Meeting Report

ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR THE STUDY OF NEOPLASTIC DISEASES

WASHINGTON, D. C., SEPTEMBER 6-8, 1934

Thursday, September 6, 1934: Morning and Afternoon Sessions

The meeting was opened by the president, Dr. Max Cutler, Chicago, Ill., who emphasized that the purpose of the Society was to deal with clinical, radiological and pathological aspects of cancer by the case method and who urged that case reports rather than papers be presented.

A lantern slide demonstration of microscopic pathology was then conducted under the chairmanship of Dr. Joseph Colt Bloodgood, with Dr. Charles F. Geschickter as vice-chairman. The following cases were presented.

Dr. J. W. Lindsay, Washington, D. C.: A case of adenocarcinoma of the antrum resulting fatally, and a tumor of the salivary type from the region of the fauces, the diagnosis of which rested between benign adenoma and adenocystic basal-cell carcinoma, treated by preoperative irradiation and successfully excised.

Dr. W. B. Gullifer, Boston, Mass.: The case of Dr. Henry H. Janeway, who died of adamantinoma invading the region of the gasserian ganglion. The original report of Dr. Harvey Cushing concerning the operation for the recurrent tumor was read. Dr. Gullifer also presented a case of atypical proliferating epithelium of the adamantine type affecting both jaws, treated by excision.

Dr. Louisa Keasbey, Lancaster, Pa.: A cylindroma of the thigh combining the features of a basal-cell cancer and angioma, designated after discussion as a hemorrhagic basal-cell lesion. Dr. Keasbey also presented a cylindromatous tumor of the arm having the microscopic features of an ectopic salivary tumor of the mixed type.

Dr. Joseph C. Bloodgood, Baltimore, Md.: A suspected adamantinoma held in check.

Dr. D. R. Murphy, University, Va.: A review of the cases of benign tumor treated in the Clinic of the University of Virginia under a diagnosis of cancer of the breast, with the following cases for discussion: (1) lactation hypertrophy with chronic mastitis; (2) benign papilloma; (3) lactation hypertrophy, acute mastitis with abscess; (4) benign papilloma; (5) chronic cystic mastitis with duct adenoma; (6) chronic cystic mastitis with cyst and duct papilloma; (7) acute chronic mastitis in acute residual lactation hypertrophy.

Dr. N. W. Loud, New Britain, Conn.: A patient aged fifty, with Paget's disease of bone.

Dr. M. J. Payne, Richmond, Va.: A case of bilateral leukosarcoma of the breast with extensive involvement of the lymph nodes of the abdominal cavity. The white count was as high as 96,000 before death, with 66 per cent monocytes.

Dr. S. Levine, Philadelphia, Pa.: A large mesenteric tumor of yellow color, successfully removed; the opinion of the society as to the pathological diagnosis was divided between plasmocytoma and xanthoma.

Dr. F. W. Konzelmann, Philadelphia, Pa.: A mediastinal tumor of the Hodgkins type coming to autopsy. The superficial lymph nodes were not involved. In the discussion the point was made that the Hodgkins variety of mediastinal tumor or thymoma is more radiosensitive than the lymphoid type or thymic carcinoma.

Dr. H. B. Anderson, Johnstown, Pa.: A tumor of the adrenal cortex having the features of an adenoma malignum, with death due to hypoglycemia. This is the only case on record of adrenal tumor acting apparently upon the function of the pancreas.

Dr. H. Wannock, Philadelphia, Pa.: A malignant paraganglioma of the adrenal medulla with a high white cell count, coming to autopsy; also an epidermoid carcinoma
of the nasopharynx with enlargement of the cervical lymph nodes as the primary symptom, and with a white cell count of 106,000 and an apparently normal differential count. This latter patient had multiple skin lesions before death. No explanation could be found for the high white count. It was pointed out in the discussion that tumors of both the epidermoid and lympho-epithelioma type in the nasopharynx frequently give no clinical symptoms until the appearance of cervical node metastasis.

