may not still exist. This data is updated annually.

Learn more about MSK’s COI policies [here](#). For questions regarding MSK’s COI-related policies and procedures, email MSK’s Compliance Office at ecoi@mskcc.org.

[View all disclosures](#) →

[Communication preferences](#)

[Cookie preferences](#)

[Legal disclaimer](#)

[Accessibility Statement](#)

[Privacy policy](#)

[Price Transparency](#)

[Public notices](#)

© 2024 Memorial Sloan Kettering Cancer Center