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THE WHITE HOUSE

PRESS CONFERENCE
OF
DR. WILLIAM LUKASH, PHYSICIAN TO THE PRESIDENT
CAPTAIN WILLIAM FOUTY, CHAIRMAN OF SURGERY, NATIONAL NAVAL MEDICAL CENTER
J. RICHARD THISTLETHWAITE, CIVILIAN CONSULTANT, FOR BETHESDA NAVAL HOSPITAL AND PROFESSOR OF SURGERY, GEORGE WASHINGTON UNIVERSITY MEDICAL SCHOOL

NATIONAL NAVAL MEDICAL CENTER
AUDITORIUM

12:32 P.M. EDT

MR. ROBERTS: Ladies and gentlemen, we have available now for the briefing the three physicians who were involved in the surgery this morning.

At the right, Dr. William Lukash; center, Captain William Fouty, Chief of Surgery, Bethesda; and on the left here, J. Richard Thistlethwaite, who is civilian consultant for Bethesda Naval Hospital and Professor of Surgery at George Washington University Medical School.

For your information, the surgery was performed by Captain Fouty, assisted by Dr. Thistlethwaite and Dr. Lukash was in attendance. I think Dr. Lukash will open with a statement.

DR. LUKASH: Good afternoon, ladies and gentlemen. I am sorry to have to report today that the nodule in Mrs. Ford's breast was found to be malignant and as a result, surgical removal of that breast was required.

On some happier tone, Mrs. Ford withstood the surgery very well and the results and procedure was highly satisfactory. I am optimistic that the overall prognosis will be excellent.

I might add from a personal note that throughout this ordeal, Mrs. Ford exhibited an atmosphere of confidence, and more interestingly, I thought that she demonstrated a kind of inner strength that sustained the First Family, her close staff, but I think the doctors.

Mrs. Ford was up this morning at six o'clock. She spent some time with her children, Michael Ford and Susan, along with a close family friend, Reverend Zeoli. And at 7:00 a.m., she was taken down to the operating suite. The surgery was started at 8:00 a.m. In about 15 minutes, the nodule was removed and the pathological report was that of malignancy.

MORE

(MORE)

The surgical removal of that breast then took place, and Dr. Fouty will describe that in more detail, and was completed around 11:15.

I would like to review the whole clinical course as it started. Mrs. Ford visited the Naval Hospital Thursday morning to have her annual gynecologic exam, her last having been one year ago. She was examined by Captain Douglas Knab, the Chairman of the Department of Gynecology. During this exam, he detected this nodule in her right breast.

It is interesting that her breasts were examined a year ago and also seven months ago at which time no abnormalities were noted. Mrs. Ford was not aware of this problem and denied any symptoms referable to her breast.

After finding the nodule, Dr. Fouty was called in for consultation and his clinical impression was that the nodule was suspicious and he recommended that an incision and biopsy be performed. He then notified me and it was decided that another opinion from Dr. Thistlethwaite be made and perhaps this could be done at my White House office later that evening.

I called the President early noon that day and told him of the meeting we would be having. So, about 7 o'clock at the White House, Dr. Thistlethwaite examined Mrs. Ford and confirmed the nodule and we then discussed it with the President and the First Lady and it was decided that she would enter the hospital Friday evening for the tentative surgery.

Basically, that is the story up to now and I think I would like to turn over the rest of the discussions and questions to the surgical team.

As mentioned, Dr. Fouty is Chairman of the Department of Surgery at Bethesda. In addition, he has an academic appointment as Professor of Surgery at George Washington.

Dr. Thistlethwaite has been a big help at our hospital as a consultant in surgery. He is also a full Professor in Surgery at George Washington University; and the third assistant, who is attending Mrs. Ford in the recovery room is Dr. Herb Steimel, on Dr. Fouty's staff, and he is a Commander.

Dr. Fouty.

DR. FOUTY: Ladies and gentlemen, this morning the biopsy was performed under general anesthesia, which was performed by Captain Robert Van Houten, and Lt. Commander Meyer Rosenthal. There were no problems with the anesthesia.

A biopsy was performed and a diagnosis of the malignancy was confirmed by pathologists, Dr. Henry Jason Norris, who is the Chief of the Breast Division at the Armed Forces Institute of Pathology, and Commander Robert Karnei, head of our Anatomical and Surgical Pathology.

