

Feb 9/06 Panel List

Name	MCP Number	NCRTF #	Sp. Date	Spec #	DAKO ER	DAKO PR	MS ER	MS PR	Note
			13/07/98	98:SU5544	10%	30%	70	15	
			30/05/03	03:SU8126			10	5	
			11/01/01	01:SU462	N	N	60	60	
			05/12/02	02:SS8876	N	N	5	<1	
			12/12/02	02:SS9097	N	N	5	<1	
			08-03-98	98:SU7822	N	N	70	40	
			23/07/01	01:SS5490	<5%	5-10%	40	30	
			21/03/01	01:SS2226	<5%	20%	0	15	
			15/12/00	00:SU12541	N	N	0	0	
			20/07/98	98:SU5756	N	40%	80	90	
			31/03/00	00:SG3377	N	N	10	10	
			16/12/02	02:SU16784	N	40%	2	90	
			23/07/99	99:SG6839	N	85-90%	25	60	
			06/07/01	01:SS5053	N	25-30%	0	80	
			28/10/02	02:SS7760	10%	70%	100	90	
			20/02/01	01:SS1453	N	N	15	5	
			03/09/02	02:SS6652	5%	5%	75	50	
			08/12/98	98:SU9843	N	45%	80	60	
			03/08/98	98:SU6143	N	N	70	0	
			02/07/98	98:SU5258	1-5%	1-5%	80	40	
			11/04/05	05:SS2800	N	N	90	2	
			12/11/02	02:SS8188	1%	N	100	50	
			11/06/99	99:SS2457	20%	80-90%	60	80	
			25/11/02	02:SS8520	N	70-80%	50	60	
			27/04/01	01:SS3179	N	<10%	40	0	
			13/02/01	01:SS1252	WP	75%	70	85	
			15/10/02	02:SS7473	10-20%	5%	90	5	
			26/04/99	99:SS1664	N	50%	60	80	
			26/07/02	02:SU10396	N	N	75	40	MS results in July 05 100/100
			28/04/98	98:SU003440	N	30-40%	30	40	
			20/11/03	03:SU16754	5	5	50	5	
			16/11/04	04:SU15484	10	10	0	0	
			05/01/01	01:SS120	N	N	20	0	
			08/11/00	00:SU10748	N	80%	90	40	
			29/05/01	01:SS4023	N	N	15	40	
			22/09/00	00:SS4547	5%	35%	90	80	
			17/01/01	01:SS469	N	P	90	90	
			26/01/01	01:SS708	N	N	20	5	
			22/06/99	99:SS2627	N	90%	30	60	
			07/05/01	01:SS3401	N	<10%WP	95	0	
			08/07/98	98:SU5410	N	60%	15	20	
			06-05-98	98:SU5931	N	N	60	50	
			22/10/02	02:SS7583	N	70%	70	50	
			16/07/02	02:SS5464	N	20%	40	30	
			25/11/98	98:SU9383	10-15%	SP	80	90	
			03/12/02	02:SS8800	N	15-20%	20	30	
			23/12/98	98:SU10319	1-2%	10-15%	30	5	
			22/09/98	98:SU7425	15-20%	20-25%	50	10	
			23/07/01	01:SS5481	5%	90-95%	90	90	
			18/08/98	98:SU6497	5%	90%	50	90	
			20/12/99	99:SS5303	10%	75-80%	50	80	
			10/11/98	98:SU8852	N	>30%	85	70	
			04/07/01	01:SS4979	N	50-75%	30	60	
			02-16-98	98:SU1356	N	10%	0	0	
			04-17-97	97:SU2858	<5%	N	40	15	

Start
Feb
16/06

Name	MCP Number	NCRTF #	Sp. Date	Spec #	DAKO ER	DAKO PR	MS ER	MS PR	Note
			31/10/01	01:SS8059	N	20%	95	40	
			20/08/02	02:SS6345	N	N	70	0	
			17/04/01	01:SS2839	N	70%	80	80	
			02-18-98	98:SU1425	0	<5%	0	0	
			01/12/98	98:SU9562	25-30%	50%	0	0	
			05/10/01	01:SS7298	N	30%	40	75	
			03-19-97	97:SU2130	N	80-90%	90	95	
			28/09/98	98:SU7598	N	N	60	0	
			17/07/01	01:SS5285	10%	30%	30	50	
			09/09/02	02:SS6768	N	50%	90	90	
			10/07/01	01:SS5130	N	N	30	15	
			25/05/01	01:SS3944	N	75%	30	40	
			08/07/02	02:SS5300	N	60%	50	40	
			09-15-97	97:SU6894	N	N	60	10	
			06/01/99	99:SU87	10%	5-7%	30	2	
			27/07/98	98:SU5932	N	80%	40	60	
			02/08/02	02:SU10637	N	N	95	80	
									<i>Done</i>

