THE WHITE HOUSE

Office of the Press Secretary
(Bethesda, Maryland)

PRESS BRIEFING
BY
LARRY SPEAKES,
CAPTAIN DALE OLLER, MD, UNITED STATES NAVY
CHIEF OF GENERAL SURGERY, BETHESDA NAVAL HOSPITAL
AND STEVEN ROSENBERG, MD
CHIEF OF SURGERY, NATIONAL CANCER INSTITUTE

July 15, 1985

Bethesda Naval Hospital
Bethesda, Maryland

4:00 P.M. EDT

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MR. SPEAKES: I have with me two gentlemen you've met before, Dr. Dale Oller, head of surgery at Bethesda Naval Hospital and the Chief of the President's surgery team and Dr. Steven Rosenberg, Chief of Surgery at the National Cancer Institute at the National Institutes of Health who's participated in the President's surgery. Both the gentlemen have just met with the President and Mrs. Reagan and they come here to give the report that they gave to him.

I would like to caution you before we begin -- please raise your hands and let's be as orderly as possible with this and they will be here to answer all your questions.

Dale.

DR. OLLER: Good afternoon. Just a few minutes ago, the pathologic results of the cancer specimen for the President was revealed. The villus adenoma confined to the cecum of the bowel within the radical -- or the right hemicolectomy specimen contained adenocarcinoma confined within the muscle of the bowel wall such that there was no evidence of spread of the cancer within the villus adenoma to the pericolic fat, vessels, 15 lymph nodes -- many sections of those -- and the nerves.

It appears as if the tumor -- cancer -- was confined to the adenoma within the bowel wall and the entire specimen resected. All margins of tumor were free. The President continues his superlative recovery and when asked how he felt about this, he says, "Well," he says, "I'm glad that that's all out."

I will ask Dr. Steve Rosenberg to make some comments on the findings within the pathologic specimen. The specimen was reviewed by the National Cancer Institute physician, Dr. Mary Matthews, and the Armed Forces Institute of Pathology pathologist Dr. Elson Helwig, as well as the Bethesda Naval Hospital Laboratory Anatomic Pathology Service.

DR. ROSENBERG: Thank you. The President has cancer. There are many forms of cancer and what I'd like to do is interpret some of the pathologic findings in the context of this particular lesion.

Cancers have two main problems associated with them; they tend to occur in a local site. By definition, cancers have the potential to spread from the local site to other areas of the body.

The President had a cancer confined to the wall of his colon or bowel. It had not spread in that local area outside of the bowel wall. All of the lymph nodes surrounding the colon had no evidence of tumor, there was no evidence of tumor that was invading any blood vessels or nerves, and all of these findings are optimistic findings with respect to the future course of this disease.

Given the local findings of this lesion, there is every expectation that the local problem has been cured, and the chances that the lesion will recur at the local site are quite small.

A second aspect of any cancer is the potential that it has to spread to other parts of the body. There is no evidence in the President's case that this cancer has spread. A complete examination of all of the internal organs at the time of surgery were completely normal.

I think the chances are excellent that this tumor will not recur again. The President will have to undergo regular examinations of the lungs, the liver, other body organs, to again be assured that they are in the same healthy state that they're in today, but again, we have no evidence that this cancer has spread, and I think the chances are good that no spread will take place.

Q -- medicine, treatment? Will he have to be on any kind of medication at all? Any chemotherapy? Any radiation, anything like that?

DR. ROSENBERG: There are -- this is an area in which oncologists may have some differing opinions. I think the major weight of evidence in 1985 is that there is no evidence that future therapy has impact on the course of the disease, and it's my feeling therefore, that no further therapy is indicated at this time.

However, I think we need to gather all of the available information. I've discussed this case with Dr. Vincent DeVita, the Director of the National Cancer Institute, and obviously all information available today will be looked at with respect to that question, but certainly as of the present time, I think the weight of evidence would indicate that no further treatment is indicated. The surgery that has been performed has the maximum chance of curing the President. It's been performed and is -- the President's recovery is proceeding in a flawless fashion. There will probably be no

futher indications for therapy.

Q Dr. Rosenberg, if I understand you correctly, you have said that while there is no evidence --

MR. SPEAKES: Let's not all speak at once. Let's not speak at once. Please raise your hands.

Q If I understand you correctly, doctor, you have said that while there is no evidence that the cancer has spread, you cannot be sure that it has not. Is that a correct reading of what you have said?

DR. ROSENBERG: That is correct. There is a possibility that the tumor can return, however given all of the pathologic findings in the President's case, in most cases it would not return.

Q Dr. Rosenberg --

Q If I could follow up. Are there any tests which can be given now -- is the state of the art such that you can give tests to determine whether it has spread elsewhere in the body?

DR. ROSENBERG: The President has already had an extensive series of tests, and we have no evidence that there is spread, and those tests now need to be performed in a regular, methodic, periodic fashion to be sure that no evidence of spread appears.

Q Dr. Rosenberg, --

Q Let me follow up on that, Dr. Rosenberg. Dr. Rosenberg, if I can follow up on that --

Q Can you tell us, sir, based on your --

MR. SPEAKES: Look, we are going to put some order in this.

