Mildred Vera Peters was born April 28, 1911, in the Thistledown neighborhood of Rexdale, Ontario, now a part of metropolitan Toronto. She attended a one-room school and grew up on a dairy farm, on which she milked cows and drove a tractor as a child. Her father, Charles, died suddenly in 1923, when she was 11 years old, and left her mother Rebecca Mair — a schoolteacher — with 7 children.

Following high school graduation at age 16, Peters enrolled at the University of Toronto and studied mathematics and physics. The following year, she transferred to the University of Toronto’s medical school — her 6 siblings pooled their earnings to help pay for her tuition — and graduated in 1934. She was one of 10 women out of a graduating class of 115 students, and by the time of graduation she was using her middle name, Vera. Her mother died in 1933, from metastatic breast cancer and did not get to see her graduate.

Following two years as a surgical resident at St. John’s Hospital in Toronto, she started working with Dr Gordon Richards, director of the Department of Radiology at the Toronto General Hospital — and later first president of the National Cancer Institute of Canada — who developed the first radiology training program in Canada in 1923, and had treated Peters’ mother. She began working with him as a trainee at the Ontario Radiotherapy Institute at Toronto General Hospital, and in 1937, became a member of his department.

At that time, Hodgkin lymphoma was considered incurable. However, by the 1940s, Dr Richards and a few other radiation specialists such as Dr René Gilbert of Geneva, Switzerland, had noticed there were a few patients with Hodgkin lymphoma who did not relapse after radiotherapy and thought that radiation could be curative. In 1947, Richards suggested that Dr Peters examine the records of previously treated patients to see how many long-term survivors there were. After collecting 247 lymphoma patients treated over the previous 2 decades, Peters reported 5- and 10-year overall survival rates of 50% and 35%, respectively, in a landmark paper in 1950. Dr Richards proudly saw Dr Peters present this work at a departmental conference. He died in 1949, from leukemia, which presumably was related to his many years of radiation exposure, and did not live to see the publication of Dr Peters’ work.

With no time during her busy clinical day, Dr Peters had written the paper in the evenings after dinner with her husband, schoolteacher Kenneth Lobb, and their two daughters, Sandy and Jenny. However, the medical community did not pay much attention to her findings until she published a follow-up paper in 1956, which was endorsed by an influential radiation oncologist Henry Kaplan of Stanford. Soon radiotherapy became the treatment of choice for localized Hodgkin lymphoma.

Until the late 1970s, the preferred treatment of breast cancer was the radical mastectomy popularized by William Halsted at Johns Hopkins in the 1890s, which included surgical removal of the entire breast tissue and the axillary and sometimes supraclavicular lymph nodes, as well as the chest muscles. Robert McWhirter, a surgeon at the University of Edinburgh, had reported in 1948 that the 5- and 10-year survival for patients with breast cancer following simple mastectomy (ie, without removal of the chest muscles,
and with less extensive nodal dissection) and radiation therapy was the same as that following a radical mastectomy, but less invasive approaches were not widely adopted.

In 1975, Dr Peters presented a large study of women in Toronto showing that local resection of the breast tumor (“lumpectomy”) plus radiation with preservation of the breast produced results comparable to those from mastectomy. Initially, there was considerable skepticism about her findings. However, eventually treatment of breast cancer changed markedly because of the work of Dr Peters and others, with disfiguring radical mastectomy falling out of favor and more conservative approaches now routinely used.

Dr Peters’ bibliography is modest in size, with 48 peer-reviewed publications, on which she was often the first author. She was described as a modest and unassuming individual who did not like to argue, which limited recognition of her research accomplishments. However, her clinical and research skills were widely appreciated in Toronto. Among her most satisfying invited lectureships were the 1968 Gordon Richards Memorial Lecture of the Canadian Association of Radiologists, and her Royal College lecture, which she entitled “Cutting the Gordian Knot in Early Breast Cancer.”

She had worked in the Ontario Institute of Radiotherapy, which after 1958 became part of the Ontario Cancer Institute and the Princess Margaret Hospital. She retired at 65 years of age in 1976, and subsequently had a part-time consulting practice in Oakville, a suburb of Toronto. The last three months of her life was spent as a patient in the Princess Margaret Hospital, where she died of metastatic cancer on October 1, 1993, at age 82.

Dr Peters became a member and subsequently officer of the Order of Canada. She also received the Gold Medal of the American Society of Therapeutic Radiology and Oncology (ASTRO), and received honorary doctoral degrees from York University in Toronto and Queens University in Kingston, Ontario. She accomplished her groundbreaking achievements at a time when few women had leadership roles in medical advances or were elected as leaders of scientific societies. One female radiation oncologist in Toronto said that, “She left footprints in the snow for us to follow.”

Dr Peters met her husband-to-be when she was a medical student, while working as a waitress on a two-day cruise on Lake Ontario back and forth between Toronto and Kingston, Ontario. Her husband died in 1967. One of their two daughters became an internist.

Dr Peters is remembered for her caring, compassionate, and sensitive approach for each patient. Her warmth combined with an air of competence, confidence, and hope characterized her approach to patients. She was honored philately by Canada Post in September 2020, (Scott # pending.)

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