

From: Tansy Mundon
To: Tom Brophy, Debbie Robbins
Date: Fri, May 18, 2007 1:23 PM
Subject: Re: Briefing for MHAs

The email should refer to MHA briefing at this time. We will review the need for a separate public briefing if necessary but this should not be referenced in the email and only if question asked. We are open to the idea.

Sent via Blackberry
Government of Newfoundland and Labrador

-----Original Message-----

From: Debbie Robbins
To: Tansy Mundon <TansyMundon@gov.nl.ca>
Tom Brophy <TomBrophy@gov.nl.ca>
CC: John Abbott <JohnAbbott@gov.nl.ca>
Ross Wiseman <RossWiseman@gov.nl.ca>
Sharon Vokey <SharonVokey@gov.nl.ca>
Creation Date: 5/18 12:52 pm
Subject: Re: Briefing for MHAs

Tansy do we know yet about the issue of this briefing being public or not?? Tom will need to know that before he sends out anything.

Deb:

Debbie Robbins
Constituency Assistant to Hon. Ross Wiseman, MHA
Trinity North District
Minister, Health and Community Services

Toll Free: 1-800-514-9073
Tel: 709-729-1714
Fax: 709-729-0121

>>> Tansy Mundon 18/05/2007 12:27 pm >>>

Tom,

Can you please contact all MHAs (all parties) asap to advise them that there will be a briefing on ER/PR (breast cancer testing) on Tuesday at 11:00 am at the Eastern Health Corporate Office, Waterford Bridge Road.

Thanks.
Tansy

Sent via Blackberry
Government of Newfoundland and Labrador

CC: Sharon Vokey, Ross Wiseman, John Abbott

From: Tansy Mundon
To: Abbott, John; Hennessey, Moira; Vokey, Sharon; Wiseman, Ross
Date: Fri, May 18, 2007 4:48 PM
Subject: Globe and Mail story - Newfoundland held back faulty cancer data

Newfoundland held back faulty cancer data
At least 36 women who received false negatives have died
STEPHANIE PORTER

From Friday's Globe and Mail

May 18, 2007 at 2:37 AM EDT

ST. JOHN'S — The government of Newfoundland and Labrador for two years has failed to fully disclose information regarding faulty breast-cancer testing that took place from 1997 to 2005.

Health Minister Ross Wiseman Thursday said the Eastern Health Authority took direction primarily from its lawyers.

"I think they should have approached it very differently in light of the importance of the information to the people affected and in light of the need for the general population of the province to have confidence in the system we have," Mr. Wiseman said.

At least 36 women who received false negatives from the flawed breast-cancer tests have died, according to a document signed this week by the province's deputy chief medical examiner, Charles Hutton.

Myrtle Lewis of Roddickton, Nfld., learned the harsh treatment she underwent for breast cancer might have been unnecessary. (Paul Daly for The Globe and Mail)

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Faulty tests cost women critical cancer treatment, court documents say
In addition, more than 300 women still alive were given false results and perhaps, as a consequence, not given access to the best treatment options for their cancer. Mr. Hutton's letter, dated May 16, was sent to lawyer Ches Crosbie, who is leading a potential class-action suit by survivors and families of the deceased against the regional health authority over the faulty testing.

The health authority would not comment on the case or the newly surfaced statistics, but it has scheduled a public media briefing for Friday at noon.

The new information has stirred tensions in the House of Assembly, with both the Liberal and NDP opposition parties calling for a judicial probe into what went wrong — it is unproven how many, if any, died as a result of the faulty testing — and why the full details of the retesting remained hidden for almost two years.

Premier Danny Williams told the legislature Thursday that the province, out of a "moral responsibility," would undertake a review to determine how more than 300 women received the wrong results from their hormone receptor tests from 1997 to 2005.

"We want to make sure that the people of Newfoundland and Labrador, but most importantly the people who are affected here — the patients, the people who have suffered, their families — they all need to know the answers," Mr. Williams said.

Events of the past few days have hit a nerve among breast-cancer patients, friends and family members,

who have already been on pins and needles for months.

Myrtle Lewis was diagnosed with breast cancer in 1999. She underwent harsh chemotherapy and had both breasts and 11 lymph nodes removed within months.

Her breast-cancer tissue was among 1,000 samples sent to Mount Sinai Hospital in Toronto for retesting in May, 2005. When the results came in months later, Ms. Lewis learned her radical surgery and chemotherapy might have been unnecessary.

"This has destroyed my whole life," she says from her home in Roddickton.

More than 40 breast-cancer patients have already signed on to take part in Mr. Crosbie's class action, which has yet to be certified. He also represents "a number" of families who have lost someone to the illness.

"Since news of the faulty test results broke in October, 2005, people have been fairly disturbed about this," Mr. Crosbie says. "Some people have been called in and been told their test results were wrong and offered a change in therapy. At the heart of the story are the outcomes of seven years' worth of estrogen and progesterone receptor testing, done at the laboratory at the Health Sciences Centre in St. John's, starting in 1997.

The tests, conducted on tissue samples from breast-cancer tumours, guide oncologists in determining the best therapy for the patient. A positive test result means the patient may respond to hormone therapies, such as the drug Tamoxifen. A negative test result means hormone therapy is not an option.

In May, 2005, after some discrepancies in test results were noted, the 1,000 tissue samples dating back to 1997 were sent to Mount Sinai for retesting. The public became aware of the retesting almost six months later, through media reports.

Special to The Globe and Mail with a report from CP

From: Tansy Mundon
To: Abbott, John; Bonnell, Susan; George Tilley; Hennessey, Moira; Vokey, Sharon, Wiseman, Ross
Date: Fri, May 18, 2007 4:50 PM
Subject: Health authority apologizes for cancer-test confusion

Health authority apologizes for cancer-test confusion
Canadian Press

May 18, 2007 at 12:30 PM EDT

ST. JOHNS, N.L. — A local health authority in Newfoundland has apologized for the confusion it created when it failed to fully disclose results of a review that found 317 women received the wrong results from faulty breast cancer tests.

George Tilley, CEO of the Eastern Health Authority, says the organization knew more than 300 women had received incorrect results, but it decided to speak publicly about a much smaller group — the 117 patients who had their treatment changed after they were told about the faulty tests.

Mr. Tilley says the authority should have revealed the larger scope of the problem, and he apologized for the confusion that resulted.

"I regret the decision that we didn't simply refer to it earlier," he told a news conference. "And I apologize for the confusion that that caused."

Myrtle Lewis of Roddickton, Nfld., learned the harsh treatment she underwent for breast cancer might have been unnecessary. (Paul Daly for The Globe and Mail)

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Faulty tests cost women critical cancer treatment, court documents say
He also confirmed the review took much longer than expected, which created additional stress for the patients involved.

"I also appreciate that this issue is causing great anxiety for the patients suffering from cancer and their family members, and we sincerely regret that," Mr. Tilley added.

At least three dozen women in Newfoundland and Labrador who received the wrong test results have died, though it remains unclear how many died as a result of their cancer.

The women missed out on potentially life-saving treatment, such as hormone therapy, but Tilley said it is also unclear how many of them would have benefited from that kind of treatment.

In 2005, the authority arranged for Mount Sinai Hospital in Toronto to repeat more than 2,000 hormone receptor tests dating back to May 1997 after oncologists discovered inconsistent results in breast tumour samples.

About 80 women are in the process of launching a class-action lawsuit.

Premier Danny Williams has said the province will launch a review to determine why so many women received the wrong results

From: Tansy Mundon
To: Abbott, John; Bonnell, Susan; Cheeseman, Josephine; George Tilley; Hennessey, Moira; Matthews, Elizabeth; Vokey, Sharon; Wiseman, Ross
Date: Fri, May 18, 2007 6:36 PM
Subject: Eastern Health apologizes for withholding cancer details

Eastern Health apologizes for withholding cancer details

Last Updated: Friday, May 18, 2007 | 3:16 PM NT

CBC News

The chief executive officer of a health authority in St. John's apologized for not disclosing full details on faulty tests that may have affected the care of hundreds of breast cancer patients

Eastern Health CEO George Tilley apologized Friday for confusion caused by not disclosing results of faulty breast cancer tests.

"I regret the decision that we didn't simply refer to it earlier," Tilley said Friday during a media briefing.

"I apologize for the confusion that that caused."