Q Well, I raised my hand, Larry. I don't know what --

MR. SPEAKES: Would you like for me to do the calling on?

Q Fine.

MR. SPEAKES: Go anead, George, and then Chris.

Q Dr. Rosenberg, in the pathological findings that have already been done, you say that you have found no cancer cells in and around tne intestinal wall. Now have you found any abnormal cells that may be pre-cancerous, commonly known as displastic cells? Any of those kinds of abnormalities around tne cancer area or in other parts of the President's bowel that would give you cause to have some concern?

DR. ROSENBERG: Cancer was found in the major villus polyp that the patient had. In addition to that cancer, there were areas of that polyp that had what we call carcinoma insitu. That is a very, very early form of cancer, but that is of no consequence given the finding of cancer in the polyp itself.

There were two adjacent polyps that were quite small right near the major lesion -- within one to two centimeters of it -- they showed no evidence of malignancy at all, and there was no other indication of any other abnormality in the colon of the President.

Q Dr. Rosenberg, what is the five-year survival rate for the kind of cancer that you have indicated, first of all. And, secondly, what can you tell us about the invasion of cancer into the colon wall itself?

DR. ROSENBERG: This cancer invaded into the muscle walls of the bowel. The majority of patients in exactly the President's situation would certainly survive five years and beyond.

Q Dr. Rosenberg, what can you tell us about the liklihood of survival for five years? Is it just a majority?

DR. ROSENBERG: It is certainly greater than 50 percent.

Q Dr. Rosenberg, did you give this tumor a Duke's Classification, and can you tell us how differentiated the cells were?

Q After him. That is all right.

MR. SPEAKES: I have called on Helen. --

Q When do you think you will know whether he has to undergo any radiation or chemotherapy? And how long do you think this cancer took to develop? Is there any way to tell, you know, how severe was the polyp and how long it took?

DR. ROSENBERG: There is no indication for radiation therapy treatments in the patient given his current findings, and, again, I think we will seek additional information and opinions about the need for chemotherapy, but my own opinion at this time is that none is indicated.

As to how long this tumor is present, as we indicated, I guess, on Saturday, it is

almost impossible to know that. But from studies that have been performed in patients who have refused surgery, where growth rates of tumors can be carefully calculated and extrapolated back to the time when that cancer might have been a single cell, in almost all of those studies, the tumor appeared many years, if not decades, before it was originally -- before it was finally found.

Q Dr. Rosenberg, can you tell us what the Duke's Classification is of this tumor? And to what extent were the cell's differentiated?

DR. ROSENBERG: I'll answer your question about the Duke's Classification, but have to first caution you that even in medical circles there is confusion and multiple different categories of Duke's Classifications.

Q What is Duke's Classification?

DR. ROSENBERG: There are -- cancer of the bowel, when it occurs, comes in many forms. The propensity of the tumor to spread to other sites is dependent in large part on the depth of invasion of that tumor into the different layers of the bowel wall. In most classifications, a Duke's "A" lesion would be into just the very superficial layers of the bowel wall. In most classifications, a Duke's "B" lesion would mean a tumor that had invaded into the muscles of the bowel wall. And a Duke's "C" lesion would be a tumor that's spread into the lymph nodes. The Duke's "C" lesions are the most aggressive cancers. The Duke's "A" are the least aggressive cancers. The President's lesion is a Duke's "B". I should mention as well that the tumor was moderately well differentiated in its -- in the appearance of the cells as reported to us by the pathologists.

Q Dr. Rosenberg, could you tell us, using the Coleman Study or something similar, just where this would fall in terms of five-year survival rate, based on the invasion that you see?

DR. ROSENBERG: I think given all of the details of the President's case, and not talking in generalities, but rather considering the exact depth of invasion of his lesion, it's -- the fact that it did not invade into blood vessels or into lymphatic channels, the fact that it's moderately well differentiated, I would certainly think that the President's chances of being completely cured, that is, never again having any evidence of this tumor appear during his normal lifespan is greater than 50 percent.

Q Doctor, you opened by saying the President has cancer. Is that a past tense? Is that a present tense? To the best of your knowledge, is he free of it or --

DR. ROSENBERG: The tumor specimen that was removed from the President contained cancer. There is greater than a 50 percent chance that the President now has no cancer whatsoever, that there are no cancer cells in his body and he is completely cured.

However, there is a chance that the tumor may recur at some time in the future.

Q What is that chance?

DR. ROSENBERG: It's less than 50 percent.

Q A Duke's "B" tumor is often described as one that has spread through the intestinal wall and into tissue outside the intestinal wall. Is that consistent with this tumor?

DR. ROSENBERG: This tumor has not invaded beyond the wall of the intestine, and in fact, the outermost wall of the intestine was not involved with tumor, so it truly was confined locally within the wall of the bowel.

Q Doctors, you've said the President said he was glad that this was out when you told him, but did he express any concern about the probabilities that you mentioned that there may be some future problem? Did he inquire about it? What was his reaction on that --

DR. ROSENBERG: He did not.

Q Doctor, if you indeed have gotten all of the cancer, what is the possibility the President may live a long time -- 10, 15 years or longer?

