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HEALTH

Treatments change after cancer files reviewed

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THE TELEGRAM

Treatment changes have been recommended for 117 Eastern Health authority patients, arising from a review and retesting of all breast tumour samples that were initially tested at the Health Sciences Centre between 1997 and 2005.

However, because of a pending class action lawsuit, Eastern Health officials won't say how many samples have converted, in the latest round of testing, from negative to positive for estrogen and progesterone receptors.

This testing is used to determine if a patient's cancer cells can be stimulated by hormones. Patients who test positive may be offered drugs that block this action.

In a technical briefing for the news media Monday, Dr. Oscar Howell, Eastern Health's vice-president of medical services, explained that the health board became aware in May of last year that a tissue sample from

one patient, which initially tested negative in 2002 for hormone receptors, converted to a positive result after a second test using new equipment.

Dr. Kara Laing, Eastern Health's cancer program clinical chief, said the patient's situation made her doctors question whether she might be positive and the hormone test was reordered.

The initial testing was conducted using a semi-automatic Dako system, involving a more complex process and multiple steps.

In April 2004, a new automatic Ventana system was installed for use in the immunohistochemistry laboratory. The second test was conducted using this new equipment.

Representatives from the laboratory program met with oncologists to discuss the new result and a decision was made to test five more negative patients, whose tissue samples also converted to positive.

See MORE, page A4

More tests ... Continued from page A1

From there, decisions were made to do further testing, going back as far as 1997.

From 1997 to 2005, there were 2,760 estrogen/progesterone receptor tests conducted at the Health Sciences Centre. Out of that total, 939 were originally negative.

It was decided to send all of these 939 samples to the Mount Sinai Laboratory in Toronto for an independent review.

Eastern Health received the last test results from Mount Sinai in February 2006.

Laing said while the retesting has resulted in recommended treatment changes for 117 patients, some of these women might have already been taking the commonly prescribed Tamoxifen.

But, "If seven years had gone by, we wouldn't recommend a treatment change," she added.

In some cases, Laing said, treatment changes may be recommended, simply because of the review of patient files rather than the second test results.

Laing explained that there are two parts to treatment for breast cancer. The first stage is surgery and radiation and the second part is the drug treatment and systemic treatment.

There's no doubt that all of these women had breast cancer, Laing said. Hormone testing simply helps determine the mode of treatment to try and prevent the cancer from returning.

When a cancer tumour is removed, Laing said, there could be cells left behind that might be receptive to hormone stimulation. Drugs like Tamoxifen and now some of the newer medications block that action.

Howell said it's difficult to assign blame when, in addition to new technology being available for hormone testing, the definition of what constitutes a positive lab result has also changed in recent years.

At one point, he said, a positive diagnosis was made when 30 per cent of

cells on a slide took up the stain used to identify hormone receptors. Later that was lowered to 10 per cent and some labs even interpret one per cent as enough for a positive result.

In some cases even when a patient tests positive, Howell said, they might opt not to take Tamoxifen because of adverse side effects, such as a higher risk of uterine cancer.

Laing said if a patient had a history of a blood clot, they also wouldn't be considered a candidate for Tamoxifen.

The newer aromatase inhibitors now offer an alternative therapy, but Laing said, they've only been available in the last few years.

Besides collecting, sending, retesting and reviewing all samples, Eastern Health says it has also conducted an extensive quality review within its immunohistochemistry laboratory.

