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THE WHITE HOUSE
Office of the Press Secretary

PRESS BRIEFINGS
BY
LARRY SPEAKES

July 12, 1985

The Briefing Room

6:00 P.M. EDT

MR. SPEAKES: The President's exam lasted just over an hour. It began at 2:12 p.m. and concluded at 3:20 p.m. The polyp that we previously talked about was removed completely. No test was done on it; it was smaller and had shrunk.

During the course of the examination, they discovered a larger villus adenomatous-appearing polyp in the cecum. I'll identify that in a minute. It was biopsied, not able to be removed endoscopically. The biopsy report will be done in 24 hours. An adenoma is a glandular polyp described as precancerous.

A cecum -- The previous polyp was an inflammatory, or pseudo polyp.

Q Can you say that second part again?

MR. SPEAKES: The previous polyp was an inflammatory, or pseudo polyp.

Q The one taken out?

Q The one before -- the sentence before that?

MR. SPEAKES: Yes, the previous polyp.

Q Can you start from the beginning on that?

Q -- sentence before that, and what an adenoma is.

MR. SPEAKES: Okay, let's tune up, now. Let's tune up. An adenoma is a glandular polyp that is sometimes pre-cancerous.

Q Only sometimes?

MR. SPEAKES: I believe so. The cecum is a portion of the large intestines which is located at the beginning of the large intestines. The large polyp will be removed by an open abdominal incision.

The President was given the choice of waiting two or three weeks, or would he like to proceed immediately. The President made the decision, with Mrs. Reagan and the doctors present, to proceed immediately.

The surgery is known as a formal right colectomy.

Q What was the first --

Q One more time again?

MR. SPEAKES: C-O-L-E-C-T-O-M-Y. Formal right colectomy.

Q Formal?

MR. SPEAKES: Formal. The President is now resting comfortably in his room at Bethesda. At present, normal pre-op studies and normal prep for surgery is ongoing. The surgery will be conducted tomorrow at midday.

An average surgical procedure of this type takes about three hours. It will be performed with -- by Dr. Dale Oller, head of General Surgery, of the General Surgery Department at Bethesda. Dr. Oller said -- quote --

Q Is he a Navy doctor?

MR. SPEAKES: Yes, he is a Navy captain. Dr. Oller said, "The President is in superior condition and chances for a normal and full recovery are excellent."

The hospital stay is estimated to take seven to ten days. Mrs. Reagan remained at the hospital for a while and will return to the White House and remain overnight.

Q I'm sorry. You say she has returned or will return?

MR. SPEAKES: She remained at the hospital. She will return to the hospital - to the White House and remain overnight here, going back in the morning before surgery.

Q Has Bush been called back, Larry?

MR. SPEAKES: No. The Vice President is proceeding with his normal schedule and is spending the weekend at Kennebunkport. He is fully in touch with the White House.

Q Larry --

Q Will the President --

MR. SPEAKES: George?

Q Will the President need a general anesthetic tomorrow?

MR. SPEAKES: I would assume he will, yes. It will be what would take place for this type of surgery.

Q What time did he make the decision? When did he --

MR. SPEAKES: I would say he made the decision around 4:00 p.m.

Q And Mrs. Reagan was there and also Dr. --

MR. SPEAKES: I'm not sure which doctors were present.

Q But it was in the recovery room?

MR. SPEAKES: Yes.

Q Then he was told?

MR. SPEAKES: It was in the recovery room adjacent to the out-patient room that he did the original surgery.

Q Will there be a biopsy done now on what was --

MR. SPEAKES: There will be a biopsy done on the original -- on the large polyp that was discovered today. The results are due in 24 hours. However, the surgery will proceed at any rate.

Q Two questions. One -- maybe you said it and I

missed it, but what is the size of this new --

MR. SPEAKES: A large polyp. I do not have the size.

Q And, secondly, given the fact that he'll have a general anesthetic tomorrow, what is -- there will be a transfer of power or what will happen?

MR. SPEAKES: We are prepared for any contingency.

Q But he will not -- there will be no transfer of power going in?

MR. SPEAKES: We are prepared for any contingency.

Q Can you tell me the name of that polyp again. A villus what?

Q Spell that again, Larry.

Q Spell it a little more slowly.

Yes.

MR. SPEAKES: All right. The polyp is known as a villus -- V-I-L-L-U-S -- adenomatous -- A-D-E-N-O-M-A-T-O-U-S -- appearing polyp in the cecum -- C-E-C-U-M.

Q Spell that last thing again.

MR. SPEAKES: Adenomatous?

Q A-D-E-N --

MR. SPEAKES: A-D-E-N-O-M-A-T-O-U-S.

Q When you say --

Q -- at the beginning of the intestine --

Q Top?

MR. SPEAKES: Top.

Q Top.

Q What is that? The cecum? Could you spell that again?

MR. SPEAKES: C-E-C-U-M.

