

RESULTS OF DELAY IN TREATMENT OF BREAST CANCER

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A RECENT study of cancer of the breast has been made at the Presbyterian Hospital of Chicago, under the auspices of the American College of Surgeons and in charge of Doctor Greenough of Boston. One hundred cases occurring in the years 1917 to 1920 were studied in detail with after results in seventy. The report of these cases will be included in a composite report of similar work done at other hospitals. A brief summary of the cases which were followed through is given in the following table:

Living and well.....	11
Alive with recurrence.....	1
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Died with recurrence:	
In 1 year.....	9
In 2 years.....	19
In 3 years.....	13
In 4 years.....	6
In 5 years.....	2
In 6 years.....	1
In 7 years.....	1
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Died without recurrence:	
Post-operative death.....	1
In 1 year.....	3
In 4 years.....	2
In 7 years.....	1
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Total.....	70
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Mortality statistics:	
Seven year cures.....	12
Recurrences.....	52
Death from intercurrent diseases.....	6
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Percentage of 7 year cures.....	18.7

These statistics include all cases operated upon, some of which were known to be palliative. None of the primary cases were refused operation.

The duration of symptoms prior to medical consultation and the advice received suggested that a similar study of one hundred cases from 1924 to 1927 might be of interest. The Society for the Prevention and Control of Cancer and the State Boards of Health have expended a great deal of energy in telling the people the importance of early diagnosis and prompt treatment of lumps. Special emphasis has been laid on breast tumors. The amount of propaganda spread through popular lectures, pamphlets, newspaper and magazine publications leaves little doubt that practically every woman knows what cancer of the breast is and the value of early surgical treatment. The following figures show that progress has been made. Further success is not depend-

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ent upon more extensive publicity but upon increased public confidence in the ability of surgery to cure.

Duration of Symptoms Prior to Medical Consultation.—In the 1917–1920 period the average delay was 8.6 months. Twenty-eight women consulted their physicians at once or during the first month in which the lump was noted. In the 1924–1927 series the average delay was 5.7 months. Thirty-five consulted their physicians during the first month of their trouble. These two hundred cases represent all classes—rich and poor, educated and uneducated—in the middle west. It is noteworthy that the privileged classes were as slow as the underprivileged in learning the truth about their breast lumps.

In the first group eleven patients delayed operation after it had been advised. Only four of the second group put off the advised operation. The majority sought medical advice only after months of personal observation had led them to believe their condition might be serious. They delayed because of fear; and because of delay lessened greatly their chances of complete eradication of the disease.

Advice Received.—In the 1917–1920 period our education was far from complete. Of the one hundred women who found lumps in their breasts which at operation proved malignant, five were advised by their physicians to leave them alone. One was told to put iodine on the lumps in the axilla. Plaster applications was the sole treatment in one instance. Mastitis was the diagnosis of one lump which was operated upon three months later and which in less than two years had killed the patient with recurrences. A patient who came to the hospital with a typical Paget's disease of the breast and an underlying lump had been using salve to the sore as directed. A tenth woman had had a series of X-ray treatments which resulted in a severe burn. A medullary carcinoma involving one-half of the breast and the axillary and subclavicular lymph glands made the operation a palliative one.

Ninety women were advised promptly to have radical surgery.

We show much improvement in the diagnosis of breast cancer in the 1924–1927 period. Teaching the public to beware of lumps makes the teacher wary. Only two patients of this group of one hundred carcinomatous breasts were advised to leave alone the tumors they had discovered. A third woman of her own volition went to an osteopath and had the lump massaged. Pain and enlargement of the axillary lymph glands suggested that she consult a surgeon.

Ninety-eight per cent. received what today is considered the best advice—prompt radical surgery.

Age.—The average age was 51.8 years, quite in agreement with the usual findings. The oldest was seventy-nine, the youngest twenty-two years. Fifty-seven years difference in the age of breast tissue that developed the impetus for uncontrolled cell growth.

Discussion.—To secure better results in the surgery of malignancy of the breast it is clear that faith in this therapeutic measure is necessary. When the reports of happy end results have in the course of years filtered through to the laity, women will believe that surgery has something to offer besides palliation.

They will confer with their medical advisors as soon as a lump is found in the hope that a cure may still be effected. They will learn that cancer starts as a local disease and can be completely and permanently removed during that stage. The follow-up records of 375 cases investigated in England by the Manchester Committee on Cancer show that of the cases operated upon when the disease was confined to the breast seventy-two per cent. were alive at the end of ten years. Of those operated upon after the disease had involved the regional lymph glands only fifteen per cent. were alive at the end of ten years. When the malignancy has advanced to the regional lymph glands it is a systemic disease, and the chances for its complete eradication are slight.

In return for increased confidence shown by early consultation, as accurate a diagnosis as can be made is due every woman with breast trouble. In a woman over thirty-five a nodule, movable or fixed, a bleeding nipple, an eczema, or a localized, non-traumatic pain requires painstaking investigation. I am quoting men of wide experience when I say that every breast tumor should be removed and examined microscopically. If benign the case is closed. If malignant, grossly or microscopically, radical removal should follow at once. A tumor of the breast should be watched only when circumstances prevent its removal, and left alone only when it is not a tumor.