DR. ROSENBERG: I think excellent. Again, I think there is a greater than 50 percent chance that the President will live his normal lifespan, and that this cancer that was removed from his bowel will have no impact on his normal lifespan.

MR. SPEAKES: Joanne?

Q Will he be able to lead a normal life, sir? Will he have to curtail his activities? Will there be any physical restraint placed on the President?

DR. ROSENBERG: After the patient's recovery from this surgical procedure, he should return to normal activity. He should have no symptoms of having had this operation. His digestive tract should be normal in any way that is visible to the President. There should be no change in his activity pattern whatsoever.

Q Doctor, can you venture an opinion as to what the state of the cancer in the polyp would have been if it had been detected and removed 14 months ago?

DR. ROSENBERG: It's an impossible question to answer. At some point obviously a polyp is benign and it converts into a malignancy. But when in the course of the lifespan of that tumor that occurs, it is an impossible -- we cannot answer, given available information.

Q Doctor, what follow-up do you see now? On Saturday you discussed the possibility of another colonoscopy in six months and annually after that. Is that now your recommendation?

DR. ROSENBERG: Yes. I would recommend that the President undergo a colonoscopy in six months and every year thereafter. I would recommend that he has periodic blood tests to check the status of the internal organs as well as certain markers of a colon malignancy, which can now be tested for. I think he needs regular X-rays of his chest, of his lungs, of his liver -- that would be the part of the standard follow-up of patients who have had this diagnosis made.

Q Dr. Rosenberg, you -- Dr. Oller provided us with the one quote from the President when he was told. Would you share with us his demeanor, his general reaction to this when you told him?

DR. ROSENBERG: The President was reading a book when we entered the room. His recovery, as I have mentioned, has been superbly -- has been occurring superbly. He indicated that he had been waiting to hear the results when he heard the results, and they have been described in much the same terms that we have mentioned them here.

The President indicated that he was glad that there was no evidence of tumor spread and that was basically the substance of this discussion.

Q How long was your time with him and what was Mrs. Reagan's reaction?

DR. ROSENBERG: We spent about five minutes with the President.

Q And Mrs. Reagan -- did she have any questions?

DR. ROSENBERG: We had previously discussed the situation with Mrs. Reagan and then went into the room with her.

Q What was her reaction?

Q Could you tell me --

Q What was her reaction?

Q -- whether the CEA levels had increased in the President, what the differentiation was of the cell type of adenocarcinoma and whether any consideration will be given to the use of monoclonal antibodies?

DR. ROSENBERG: The tumor is a moderatly well differentiated lesion. CEA levels are one the tumor markers that I mentioned that'll be performed on blood tests. Those tests are already under way on specimens obtained from the President prior to his operation. They will be conducted serially over the course of time. My recommendation is that they be done every two months.

The use of monoclonal antibodies is something that we're studying quite aggressively at the National Cancer Institute -- it's a highly experimental therapy and there would certainly be no role for it in the President, given the current stage of his disease.

Q Doctor, did --

Q Dr. Rosenberg, if there is still cancer in the President, how quickly might it reappear, and could it appear anywhere, or would it be in one local area?

DR. ROSENBERG: In the majority of cases, the tumor would never reappear in any location.

Q Doctor, in the less than 50 percent chance that there still might be cancer --

DR. ROSENBERG: When --

Q -- how quickly might it be detected and could it reappear in the same general region or elsewhere?

DR. ROSENBERG: When I say that the tumor would reoccur at some location in less than half of cases, of course, in many instances that might not occur for five or ten years. Obviously, there is a continuum in the pattern of recurrence. When the tumor does recur, the most common site for it to recur is the liver. But, I would emphasize, again, that all of our tests as well as a careful examination of the patient -- of the President's liver during the surgical procedure revealed it to be perfectly normal.

Q Doctor, did I understand you correctly to say you spent five minutes with the President? Was it five minutes, sir?

DR. ROSENBERG: That's correct.

Q Was that because you didn't want to tire him or

because he had no further questions about the -- what had happened to him?

DR. ROSENBERG: We described the exact findings to the President. We had some discussion about the implications, as we have described -- the likelihood that the tumor would never recur -- and much of that time was spent discussing the details of the pathologic report and the fact that there was no evidence of local spread of the tumor to any surrounding tissues or, in fact, into the blood vessels or lymphatic vessels of the tumor itself.

Q Who --

Q What did Mrs. Reagan -- what was her reaction and did she ask more questions than the President?

DR. ROSENBERG: Mrs. Reagan, I think, was also gratified to hear that there was no evidence of spread from the -- from this tumor. And, basically, I would say her reaction was quite similar to that of the President's.

Q How long did you spend with her, doctor, before you went in?

DR. ROSENBERG: Five to ten minutes.

Q It's my understanding, doctor, that Mrs. Reagan found out about this before the President.

DR. ROSENBERG: That's correct. When we came up, we sat and talked with Mrs. Reagan. That's actually quite a common practice in my case, to talk to the family, to present them with the findings of a pathology report, such as this, and then, together with the wife of the patient, see the patient and present him with the facts as well. I would say that, in fact, is the way I would usually deal with this situation and, of course, deal with it every day at the National Cancer Institute.

Q -- doing it that way?