Feb 9/06 Panel List

14 letters
Feb 9/06

Name	MCP Number	NCRTF #	Sp. Date	Spec #	DAKO ER	DAKO PR	MS ER	MS PR	Note
				98:SU5544	10%	30%	70	15	no coal
				03:SU8126			10	5	no coal
				01:SU462	N	N	60	60	letter? no recommendation
				02:SS8876	N	N	5	<1	no letter
				02:SS9097	N	N	5	<1	no letter
				98:SU7822	N	N	70	40	no letter
				01:SS5490	<5%	5-10%	40	30	letter
				01:SS2226	<5%	20%	0	15	letter
				00:SU12541	N	N	0	0	next week
				98:SU5756	N	40%	80	90	letter
				00:SG3377	N	N	10	10	letter
				02:SU16784	N	40%	2	90	no letter
				99:SG6839	N	85-90%	25	60	letter
				01:SS5053	N	25-30%	0	80	letter
				02:SS7760	10%	70%	100	90	no letter
				01:SS1453	N	N	15	5	letter
				02:SS6652	5%	5%	75	50	letter
				98:SU9843	N	45%	80	60	no coal
				98:SU6143	N	N	70	0	letter
				98:SU5258	1-5%	1-5%	80	40	letter
				05:SS2800	N	N	90	2	letter
				02:SS8188	1%	N	100	50	letter
				99:SS2457	20%	80-90%	60	80	letter
				02:SS8520	N	70-80%	50	60	
				01:SS3179	N	<10%	40	0	
				01:SS1252	WP	75%	70	85	
				02:SS7473	10-20%	5%	90	5	
				99:SS1664	N	50%	60	80	
				02:SU10396	N	N	75	40	MS results in July 05 100/100
				98:SU003440	N	30-40%	30	40	
				03:SU16754	5	5	50	5	
				04:SU15484	10	10	0	0	
				01:SS120	N	N	20	0	
				00:SU10748	N	80%	90	40	
				01:SS4023	N	N	15	40	
				00:SS4547	5%	35%	90	80	
				01:SS469	N	P	90	90	
				01:SS708	N	N	20	5	
				99:SS2627	N	90%	30	60	
				01:SS3401	N	<10%WP	95	0	
				98:SU5410	N	60%	15	20	
				98:SU5931	N	N	60	50	
				02:SS7583	N	70%	70	50	
				02:SS5454	N	20%	40	30	
				98:SU9383	10-15%	SP	80	90	
				02:SS8800	N	15-20%	20	30	
				98:SU10319	1-2%	10-15%	30	5	
				98:SU7425	15-20%	20-25%	50	10	
				01:SS5481	5%	90-95%	90	90	
				98:SU6497	5%	90%	50	90	
				99:SS5303	10%	75-80%	50	80	
				98:SU8852	N	>30%	85	70	
				01:SS4979	N	50-75%	30	60	
				98:SU1356	N	10%	0	0	
				97:SU2858	<5%	N	40	15	

Name	MCP Number	NCRTF #	Sp. Date	Spec #	DAKO ER	DAKO PR	MS ER	MS PR	Note
			31/10/01	01:SS8059	N	20%	95	40	
			20/08/02	02:SS6345	N	N	70	0	
			17/04/01	01:SS2839	N	70%	80	80	
			02-18-98	98:SU1425	0	<5%	0	0	
			01/12/98	98:SU9562	25-30%	50%	0	0	
			05/10/01	01:SS7298	N	30%	40	75	
			03-19-97	97:SU2130	N	80-90%	90	95	
			28/09/98	98:SU7598	N	N	60	0	
			17/07/01	01:SS5285	10%	30%	30	50	
			09/09/02	02:SS6768	N	50%	90	90	
			10/07/01	01:SS5130	N	N	30	15	
			25/05/01	01:SS3944	N	75%	30	40	
			08/07/02	02:SS5300	N	60%	50	40	
			09-15-97	97:SU6894	N	N	60	10	
			06/01/99	99:SU87	10%	5-7%	30	2	
			27/07/98	98:SU5932	N	80%	40	60	
			02/08/02	02:SU10637	N	N	95	80	1-100

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 9 / 06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 02: SS 88 76 1Original Report ER/PR: N 1 NMount Sinai ER/PR: 5 1 41

Recommendations: _____

confirmed negativeNo change in statusNO letterwill be contacted by Q1Follow-up Physician: [REDACTED]

Other Physicians: _____

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: [REDACTED]

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 02: ss 9097 1

Original Report ER/PR: N 1 N

Mount Sinai ER/PR: 5 1 41

Recommendations: _____

Confirmed negative.