Once having the diagnosis confirmed, of malignancy, we proceeded with removal of the primary tumor in the breast and lymph-bearing tissue under the right arm. The surgery went well. There were no technical problems and Mrs. Ford is currently in satisfactory condition.

Q How large was this tumor?

DR. FOUTY: This tumor measured approximately two centimeters in size.

Q Why do you call it primary? Explain that.

DR. FOUTY: A primary tumor is a tumor in the breast tissue.

Q Does that describe the grade of malignancy?

DR. FOUTY: No, ma'am.

Q What is the grade of the malignancy and what is this operation called?

DR. FOUTY: The grade of the malignancy will not be determined until the final pathology report, until we examine the entire breast and the lymph-bearing tissue. This will take some considerable time. The procedure performed is a mastectomy. The standard radical mastectomy.

Q Doctor, is it a standard radical mastectomy? I thought when you got into the muscle tissue that went beyond what they called a modified radical and this is the most serious mastectomy that you did. Aren't there three levels of mastectomy and this is the most radical?

DR. FOUTY: There are different types of mastectomy. The standard procedure, and accepted procedure, for carcinoma of the breast of this type would be removal of the breast with the muscle and the lymphoid tissue.

Q Quite often, aren't there mastectomies without going, however, into the muscle tissue? Quite often isn't there just the breast, itself, removed? Are you talking about the muscles that have to do with the arm and the shoulder?

DR. FOUTY: We are talking about the muscles on the anterior chest wall.

Q Did you remove the pectoral muscular tissue? Did you remove the pectoral muscles?

DR. FOUTY: Yes, sir, the pectoralis muscles.

Q Did you go under the arm all the way?

DR. FOUTY: Just under the arm, yes.

Q Dr. Fouty, are you convinced at the present time Mrs. Ford has been relieved of all malignancy?

DR. FOUTY: I don't think one can make the statement that she has been relieved of all malignancy. We removed all gross tumor. There was no evidence of any remaining tumor.

Q How far was the tumor in the breast?

DR. FOUTY: I think this was a very favorable early lesion.

Q Early detected? Early what?

DR. FOUTY: Early detected.

DR. LUKASH: It was detected early and small in size.

Q Was there any consideration to doing a less radical procedure on Mrs. Ford, either a simple mastectomy --

DR. FOUTY: No.

Q In the span of time you speak of before this final determination was made, are you speaking of days, weeks, what?

DR. FOUTY: I don't think one can give you an answer of days or weeks.

Q There is not a point at which you make that determination?

DR. LUKASH: I would think since the last examination in March. It must have developed sometime within that period.

Q I meant, Dr. Lukash, in reference to his speaking that you then go to see how --

DR. LUKASH: I think she is talking about the pathology report.

Q -- about the grade of malignancy, yes. You mentioned it would take a certain length of time. I am trying to find out what kind of time we are talking about.

Q You said considerable time, Doctor.

DR. FOUTY: By considerable time, I meant a few days.

Q How long will she be in the hospital and also, how long did the biopsy take? So, actually, what was the operation, three hours and ten minutes? How much in between?

DR. FOUTY: The operation took approximately 2-1/2 hours, the major operation.

Q What kind of anesthesia?

DR. FOUTY: It was general endotracheal anesthesia.

Q You mean she inhaled gas? How would the layman know it?

DR. FOUTY: It was with gas and drugs.

Q How long will she have to stay in the hospital?

DR. FOUTY: Approximately ten days.

Q Then what?

DR. FOUTY: Then she will be followed as an out-patient.

Q Will she undergo medication or any kind of cobalt or any x-rays?

DR. FOUTY: Not at the present time.

Q There is some thought this is a very severe psychological blow to women and that quick visits by other women who have had similar operations are an important part of the patient's recovery. Is there any such follow-up -- I know there are a number of groups around the country. Are any of these visits planned for Mrs. Ford?

DR. FOUTY: Many patients today are aware of friends who have undergone a similar procedure and there is frequently no need to call anybody in to help them out psychologically.

DR. LUKASH: I might add Mrs. Ford has some close friends who have had this operation, so I think she has that necessary insight in to help her handle this.

Q Doctor, have you talked to the President after the operation?