DR. ROSENBERG: The major advantage is it gives the family a chance to adjust to the information and perhaps be more supportive to the patient when the news is received.

Q Dr. Rosenberg, could you tell us how you will -- or how the team of doctors who are treating the President will treat him differently now that there is a diagnosis of cancer than if this had been a completely benign tumor?

DR. ROSENBERG: There will be no difference in the way he's cared for. Now, again, I would emphasize that there's a real chance that there is no cancer left.

Q Well, Dr. Rosenberg --

Q The recovery of the --

Q Dr. Rosenberg, it's my understanding that the reason you don't -- that most doctors don't recommend either chemotherapy or radiation is that they are minimally useful, that the side effects from them outweigh the benefits, and that the reason for this is that the cancer cells are so much like the nearby normal cells, the cells next door, that you don't have a treatment that will home in on that kind of malignancy. What are the prospects of change for that in the near-term future? Because you do do this kind of thing for breast cancer, for example, or for certain other kinds of cancer?

DR. ROSENBERG: Currently available information for the treatment of patients with colon cancer is that chemotherapy does not improve the chances of survival. Now, that is not true of all cancers. For example, breast cancer, chemotherapy, following the removal of a tumor in the breast or the breast itself, definitely increases the chances that that tumor will never return.

Now, the National Cancer Institute is conducting extensive studies, as well as clinical trials, looking at new approaches to the treatment of patients with this disease. And one of the things we'll be looking at quite carefully is the up-to-date information of all of these studies being supported by the National Cancer Institute around the country to see if there is any information currently available that might alter that opinion. And I should mention as well -- in answer to your question about new developments -- that the last five years have seen an explosion of information with respect to an understanding of the causes, ideology, of cancer, as well as its natural history that is unparalleled in our understanding of this disease. And I would expect there to be developments in the future that might well alter the way we treat patients with colon cancer.

Q If I could just follow up for a minute, I understand that one of the problems here is that this is a very slow-growing

tumor, so that it doesn't divide very often, so that the problem is having your radiation or your chemotherapy or whatever present at the time when it would do the most good. Is that true?

DR. ROSENBERG: The factors that influence a particular tumor's response to chemotherapy or radiation therapy are complex. Certainly, the point that you've raised, that is the growth rate of the tumor, is one of those factors. But there certainly are others.

Q Doctor, how does the President's cancer compare with his brother's? Is it less serious? More serious?

DR. ROSENBERG: I'm afraid I don't have any details about his brother's cancer.

Q Dr. Rosenberg, since there's such a dramatic difference in survival between the Duke's "A" and the Duke's "B" lesion, how long ago would you estimate that it might have been a Duke's "A"? A year ago? Two years ago? Six months ago?

DR. ROSENBERG: Again, I'm not evading the answer to that question when it came up before. All available medical and scientific information just does not allow us to give a reliable answer to that question.

Q Not the size, Dr. Rosenberg, the invasion of the muscular walls.

DR. ROSENBERG: I understand. I understand. There really is not available information to give a good opinion about that. It would be merely a guess based on very poor information.

Q Doctor, will the President have to make any long-term changes in his diet?

DR. ROSENBERG: No. I would expect there to be no changes in the President's diet.

Q We were told that --

Q Doctor, will the recovery of the President be helped or hindered by the fact that for the next three-and-a-half years he will have to hold down one of the most pressure-packed jobs in the world? If this were another 74-year-old man, would you advise him after this procedure to retire if he were someone other than the President?

DR. ROSENBERG: This is not an unusual disease, unfortunately, in men who are 74 years old. And this question comes up all the time with individuals in addition to the President. My advice to them is always to resume their full and complete activity and that will be my advice to the President as well.

Q Dr. Rosenberg, based on these findings, is there any anticipated change in the length or -- the length of the President's stay here at the hospital? And based on what you've seen so far, when do you think he might be leaving?

DR. ROSENBERG: The average recuperative stay for an operation like this is approximately 10 days. And these findings will not influence that at all.

Q Doctor, we were told that the President walked about 60 feet last night. Can either one of you tell us what he has done today, in terms of activity or -- back up the spectacular recovery you've been telling us about.

DR. OLLER: The President has been out of bed today. He's read the majority of the day. The bladder catheter has been removed and he's successfully returned that function to normal. He's

ebullient, in excellent spirits.

Q Well, what about walking? Did he walk today?

DR. OLLER: He's been walking.

Q Dr. Oller --

MR. SPEAKES: Then he had about a 15-minute meeting with Regan.

Q -- compensate for the loss of the --

DR. OLLER: -- that he had about a 15-minute with Mr. Regan, too.

Q How do you compensate --

Q Dr. Rosenberg --

Q -- for what was taken out in the intestine? Is --

Q -- Mrs. Reagan, when you gave her the news?

DR. OLLER: I'll answer the first question, and then I'll ask for the second one again.

How does he compensate for the removal of approximately one-third of his colon.

Q Right.

DR. OLLER: Very easily. The primary function of a great colon -- the large intestine -- is as a reservoir and to absorb fluid, water. The remainder of the colon functions beautifully. Within a week to two weeks, the patient is back to the normal function of the bowel.

Q The question was, was anyone else present with Mrs. Reagan when you informed her of what had happened?

