The original documents are located in Box 11, folder "Ford, Betty - Hospitalization" of the Ron Nessen Papers at the Gerald R. Ford Presidential Library.

Mrs. Ford's Health

Q: Is the President going to the hospital today?

A: The Docturs have suggested that Mrs. Ford ought to get as much rest as possible during the day today. So the President plans to go out after dinner tonight.

Q: When can we expect a report from the pathologist?

A: Mrs. Ford's doctors hope to have the pathology report available for the press about 5 p.m. this afternoon. However, it is possible that the report may not be available until tomorrow morning.

Ron - FYI - for your guidance:

The procedure is that the doctors will receive findings from the pathology study during the noon hour. They'll then prepare a written report for the press from those findings.

From Roberts re: 11 a.m. briefing:

(1) Report she had some mild temperature elevation.

This is typical of post-operative course. If asked, the temperature elevation was what the doctors call a low-grade elevation. That means a degree or so above normal. (FYI: we're not giving out exact temperature. It was 100°

(2) Taking fluids this morning.

Last bulletin issued yesterday said it was anticipated she would begin eating today. Bulletin today said she is taking fluids this morning. Answer is the day isn't over. She may well still eat, but she was not hungry this morning.

Effect of Mrs. Ford's Illness on the
President's Future Plans

As the President told some of you last night, he is not thinking beyond next week.

It's just much too soon to say how Mrs. Ford's illness will affect the President's long-range plans.

Q. Has Mrs. Ford has previous breast survery?

A. We asked Dr. Ward and he said to his knowledge -- no.

BOB:

I'd like to put out the following brief statement at this time if the President approves:

"THE RESULTS OF THE BIOPSY PERFORMED ON MRS. FORD WERE UNFAVORABLE. AN OPERATION TO REMOVE HER RIGHT BREST IS NOW UNDERWAY."

Ron Nessen

Q. WHAT TIME WILL THE OPERATION BE PERFORMED TOMORROW.
A. WE DON'T KNOW. SOMETIME TOMORROW. I WOULDN'T EXPECT ANY ANNOUNCEMENTS UNTIL AFTER THE OPERATION.

Breast cancer Surg Mast

Q. WHY DID SHE HAVE THE CHECKUP YESTERDAY?
A. IT WAS HER REGULAR [redacted] CHECKUP. ONCE EVERY SIX MONTHS.

X last GYN - [redacted] one year

Q. WHEN WAS HER LAST CHECKUP?
A. SIX MONTHS AGO. AT THAT TIME ALL REPORTS WERE NORMAL.

Q. DID SHE SUFFER ANY SYMPTOMS WHICH LED HER TO SUSPECT SOMETHING WAS WRONG?
A. NO. SHE WAS NOT AWARE OF THE NODULE UNTIL YESTERDAY.

Q. WHAT ARE THE CHANCES OF IT BEING MALIGNANT?
A. THE DOCTORS SAY THE ONLY WAY TO DETERMINE WHETHER ITS BENIGN OR MALIGNANT IS TO PERFORM THE BIOPSY.

Q. WHEN DID THE PRESIDENT FIND OUT?
A. DR. LUKASH TOLD HIM YESTERDAY AFTERNOON.

Q. IS THE FAMILY COMING?
A. MIKE, I UNDERSTAND, IS COMING FROM MASSACHUSETTS. SUSAN OF COURSE IS AIREADY HERE? STEVE AND JACK ARE NOT COMING.

Q. WHAT KIND OF ROOM IS SHE IN?
A. SHE IS IN THE PRESIDENTIAL SUITE.

Q. IS THE PRESIDENT GOING TO THE HOSPITAL TONIGHT?
A. HE PLANS TO HAVE DINNER WITH SUSAN [redacted] WE WI LL KEEP YOU ADVISED.

(X)

Q. IF IT IS BENIGN WHEN CAN SHE COME HOME?
A. TOMORROW OR SUNDAY.

Q. WHO DID THE EXAMINATION YESTERDAY?
A. THE GYNACOLOGICAL DEPARTMENT AT BETHESDA NAVAL HOSPITAL.

Q. WHO PAYS AND HOW MUCH?
A. HAVE TO GET THAT FOR YOU.

Q. WHEN WAS NIXON THERE LAST.
A. I BELIEVE IT WAS IN JULY 1973 FOR VIRAL PNEUMONIA.

Q- Cancer surgery at all.
A No surgery.

Q- Did she know before Pres?
A- Knew after exam.

THE WHITE HOUSE
WASHINGTON

(for guidance and response to questions about Mrs. Ford's reco very)

TO: Ron Nessen

FR: Bill Roberts

Q: How can Mrs. Fords' physicians be so optomistic about her recovery in light of the report issued by the Nat. Cancer Institute?