DR. LUKASH: Yes. He came down to the recovery room and visited with the First Lady and we discussed in a short period there that everything was successful, and he will return later this afternoon, and I hope we will get an opportunity to talk about it a little more in depth.

Q Was she awake when the President talked with her?

DR. LUKASH: Yes.

Q Does she know what has happened?

DR. FOUTY: Yes, sir.

Q Who told her?

DR. FOUTY: I did.

Q What was her response? Did she have any?

DR. FOUTY: Mrs. Ford was well aware of the procedure that might have to be performed prior to surgery.

Q So, what was her reaction?

DR. FOUTY: There was no real definite response.

Q Was this tumor discovered by any new method in that she was apparently completely unaware of it, herself?

DR. FOUTY: The tumor was discovered by a routine examination.

Q Is the size of the tumor relatively routine in this type of case? Larger or smaller?

DR. FOUTY: There is no routine size of tumors. They are all individual.

Q Is this larger or smaller than most you have dealt with?

DR. FOUTY: I would say average.

Q Do you plan to follow on this with radiotherapy or perhaps chemotherapy?

DR. FOUTY: Further therapy, again, will depend upon the final pathological diagnosis and the patient's condition post-operatively in follow-up.

Q What will happen now? What kind of treatment will she get when she remains in the hospital?

DR. FOUTY: This will be mainly supportive treatment, immediate post-operative care, treatment to keep the patient comfortable, to watch the wound.

Q Will this sort of put her out of traveling and social and the official things she would want to do normally?

DR. FOUTY: I would say this would be similar to any major operative procedure and the patient will require three to four weeks of convalescence.

Q After she gets out of the hospital?

DR. FOUTY: Yes.

Q Does the removal of these muscles under the arm, does that cause any sort of permanent -- I don't like to use the word "crippling" -- does that mean there will be a permanent weakness there of any sort?

DR. FOUTY: No.

Q If I could go back to a question earlier. This is the most serious mastectomy, the most extensive mastectomy?

DR. FOUTY: No, it is not the most extensive mastectomy and it is not the most serious. It is a standard way of dealing with carcinoma of the breast that has been well accepted through the years.

Q This is not a very conservative approach. You really are not taking any chances. I gather you went quite deeply in. Often when breasts are removed, you do not go quite so deeply in to the surrounding tissue, muscle tissue; is that correct? In this case, you are being extremely cautious?

DR. FOUTY: Not any more extremely cautious than in any other individual case.

Q Is her age in her favor? Statistically?

DR. FOUTY: It has no bearing.

Q In other words, you are saying this is your standard procedure for cancer of the breast?

DR. FOUTY: Each case is individualized. This is basically my standard procedure for this disease, yes.

Q Is there any chance you might have to call her back in to remove more tissue from the breast?

DR. FOUTY: No.

Q There were no signs that the malignancy had spread to the other breast?

DR. FOUTY: No.

Q Does this fit into the American Cancer Institute's idea of early detection and so forth? Was there anything she could have done before?

DR. FOUTY: No.

Q Doctor, had it not been detected, say, on Thursday, what could have been the result? How long before it would have been a really serious situation?

DR. FOUTY: Again, one cannot give you definite times. This depends upon what we call the biological activity of a tumor. This may be individual to a particular patient, the rapidity of growth.

DR. LUKASH: Could I have one question from Dick regarding this problem of early cancer detection? What is the standard recommendation by the American Cancer Society on this to women?

DR. THISTLETHWAITE: I think that is a good point because medically, we like to stress early detection. I think self-examination is something we like to stress. Usually at monthly or bi-monthly intervals by the patients, themselves. The American Cancer Society has literature available to people, groups, so forth, stressing methods for self-breast examination.

Q Could this have been detected by her had she gone through that procedure?

DR. THISTLETHWAITE: I think we are all trying to stress that this was a rather early detection, we feel, in this case.

Q Yes, but it had been only seven months since she had a physical.

DR. THISTLETHWAITE: You must realize she had absolutely no symptoms. It was just part of her physical examination when this was detected.

Q How long does it take a tumor like this to grow? Seven months ago she underwent an examination and there was no sign of a tumor. And she is obviously getting examinations more frequently, I would think. Most women do not have an examination every seven months. If she had done self-examination, would it have been one month earlier, two months, five months? Is there any way of guessing or estimating that?