DR. OLLER: Yes. Dr. Smith was present; Dr. Hutton, of the medical staff of the White House; and Mr. Regan was present. Also, Larry Speakes was present.

Q Dr. Rosenberg, is there --

Q Could you -- could you give us a window on the -- if this sort of cancer recurs, goes someplace else -- you said the liver was the number one possibility -- what is the soonest that it would show up and what is the latest that something like that might show up in another area, and what other area besides the liver?

DR. ROSENBERG: The liver is the most common site of spread, but other possible areas include the lung or other sites within the abdominal cavity, itself. There is a continuum of times to recurrence in patients and, as has been mentioned previously, colon cancer tends to be among the slower-growing of tumors. And most recurrences that take place, even when they do recur don't take place for several years.

Q Doctor, isn't the most likely place of recurrence really the rest of his large intestine, and then if it should recur someplace, would be the liver?

DR. ROSENBERG: No, that's not the case. The recurrence rates within the large intestine at the site of the removal of the tumor, itself, represent less than 5 percent of all of those patients that recur. So that's a quite unusual site of recurrence.

Most available data would indicate that the President has a slightly increased chance of developing a second cancer, perhaps twice that of an individual who never had a single cancer. And that's one of the reasons that he'll be undergoing a colonoscopy in six months as well as every year thereafter.

Q Dr. Rosenberg, do you think there's --

Q Do you think the colon is the only --

Q -- more slowly in the elderly?

MR. SPEAKES: Why don't we work the back of the room. Let those two go and then Dave --

Q Does cancer tend to grow more slowly in the elderly as opposed to younger people?

DR. ROSENBERG: No, that's a generalization that might be true for some tumors, but in general, not -- not the case.

Q Dr. Rosenberg, you said his chances were greater than 50 percent of having no recurrence. Can you narrow that at least 49 percent range on the other side of that -- can you narrow that down a bit for us?

DR. ROSENBERG: That's difficult to do because, of course, there are a large number of studies that one can draw on for that particular body of information. And, obviously, for the patient that doesn't ever occur, that's 100 percent that no recurrence took place. But I would say, if one were to look at most available series, somewhere between a half and three-quarters. But I wouldn't want to narrow it any more tightly than that.

Q Do you think there's a need for more reliable and better diagnostic testing for colon cancer?

DR. ROSENBERG: I think with respect to the diagnosis and

treatment of cancer in general, great strides have been made, and enormous efforts are currently underway by the National Cancer Institute to find even better ways to diagnose and treat cancer. And so, the answer to my question -- to your question is, yes. Until we can cure 100 percent of patients who develop this disease or find a way to completely prevent it, there certainly is room for improvement.

Q But isn't the hemoccult test a rather poor test, an unrealiable test for colon cancer?

DR. ROSENBERG: The hemoccult test certainly has its problems. There can be false negatives and there can be false positives. But on the whole, it's a simple test, one that can be widely used by the population in general, does not require sophisticated equipment and I think is one of the best screening tests we have available for practical use in 1985.

Q Doctor, you said the colonoscopy -- or one of the doctors did at the last briefing -- that the President will undergo in six months and then once a year, the procedure, itself, contains risks. What are those risks?

DR. ROSENBERG: The risk of colonoscopy approach zero. There is discomfort associated with performing a colonoscopy. There is an exceedingly low incidence of perforation of the colon due to colonoscopy, but that's a very, very rare occurrence.

Q Doctor, what time today did you tell --

Q When was the --

Q What time of today did you tell the President and Mrs. Reagan?

DR. ROSENBERG: Excuse me?

Q What time today did you tell them?

DR. ROSENBERG: Immediately before coming into this room.

Q Who was in the room when the President was told?

DR. ROSENBERG: It was Dr. Oller and myself, Mrs. Reagan and President Reagan, and Dr. John Hutton.

Q And was he in bed or was he seated?

DR. ROSENBERG: The patient was lying in bed, reading a book.

Q And is he on any medication now? Is he still experiencing no pain?

DR. ROSENBERG: He's only on antibiotics at this point.

Q Doctor, to rephrase one of your earlier answers, is it fair to say that there is at least one chance in four that cancer will recur?

DR. ROSENBERG: There's always a chance in a patient who has cancer, by definition. This is a disease which has a possibility of spreading from its local site. I think the patient's local -- the President's local problem has been solved, but there is a chance that it can occur in another --

Q You said it was 50 to 75 percent likely that it would never occur. Is that fair then to say that there's at least a one in four chance that cancer will recur?

DR. ROSENBERG: There is a chance that it would recur, but I don't know what "at least" means in that sense. There certainly is a chance it would recur.

Q Doctor, what was the principal alternative to the choice of treatment you decided on? Can you describe that for us?

DR. ROSENBERG: I think there were no reasonable alternatives to removal of the patient's colon of this lesion and a careful examination of the patnologic specimen. With all of that specimen available for examination certainly confirmed the fact that there would have been no possible

way to adequately remove this lesion without the right hemicolectomy that was performed.

Q Dr. Rosenberg, given that fact, you know there's been some second-guessing in print about the fact that a biopsy was performed. Could you address that? Was it dangerous to perform the biopsy on Friday?