A: The Doctors pointed out in their statement on the pathology report that there was no clinical evidence of a spread of cancer to other areas of the body. They feel confident that with the more sophisticated tests now available earlier detection of recurrence of cancer is possible and a better selection of proper treatment such as x-ray chemotherapy or hormonal treatment is made easier.

In addition the Drs are encuraged by the preliminary report of the Natl. Cancer Institute because the indications were that this study and the trends of other studies of surgery combined with newer forms of therapy for women with breast cancer and cancer in the associated lymph nodes show that the recurrence can be significantly reduced.

Bee Fouty

Chairman, Department of Surgery, National Naval Medical Center and Professor of Surgery, George Washington University.

Cancel Cathedral - services Sunday 9.45
8 am St Johns service ← F.M. Brazil - (Keep)
Keep I.M.F. - Monday ?
Cancel Football

(Rally - BYU - VPI) Don't announce

Speech to Eco Summit, office ___
Eco Recovery - Sat 2 pm, Back to hosp in aft or eve.

Mike Talked to Steve, Jack phone

Nixon called last night - to wish her well. Did not talk to her. She was being examined.
Nancy Howe talked to him. Told Mrs Ford said she was grateful for his interest.

complied
Maments
~~[illegible]~~

PATHOLOGY REPORT

Bill Roberts just called with the following:

1. When will the pathology report be given to Fouty and Lukash?

   A: Some time [redacted] today, not sure when. The doctors have not received it yet.

2. When will the doctors talk to the President about the report?

   A: As soon as they have studied the report.

3. When will the report be made public?

   A: We hope to have some kind of written report available about 5 p.m. this afternoon.

4. Will there be a briefing in connection with the report?

   A: [redacted] We do not expect a briefing.

# # #

MEMORANDUM

THE WHITE HOUSE

WASHINGTON

September 27, 1974

MEMORANDUM FOR MR. RON NESSEN

FROM: PHYSICIAN TO THE PRESIDENT

SUBJECT: Medical Report

Mrs. Betty Ford was ~~seen~~ examined at Bethesda Naval Hospital on Thursday morning (September 26, 1974) for a ~~routine~~ regular medical check-up, ~~and~~ during the process of that examination, a small nodule was detected in her right breast. After further medical consultation, it was recommended that a surgical ~~excision and~~ biopsy of this nodule be performed to determine whether or not it was benign or malignant. Late Thursday evening, President and Mrs. Ford discussed the matter with the doctors and it was decided that Mrs. Ford would enter Bethesda Naval Hospital Friday evening and that surgery would be performed sometime Saturday morning.

Further announcements regarding Mrs. Ford's condition will probably be made sometime Saturday afternoon.

William M. Lukash, M. D.
Rear Admiral, MC, USN

Q W

September 27, 1974

Office of the White House Press Secretary

NOTICE TO THE PRESS

POOL REPORT
Bethesda Naval Hospital

Ron Nessen said that Mrs. Ford is in very good spirits. The President arrived here at about 8:55 p.m. having left the WH at 8:30. He came directly into the hospital. He was accompanied by son, Michael and Michael's wife, Gayle, Susan had come out earlier. She was not with the President.

The President went up to the VIP suite where Mrs. Ford was eating steak and french fries. Also, eating with Mrs. Ford were Susan, Nancy Howe, Dr. Lukash and Joanne O'Brien, a Navy nurse. The President, as he walked in the room, joked saying "I see you are having a party". The President also observed that the last time he was out here as a patient (probably when he had the knee cartilege) last year that he had never had as nice a suite as that one or as good food.

So far as we are able to ascertain, the President is still going through with his morning and afternoon schedule, which begins with the french minister meeting, then on to the Economic Conference.

We don't know when the surgery will be performed. No guidance on that yet.

Maggie Hunter
New York Times

FOR IMMEDIATE RELEASE SEPTEMBER 27, 1974

Office of the White House Press Secretary

THE WHITE HOUSE

STATEMENT BY RON NESSEN

Mrs. Betty Ford was examined at Bethesda Naval Hospital on Thursday morning (September 26, 1974) for a regular medical check-up. During the process of that examination, a small nodule was detected in her right breast. After further medical consultation, it was recommended that the nodule be surgically removed and a biopsy be performed to determine whether it was benign or malignant.

Mrs. Ford has entered Bethesda Naval Hospital for preparation for the surgery which will be performed Saturday.

Mrs. Ford entered the hospital at 5:55 p.m. She was accompanied by Mrs. Nancy Howe, Special Assistant to Mrs. Ford.

Dr. William Lukash informed the President Thursday (yesterday). Later yesterday the President and Mrs. Ford decided that Mrs. Ford would enter the hospital tonight and that the surgery would be performed tomorrow.

The purpose of the surgery is to determine through a biopsy whether the nodule is benign or malignant. Should it prove to be malignant, surgery would be performed to remove the right breast.

Surgery will be performed by Navy Captain William Fouty, Chief of Surgery at Bethesda. He will be assisted by J. Richard Thislethwaite, civilian consultant to Bethesda Naval Hospital and Professor of Surgery at the George Washington University Medical School. Dr. Lukash will be in attendance. Mrs. Ford was in good spirits when she entered the hospital.

Further announcements regarding Mrs. Ford's condition will probably be made sometime Saturday afternoon.

# # #

FOR IMMEDIATE RELEASE SEPTEMBER 28, 1974

OFFICE OF THE WHITE HOUSE PRESS SECRETARY
(Bethesda, Maryland)

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

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)

This Copy For _____

N E W S C O N F E R E N C E #39

AT THE WHITE HOUSE

WITH RON NESSEN

AT 7:14 P.M. EDT

SEPTEMBER 27, 1974

FRIDAY

MR. NESSEN: I will read you a statement.

Mrs. Betty Ford was examined at Bethesda Naval Hospital on Thursday morning for a regular medical check-up. During the process of that examination, a small nodule was detected in her right breast. After further medical consultation, it was recommended that the nodule be surgically removed and a biopsy be performed to determine whether it was benign or malignant.

Mrs. Ford has entered Bethesda Naval Hospital for preparation for the surgery which will be performed Saturday. Mrs. Ford entered the hospital at 5:55 p.m. She was accompanied by Mrs. Nancy Howe, Special Assistant to Mrs. Ford.

Dr. William Lukash informed the President yesterday afternoon. Later yesterday, the President and Mrs. Ford decided that Mrs. Ford would enter the hospital tonight and that surgery would be performed tomorrow.

The purpose of the surgery is to determine, through a biopsy, whether the nodule is benign or malignant. Should it prove to be malignant, surgery would be performed to remove the right breast.

Surgery will be performed by Navy Captain William Fouty, Chief of Surgery at Bethesda. He will be assisted by J. Richard Thistlethwaite, civilian consultant to Bethesda Naval Hospital and Professor of Surgery at the George Washington University Medical School. Dr. Lukash will be in attendance. Mrs. Ford was in good spirits when she entered the hospital.

Further announcements regarding Mrs. Ford's condition will probably be made sometime tomorrow afternoon.

Q Will the President go out there tonight?

MR. NESSEN: The President's plans are to have dinner with Susan and we will keep you informed after that.

Q Do you have a time for surgery, Ron?

MR. NESSEN: Sometime tomorrow.

Q Morning or afternoon, do you know?

MR. NESSEN: We don't know.

We will give you 15 minutesto file and then we will have some answers for you.

(AT 7:17 P.M. EDT)

# # # #

7:24 P.M. EDT

MR. NESSEN: Let me say the President will go to the hospital this evening, and he will be leaving shortly. The pool for traveling to the hospital will be the AP, UPI, AP photographer, UPI photographer, NBC and Maggie Hunter.

Now, I will take your questions right up until about five minutes before he leaves.

Q Is the President going to spend the night at the hospital?

MR. NESSEN: Not that I know of. I don't think so.

Q What time is she going to be operated on tomorrow?

MR. NESSEN: We don't know.

Q Are you going to brief out there tomorrow?

MR. NESSEN: There will be a briefing out there tomorrow. Bill Roberts is running the press set-up out there.

Q Where will it be there?

MR. NESSEN: There is an auditorium out there.

Q What time, do you know, Ron?

MR. NESSEN: I have to guide you into thinking that we won't have a briefing until after the operation.

Q When is it scheduled?

MR. NESSEN: There is no scheduled time that I know of.

Q Can you say whether it is in the morning or the afternoon?

MR. NESSEN: I don't know, Russ.

Q Ron, on the biopsies, in most instances, you can find out almost instantly --

MR. NESSEN: Well, that is what the statement says, Tom.

Q Will we be told as well?

MR. NESSEN: You are going to have a briefing with the doctors and I assume they will tell you what they discovered.

Q Are any other members of the family coming home?

MR. NESSEN: I am told that Mike is coming down tonight.

Q From where?

MR. NESSEN: He lives in Massachusetts, and goes to school there. Steve and Jack will not be coming as far as I know.

Q Will this affect the President's plans to preside at the summit?

MR. NESSEN: The plans, as far as we know, are for him to stick to his schedule.

Q Will he be at the hospital during the operation?

MR. NESSEN: Well, we don't know what time the operation is going to be. As you know, he is scheduled to be over there until about one o'clock.

Q What is the First Lady's age?

MR. NESSEN: The First Lady's age is 56.

Q Has she ever had cancer before?

MR. NESSEN: I just talked to them out there and I am told that she has never had surgery for cancer.

Q Ron, has she ever had any breast condition or breast operation before?

MR. NESSEN: I didn't get into that much detail.

Q Ron, would the operation for the removal of the breast take place immediately after the operation to determine whether it is cancerous?

MR. NESSEN: That is what the statement says.

Q While she is still on the table?

MR. NESSEN: That is my understanding of the procedure.

Q Ron, has there been any preliminary diagnosis based on heat and cold or anything like that?

MR. NESSEN: The doctors say that they will not know whether it is benign or malignant until after they have performed the biopsy.

Q No indication at this time, or can't you say?

MR. NESSEN: The doctors say the only way to determine whether it is binign or malignant is to perform the biopsy.

Q Ron, was there any evidence that she experienced any pain or discomfort or notice any symptoms like that?

MR. NESSEN: I understand she had no symptoms at all and did not know anything about the nodule until her examination yesterday.

Q Who was the examining doctor? Was it Lukash?

MR. NESSEN: The examination was performed by the gynecological department of Bethesda Naval Hospital.

Q How did Mrs. Ford spend the day today?

MR. NESSEN: Mrs. Ford stuck to her schedule today. She went to the tree planting at the Johnson Grove. She had a meeting with Mrs. Johnson at 4 o'clock, and dropped by the Salvation Army luncheon.

Q She invited Mrs. Johnson, apparently, to the tree planting, didn't she?

MR. NESSEN: Yes.

Q She was very gay at the tree planting.

MR. NESSEN: Yes, she was, and she was all day and she was in good spirits when she entered the hospital.

Q Ron, did she know this all day?

MR. NESSEN: She was told, as I said in the statement, yesterday.

Q What did she and Mrs. Johnson do today, just sit and talk, or what?

MR. NESSEN: I don't have any report on their meeting. I wasn't there. There is Helen.

Q They had tea upstairs in the Oval Room and they went to the third floor and the second floor and they left after about an hour and twenty minutes.

Q Was Mrs. Johnson informed that Mrs. Ford would be going into the hospital?

Q Not to my knowledge.

Q The statement, Ron, says that further announcements regarding Mrs. Ford's condition will probably be made sometime Saturday afternoon.

MR. NESSEN: Yes.

Q Can we therefore divine that the operation is going to be sometime around mid-day?

MR. NESSEN: I simply don't know the time of the operation, but I think you should look for announcements and briefings, and so forth, in the afternoon.

Q Ron, on another subject, does he have an appointment tomorrow with Mr. Healy, of Great Britain?

MR. NESSEN: The schedule is going to be posted shortly, Sara.

Q How do they know they will have to remove the whole breast?

MR. NESSEN: That is the procedure, as I understand it, from Dr. Lukash. In case it is malignant, that is the procedure you follow.

Q As far as you know, Mike is the only one of the children that is coming down?

MR. NESSEN: Susan is already here, as you know.

Q Did the doctors say it was necessary to do this right away?

MR. NESSEN: The statement says that Dr. Lukash talked to the President yesterday and that Mrs. Ford and the President decided that she should enter the hospital tonight and that the surgery would be performed tomorrow.

Q Ron, do you have any idea how long this kind of surgery -- the initial part of the surgery -- would last?

MR. NESSEN: I don't know that. I think you are going to get a full medical briefing tomorrow where you can bring up some of the more detailed medical questions.

Q Ron, are we talking about something that could happen now?

MR. NESSEN: I wouldn't even guess at that. I don't know.

Q Has Mrs. Ford been in good health prior to this discovery?

MR. NESSEN: As far as I know.

Q Does she undergo regular physical examinations?

MR. NESSEN: Her last gynecological check-up was six months ago. That is the regular schedule for women, and at that time, all reports were normal.

Q Have you talked to her about this?

MR. NESSEN: No, I have not.

Q She didn't discover it herself? It was discovered by the doctor?

MR. NESSEN: That is right.

Q What is the gynecologist's name?

MR. NESSEN: That did the examination? It was the department out there. I think you will get a lot of names of people tomorrow.

Bob Pierpoint has pointed out to me that the statement is not as clear as I thought it was on the timing of the operation to remove the breast in case it is malignant. The plan, according to Dr. Lukash, would be to perform that surgery immediately after the results of the biopsy are known, if it is malignant.

Q And would that be a matter of minutes, or a few hours, or a few days?

MR. NESSEN: Immediately after, Bob, or --

Q In other words, she would stay in the operating room until --

MR. NESSEN: I don't want to get into that detail, but it would be performed tomorrow.

Q Ron, is Susan going out with him tonight?

MR. NESSEN: I believe so.

THE PRESS: Thank you, Ron.

END (AT 7:37 P.M. EDT)

HIGHLIGHTS FR BRIEFING RE MRS FORD

Mrs. Ford was taken to the operating room at 7 a.m. Biopsy began at 8 a.m. the actual surgery began immediately after the biopsy was completed and surgery ended around 11:15 a.m. She was taken to the recovery room at 11:45 a.m. It is usual practice to keep the patient in the operating room until recovery fr anthesia . The operation was a standard radical mastectomy. The size of the tumor was approx. 2 centimeters. It was located on the upper right side of the right breast close to the center It was ~~xxxxx~~ detected by palpitation during her routine gynecological examine. Her last examination was 7 months ago. It was not detected at that time. The resuts of the pathological examination will not be known for 3 or 4 more days. At that time they will know whether further treatment will be necessary. She will receive only routine post operative medication to keep her comfortable. She will remain in the hospital for approx 10 days. There will be a three to four wk. recovery period.

She receive general anesthesia. Medical terminology for it is general intra-tracheal anesthesia which is gas and drugs.

Gerneral prognosis is fravorable. Dr. Fouty wld hope that she would live out a normal life. Dr. Fouty will stay in the suite with Mrs. Ford all night tonight. The P. will return to the hospital sometime this afternoon. There will be a written report on her condition every morning at 11 a.m. simultaneously here and at the w hite house. There will be a further report on Mrs. F. condition at 7 p.m. today.

NAME OF GYNECOLOGIST: Captain Douglas Knab, Chairman of the Obstetrics and Gynecological Dept. at Bethesda Naval Hosp.

Briefing by Dr. Fouty, Dr. Lukash& Dr. Thistlethwaite

SEPTEMBER 28, 1974

Office of the White House Press Secretary

NOTICE TO THE PRESS

HOSPITAL BULLETIN #1
6:30 P.M.

Mrs. Ford's condition stabilized nicely in the recovery ward and she was returned to the suite at 3:00 P.M.

Her blood pressure, pulse and respiration are normal. She is experiencing some post-operative discomfort which is quite normal for the operation she has undergone. Mrs. Ford is alert and spent a few minutes with the President and her family.

She will remain on intravenous fluids and under close observation throughout the night. Her condition is satisfactory.

The next report on Mrs. Ford will be given at 11:00 A.M. tomorrow, simultaneously here and at the White House.

# # #

September 29, 1974

Office of the White House Press Secretary

NOTICE TO THE PRESS

HOSPITAL BULLETIN #2 -- 11:00 a.m.

Mrs. Ford had a reasonably good night. She had the expected amount of post operative discomfort which is relieved with minimal medications. This morning she is alert, but more aware of fatigue. Her blood pressure, pulse, respiration and temperature are normal. There have been no unusual problems. Her condition has progressed to the point that she will be able to rest more easily today, and will have short periods of sitting and walking. It is anticipated she will begin eating tomorrow. Her post operative course continues to be satisfactory.

The next bulletin will be issued at 11:00 a.m. Monday, September 30.

# # #

September 30, 1974

Office of the White House Press Secretary

NOTICE TO THE PRESS

HOSPITAL BULLETIN #3

Mrs. Ford had a much more restful night, awakening only once for medication. She has been sitting in a chair and walking for short intervals and is taking fluids this morning. She has had some mild temperature elevation, typical of a post operative course. The operative site is in excellent condition and all laboratory data and vital signs are within normal limits. The post operative course has been normal and uneventful thusfar. Her condition is good.

# # #

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

NATIONAL CANCER INSTITUTE

PRESS SUMMARY

September 30, 1974

FOR RELEASE Tuesday, Oct. 1, A.M.'s

For further information
Contact William S. Gray
Robert M. Hadsell
(301) 496-6641

A Report to the Profession from the Breast Cancer Task Force

Breast cancer is the major cause of death due to cancer among women in the United States. This year there will be an estimated 89,000 new cases and 32,500 deaths from breast cancer in this country.

Because of this grave health problem and because the extent of traditional surgical treatment for the disease has been questioned, a sustained effort has been mounted by the National Cancer Institute's Breast Cancer Task Force to improve the diagnosis and treatment of this dreaded disease.