DR. THISTLETHWAITE: I think that would just be a guess. Captain Fouty stressed that biological activity of a tumor is so individualized.

Q Excuse me. Can you please tell me just exactly what you removed from the patient?

DR. FOUTY: The breast, the underlying pectoral muscles and the lymph-bearing tissue under the right arm.

Q Dr. Fouty, you said it would be several days before you could determine if the problem has been completely handled. Could you be more specific as to what you are looking for in the next several days?

DR. FOUTY: What I meant by that is all the gross tumor was confined to the breast. When the tissue is removed, as tissue is repaired, fixed, numerous microscopic slides are made to determine the exact extent of the tumor within the breast and whether any lymphoid tissue outside the breast is involved.

Q In this case, there was no lymphoid tissue involved?

DR. FOUTY: We cannot give you that answer today because this is part of the pathological examination.

Q What is the general prognosis now for someone who is in this situation?

DR. FOUTY: I would say the general prognosis is favorable.

Q What do you mean, she will live out a normal life?

DR. FOUTY: I would hope that she would, yes.

Q Where was the location of the nodule?

DR. FOUTY: The nodule was at the right side of the breast towards the upper part of the right side but close to the center.

Q If indeed your further pathological examinations show that there has been some malignancy in lymphatic tissue, this would be an ominous sign, or is that too much?

DR. FOUTY: This would not be particularly an ominous sign. It would not be particularly a bad sign. People do respond to further therapy. There would be no more surgical procedures done because all of this tissue would be removed.

Q What is the likelihood that the carcinoma could recur either at that location or in another organ, let's say.

DR. FOUTY: Well, then we are talking about general statistics. The likelihood of recurrence of breast cancer, again, is so very individual that I would hate to give you a figure at this time.

Q Doctor, doesn't the American Cancer Society have a figure that falls within what they regard as the early detection frame, and if you know that, could you tell that to us? My recollection is 85 percent, or something like that.

DR. FOUTY: Basically, if a patient has a lesion within a breast, early detection contained to the breast, under certain size, no lymphoid involvement, we are talking about probably an overall 76 percent, ten-year survival.

Q Can you tell us why Mrs. Ford was undergoing an examination at this time?

DR. LUKASH: This is her routine gynecologic exam. That is standard recommendation for all women.

Q Who was her doctor?

DR. LUKASH: As I mentioned, Dr. Douglas Knab, here in Bethesda Hospital.

Q What is this doctor's title?

DR. LUKASH: Chairman of the Department of Obstetrics and Gynecology.

Q Did Mrs. Ford have any choice? Did she have any say before as to what would happen?

DR. LUKASH: She was in discussion with us when we all met with the President at the White House, and she was in full agreement.

Q And she gave a green light for any --

DR. LUKASH: Yes, sir.

Q She was told of the different procedures that were possible and was she told some doctors believe that simple mastectomy may be enough?

DR. FOUTY: Yes.

Q So, she won't be on any specific medication, or she will be?

DR. FOUTY: She will be on no specific medication currently, that is correct.

Q But she will be given sleeping pills, that kind of thing?

DR. FOUTY: Yes.

Q When will the next scheduled briefing be?

DR. LUKASH: Our procedure at this time is, I think it is now just a period of normal convalescence. I would think most appropriate just a written announcement every morning at 11 o'clock after the doctors get a chance to evaluate the patient.

Q Dr. Fouty, for those of us who really do not have any medical knowledge, could you give us some words to say -- what I am seeking is whether the operation went normally or well, and what the condition of the patient is keeping in mind it was a massive operation, in non-medical terms.

DR. FOUTY: The operation went exceedingly well. During the procedure, there were absolutely no problems that occurred. The patient is presently -- her blood pressure is stable, pulse is stable, respiration is stable. She is awake. There is no evidence of any bleeding and her condition is quite satisfactory.

Q These interim reports, will they be issued out of Bethesda or out of 1600 Pennsylvania Avenue?

DR. LUKASH: Through the hospital information.

Q Can we have it also at the White House? Would it be possible to get it simultaneously because we might not be able to be everywhere.

Q And can we get some more today to just wrap up the first day here?

DR. LUKASH: No. I think we will wait until 11:00 tomorrow morning.

Q You won't give any more medical information until 11:00 tomorrow morning?