no letter

*Quality Enhancement
Starts
will notify
PDS*

Follow-up Physician: _____

Other Physicians: [REDACTED]

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06Name: [REDACTED]MCP #: [REDACTED]OPIS #: [REDACTED]Date of Pathology: [REDACTED]Pathology Specimen #/Site: 01: SSS490 /Original Report ER/PR: 4590 / 5-1090Mount Sinai ER/PR: 40 / 30Recommendations:

would not recommend hormonal
therapy due to high risk
changes in therapy - Metabolic disease
is of likely colon primary

Follow-up Physician: [REDACTED]Other Physicians: [REDACTED]Family Doctor: [REDACTED]

*not felt
done*

Dr. [REDACTED] Jester

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 1

Original Report ER/PR: 25 / 20

Mount Sinai ER/PR: 0 / 15

Recommendations: continued

Previously treated with tamoxifen
NO change in therapy.

Follow-up Physician: [REDACTED]

Other Physicians: [REDACTED]

Family Doctor: [REDACTED]

*1.11.06
Penc*

*1.11.06
Penc*

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

*Letter
done*

Pathology Specimen #/Site: 1 Left

Original Report ER/PR: N / 40

Mount Sinai ER/PR: 80 / 90

Recommendations: _____

*zod/000 treated with
famoxifen.*

no change in therapy.

Follow-up Physician: [REDACTED] letter

Other Physicians: _____

Family Doctor: [REDACTED] = letter -
[REDACTED] [REDACTED] "cc"

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9 / 06

Name: _____

MCP #: [REDACTED]

OPIS #:

Date of Pathology: _____

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: N / N

Mount Sinai ER/PR: 10 / 10

Recommendations: _____

Given low risk of

Medium 8 years

Sinced diagnosis

Verdelina occipitalis Stah

Tamoxifen not recommended?

Follow-up Physician: CL [redacted] - ~~back~~

Other Physicians: _____

Family Doctor: Dr. [Signature]

7. Left side

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 02: SL 167841

Original Report ER/PR: N 1 40

Mount Sinai ER/PR: 2 1 90

Recommendations: _____

No letter
Dr. [REDACTED] to follow up

Follow-up Physician: Dr. [REDACTED] letter

Other Physicians: _____

Family Doctor: [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 1

Original Report ER/PR: N / 85-90

Mount Sinai ER/PR: 25 / 60

Recommendations: _____

prev. treated with tamoxifen
no change

Follow-up Physician: letter - [REDACTED]

Other Physicians: [REDACTED]

Family Doctor: #

Eastern Health - source: Heather Predham

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 1

Original Report ER/PR: N 1 25-3090

Mount Sinai ER/PR: 0 1 80

Recommendations: _____

Pre-treated with Tamoxifen
no change treatment

Follow-up Physician: [REDACTED]

Other Physicians: _____

Family Doctor: _____

letter
7. getting letter
sent to

letter
sent

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: N / N

Mount Sinai ER/PR: 15 / 5

Recommendations: _____

offer Tamoxifen

Follow-up Physician: Dr. [REDACTED]

Other Physicians: _____

Family Doctor: _____

Letter -
CC.

[REDACTED]

[REDACTED]

Letter
14/11/06
17-18-2500
ad - (10/11/06)
Site
90 to 6/12

Letter
[REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/04

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: _____

Original Report ER/PR: 2/10/04 / 5-10/04

Mount Sinai ER/PR: 75 / 50

Recommendations: _____

Offer Tamoxifen

Follow-up Physician: Letter [REDACTED]

Other Physicians: [REDACTED]

Family Doctor: _____

1 x 10⁹ 20

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: N / 25-30%

Mount Sinai ER/PR: 0 / 80%

Recommendations: _____

Prev. treated w/ Tamoxifen
no change treatment

Follow-up Physician: _____

Other Physicians: _____

Family Doctor: _____

Heather
gagging
Leah
sent to

Dr. [REDACTED]
Leah
Heather
sent
cc

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: N / N

Mount Sinai ER/PR: 70 / 0

Recommendations: _____

offer Tamoxifen
due to her ~~high~~ relative
recurrence.

Follow-up Physician: Heather [REDACTED]

Other Physicians: [REDACTED]

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 1

Original Report ER/PR: 1-5⁸⁷⁰1 1-5⁸⁷⁰

Mount Sinai ER/PR: 80 1 40

Recommendations: _____

no change in treatment:

Extend low risk of
recurrence.

Follow-up Physician: Letter [REDACTED]

Other Physicians: Dr. [REDACTED]

Family Doctor: _____

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 05: SS 2800 /

Original Report ER/PR: Positive / N

Mount Sinai ER/PR: 90 / 2

Recommendations: _____

declined
~~at least Tamoxifen~~ *declined to take*
 Because of Bilateral masses & low risk of
 recurrence - we would not rec.
 Tamoxifen at this time.

