

From: Dianne Smith
To: "Griffiths, Bev";
cc: Pat Pilgrim;
Subject: FW: Message from Patricia Pilgrim, COO Eastern Health
Date: May-01-08 10:27:48 AM
Attachments: Draft Patient Apology Letter April 30 2008.doc
Hormonal Therapy Information Sheet (4).doc

Hi Bev,

Pat asked me to forward along to you the E-mail below and attachments. She meant to include you in her E-mail regarding the patient letter. She will follow-up with you. You may share this with other appropriate people.

Dianne

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From: Dianne Smith
Sent: Thursday, May 01, 2008 10:07 AM
To: 'boyd.rowe@lghealth.ca'; 'devongoulding@westernhealth.nl.ca';
'karenmcgrath@centralhealth.nl.ca'
Cc: 'suzannepayne@westernhealth.nl.ca'; 'theresa.blake@lghealth.ca';

'bparsons@cwhc.nl.ca'

Subject: Message from Patricia Pilgrim, COO Eastern Health

Importance: High

Good morning,

Forwarding message below and attachments from Patricia Pilgrim,
COO – Cancer Care, Quality and Risk Management, Eastern Health

As Louise has probably informed you, Eastern Health is sending a letter to all living patients throughout the province who had ER/PR testing done. For your information, I have attached this letter and accompanying information.

If you need further information or clarification, please call me at 777-1312 or E-mail: pat.pilgrim@easternhealth.ca

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DATE

Address Line
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Dear (Name):

As the interim president and CEO of Eastern Health, I feel it necessary to contact you at this time on behalf of Eastern Health. Since the Commission of Inquiry hearings began, it has become increasingly clear that the impact of the ER/PR testing issue is profound. The way we addressed the issue and the decisions we made have had a negative impact on you, our patients, and this is unacceptable. We get calls everyday from patients and families looking for more information and telling us their concerns. We know that every patient deserves to receive the highest standard of care possible from Eastern Health. We wish to say to you that we are sorry that we, as a health care organization, did not provide you the high quality patient care in relation to the ER/PR issue that you deserve and that we expect of ourselves. We deeply regret any stress, pain, and anxiety felt by you and your family because of this issue.

To our knowledge, our decision to go back eight years to retest patient tissue samples for ER/PR is something that had never been done before in Canada. It was a massive undertaking, and its challenges are still being felt. This action was launched without hesitation and for one reason only: to identify patients who might be candidates for additional drug therapies such as tamoxifen.

We have learned many things throughout this process. There are many things we would have done differently if we had known then what we know today about the size and complexity of the task that actually faced us.

We have heard your views on how we communicated with you and the public. Again, there are lessons we have learned. But if there is one thing we want you to know, it is this: those responsible for your care tried to make the best decisions they could at the time. Their main concern was to present you with the most accurate and complete information possible about your own health care as soon as it was available. We know now that there were many cases where you and others like you should have received this information sooner.

To help explain this and give you a better understanding of the events as they unfolded, we have included an information sheet that outlines how we addressed the issues surrounding the hormone receptor retesting and what measures we have taken to improve the care we provide. We have also included some background information on hormone receptor testing and tamoxifen in particular.

We are available to talk to you or your family in person or by telephone to provide further information. If you are unsure of your results or would like to talk about your results please give us a call. In addition, we would welcome any suggestions you might have for further follow-up. If you wish to speak with us, please call 1-866-445-4548 or if you wish to communicate with me personally please email: ceo@easternhealth.ca.

Thank you for taking the time to read this.

Sincerely,

LOUISE JONES
Interim President & Chief Executive Officer

DRAFT

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Hormonal Therapy Information

What are Hormone Receptors?

- The diagnosis of breast cancer is made by taking a biopsy from the patient's breast and then sending the tissue to the pathology lab for testing.
- The cancerous tissue removed from the breast is tested for the presence or absence of hormone receptors, which include the estrogen receptor (ER) and the progesterone receptor (PR).
- The presence or absence of hormone receptors helps to determine the most appropriate treatment of breast cancer.
- If the patient's tumor is ER and/or PR positive, hormonal therapy may be recommended as part of the treatment plan.
- However, there are also several other tumor and patient factors that must be considered to determine the potential risks and benefits of hormonal therapy.

What are the benefits of Hormonal Therapy?

- Adjuvant therapy for early stage breast cancer includes treatments given after surgery to reduce the risk of cancer recurrence and death from breast cancer.
- Drug treatments used may include chemotherapy, targeted therapy and hormonal therapy.
- Hormonal therapy includes tamoxifen and the aromatase inhibitors, letrozole, anastrozole and exemestane. These drugs may be given for 5 to 10 years.
- Many recent advances have been made in the hormonal therapy of breast cancer and the treatment of breast cancer has changed considerably in last several years.
- Some patients are unable to take hormonal therapy due to side effects or other health conditions.
- Some patients who receive adjuvant hormonal therapy still have recurrence of their breast cancer. Hormonal therapy may still be used to treat recurrent or metastatic breast cancer but eventually the cancer will become resistant to hormonal therapy.

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