Q Between the small and the large, or where it becomes the large intestine?

MR. SPEAKES: That's right.

Q Do you have any idea whether there have been any indications there was

another growth of this sort or was this a surprise discovery based on today's examination.

MR. SPEAKES: There were no indications other than those that we've described to you in the past.

Q The other polyp was removed and that -- that's not cancerous or anything like that?

MR. SPEAKES: It was removed completely, yes.

Q The one -- removed today, they found nothing else but this one we're talking about?

MR. SPEAKES: That's right.

Q And that was not biopsied?

Q What time will this take place tomorrow, Larry?

MR. SPEAKES: Midday.

Q Was a biopsy done on the small polyp --

MR. SPEAKES: No. It was completely removed and it was removed through an electrical procedure.

Q Larry --

MR. SPEAKES: So -- let me go right down the line here.

Yes?

Q Had a barium enema been done before so that they might have detected this before and -- not been surprised?

MR. SPEAKES: The barium enema, to my knowledge -- see if we've had one in connection with a -- unless it was done in a regular physical, there has not been one done, no. But, he has had full and complete examinations of this type and this is pretty far inside the large intestines.

So, George and I'll come right to the back.

Q For us laymen --

MR. SPEAKES: Pardon?

Q For us laymen, can you try to describe how far into

--

Q How far in.

Q -- the intestines --

MR. SPEAKES: When you write "cecum" they'll tell you. It's at the beginning of the large intestines and -- the -- followed -- which is the upper end --

Q Of the colon.

MR. SPEAKES: -- of the colon and then it leads into the small intestines.

Q He experienced no bleeding before the operation or anything -- I mean, before the surgical --

MR. SPEAKES: None other than what we've described.

Q So --

Q Larry, you said two things. You said these types of polyps are described -- are described as precancerous and later you said "sometimes precancerous." Can you --

MR. SPEAKES: Yes. I think what you would say is sometimes pre-cancerous. Where's Mark and let me check -- he may be checking --

Let me go ahead and I'll come back to you.

Q Do you have a percentage?

Bob? Don't have percentages -- so, but I do have the doctor's quote which is pretty good percentage. Is an adenoma precancerous or sometimes precancerous?

MR WEINBERG: It's described as precancerous. I'll find out the frequency.

MR. SPEAKES: Okay.

Q Larry --

Q What's your --

Q What was his answer?

MR. SPEAKES: He's described as precancerous. We'll find out whether it's sometimes precancerous or not. Let me go right on to the back.

Q Larry, it's my understand that an adenoma is a cancer. Is the precancerous language yours or the doctors?

MR. SPEAKES: Doctors.

Q Do you have any idea, tomorrow, when you say an incision will be made, how large that incision will be? Also, the President will remain in the hospital for that period of time. Will further recuperation or activities be limited after he comes out, do you know?

MR. SPEAKES: You can't predict. I think the doctors see no reason why -- it shouldn't, as any patient, a normal post-operative recovery period. Hospitalization for seven to ten days. What will be required after that -- we're not aware of anything specific or out of the ordinary.

Joe?

Q -- go ahead.

Q I realize it's a little early for this question, but is -- will the Vice President go through with the President's schedule next week or is that just cancelled?

MR. SPEAKES: I haven't determined that. There were Congressional meetings and other things that we'd described on there. The only thing, in some distance, is the dinner for the Chinese President -- or Premier. Now I got to go to the back. Let me -- Jan and then I'll work right to the back.

Q You say you can't tell us specifically how large this is, but can you give us a ballpark idea?

MR. SPEAKES: No.

Q Not at all?

MR. SPEAKES: Jan?

Q Two questions --

MR. SPEAKES: I got to come back to the front.

Q When you say it's a villus adeno -- that word --

MR. SPEAKES: Adenoma.

Q -- appearing polyp, you mean it looks like it might be that? Do you know for sure that's what it -- the kind of --

MR. SPEAKES: It looks like that. They see it through the scope, and that's all we can go on.

Q It looks like that, and that's all you know so far?

Q -- appearing -- could not be that. I mean, there's a possibility it is not that? Is that what you're saying?

MR. SPEAKES: There's that possibility.

Q Okay.

MR. SPEAKES: But they've seen it through the scope, and that's the doctor's judgment.

Q From what they can see, it looks like this thing, but they won't know for sure until they take it out?

MR. SPEAKES: That's right.

George?

Q Okay.

MR. SPEAKES: That was two questions.

Q Can I just ask my second one?

MR. SPEAKES: Yes?

Q Also, on the biopsy: In other words you've taken tissue samples but it's going to take you 24 hours to determine what's wrong, right? So, the biopsy has been performed in the sense of it's now in the testing stage?

MR. SPEAKES: That's right. They've taken it, and it's being tested.

Q Are they going to know by the time they operate?

MR. SPEAKES: Pardon?

Q Biopsy results by the time they operate?