Follow-up Physician: [REDACTED]

Other Physicians: E. [REDACTED] Lester

Family Doctor: C [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 025410 637 1

Original Report ER/PR: N 1 N

Mount Sinai ER/PR: 95 1 80

Recommendations: _____

to be offered Tamoxifen due to
relative risk of recurrence.

Follow-up Physician: Letter - Dr. [REDACTED]

Other Physicians: cc. [REDACTED]

Family Doctor: cc. [REDACTED]

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9/06

Name: [REDACTED]

MCP #: [REDACTED]

OPIS #: _____

Date of Pathology: [REDACTED]

Pathology Specimen #/Site: 1

Original Report ER/PR: 1 70 1 N

Mount Sinai ER/PR: 100 1 50

Recommendations: _____

Based on her low risk of recurrence we would
not offer tamoxifen at this
time

Follow-up Physician: [REDACTED] - letter

Other Physicians: [REDACTED]

Family Doctor: [REDACTED]
cc letter.

Physician Panel Review: ER/PR Results

Date Patient Reviewed: Feb. 9 / 06

Name: _____

MCP #: [REDACTED]

OPIS #:

Date of Pathology: XXXXXXXXXX

Pathology Specimen #/Site: _____ / _____

Original Report ER/PR: 20701 80-90

Mount Sinai ER/PR: 60 / 80

Recommendations: _____

~~presently on Ferrara~~

no change in treatment

already received former letter.

Follow-up Physician: Dr. [REDACTED] cc.

Other Physicians: _____

Family Doctor:

Eastern HEALTH

February 10, 2006

Dr. [REDACTED]

Dear Dr. [REDACTED]

RE: [REDACTED]

MCP #: [REDACTED]

Ms. [REDACTED] was diagnosed with breast cancer in 2005. The original report of the estrogen and progesterone receptors showed positive staining for estrogen and negative staining for progesterone. A repeat report from Mount Sinai Hospital has shown the levels of estrogen and progesterone to be 90% and 2% respectively.

This patient was discussed at the Physician Review Panel on February 9, 2006. The panel does not recommend treatment with tamoxifen at this time because of this lady's low risk of recurrence and bilateral mastectomy. *any changes in treatment as her hormone receptor status has not changed.*

We would ask that you communicate this information to your patient as soon as possible.

Yours sincerely,

Beverley A. Carter, MD, FRCPC
Anatomic Pathologist, Breast Pathologist
Acting Chair, Physician Review Panel

Cc: Dr. [REDACTED]

Eastern HEALTH

February 10, 2006

Dr. [REDACTED]
[REDACTED]

Dear Dr. [REDACTED]

RE: [REDACTED]

MCP #: [REDACTED]

Ms. [REDACTED] was diagnosed with breast cancer in 2001. The original report of the estrogen and progesterone receptors showed <5% staining for estrogen and 5-10% staining for progesterone. A repeat report from Mount Sinai Hospital has shown the tumour to be estrogen and progesterone receptor positive at 40% and 30% respectively.

This patient was discussed at the Physician Review Panel on February 9, 2006. The recommendation of the panel is that there be no change in therapy due to Ms. [REDACTED] current metastatic disease. *chronic carcinoma in view of*

We would ask that you communicate this information to your patient as soon as possible.

Yours sincerely,

Beverley A. Carter, MD, FRCPC
Anatomic Pathologist, Breast Pathologist
Acting Chair, Physician Review Panel

Cc: Dr. [REDACTED]
Dr. [REDACTED]
Dr. [REDACTED]

For: PARSONS,DEBBIE A.

From: MICHELLE A. SULLIVAN

Thur Apr 6, 2006 8:26 am

Taken by: MICHELLE A. SULLIVAN (777 6439)

Subject:

Hey there Debbie;

How's it going today? When you get a chance would you mind faxing me over a copy of the ER PR letter on [REDACTED]. My fax # is 777-8128.

Thank you Debbie I appreciate it very much.

Michelle



Eastern Health

FAX

QUALITY & RISK MANAGEMENT

12th Floor, Southcott Hall

Leonard A. Miller Centre

100 Forest Road

St. John's, NL A1A 1E5

Telephone: (709) 777-6777 Fax: (709) 777-8033

[illegible]

TRANSMISSION VERIFICATION REPORT

TIME : 04/06/2006 16:10
NAME : QSI
FAX : 7097778033
TEL : 7097776777

DATE, TIME	04/06 16:09
FAX NO./NAME	8128
DURATION	00:00:31
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM