Western Regional Integrated Health Authority

Monday, June 19, 2006

Recvd
Jun 26, 2006

Dr. Donald Cook
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Dear Don,

After our discussion this morning, I have reviewed the list of patients below. You will note they are the same as the group I wrote you about in April.

1. [redacted] - SU-6916-03. We reported DCIS on SU-6916. We sent block II. On the excel spread sheet, MS reports SU-6916 as DCIS as well, however there is another number SU-6917-03 block VIII reported as D- ductal. No ductal on block VIII. SU6917-03 is another patient- colonic biopsies, no block VIII. Furthermore, there is another report on [redacted] in our computer, SU7342-03, reported as DCIS with focal areas suspicious for tubular carcinoma, block VIII, but this was not sent for ERPR. I do not know what the MS report means since we have no record of SU-7342-03 being sent nor was block VIII on SU 6916-03 sent. Please advise. Probably does not make a difference since original and MS reports are both negative.

SU-6917-03 is RS[redacted] I reviewed the spreadsheet again and see that RS[redacted] is there again. SU6555-03... [redacted] I have no report on her. I suspect that the report I have on [redacted] is actually [redacted]. Please check this.

2. [redacted] - SU-6140-01. We reported DCIS on SU-6140-01. MS reports SU-6140-01 as DCIS and SU-6141-01 block XXIII as [redacted] on their spreadsheet. In addition, it says metastatic ca. There is no block XXIII. (see reports). Also, nodes are negative. Your report says SU-6140-01 block XXII. Blocks on this case only go to XIII. Please advise. Makes a

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difference since ER now 50% vs 5-10%. I don't know who owns the block.

I have a report on her but as you indicated to me, this is actually from RS[redacted] SU-1328-01[redacted]. I look forward to your corrected result.

3. [redacted] - SU-7979-03. Mount Sinai reported no tumor on repeat testing. We reported poor quality sections and staining preclude assessment. Stain is non contributory. Mastectomy was done and we reported ER positive (10-20% of the tumor cells are positive). I have sent the reports to Dr. Ganguly for his opinion as to need for retesting, since she was reported as positive and should have been treated.

I assume that the panel has dealt with this case. I have heard nothing.

4. [redacted] - SU-2749-00. We reported ER negative on block XX, but repeat on same block in Mount Sinai showed no tumor. There is tumor on the original H&E. The block has not been returned so I can't repeat to seen if there is still residual. I note however there was only a single focus and the mastectomy was negative. There likely is no more tumor left. I have informed Dr. Ganguly of these findings as well.

I have heard nothing and assume the panel has dealt with this case. I still have no block.

5. [redacted] - SU730-98. We reported invasive ductal carcinoma and MS reported DCIS, therefore repeat ERPR was not done. Slide and block sent for ERPR not available for review (not returned), but review of report and slides suggests that invasive component is minimal and likely on slide in question. Review of remaining slides show minimal amount of microinvasive component. Previous biopsy however has positive lymph node. Will repeat on this tissue and current positive node. We note however there is ERPR positivity on subsequent tissue from the opposite breast tumor. SU-6776-04.

I have sent you the repeat testing results.

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6. [redacted] - SU-3371-98. We reported ER weak positive. MS reported negative. ERPR slides not yet returned, therefore unable to review.

7. [redacted] - SU-3393-99. We reported LCIS (left breast, VI) and invasive lobular (right breast, XI) . MS reported ductal with tubular features VI and ductal with lobular features XI. Interdepartmental review shows varied opinions on the LCIS vs ductal with tubular features slide VI. We concur with the original opinion of invasive lobular on the slide XI. The right breast lesion has features of DCIS and LCIS. In addition, invasion is considered, along with adenosis in a radial scar. We cannot be conclusive as we do not have the block to do any immunohistochemistry.

This needs review. Please advise.

7. [redacted] - this lady was sent originally in 2000 (SU-7560-00). This was her left breast biopsy. We reported ER 10% and PR 10%. Retest showed only DCIS, therefore there is no repeat. Our H&E slides show focal infiltration, probably not seen on repeat in Toronto, however she had mastectomy which showed ductal carcinoma remote from the original. (Reports are enclosed). I understand that she has metastatic disease from our records. I will get ERPR and Her2neu done on this tissue.

I have included the repeat testing results.

Please review these cases and let me know your thoughts.

All the best,

Paul

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