Thompson, Robert

From: Thompson, Robert
Sent: Thursday, March 13, 2008 10:31 AM
To: Power, Glenda
Subject: Comments on Release
Attachments: Release Draft.doc

Glenda:

Here are some suggestions. If this is going tomorrow I would like to send to eastern this morning. When would you like to talk to Minister??

Health and Community Services
March 14, 2008

Work by Centre for Health Information on ER/PR Database Concluded

The work by the Newfoundland and Labrador Centre for Health Information (NLCHI) is now complete with respect to the development of the database related to problems experienced with estrogen and progesterone receptor (ER/PR) testing, said the Honourable Ross Wiseman, Minister of Health and Community Services. The minister also shared some additional information that he requested be compiled from the database following inquiries after the most recent update in February, 2008.

"Our government engaged the Newfoundland and Labrador Centre for Health Information in order to ensure we have the most comprehensive database possible that captures relevant information related to the problems experienced with ER/PR testing," said Minister Wiseman. "Following the update I provided in February, there was one outstanding question that I strongly felt should be addressed prior to the conclusion of the database project."

The question centered around the number of deceased patients whose results changed after re-testing. Of the 1,013 patients whose results were sent for re-testing, 322 are deceased and 691 are living; this information was provided in the last update. The number of deceased patients whose ER/PR results changed after retesting was 108, and the number of living patients whose results changed was 275. The Centre for Health Information advised that there are several different ways to measure changed results and these numbers are based on a similar approach used by Eastern Health in their public reports in May 2007.

"To understand these numbers, it is essential to remember that a changed test result does not necessarily mean that appropriate cancer treatment was delayed, as physicians tell us that this test is one tool in many that help determine course of treatment. Nor do these numbers indicate that there is a relationship between an inaccurate ER/PR test and progression of the disease or death," said Minister Wiseman. As well, the data source for identifying the number of deceased includes "all causes" of death and does not specify whether the cause was cancer or some other reason.

In the conclusion of its work on the ER/PR database project, NLCHI also provided additional information which indicates that 16 of the 691 living patients who

Comment [R1]: In the Feb 22 news release we said "The database is now substantially completed." Should we repeat more or less the same thing?

Comment [R2]: I think we should simply say that various media outlets asked for the number so we asked the centre to provide it. That is why we asked for it.

Deleted: , while

Comment [R3]: On reflection, using the ER-only approach is better because the sum of the other approach (90 + 194) is less than the number Eastern Health identified in May 2007 (317) which included only the living. Therefore, it is important that we provide a number that uses a consistent definition.

Deleted: Additionally, it is now known that of the 322 deceased patients, 28 per cent or 90 had test results that changed. Of the 691 living patients, 28 per cent or 194 had changed results.

Deleted: A result is determined to have changed when both the estrogen and progesterone portions of the hormone receptor test have changed.¶

Deleted: ER/PR

Deleted: "

Deleted: 7

were initially contacted about the re-testing process may not have received a follow-up call with their second results. It has been confirmed that none of the results for these patients changed, which means that there are no required changes in their cancer treatment. All of these patients are now being contacted.

Deleted: and all have been since contacted (hoping we can say this by Friday?).

"It is unfortunate this latest information was not available when I provided an update in February, but it had not been extracted from the database at that time and was therefore unavailable" said Minister Wiseman. "The engagement by our government of the Centre for Health Information for this vital project has now ended and the latest copy of the database will be provided to the Commission of Inquiry to use as it determines best in support of its work."

Deleted: past

"I also want to take this opportunity to ensure clarity around the role of the Commission of Inquiry," said Minister Wiseman. "While its mandate does not include an examination of the circumstances of individual patients involved in the ER/PR re-testing process, its areas of focus will include why there were problems with the testing, why the problems were not detected earlier than 2005, the appropriateness of the response by officials, and if current ER/PR testing and quality assurance processes reflect best practices. I look forward to receiving the report of the Commissioner and the answers that the work of the Commission will provide."

Minister Wiseman also noted that with the conclusion of the database project, the Secretary to Cabinet for Health Issues, Robert Thompson, will be advancing work related to his role in leading the Task Force on Adverse Health Events (see Terms of Reference in Backgrounder), which was established by the Provincial Government. It is expected that further details on the direction of the task force will be provided in the coming weeks.

Deleted: ould

Deleted: backgrounder

- 30 -

Media contact:

Glenda Power
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
glendapower@gov.nl.ca

Backgrounder
Terms of Reference for Task Force on Adverse Health Events

- The task force will be a one-person task force headed by Robert Thompson, Secretary to Cabinet (Health Issues).

- The task force will:

    1. examine and evaluate how the health system identifies, evaluates, responds and communicates in regard to adverse events within the health system;
    2. examine relevant best practices in other jurisdictions;
    3. propose a mandate, structure and budget for the establishment of a health quality council in Newfoundland and Labrador; and
    4. make such recommendations as may be appropriate.

- The task force will consult directly with health authorities and experts; establish a committee of health authority safety/quality officials to assist its work; invite submissions from the public; hold meetings as necessary with relevant stakeholders; and hold a symposium on adverse health events.

- The report deadline is June 30, 2008.