What has emerged from this effort and will be reported today, is a significant step forward in earlier diagnosis and more effective treatments for both localized and advanced disease. It should be emphasized that these findings are tentative and do not, by themselves, represent major breakthroughs. More time and more study will be needed to document long-term results and to improve our techniques.

However, it should also be emphasized that encouraging trends have emerged from enough different studies to justify confidence in the preliminary findings. In short, we know that it is best to find breast cancer in its earliest, and therefore most curative stages. In cooperation with the American Cancer Society, we have demonstrated a significant

improvement in our capability to accomplish this goal. At the same time there is preliminary evidence that more effective treatments have been developed for both early and advanced disease. If this evidence is sustained by the passage of time, and we have confidence that it will be, it should be possible to improve substantially both the cure and survival rates from cancer of the breast, and with less disfiguration than results from radical mastectomy.

BREAST CANCER DETECTION

Early detection of breast cancer before it has spread to other parts of the body increases a patient's chance for long-term survival and cure. Patients whose axillary (armpit) lymph nodes are free of cancer (negative nodes) at the time of breast cancer diagnosis have a 5-year survival rate of about 75 percent, and about 65 percent of these patients are alive after 10 years. In contrast, women with breast cancer in the axillary nodes (positive nodes) have a 5-year survival rate of about 50 percent, and only about 25 percent will live 10 years.

In the U.S. at present, patients have negative, cancer-free nodes in about 45 percent of newly-diagnosed breast cancer cases. A real hope that this rate may be improved--with a corresponding increase in survival rates--comes from the breast cancer screening demonstration program sponsored jointly by the ACS and the National Cancer Institute. Dr. William Pomerance, Chairman of the Breast Cancer Task Force's Diagnosis Committee, reported that about 75 percent of the women with breast cancer, detected so far by the screening program, had negative nodes.

The ACS-NCI program involves 27 breast cancer screening projects, where up to 270,000 women of ages 35 years and older will be screened annually with a physical examination, X-rays (film mammography or xeroradiography), and thermography. The first projects established began screening women in mid-1973; all 27 centers will be operating by the end of 1974. About 75,000 women have been screened to date. When comprehensive data have been compiled, it is expected that about 775 breast cancers will have been detected among these women, a rate of 10.5 cases per 1,000 women screened, or about 1,000 cases per 100,000 women screened.

The combination of physical examination and X-ray mammography in breast cancer screening has been shown to decrease breast cancer death rates. A group of 31,000 women screened for breast cancer by the Health Insurance Plan of Greater New York in a NCI-supported study have had a one-third reduction in breast cancer deaths over a 5-year follow-up period as compared with 31,000 women given their usual comprehensive medical care in their medical groups. One-third (44 out of 132) of the breast cancers detected in the screening program were found by X-ray mammography before the tumors were large enough to be detected physically. Only one of these 44 women died of breast cancer during the 5-year period, indicating that early detection led to substantially more effective treatment.

BREAST CANCER TREATMENT

Breast cancer presents usually as disease limited to the breast and axillary nodes without clinical evidence of metastatic disease. Surgery has been the main weapon against cancer of the breast for the past six or more

decades. The standard approach to surgery has been radical mastectomy. Radical mastectomy means removal of the breast, underlying pectoral muscles and axillary lymph nodes. Recently, less radical procedures have been recommended, but supporting data from controlled clinical studies has not yet been available in the United States.

Primary Breast Cancer (hasn't got started)

Dr. Bernard Fisher of the University of Pittsburgh, Chairman of the National Surgical Adjuvant Breast Project (NSABP), has directed a large clinical study involving surgeons, radiotherapists and pathologists at 34 institutions attempting to determine the optimal treatment for primary breast cancer. This study, supported by NCI grants and the Breast Cancer Task Force, has involved 1,700 patients.

For patients with operable disease limited to the breast, the study compares radical mastectomy, total mastectomy (removal of breast only) and total mastectomy plus radiation therapy to the chest. For patients whose disease involves the breast and axillary nodes, radical mastectomy is compared with total mastectomy combined with postoperative radiotherapy.

The results after two years indicate that in each group the various options are essentially equivalent. Thus, for disease limited to the breast, a total mastectomy with or without radiation therapy, is equivalent to the radical procedure. For patients with disease in the breast and axillary nodes, total mastectomy with postoperative radiotherapy is equivalent to radical mastectomy. While the long-term follow-up data necessary to obtain survival characteristics are not yet available from this study, similar trends from early stages of

Get same results with less surgery =

other studies have been borne out by long term follow-up and are thus considered predictive. The major impact of these results is to provide scientific information for practicing surgeons to determine the most effective type of operation for each patient and, in addition, to set the stage for planned clinical studies of less surgery (segmental mastectomy), a procedure where only part of the breast is removed.