Dr. G. H. Romberg, Baltimore, Md.: A case of leiomyosarcoma of the cervix, successfully treated by excision, radium applications, and deep x-ray therapy combined. Not more than 15 cases were found in the literature.

Dr. Mary E. Roche, Norfolk, Va.: A case of liposarcoma of the axilla occurring thirteen months after excision of a neurogenic sarcoma of the thigh.

Dr. C. Crump, Asheville, N. C.: A case of Ewing's sarcoma of the rib with extension into the pleural cavity, in a boy of eleven.

Dr. A. Price, New York, and Dr. R. C. Hanselman, Baltimore, Md.: A tumor of the mastoid in a child aged eleven. The diagnosis rested between dural endothelioma and cranial osteoma, the latter being favored because of the age and absence of symptoms.

Dr. H. P. Koehler, Baltimore, Md.: A central tumor of the sternum studied in Dr. Bloodgood's clinic and diagnosed as benign chondroma. The patient died of pneumonia, and shortly before death Bence Jones bodies appeared in the urine. The tumor, removed at autopsy, showed typical plasma-cell myeloma. Although the patient had complained of lumbar pain, no other bones were found involved.

Dr. J. W. Gray, Newark, N. J.: A case of apparent pathological fracture of the trochanter of the femur in a boy of ten. The microscopic interpretation of the lesion was doubtful. An inflammatory reaction with plasma cells predominating was favored.

Dr. J. W. Lindsay, Washington, D. C.: A patient with a small circular lesion of the forehead eroding the frontal bone. The diagnosis favored was benign xanthomatous lesion. No biopsy had been done. Irradiation was recommended.

Dr. C. S. Moran, Cold Spring Harbor, New York: Two cases of myoblastoma of the breast, one in a male and another in a female, both microscopically typical.

Dr. L. C. Cohn, Baltimore, Md.: A huge tumor of the calf, proved microscopically to be a xanthomatous lesion. The leg was amputated because of the size of the growth. A debate ensued as to whether or not the lesion was benign or malignant histologically.

Thursday Night Session

Dr. Wright Clarkson, Petersburg, Va., as chairman, opened a symposium on neoplastic diseases of bone, pointing out the importance of clinical, pathological, and other data in confirming the x-ray diagnosis. Cases were presented as follows.

Dr. J. C. Bloodgood and Dr. F. K. Nichols, Baltimore, Md.: A giant-cell tumor of the lower end of the femur, in which pain was at first relieved by irradiation. It returned, however, and since it could not be controlled after pathologic fracture, amputation was done. Dr. Bloodgood and Dr. Coley stated that they had returned to their original opinion that primary curettage of giant-cell tumors is to be preferred to primary irradiation. Dr. J. T. Murphy, Toledo, Ohio, favored irradiation.

Dr. L. C. Cohn, Baltimore, Md.: A case of chondroma of the sternum, followed over a period of twenty years, which progressed steadily in spite of irradiation, with death from mediastinal compression.

Dr. J. P. Corson White, Philadelphia, Pa., and Dr. I. Stein, Baltimore, Md.: Following a discussion of the treatment of Paget's disease of bone by decalcification with magnesium carbonate in the presence of a low calcium and phosphorus diet, two cases were presented.

Dr. J. H. Lucianian, Miami, Fla.: A case of multiple bone lesions in osteitis fibrosa cystica successfully treated by irradiation to the parathyroids. In the discussion it was stressed that 200 kv. irradiation was the preferable type. Dr. E. A. Merritt of Washington, D. C., was credited with the discovery of this method of therapy.
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Dr. J. W. Gray, Newark, N. J.: An adamantinoma of the tibia, with the presentation of lantern slides for a corresponding case of Dr. Hawksley of the Cancer Hospital, London. The explanation of adamantine epithelium in this location was discussed.

Dr. S. J. Curtis, Troy, N. Y.: Two cases of multiple bone lesions, one definitely proved to be metastatic in origin, and the other case unverified microscopically but showing the clinical and roentgenological features of multiple myeloma.