Eastern Health disclosed last year that it had been having problems for eight years with hormone receptor tests, which determine which course of treatment is appropriate for a patient

Until now, however, Eastern Health — which operates hospitals and clinics at arm's length from the Newfoundland and Labrador government — had indicated that the tests' error rate was as low as 10 per cent.

However, an affidavit filed with a pending class-action lawsuit in Newfoundland Supreme Court indicated that the error rate was significantly higher.

Hundreds of hormone receptor tests done in St. John's have subsequently been redone at Mount Sinai Hospital in Toronto.

Of those, 104 patients required a change in treatment, with 96 eventually being prescribed Tamoxifen, a drug that is highly regarded for its ability to block the hormones that promote the growth of cancer cells, it adds.

A subsequent document, filed this week, showed that 36 women who have since died received inaccurate hormone receptor tests.

Eastern Health was aware of the error rate in the winter of 2006, but the public was never told about it until CBC News reported from the court record earlier this week.

That sparked public outrage and at times emotional debate in the house of assembly, with Premier Danny Williams on Thursday vowing a public response to the disclosures.

Tilley said Eastern Health never intended to mislead anyone while dealing with a continuing investigation into problems with how hormone receptor test results have been disclosed.

"We made a decision in this process to focus in on the results of those individuals who would benefit from a change in therapy," Tilley said.

Peter Dawe, executive director of the Newfoundland and Labrador branch of the Canadian Cancer Society, appreciated the apology.

"Full disclosure was important," Dawe said.

"Individuals could've been brought into the process a lot quicker — they should be part of the decision-making about their own treatment."

Williams said Friday that he is not ruling out a public inquiry into the controversy.

Williams, though, said that he has not lost confidence in the health-care system, and that the public should not "taint and smear" officials because of what happened.

He said any investigation to follow must balance the privacy of patients against the public's right to know.

"We need to make sure there's full disclosure to the people of the province, but more particularly to the patients and the families concerned," Williams told reporters.

A lawyer who ran a successful litigation practice, Williams said, "I can add to that, from a legal perspective, [that] once we know in fact that the legal liability has in fact been determined, then the people responsible need to step up and get those issues settled."

From: Tansy Mundon
To: Elizabeth Matthews, Josephine Cheeseman, Sharon Vokey, John Abbott, MHennessey@mobility.blackberry.net, Ross Wiseman
Date: Fri, May 18, 2007 9:15 PM
Subject: Fw: EASTERN HEALTH HOLDS NEWS CONFERENCE TO APOLOGIZE: Eastern Health apologized today for the way it handled information about faulty medical tests. 05:01PM Item # 06

Sent via Blackberry
Government of Newfoundland and Labrador

From: Ross Wiseman
To: Tansy Mundon
Date: 5/18/2007 9:15:14 PM
Subject: Re: Eastern Health apologizes for withholding cancer details

Ok I. Think I want to see. How it prints

Sent via Blackberry
 Government of Newfoundland and Labrador

-----Original Message-----

From: Tansy Mundon
To: Ross Wiseman <RossWiseman@gov.nl.ca>
Creation Date: 5/18 9:12 pm
Subject: Re: Eastern Health apologizes for withholding cancer details

I know. How did both interviews go?

Sent via Blackberry
 Government of Newfoundland and Labrador

-----Original Message-----

From: Ross Wiseman
To: Tansy Mundon <TansyMundon@gov.nl.ca>
Creation Date: 5/18 6:40 pm
Subject: Re: Eastern Health apologizes for withholding cancer details

Note the reference to arm length

Sent via Blackberry
 Government of Newfoundland and Labrador

-----Original Message-----

From: Tansy Mundon
To: George Tilley <George.Tilley@easternhealth.ca>
 Susan Bonnell <Susan.Bonnell@easternhealth.ca>
 Elizabeth Matthews <ElizabethMatthews@gov.nl.ca>
 Josephine Cheeseman <JosephineCheeseman@gov.nl.ca>
 John Abbott <JohnAbbott@gov.nl.ca>
 Moira Hennessey <MHennessey@gov.nl.ca>
 Ross Wiseman <RossWiseman@gov.nl.ca>
 Sharon Vokey <SharonVokey@gov.nl.ca>
Creation Date: 5/18 6:36 pm
Subject: Eastern Health apologizes for withholding cancer details

Eastern Health apologizes for withholding cancer details

Last Updated: Friday, May 18, 2007 | 3:16 PM NT

CBC News

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faulty breast cancer tests.

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From: Tansy Mundon
To: ross wiseman; john abbott; moira hennessey; sharon vokey; elizabeth matthews; josephine cheeseman
Date: Fri, May 18, 2007 9:40 PM
Subject: On the Go

Standing Order: YES

Breast Cancer Testing - All Media - HCS

TILLEY APOLOGIZES ON BEHALF OF EASTERN HEALTH: "George Tilley", the CEO of Eastern Health apologized today for the way his organization handled the information about incurrent hormone receptor tests.

Friday, May 18, 2007 05:19PM Item # 08

CBC Radio St. John's

TED BLADES: George Tilley, the CEO of Eastern Health, apologised today for the way his organization handled the information about incorrect hormone receptor tests. Those tests, as you know, are given to breast cancer patients. Results determine a patient's treatment. Eastern Health refused to reveal the number of incorrect tests but that information was made public this week through court documents obtained by the CBC. Last year the health authority said treatment changed for more than one hundred patients after tests sent to Ontario for retesting. The authorities didn't say that another two hundred hormone receptor tests were also wrong and that thirty-six of those patients had died. Here's part of what George Tilley had to say today when he issued the apology.

GEORGE TILLEY: The concern that's been talked about over the last couple of days is whether we were inappropriately neglecting reference to the other group of patients who had results changed but there was no change in their treatment plan. And, by us neglecting to provide that, we seem to have caused some confusion. We certainly had confusion amongst public who contacted our organisation. There was concern particularly regarding whether this applied to cancer diagnoses in the first place. There was also concern amongst individuals that we had contacted back in 2006 about this procedure. So, we felt that by us omitting that figure we may, in some way, of added to this problem. We made a judgement call and we made it on the basis of what we saw as the critical piece of information; that being those patients for whom a change in result occurred and a change in treatment was recommended because of it. We focused on that piece because, based upon our discussions with our physicians, they said that that was the important part of the information. So, we simply had neglected to add that piece there. Now, I want to restate that all of the patients – the one seventeen, plus the other whose results had changed but there were no change in recommended plan – they were contacted as individuals. So, there was certainly no attempt to do anything other than be open and to disclose the information. It's great to be a Monday morning quarterback now. But I confess to you that I regret that we didn't do that and I apologise for it. Cancer is a terrible disease and this situation has weighed on me personally and my colleagues. Having said that, as you have alluded to, we don't have an ability to be able to say whether the treatment of hormonal therapy would have made a different to those people. I regret that and I wish that I could change it all. In the end, my focus right now is for this organization to say how do we ensure that this test is of a level of proficiency now that meets or exceeds those organizations that we consider to be centres of excellence in the country.

TED BLADES: Again, that's George Tilley. He's the CEO of Eastern Health. Well, Juanita Hudson lives in Pouch Cove. She's one of over three hundred women whose hormone receptor test was read incorrectly. The told the CBC's Mark Quinn what she thought about the way Eastern Health has handled this affair. But, first, she described what happened when she received the test.

JUANITA HUDSON: When I had my mastectomy, that's when the results come back. And it came back, it was negative, receptor negative. So, then, that was, everything was fine, I couldn't go on Tamoxifen or any of the (inaudible) drugs for cancer because it's a hormone thing, so I went then about three years until all this broke and their retesting. And, so, first of all, I read it in the paper. I started to get concerned. So, about, they didn't contact me then until October of '05 and, and told me that this was happening. But, in the meantime, I had read it in the paper before that. But in October '05 they called me from the cancer clinic, they had this special committee set up to handle, I guess, the influx of calls, I'm not sure. But, anyway, at that point, they told me I would get my results in two weeks. Well, we go away every winter, we go away in either November, December, so we waited; we didn't go away until December and I figured, well, they told me two weeks, I certainly should hear by then. We didn't hear. I called the cancer clinic every month, the results weren't back they kept telling me and at another point they told me that the machine at the Mount Sinai hospital had broken down and they were having to seek other areas to get them tested. And I called the next month and I got the same reply, the results weren't back. So, we left and we went away. And even from Montreal I called and the results were never back. Finally, around the end, I'm not sure of the date, around the end of February or the first part of March, a doctor at the cancer clinic, that's my oncologist, called me and told me the results are back, you're receptors test came back positive instead of negative so you have to come back to the cancer clinic and start your treatment, particularly Tamoxifen he started me on.

