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A Cancer Detection Project in Nuns

Anthony T. LeDonne, M.D.

In July of 1967 Saint Joseph's Hospital, Philadelphia, was awarded a Cancer Detection Grant from the Department of Health, Education and Welfare. The objective was to screen as many women in the area as possible for pelvic carcinoma. It was soon learned that most of the Sisters, who for one reason or another came in contact with the hospital, had never been examined. Upon further research we found that most of the Religious Orders in the Philadelphia area had no medical program for routine examination of their members. Knowing that cervical cancer would be almost non-existent, we were reluctant to approach this segment of the population for routine Pap Smears. But after the first few Sisters were examined and cancer of other sites and other pathologic lesions became apparent, we felt that this neglected group should be contacted. The following is a summary of the rewarding results obtained.

Flyers were sent to the nearby convents and a program of preventive medicine explained to the Mother Superior by our nurse. Once the Mother Superior was convinced of the need of having her members examined, it was surprisingly easy to arrange appointments. The best response came from the young teaching groups who showed not only a desire to have a systematic medical program, but who probably, through their younger ideas

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and orientations, were most interested in our modern technology and diagnostic abilities. The older nuns, however, still were a reluctant group, several of whom mysteriously vanished while waiting their turn.

The sisters were very much concerned about breast lesions and almost all desired a breast examination. As this was one of the most prevalent sites for cancer in the female population, and since the desire for a breast examination was manifested, we then included in our program, in addition to the "Pap Smear", a complete breast examination.

FINDINGS:

As would be expected, most of the positive findings were in the age group of 40 to 60 years. However, the younger group of 20 to 40 years had a 5.8% pathology rate, ranging from breast lesions that required biopsy and excision to uterine fibroids and cervical polyps. Although no

malignancies were discovered in this group of 118, two important facts must be considered. First, there were pathological lesions that had to be corrected; and second, these groups were being oriented and conditioned to the idea of periodic check-ups so that many of the lesions that would develop in these Sisters in later years would not become neglected as is evident in the present groups of older nuns.

In the age group 40 to 50 years, there were 46 Sisters examined. The yield here was 17.4%. Typical lesions found were Bartholin's cyst, cervical polyps, severe vaginitis, large obstructive fibroids and three breast lesions. Over age 50, there were 98 patients and 12 lesions, the most important of which were an advanced carcinoma of the breast and two carcinomas of the endometrium. Naturally our yield was so high simply because this was, for almost all of these sisters, their first systematic physical examination since they entered their respective order.

PATHOLOGICAL FINDINGS

AGE	20 - 40		40 - 50		over 50	
NO. OF PTS.	118		46		98	
LESIONS	Breast	3	Breast	3	Breast	3
					Cancer	1
REQUIRING TREATMENT	Severe Vaginitis	1	Vulvar Leukoplakia	1	Lichen Sclerosus	1
	Symptomatic Uterine Fibroids	2	Bartholin's Gland Cyst	1	Et Atrophices	1
	Cervical Polyps	1	Cervical Polyp	2	Vaginitis	3
			Large Uterine Fibroid	1	Cervical Polyp	1
					Cystocele	1
					Symptomatic	1
					Urethral Caruncle	1
					Cancer Uterus	2
PERCENTAGE YIELD	5.8%		17.4%		12.2%	

Examinations were performed without too much difficulty even in the older groups of Sisters. With gentle technique, virginal speculum and adequate lubricant, most of the cervixes were visualized. In the few in whom it was impossible to insert any type of speculum, a cotton-tipped applicator and rectal examination yielded as much information as needed for a screening procedure. Embarrassment was negligible and these sisters were the most cooperative and grateful patients in our program.

All of us who are practicing physicians realize the ease with which a small lesion can be treated and in most instances, cured. Not only is it most frustrating to care for an advanced lesion, but we must realize the financial and personnel hardships to these religious communities. Our statistics indicate that advanced lesions were found in the older patients. But it is this group from which the administrators, the Mother Superiors, the experienced teachers and the backbone of the communities come. It is indeed unfortunate that so much

time and so much effort be expended in formation and then wasted by neglected lesions, for a great deal of time and money has gone into the education and formation of these Sisters. Yet, unfortunately their lesions are most prevalent at the time when they are at their most productive stage and ready to undertake administrative responsibilities in their communities.

RECOMMENDATIONS:

Our program has proved that even in this era of modern techniques and with the easy availability of medical programs, there exists a group of medically neglected females. With a little education and encouragement these Religious will submit to periodic health examinations. With early diagnosis and adequate treatment most of the Sisters will be able to continue in their productive capacities and religious works. The loss of each Sister is an immeasurable loss to each community, therefore, her health should be safeguarded by every means possible.