DR. LUKASH: No.

Q I think we should have a later one -- 7:00 -- just as to how she got through the post operative period.

DR. LUKASH: We will discuss that.

Q Two centimeters as the size of the nodule, is that two centimeters round or two centimeters long?

DR. LUKASH: Two centimeters round.

Q How big is it?

DR. FOUTY: Two centimeters is a little less than an inch. An inch is two and one-half centimeters.

Q Is it oval shaped or round?

DR. FOUTY: Round.

Q About the size of what, a dime or nickel?

DR. FOUTY: No.

Q A quarter.

Q Will you be attending her for the rest of the day, both of you?

DR. LUKASH: Yes. Dr. Fouty will actually stay in the suite all night to be close.

Q Is she still in the recovery room?

DR. FOUTY: Yes.

Q Will she remain there likely the rest of the day, in the recovery room?

DR. FOUTY: No.

Q Doctor, you talked about the percentage here for a very normal situation and earlier you described her situation in terms that seemed to fall within that normal pattern. Consequently -- just so we are accurate here -- is it fair and safe to say that knowing what you know now about her early detection and the size of the nodule, if it has not spread then her chances of recovery are 76 percent?

DR. FOUTY: I would say in general that would be true.

Q By recovery you mean the difference between living and dying?

DR. FOUTY: Yes.

Q So three out of four people -- again stressing that you do not find any spread -- at this point from what you know you are optimistic that she has three out of four chances of survival?

DR. FOUTY: That is correct.

Q When you said that is in general, would you say she has better than three out of four?

DR. FOUTY: Again I would like to come back to the point, we can talk about statistics but we are only talking about general population statistics, and when it comes down to the individual case, one cannot give you an exact statistic on a survival of an individual.

Q If, sir, there had been spread, what does that do to the statistics?

DR. FOUTY: It depends on the amount of spread and this would, in general, again, lower the statistics.

Q You have not determined whether there is spread?

DR. FOUTY: This will not be determined until the final pathology report is returned.

Q Do you have any idea how many women have this a year?

DR. FOUTY: Approximately 66,000 to 70,000 cases are diagnosed each year, new cases, 60,000 to 70,000.

Q That undergo this operation or undergo a breast operation?

DR. FOUTY: They have discovery of a breast cancer, yes.

Q The American Cancer Society says 90,000 for 1974. Would you rectify these?

DR. FOUTY: Yes, sir.

Q Is that 90,000 cases or 90,000 breast operations?

DR. FOUTY: That would be 90,000 cases.

Q How many would be operable?

DR. FOUTY: Again, I would say the majority of these cases today would be operable because there is much earlier detection.

Q You said three or four days for the pathology report?

DR. FOUTY: Yes.

Q I gather that the pathologists are going to be working over the weekend on this.

DR. FOUTY: The process takes fixing. The tissue has to be put into special solutions, so it is not a matter of rushing the procedure through. It is just it has to be done that way.

Q Doctor, why do you take out the lymphatic tissue and the muscle if you do not at this point know whether the cancer has spread to those areas?

DR. FOUTY: Because I don't have microscopic eyes. You cannot tell that the tumor is not in the lymphoid tissue. This is why it is best to remove the tissue.

Q Are there other cases where you might not have taken it out, so in this case there was some sign you saw that led you to make a decision to make it more radical?

DR. FOUTY: No. This would be my procedure for this type of cancer of the breast.

Q By the same thinking, you do not know, then, whether it has spread to other areas of the immediate vicinity of the body, either, do you?

DR. FOUTY: There is no evidence that it has.

Q But your final report will perhaps indicate that?

DR. FOUTY: No. The final report will indicate the involvement in the breast, in the lymphoid tissue. There is no symptom or other evidence to indicate there is any distant disease nor do I expect there to be any at this time.

Q How was it detected? Was there an x-ray?

DR. FOUTY: This was detected by a standard method, physical examination. It is a general policy of our Obstetrics and Gynecology Department, when a female is examined, she also has a breast examination.

Q In other words, it was a visual examination rather than x-ray or some other type?

DR. FOUTY: Actually, an examination by palpation.

Q Say that again?

DR. FOUTY: By palpation.

THE PRESS: Thank you very much.

END (AT 1:00 P.M. EDT)