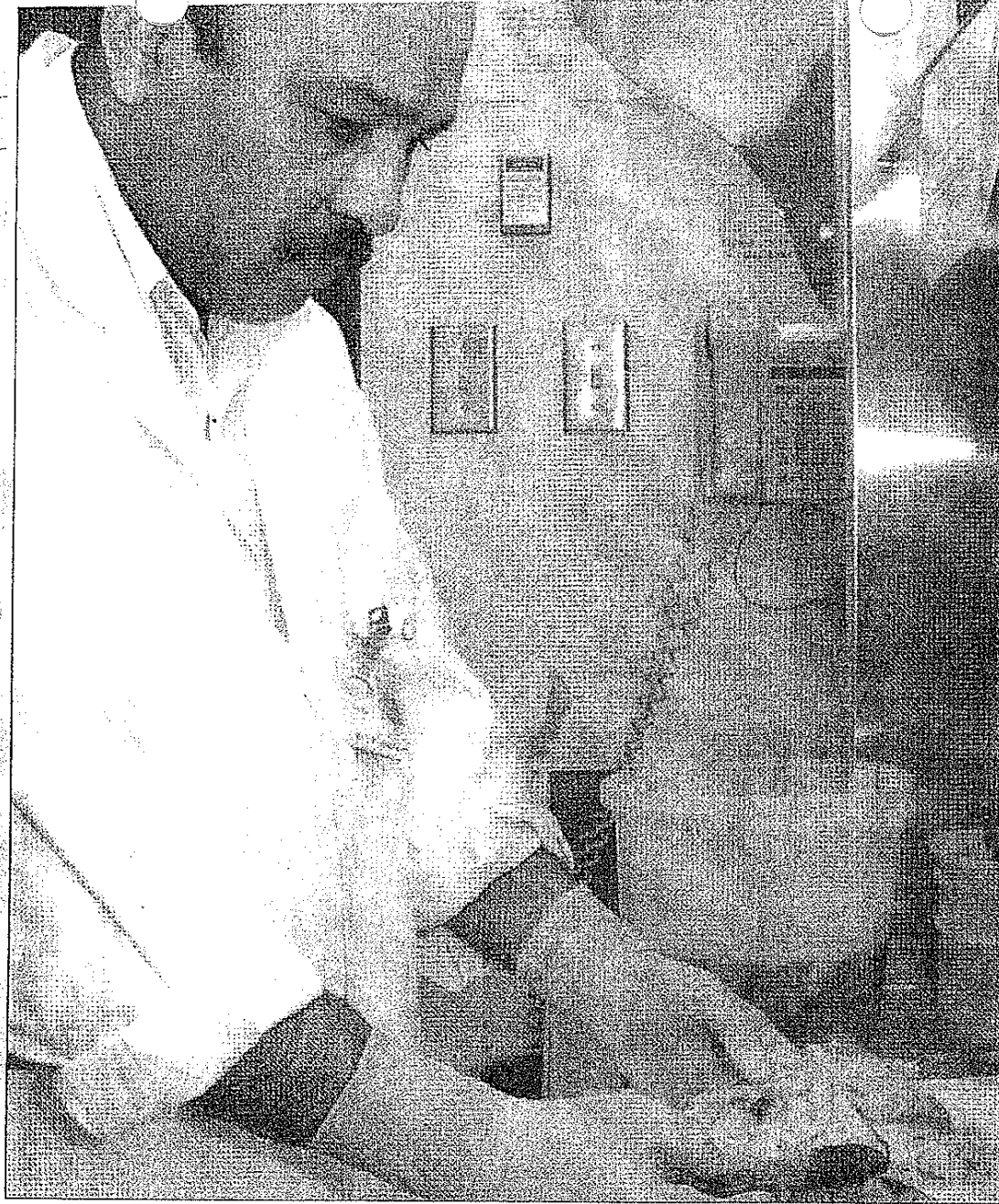
Howell said this quality review was completed in November, but much of the information is "protected information." He said it was important that people felt free to be open with their comments.

Howell and a new chief pathologist for the laboratory program, Dr. Nash Denic, have worked on the results of the review and Eastern Health says it has established a centre of excellence for breast cancer pathology and is "generally prepared" for the continuation of estrogen/progesterone testing.

Denic said Eastern Health is the only health board that he knows of that has undertaken such an extensive retesting of false negatives. Ultimately, he said, the goal has been to improve the standard of practice.

It's not yet certain when estrogen/progesterone testing will resume at the Health Sciences Centre. But Howell said, Eastern Health wants to ensure that all patients will receive the best treatments possible.

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Dr. Chandrakanth Annaiah, a fifth-year pathology intern, dissects a kidney tumour in the immunohistochemistry laboratory at the Health Sciences Centre. — Photo by Joe Gibbons/The Telegram