DR. ROSENBERG: I first saw the President on -- first called to see the President on Friday evening after this diagnosis was made, but have had a chance to review the situation with respect to his previous colonoscopies and biopsies. I think the exact way in which the President was followed was flawless, that he was being very carefully examined on regular intervals with hemoccult tests for the presence of blood in his stool, and flexible sigmoidoscopies were being performed. He was probably being followed more closely, I would guess, than anybody in this room -- certainly greater than -- more closely than 99 percent of the physicians that I know who are specialists in cancer.

With respect to the biopsy of the lesion, in virtually all colonoscopies, when a suspicious lesion is seen, a biopsy is performed to ascertain the either benign or malignant nature of that lesion.

Q Doctor, have you considered --

Q Even if you know you're going to take it out?

DR. ROSENBERG: There are factors which can influence decisions. There is no risk involved to doing a small biopsy through a colonoscope, and it certainly is the standard practice in this nation.

Q Doctor, would you consider a 50/50 percent for a five-year survival rate to be a truly optimistic prognosis?

DR. ROSENBERG: I believe that to be -- I believe the statistic that I mentioned, the fact that the President has a greater than 50 percent chance of being cured of his disease for the remainder of his normal lifespan is a realistic estimate based on all of the aspects of the pathologic information that have been seen, and neither represents an optimistic or a pessimistic view, but rather a view based on the available medical literature.

Q Doctor, did the White House staff-- did you meet individually with any members of the White House staff to discuss this and did they or the family ask you to withhold any medical information at this briefing?

DR. ROSENBERG: Absolutely not. Our first meeting, after learning of the pathology report, I would say within three to five minutes of our receiving the report from the pathologist and discussing some clarifications with them, we met first with Mrs. Reagan and the other individuals that you've heard, and then immediately went in to see the President.

Q Given the tendency to spread to the liver, when would you recommend that a liver scan or some other similar test be done?

DR. ROSENBERG: I would recommend that the patient -- that the President receive his test for -- X-rays to detect spread of cancer in the liver in about six months.

Q Doctor --

DR. ROSENBERG: He'll be receiving blood tests more frequently than that.

Q Doctor --

Q Dr. Rosenberg, have you --

Q Doctor, isn't there a fairly strong chance of spread through the lymphatic system, and if so, how would you monitor that?

DR. ROSENBERG: There are three major ways that a cancer of the colon can spread: one, to the local tissues directly invaded by the tumor, the second is through the lymphatic channels -- those generally go to lymph nodes first -- and the third is through the bloodstream.

The patient -- the President had no indication of any local spread of this tumor, and in fact, the excision appears to have removed it completely locally. There was no evidence of lymphatic invasion, and all of the lymph nodes were negative and in fact, the draining lymph nodes which are removed with the colon tend to be the first involved with tumor when the lymphatics are involved. So those two areas do not appear to represent a problem.

The third remaining possibility is one for which we have no evidence to now, and that is that any spread has occurred through the bloodstream. All of those tests have not revealed that we have any definite evidence of spread.

Q It wouldn't show up right away, would it?

Q If I may follow up on that, doctor, please. As I understand, if it does spread through the lymphatic system -- there are a number of times when it does not appear in adjacent nodes. How can you monitor -- how -- just what tests are you going to be doing to check on the lymphatic system?

DR. ROSENBERG: The computerized scans that are performed of the liver are also performed of the entire abdomen. Those give us a look at the size of the draining lymph nodes. This is a new technique available within the last ten years that gives to within about a centimeter and a half a good definition of intra-abdominal structures, and that will be the primary test used to attempt to detect any possible spread to lymph nodes.

Q Doctor, if this polyp had been discovered when it was a so-called Duke's "A", would the chances for survival be any different?

DR. ROSENBERG: There is a correlation between the level of invasion -- that is, the Duke's stage -- and the curability of the lesion, and the earlier one finds a lesion, the nigher the likelihood of cure. So for any individual, the earlier the Duke's stage, then the higher the likelihood of cure.

Q And you have no way of estimating how long that process took?

DR. ROSENBERG: That is correct.

Q Doctor, have you or any other official at the Cancer Institute barred the staff there from discussing in generalities the President's case to reporters?

DR. ROSENBERG: Certainly not to my knowledge, and certainly nobody has ever told me that I cannot discuss anything about the case. Certainly members of my staff that I have spoken with have not heard that from anybody, so I would doubt it very strongly.

Q Dr. Rosenberg, you said that --

MR. SPEAKES: We are down to the two-more-questions point. Let's take them right here and then take you and then I will halt it.

Q Dr. Rosenberg, you said the President's diet would not have to change any, but from a dietary or nutritional standpoint, is there a regimen that he should be on from here on out?

DR. ROSENBERG: I would say that the President's diet has served him well in the sense that he is a remarkably vigorous 74-year-old individual, and I would expect him to return to his exact -- the exact diet that he had prior to this treatment. Now there are -- there is evidence available that the diet of an individual can affect the subsequent incidence of colon cancer. And you are probably aware of some of the information that diets that are nigh in fiber and low in fat are associated with lower incidences of colon cancer. Of course, that is on a population basis, and would not directly apply to the President and his situation, having had this resection for cancer.