Early Chemotherapy

Historically more than 50 percent of breast cancer patients die with metastatic disease. Previous studies have indicated that the presence of cancer in the axillary nodes carries a dire prognosis. More than 75 percent of patients with one or more positive nodes will have recurrent disease at 10 years and most of the patients will die of their disease. Thus, the presence of axillary gland involvement predicts the presence of metastatic disease.

To combat this clinical situation a second study, sponsored by the Breast Cancer Task Force and done jointly by the NSABP and members of the Eastern Cooperative Oncology Group and the Central Oncology Group, is investigating the addition of postoperative systemic chemotherapy in women who have had modified or radical mastectomy and shown to have positive axillary nodes. To date 250 patients have been entered on a double-blind randomized study receiving either a placebo or L-phenylalanine mustard (L-PAM), an oral anticancer drug, for five days by mouth every six weeks for two years.

The study has been underway about 24 months and involves 37 institutions. Data concerning the results of the study to date, presented by Dr. Fisher, have been analyzed independently by Dr. Carole Redmond of the University of Pittsburgh and Dr. Marvin Zelen of the Statistical Laboratory of the University of New York at Buffalo. The data indicate that the recurrence rate is significantly reduced for women receiving the L-PAM. This was particularly striking for women who were premenopausal where only 1 of 30 patients receiving L-PAM recurred, whereas 11 of 37 recurred after surgery alone. The investigators have recommended that the study be terminated for the premenopausal group of patients because of these dramatic results. For postmenopausal patients the failure rates are also reduced in the L-PAM treated group, but not as markedly. For this reason, that part of the study involving postmenopausal women is under further review.

Dr. Paul P. Carbone, Chairman of the Breast Cancer Task Force Treatment Committee, also reported that similar studies employing combination chemotherapy regimens are being done at the National Cancer Institute of Milan, Italy, the Mayo Clinic, the University of California at Los Angeles, and the Cleveland Clinic. The study at the Milan Cancer Institute has accrued 100 patients who are receiving the three-drug combination of cytoxan, methotrexate and 5-fluorouracil. Results are consistent with the L-PAM study.

The importance of these postoperative chemotherapy trials is that patients with breast cancer and axillary node metastasis can receive drug therapy to treat the subclinical metastases before they become

clinically obvious and lethal. From two previous clinical studies and from experimental data in animals, this combined approach of surgery and chemotherapy offers the best chance of survival.

The L-PAM treatment is a simple program with minimal side effects and can be widely used. With these encouraging results Dr. Fisher and the NSABP investigators are planning an additional study using a two-drug combination and a combination of L-PAM with C. Parvum, an immuno-stimulant.

Advanced Disease

Dr. Carbone reported preliminary results from several other studies of patients with metastatic disease indicating that combinations of drugs are more effective than single drugs. In a study sponsored by the Eastern Cooperative Oncology Group a three-drug combination produced 53 percent response (shrinkage of tumor by 50 percent or more) as compared to 19 percent with L-PAM alone. Patients receiving the combination regimen had more complete responses and longer survivals than patients treated with the single agent.

Similar improved results with combination therapy are reported in a study by Dr. David Ahmann and his co-workers at the Mayo Clinic. Drs. John Horton, the Albany Medical College of Union University, and Thomas Dao, Roswell Park Memorial Institute, have reported improved results with the combination chemotherapy of cytoxan, fluorouracil and prednisone as compared to adrenalectomy and adriamycin alone.

Dr. Douglass Tormey and co-workers at the National Cancer Institute, have demonstrated improved results by incorporating adriamycin into a three-drug combination using cytoxan and fluorouracil.

In several ongoing research studies, immunostimulants such as BCG and C. Parvum are being added to chemotherapy to determine whether treatment results can be improved.

While management of the advanced disease patients has improved, the likelihood of eliminating all cancer cells is highest when the numbers of cancer cells are small. This is most likely to occur when the patient first presents with cancer. An objective of the Breast Cancer Task Force is to develop therapeutic programs utilizing effective local treatment in combination with safe, easily administered systemic anticancer drug combinations.

Hormone Receptors

Removal of the ovaries in premenopausal women and the removal of the adrenals or pituitary are forms of breast cancer therapy to which approximately 30 percent of women respond. Administration of androgens or estrogens can also induce tumor regression. These responses occur in 20 to 40 percent of patients.

Dr. William McGuire, of the University of Texas at San Antonio and member of the Breast Cancer Task Force Treatment Committee, described the role of hormone receptors (specific cell proteins) in predicting response to these endocrine treatments for breast cancer. The laboratory determination of whether an individual patient has a hormone receptor can be used to predict whether she will respond to hormone therapy. The importance of this test is that it differentiates between patients who would benefit from hormone therapy and those who would not. These latter patients can then be placed on other therapies without delay.