MR. SPEAKES: I think they will know that by then, yes.

George?

Q Okay. I just want to know prior to that you had tissue samples from the second, larger polyp?

MR. SPEAKES: Right.

Q Larry --

Q Larry, can --

Q -- the -- you said that the doctor -- before the doctor was saying that chances for a normal and full recovery are excellent. Now, does that just refer to the surgery itself? If you don't know because you don't have the biopsy results whether it's cancerous or not, is he simply talking about the recovery from surgery --

MR. SPEAKES: No, I think he's talking about the prognosis as he sees it at the moment.

Q The prognosis that he would get any cancerous growth

MR. SPEAKES: Exactly. If there were some, yes.

John?

Q Two questions, Larry: The --

MR. SPEAKES: Spit it out, John.

Q Sorry.

MR. SPEAKES: Deadlines are coming up.

Q Yes.

Q The President's being unconscious under a general anaesthesia, does that require a formal transfer of power --

MR. SPEAKES: We are prepared for any contingency.

Q What do you mean by that?

Q You keep saying that. What does that mean?

MR. SPEAKES: Whatever needs to be done, we can do.

Q Can you tell us --

Q -- give us your thinking on that?

Q Can you tell us -- can you give us some idea of what that means in terms of --

MR. SPEAKES: Won't go beyond that. That is --

Q -- who's at the White House or --

MR. SPEAKES: That is exactly -- the Vice President --

Q But he's not being called back?

MR. SPEAKES: No, the Vice --

Q Where will the Vice President be tomorrow --

MR. SPEAKES: Kennebunkport.

Q Is it required, though, Larry? That's what he's asking.

MR. SPEAKES: Is it required?

Q Yes --

MR. SPEAKES: As I say, we are prepared for any contingency. Whatever's required to be done, we will do it.

Q And, secondly, would a portion of his colon be removed?

MR. SPEAKES: We'll just have to wait until the surgery is over to tell you those kind of details.

Let me go all the way back. Larry?

Q Larry, do they expect a colostomy will develop from this or normal bowel functions --

MR. SPEAKES: They did not seem to think so.

Q Can we file and --

MR. SPEAKES: And as I say --

Q -- and then will you come back?

MR. SPEAKES: I would -- I'd like to finish, Helen. I know we're pushing, but I think we can wind up here because I pretty well have answered everything.

Emery?

Q What are your plans tomorrow?

MR. SPEAKES: Okay. The plans tomorrow are this: We'll remain around here, I would say, for an hour and a half, just so anything that's come up we'll have. Tomorrow, we will set up a full press operation just as we do on a trip at the main building, the new building, Bethesda Hospital. That'll be set up overnight. I'll be there very early. Mark will remain overnight, so that you'll feel like you've got somebody in touch with the hospital, and he'll call me if anything comes up.

Q Where will Mark be overnight?

MR. SPEAKES: At the hospital?

Q Where is -- is that where we were today?

MR. SPEAKES: Yes. So -- okay.

Q What --

MR. SPEAKES: Johanna?

Q Radio address?

MR. SPEAKES: Pardon?

Q The radio address that he's --

MR. SPEAKES: The radio address has been pretaped. It will be broadcast in a pretaped fashion.

Joe?

Q Did they give you a layman's term for the location of the incision -- the formal right?

MR. SPEAKES: No. No, they didn't. It's somewhere on the right side.

Bill?

Q Larry, just to clarify, you're saying that there is a large polyp in there that looks like an adenoma, but you don't know if it is?

MR. SPEAKES: That's true.

Q If it's an adenoma, it's most like precancerous?

MR. SPEAKES: That's right.

Q But you don't know that that's what it is?

MR. SPEAKES: That's right, yes.

Q When the President was informed about this, did he -- do you remember anything he said or --

MR. SPEAKES: Don't have specific quotes, but the President is in good spirits; and, as usual, he's certainly equipped to handle whatever comes his way. I think he's anxious to be back in the saddle again.

Q Well, is it --

Q Larry, what do you mean by precancerous? Does that mean it is not now --

MR. SPEAKES: That's -- that's --

Q -- cancerous, but it could lead to cancer?

MR. SPEAKES: That's what an adenoma is described as, a precancerous polyp.

Q Time of the surgery, Larry?

Q -- a definition of precancerous?

MR. SPEAKES: Mid-day. I don't have a specific time.

Q Did the doctor recommend that he do the surgery right away?

MR. SPEAKES: No, the doctor gave him the option of going to Camp David, coming back, doing it next week, or maybe two weeks down the line.

Q But two weeks would be the most that he suggested he could --

MR. SPEAKES: That's roughly what he suggested. So --

Q Has the Cabinet been informed?

MR. SPEAKES: Yes, the Cabinet has been informed. Congress will be notified.

Q And who? Congress has been notified?

MR. SPEAKES: Yes.

THE PRESS: Thank you.

END

6:15 P.M. EDT

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