But it may be in general a good idea for people to limit the amount of fat in their diets and to increase the amount of fiber in their diets.

Q Well, would you recommend to the President, speaking specifically, a high fiber, low fat diet from here on out?

DR. ROSENBERG: I would recommend to any patient that they try to increase the amount of fiber in their diet and hold to a reasonable level the amount of dietary fat.

MR. SPEAKES: Last question here.

Q Dr. Rosenberg, if you should find an investigational new drug that appears to be successful with colon cancer, might you recommend that the President have such treatment not yet approved by the FDA?

And I have one second question, then. Could we please get a description from the pathologists of this tumor?

DR. ROSENBERG: Again, we are in the midst of an era in which information about cancer is exploding at a rate that I have not ever witnessed before. Almost on a monthly basis new information about the genes responsible for cancer causation, the antigens present on tumor cells, and the use of new bio-technologies for the treatment of cancer are being explored and even tested in clinical trials. I can absolutely assure you that through the National Cancer Institute, the supporter and funder of virtually all of those trials around the country, that all of the latest information will always be available in making the medical decisions concerning the President's care, as it would for virtually anybody else.

Q Does that apply to investigational materials?

DR. ROSENBERG: It is entirely possible that if something new came along that looked promising, that had adequate information to support it, certainly it would not be denied to the President of the United States.

MR. SPEAKES: Thank you, sir.

Q Can we have the pathologist's report or description on his tumor?

MR. SPEAKES: No, I don't think we plan to release the report. It is a document for the patient.

Well, thanks very much. I will stay here for a few more questions. I have a little bit more on the President's day. The doctors will leave without answering any further questions. You have had them for forty-five minutes.

Mrs. Reagan, as you know, arrived midmorning -- late morning. The President awakened from his nap at midday and Mrs. Reagan had lunch in the room with the President.

At 1:45 p.m. Don Regan arrived and visited with the President for about twenty minutes. At 2:05 p.m. the President signed an executive order today creating the Packard Commission on the Defense Department. And that will be made available to you here shortly, together with a statement.

We also have one other document this afternoon of an appointment in the White House -- Dennis Thomas being appointed Assistant to the President.

At 2:40 p.m. the two doctors together, Dr. Hutton and Dr. Smith, as they told you, arrived to visit with Mrs. Reagan. They did so in the sitting

room which is adjacent to the President's bedroom. They --

Q Timing?

MR. SPEAKES: Pardon?

Q Timing?

MR. SPEAKES: Timing? 2:40 p.m. They -- Mrs. Reagan sat in a chair, Don Regan on a couch. The two doctors sat in chairs before her and laid out generally what they've laid out here. The conversation continued until about 3:15 p.m. So just over 30 minutes they spent talking with her, answering her questions, and then they went in to see the President at that time.

Q Why do you say "five to ten"? I mean --

MR. SPEAKES: No, we're talking about Mrs. Reagan for about 30 minutes.

Q We asked how long he'd spent with her and he said five minutes.

MR. SPEAKES: They obviously lost track of time because it was just over 30 minutes that they talked with her. And then they went in to see the President for about five minutes. And they spent about five to ten more minutes with Mrs. Reagan afterwards. We talked with him and came straight here.

Q Well, did she ask a lot of questions?

MR. SPEAKES: Did she ask a lot of questions?

Q And what was her reaction?

MR. SPEAKES: No, I think her questions that she asked -- and I think that conversation certainly, above all, should be private. But the questions they asked did prompt the doctors to go into some considerable detail on -- and response.

Q Larry, what was her --

Q What was her basic reaction? Do you have any quotes?

MR. SPEAKES: What was her basic reaction?

Q I mean, any quote?

MR. SPEAKES: No, I don't have any quotes. But Mrs. Reagan accepted the findings of the doctors and their description very calmly. She asked clear, concise questions of them and listened very intently as they spoke.

Q She wasn't upset?

MR. SPEAKES: Well, of course, as always, as anyone can imagine, certainly she's concerned and curious and has questions. But Mrs. Reagan accepted the news in a very calm fashion.

So, Pat?

Q Will she keep her schedule?

Q Larry, were there any photos taken today that might be released?

MR. SPEAKES: No, no photos today. Schedule? Yes. Mrs. Reagan left, oh, shortly before the doctors came over here to go to the White House where she'll keep here schedule tonight. She'll

speak on the South Lawn and go from there.

Q Larry, did she require sedation? Did Mrs. Reagan require any kind of sedation?

MR. SPEAKES: No, none whatsoever. None even thought of.

Q When the doctors told Mrs. Reagan, you were there, is that correct?

MR. SPEAKES: Yes.

Q And also Don Regan?

MR. SPEAKES: Right, yes.

Q And that was it or was anyone else --

MR. SPEAKES: No, these two doctors, Don Regan and I and Dr. Smith and Dr. Hutton.

George?

Q Can you detail his reaction any better --

Q Was this process delayed at all because of -- until the Stock Market closed?

MR. SPEAKES: Because of what?

Q Stock Market.

Q Stock Market.

MR. SPEAKES: No, absolutely not. I'd think we'd had some requests that we try to give you about 30 minutes. When we saw we were at that point in our discussion, then we gave you an alert and we came directly over by the shortest route.