Dr. J. C. Bloodgood, Baltimore, Md.: A case of Paget's disease affecting the skull, humeri, and pelvis of a man of seventy. The pain had been controlled by irradiation.

Dr. Wm. B. Coley, New York, N. Y., read a paper on "Coley's Serum in the Treatment of Bone Tumors," and presented his earliest experiments in devising and using these toxins. His first case was treated in 1898, an osteogenic sarcoma of the tibia, and the patient has remained well thirty-six years. His best results have been obtained by combining irradiation and toxins in Ewing's sarcoma of bone.

Friday, September 7, 1934: Morning Session

Dr. J. R. Pawling, Watertown, N. Y., presented a case of metastatic carcinoma of the prostate with metastases to the spine, pelvic bones, and skull. He also presented a case of Ewing's sarcoma of the clavicle of unusual malignant type, terminating fatally in a period of six months.

The morning session was devoted chiefly to the radiologic diagnosis of neoplastic diseases, under the chairmanship of Dr. James F. Kelly. Cases were presented as follows, with discussion by various members.

Dr. J. C. Bloodgood: A lesion of the upper femur in a girl, aged seven, treated by deep x-ray therapy. The diagnosis from the roentgenogram rested between Garre's non-suppurative osteomyelitis and Ewing's sarcoma.

Dr. I. Lattman, Washington, D. C.: Four cases of mediastinal tumor in which evidence from the roentgenogram was combined with the results of deep x-ray therapy in interpreting the pathological nature of the disease. The cases were: (1) thymoma; (2) bronchiogenic carcinoma; (3) lymphosarcoma; (4) Hodgkin's disease of the mediastinum. The radiosensitivity of these lesions was discussed by Dr. Murray Copeland.

Dr. Max Kahn, Baltimore, Md.: A case of bronchiogenic carcinoma in which the primary symptoms and findings were produced by metastasis to the skull, long bones, and pelvis. The nature of the lesion was learned only at autopsy. The clinical diagnosis had been multiple myeloma. The question of biopsy in bone and tumors in other locations by means of needle biopsy was brought up by Dr. J. T. Murphy and was discussed. Surgical biopsy was favored except where great experience and expertness with the needle in aspiration biopsy are available.

Dr. N. W. Loud, New Britain, Conn.: A case of carcinoma of the cecum, diagnosed roentgenologically.

Dr. B. F. Cook, Rutland, Vt.: A case of carcinoma of the hepatic flexure.

Dr. Charles F. Geschickter, Baltimore, Md.: A series of bone cases demonstrating the value of the roentgenogram in the diagnosis of bone tumors: (1) primary chondrosarcoma of the upper tibia in which the roentgenogram rather than the histological features of the case were the most important for diagnosis; (2) Garre's non-suppurating osteitis of the upper femur, contrasted with Ewing's sarcoma of the upper femur to emphasize the roentgenographic distinction between the two; (3) a case of myositis ossificans traumatica with a typical roentgenographic appearance.

Dr. L. C. Cohn, Baltimore, Md.: An adamantinoma of the jaw treated by wide resection, with a satisfactory restoration of function and appearance after eighteen months.

Dr. H. B. Anderson, Johnstown, Pa.: A chondrosarcoma in a girl of twenty-one, with malignant change secondary to chondroma of rib.

Dr. J. C. Stadden, Ansley, Nebr.: An ossifying tumor of the lower jaw in a boy of fifteen, which proved to be an osteochondroma.

Dr. T. Kaletsky, New York, N. Y.: An angioma of the jaw invading the root canal of a tooth.

Dr. T. Blum, New York, N. Y.: A rarefying lesion of the jaw, interpreted as a giant-cell epulis.
A symposium on neoplastic diseases of the gastro-intestinal tract was opened by the chairman, Dr. J. Shelton Horsley of Richmond, Va. Dr. Horsley stressed the importance of early diagnosis as well as its difficulties in malignant disease of the gastro-intestinal tract. He pointed to the long latent period in so-called silent areas of the digestive tract and emphasized the fact that there are no symptoms pointing to malignancy per se and that the diagnostician is dependent upon interference with structures and functions, such as compression and obstruction and erosions with bleeding, before evidence of the growth can be obtained.

Dr. George T. Pack, New York, N. Y., read a paper on “Some Interesting Cases of Gastric Cancer,” including cases of carcinoma of the stomach in two brothers. The larger tumor, producing symptoms, was operable and was treated successfully. The other had given no symptoms and was discovered on routine examination during the patient’s visits to the hospital to see his brother. Yet this tumor on exploration proved to be inoperable. Other cases were a gastric carcinoma discovered in a case of abortion, with tuberculosis; an unusual lymphosarcoma of the stomach with tremendous hypertrophy of the organ; a carcinoma invading the duodenum, originally interpreted as a lesion of the kidney.

Dr. Carrington Williams, Richmond, Va., read a paper on “The Relationship of Peptic Ulcer to Cancer of the Stomach,” pointing out the rarity of cancer complicating ulcer (6 out of 144 cases?) and the difficulty in distinguishing between ulcer and cancer clinically and by roentgenograms. Dr. J. S. Horsley discussed the paper and stressed the fact that ulcers along the greater curvature of the stomach were usually cancer. Dr. George Pack later emphasized the importance of adopting a dietary treatment for gastric ulcer and, if no improvement occurred in six weeks, of exploring to determine the presence or absence of carcinoma.

Dr. Max Cutler introduced the problem of palliation in inoperable carcinoma. Dr. Fred Hodges, Huntington, W. Va., suggested the possibility of irradiation with more adequate filtration being of some benefit. Dr. Horsley advised resection of the lesion with restoration of normal continuity between stomach and duodenum even where cure was impossible, because of its palliative effects.

Dr. Theodore S. Raiford, New York, N. Y., read a paper on “Tumors of the Small Intestine,” reviewing the pathological types of benign and malignant lesions. The predominant malignant lesion is of the lymphoblastic type; the predominant benign lesions, polyps of various types.

Dr. George A. Stewart, Baltimore, Md., presented seven cases illustrating the variety of diagnostic problems in gastro-intestinal lesions: (1) pyloric ulcer involving two-thirds of the pylorus; (2) button ulcer of the stomach; (3) diaphragmatic hernia; (4) esophageal hernia; (5) carcinoma of pylorus, unverified microscopically; (6) carcinoma of pyloric end of stomach; (7) carcinoma of sigmoid colon.

Dr. S. H. Curtis, Troy, N. Y., presented a case of bilateral carcinoma of the ovary, microscopically interpreted as a Krukenberg tumor. Dr. Geschickter discussed the variable sites of origin in the gastro-intestinal tract and the variable histologic pictures of so-called Krukenberg tumors.

Dr. S. J. Waterworth, Clearfield, Pa., presented a case of multiple neurofibromatosis of the skin with multiple neurofibromas of the intestine, one of which had undergone sarcomatous change. The extreme rarity of such complications in the gastro-intestinal tract in this condition was pointed out.

The business meeting of the Society followed this session.

Friday Night Session

This session was devoted to radiation therapy in neoplastic diseases. The chairman was Dr. E. A. Merritt and the vice-chairman, Dr. I. Lattman.

Dr. Merritt opened the session, and was followed by Dr. Max Cutler, who summarized the new findings at the Fourth International Congress of Radiology in Paris. He pointed out the widespread acceptance of the Coutard method of fractional irradiation and discussed the recent modifications. The tendency is to employ 20 ma. instead of the
original 4 ma. and attempts are being made to determine whether anything can be gained by prolonging the treatment beyond a period of twenty-one days. Dr. Cutler discussed results of supervoltage treatment in carcinoma of the rectum and prostate.

Dr. Max Kahn, Baltimore, Md., presented a case of inoperable carcinoma of the breast with skin metastasis and involvement of regional nodes, with complete clinical disappearance of the lesion under deep x-ray therapy. Dr. Groover pointed out that in operable and inoperable cancer of the breast irradiation frequently reduces the volume of the tumor by more than 50 per cent in six to eight weeks. He emphasized the importance of preoperative irradiation.

Dr. I. Lattman, Washington, D. C., presented a case of giant-cell tumor of the knee treated by irradiation to the tumor with indifferent results and in which there was ossification within fourteen weeks following irradiation of the parathyroids. Dr. Copeland suggested that such early ossification might have followed the original course of irradiation to the tumor without irradiation of the parathyroids.

Dr. E. C. Baker, Youngstown, Ohio, presented a case involving the spine, suspected of being multiple myeloma, treated by irradiation over the bone lesions. The result was not favorable and x-ray irradiation was given over the parathyroid glands with improvement. Two similar cases were discussed.

Dr. R. R. Rathbone, Washington, D. C., presented a paper on "Protracted Fractional Radiation Treatment of Malignant Diseases of the Hypopharynx." Results in 51 cases were discussed and details of treatment were shown by lantern slides. The skin reactions over the neck during the various stages of treatment were also shown. Of 28 patients without complications, 7 were dead, 4 showed residual carcinoma, and 17 were free from cancer one to twelve months after the last treatment.

Saturday, September 8, 1934: Morning Session

This session was devoted to a symposium on neoplastic diseases of the breast, with Dr. Max Cutler as chairman and Dr. M. M. Copeland as vice-chairman.

Dr. Cutler opened the session. The Society stood in silence as a tribute to the memory of Dr. Jonathan H. Wainwright, and following this a sketch of Dr. Wainwright's work was given by Dr. Bloodgood.

Dr. R. W. Teahan, Philadelphia, Pa., presented five cases of breast lesions in which diagnosis was difficult: two fibro-adenomas, an early carcinoma in fibro-adenoma, an adeno-carcinoma, and an early carcinoma simplex.

Dr. A. C. Christie, Washington, D. C., read a paper on "Preoperative Irradiation of Carcinoma of the Breast." He pointed out that irradiation should be the initial treatment in both inoperable and operable cases. The maximum amount of irradiation should be given preoperatively, a period of six weeks to two months being not too long to postpone operation. Postoperative irradiation has apparently a limited field, and its value is an unsettled question.

Dr. Frank Adair, New York, N. Y., gave a paper on "Treatment of Inoperable and Recurrent Breast Cancer," in which he discussed the following measures: (1) irradiation in divided and repeated doses for skin and bone metastases; (2) careful surgery to prevent sloughing and fungating tumors; (3) electrocoagulation in advanced and infected cases; (4) careful medication to control pain; (5) plaster jackets and orthopedic measures for metastases to the spine; (6) special operations such as chordotomy and nerve resection to control extreme pain. A discussion of the paper followed.

Dr. Dean Lewis, Baltimore, Md., presented new experimental findings on the rôle of oestrin in benign lesions of the breast, as gynecomastia, virginal hypertrophy, fibro-adenoma, so-called fibrosarcoma and cystic disease. The proliferation of periductal stroma, which is the chief microscopic feature in all these diseases, except for certain forms of chronic mastitis, has been experimentally reproduced by repeated injections of oestrin into male and female monkeys. Gynecomastia could be produced at will in male monkeys. A fibro-adenoma occurring in a girl of twelve, when assayed for oestrin, showed a concentration of the hormone 55 times as great as that in sow's ovary. The importance of ovarian secretions for pathological changes in the breast was emphasized. Discussion followed.
Dr. S. J. Waterworth presented a case of severe trauma in a lactating breast, followed by florid carcinoma, and gave a short survey of the literature. In the discussion the medicolegal aspects of trauma in breast carcinoma were emphasized. Opinion on the etiological relationship was divided.

Dr. Grant E. Ward, Baltimore, Md., discussed and presented moving pictures depicting electrosurgical technic in the removal of carcinoma of the breast. The necessity of varying the technic in the skin to achieve wound healing and the importance of avoiding electrosurgery in the axilla were brought out in the discussion.

Dr. J. C. Bloodgood closed the session, emphasizing the importance of delaying radical measures in borderline tumors of the breast until the opinion of more than one competent pathologist could be obtained.