Approximately 50 percent of biopsies of breast cancer are found to contain the receptors. The response rate to endocrine treatments by patients with positive endocrine receptor (ER) tests was markedly higher than that in ER negative patients. For ER positive patients 52 percent responded compared to 4 percent responses in patients who were ER negative. Thus the estrogen receptor assays can be helpful to predict the results of endocrine therapy and increase the likelihood of predicting response. The challenge of the future is to incorporate endocrine therapy into the treatment strategy with chemotherapy for those patients who are ER positive. For the ER negative patients two approaches appear possible. These patients can be treated directly with non-hormonal methods obviating the delay of less effective measures. Secondly, there may be ways to uncover or alter the hormone receptors to make them sensitive.

Several studies are being sponsored by the Breast Cancer Task Force to combine hormonal approaches with chemotherapy. Two studies, one at the Mayo Clinic and the other through the Eastern Cooperative Oncology Group, are studying ways to combine combination chemotherapy with oophorectomy in premenopausal women. Another approach being done at Emory University by Dr. Charles Vogel combines estrogens with a three drug combination of cytoxan, fluorouracil and adriamycin.

Dr. Tormey, Chief of the NCI Medical Breast Cancer Service, reported on studies of biologic markers--substances found in the blood or urine that correlate with the presence of tumor. Ideally, levels

of these substances should correlate with the amount of tumor in the patient and change in parallel with the response of tumors to therapy.

Out of eight biologic markers tested, three, human chorionic gonadotrophin (HCG), carcinoembryonic antigen (CEA), and a transfer RNA nucleoside (N^2N^2-diemthylguanosine), were found to be present in abnormal amounts. Using these markers, 63 patients (97 percent) in a group of 65 were found to have abnormal levels of at least one of these markers. In a group of 15 post-operative patients found to have positive nodes, 10 (67 percent) had elevated levels.

SUMMARY

At the present time, the two-year report from the Breast Cancer Task Force indicates that less than radical surgery is acceptable for the treatment of primary breast cancer. Moreover, the trends of other studies involving surgery and chemotherapy for women with breast cancer and positive axillary nodes show that the recurrence rate can be significantly reduced. This in turn indicates that we can successfully treat sub-clinical metastasis. The advances in the treatment of early and advanced breast cancer, coupled with progress in earlier detection and diagnosis, should lead to significant improvements in cure rates and survival.

It should be emphasized that this report does not include results from other research studies conducted by the NCI, cooperative groups and individual institutions.

October 1, 1974

Office of the White House Press Secretary

NOTICE TO THE PRESS

HOSPITAL BULLETIN #4

Dr. William Lukash called the President early this morning to tell him that Mrs. Ford had an exceptionally good night. The First Lady slept soundly and had considerably less discomfort. Her temperature has dropped to near normal and her vital signs remain stable. Mrs. Ford appears to be stronger and is interested in doing more sitting and walking today. She enjoyed a breakfast of a poached egg, whole wheat toast, crabapple juice and tea. At this point, Dr. William Fouty feels Mrs. Ford has had an excellent post operative course.

# # #

10/3/74

THE WHITE HOUSE

WASHINGTON

Re visit to Naval Hospital

OK TO USE

The President will be talking with Mrs. Ford by telephone this afternoon.

GUIDANCE

He may go out there about 6 p.m., possibly by helicopter, in order to be back in time for the Congressional dinner.

But as result of phone call (and the excellent recovery of Mrs. Ford) he may not go to hospital today.

October 7, 1974

MEMORANDUM FOR: RON NESSEN

FROM: BILL ROBERTS

SUBJECT: Briefing Questions on
Mrs. Ford's Return from the Hospital

Q. When is Mrs. Ford going to be released from the Hospital?

A. We can't give you an exact time. Dr. William Fouty says it may be toward the end of this week.

FYI ONLY: Dr. Fouty expects will be Friday -- assuming everything goes as expected.

Q. The doctors earlier said they thought Mrs. Ford would be released in about ten days, which would be today. Why the delay? Is there some post-operative problem?

A. Mrs. Ford continues as the President has stated, to "get better and better every day", and her doctors say she continues to make an excellent recovery. However, the doctors have scheduled post operative tests, and feel they can be done with least inconvenience to Mrs. Ford when she is in the hospital, rather than making daily trips back and forth to the hospital.

Q. What kind of tests will be performed?

A. ~~I do not have that information.~~ To determine what kind of post operative treatment she needs, if any.

Q. Can you get it?

A. When the doctors release the information.