Bob?

Q I just couldn't hear what you said about the process. First they met with Mrs. Reagan, then they went in and spoke with the President for about five minutes, and then they came out with Mrs. Reagan and spoke to her again for about five or ten minutes?

MR. SPEAKES: That's right. Then sat down with Don and I for a few minutes.

Q And then did Mrs. Reagan go back in with the President?

MR. SPEAKES: Yes, she went back briefly with the President and then she left to go to the White House.

So, Johanna?

Q Larry, you've given us the President's reaction and Mrs. Reagan's reaction. Was there any reaction from Don Regan or other top White House officials about what this means to the --

MR. SPEAKES: Well, the only ones that were aware of it in advance were really Regan and myself and we advanced to this press conference. And you've seen my reaction and

Don Regan's reaction was much the same -- asked questions, particularly looking at the President's departure from the hospital. No delay in it -- looking at the President's ability to resume his duties. No restrictions on him whatsoever as far as resuming a very full and vigorous Presidency when he returns to the White House and gets over the normal post-operative session.

Q And what about a political assessment about what this means for the rest of his Presidency?

MR. SPEAKES: I don't think it means one thing politically. I think it's clearly an occurrence that happens in many American families and it's certainly -- the thing that many Americans understand. But, the bill of health that the doctors have given the President here this afternoon speaks volumes as far as his ability to step back into the job and resume it and with careful watching, there's a good possibility that there will be no recurrence of this.

So -- Owen?

Q Who was in the President's suite with the doctors and Mrs. Reagan? Anyone else, or was it just them?

MR. SPEAKES: That's it. Yes.

Q And can you give us any more of the President's -- either his reaction or his questions or his mood --

MR. SPEAKES: The fellows that were there have given the reaction and --

Q Can you tell us, did you see the President right after --

MR. SPEAKES: Didn't see the President afterwards, no.

Candy?

Q Did you happen to check on the potential weight loss over this hospitalization?

MR. SPEAKES: I did not -- sorry. That's one I slipped in answering. Bob?

Q Could you?

MR. SPEAKES: -- an answer. Yes.

Bob and then I'll --

Q Larry, who's with the President now. After Mrs. Reagan left, which must have been about an hour or more ago, has the President just been there by himself or --

MR. SPEAKES: Sure -- his --

Q No friends, no family, no --

MR. SPEAKES: No, no.

Q When is -- when, again, is it that you expect him to go -- leave the hospital?

MR. SPEAKES: Leave the hospital -- seven to ten days from surgery.

Q Larry, what's your schedule tomorrow? Has that changed?

MR. SPEAKES: The schedule tomorrow is that we'll resume briefings at the White House tomorrow. I'll probably run out here in the morning and I'll be back about -- 10:00 in the morning or -- I'd be later than that. So, I probably won't brief until midday tomorrow. We'll give you a precise time when I figure out what time we're coming out and what time we're coming back.

Q There won't be anything here?

MR. SPEAKES: Right.

Q Larry, are -- is the President going to have any -- is Mrs. Reagan going back tonight to the hospital?

MR. SPEAKES: Going to have any what?

Q Will Mrs. Reagan go back to the hospital tonight?

MR. SPEAKES: I don't know. She didn't indicate any plans to do so when she left.

Q Is anybody else going to visit him or spend some time with him tonight?

MR. SPEAKES: No. There are no staff coming out and the only possibility, if Mrs. Reagan should decide to, but she didn't indicate any plans to.

Q Was she with anyone this afternoon?

MR. SPEAKES: Was she with anyone? Well, she's gone back to the White House.

Q -- did she go back with someone?

MR. SPEAKES: Some of her staff.

Q Did -- was the Vice President told?

MR. SPEAKES: I'm sure Don did that as soon as he went back. So --

Q Do you know what to expect in the way of family calls?

MR. SPEAKES: No -- really don't.

Q Larry, on Saturday, you all said that the tube from his nose to his stomach and the intravenous feedings would be -- would last four or five days which would mean, probably -- would stop tomorrow or Wednesday. Is that still the case?

MR. SPEAKES: Pardon? Yes, that's still case. It depends on the resumption of normal digestive functions as to when they would do that.

Q It will continue tonight and tomorrow morning --

MR. SPEAKES: Pardon?

Q You would expect it to continue tonight and tomorrow morning?

MR. SPEAKES: The nasal tube --

Q Yes -- intravenous feedings?

MR. SPEAKES: Yes. I'm sure it will remain through the night.

Mick?

Q Larry, the Vice President today cancelled several out of town appearances later this week. Were there any discussions -- and he met with Don Regan earlier. Were there any discussions of any other options other than the President resuming his full and vigorous schedule --

MR. SPEAKES: No, none whatsoever.

Q Larry, could we characterize the attitude of Mrs. Reagan and the President as being relieved more --

MR. SPEAKES: Well --

Q -- more happy about --

MR. SPEAKES: I had Mark go with her. Mrs. Reagan says she was relieved to hear the report that all the cancer has been removed. Mark just phoned that back. About got it, Helen. See you all at the White House tomorrow.

THE PRESS: Thank you.

END 4:50 P.M. EDT
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