MARK QUINN: What was it like to find out that your test had been wrong?

JUANITA HUDSON: Oh, God, I mean, it was devastating. But, you know, the thing was, the time was gone on so long, so long, that you kind of thought maybe, maybe I'm not one of the ones and that's why mine's not back yet. So, you kind of make peace with yourself. So, at that point, I mean, in the beginning I was really upset because everything that had gone on before that and now this I'd been trying to get the diagnosed and then finding out that the receptor testing was, was wrong. And then knowing that I had to go on something after not being on anything for three years, that really upset me because in three years if I was going to get cancer again, I probably had it. And that was my thinking when I left to come home to start. So, I started, I went back to the cancer clinic the first part of April and I started on Tamoxifen on the twelfth of April in '06. I've been on it now for one year. I went on it and, of course, it almost killed me. I was so sick with it that he had threatened to put me on a different one but, I guess, that's another issue. So, it hasn't been easy going. And I've been followed at the cancer clinic ever since again.

MARK QUINN: Now, when you got a negative result you were told that, you know, Tamoxifen wouldn't help you. How was your health between the time

when you got the negative result and the time you found out that you actually were positive?

JUANITA HUDSON: Oh, it was good.

MARK QUINN: So, your cancer didn't progress in that period?

JUANITA HUDSON: No, it didn't.

MARK QUINN: Okay. So, how do you feel about the way this was handled by, by Eastern Health?

JUANITA HUDSON: Well, that really upset me, too, because they were telling us in the beginning that it was a, ten percent that were affected. Now I finds out by listening to Peter Dawe the other night that it's over forty-two or three or something affected. And then the number of deaths, they did not report anything to us. As far as I was concerned, there was no damage from all of this. Now I'm finding out that there are deaths. And, and it's very upsetting, you know? Even though I'm on Tamoxifen for a year, you're still in the woods, you know? You stay in the dark. And, I mean, that, that is upsetting to a cancer patient. It's only somebody that has it would know, you know?

MARK QUINN: Yes. Now, what do you think they should have done?

JUANITA HUDSON: Well, I think they should have told us the truth from the beginning and it were right from the very beginning, I think, something should have been in place that this should not have happened. But we know that mistakes happen. But I don't think it should have gone on happening for so long, you know? When you think that you're whole life depends on the healthcare system and they let you down like that. You know, you really, really and truly feel like, like you're isolated out there and, and nothing is caring about, nobody's caring about you.

MARK QUINN: Do you have faith in the medical system now?

JUANITA HUDSON: Well, I guess we don't have much choice. But, but your faith is certainly shaken.

MARK QUINN: So, what happens now? Your health is doing, your health is okay now?

JUANITA HUDSON: Well, they're still following me at the cancer clinic and, of course, I don't know if you know but they follow cancer patients for five years. And I will be five years now in August come, coming August.

MARK QUINN: And you'll be five years cancer-free?

JUANITA HUDSON: Yeah, hopefully. But they haven't done anything besides put me on their Tamoxifen so I guess everything, I guess it depends how you feel generally. And I have been feeling all right, so I guess that's a blessing.

MARK QUINN: I appreciate your telling us what's happened to you and I hope it'll help shed some light on what's happened in this whole case.

JUANITA HUDSON: You know, maybe, with enough pressure, there's strength in numbers and it may help somebody down the road, maybe more thought would be given into the way they do their testing and everything else. And not let it go on for years. Like I said, anyone can make a mistake. But when it goes on for years and years, that's the part that really shakes your faith.

MARK QUINN: Are you part of the lawsuit that is happening now?

JUANITA HUDSON: Well, as of yesterday.

MARK QUINN: There's been a lot of talk in the government about perhaps the need for a judicial inquiry or further inquiry. What do you think of that idea?

JUANITA HUDSON: Oh, I think it should be. I think it should be because if they can get to the bottom of what happened here and let it go on for so long and the fact that they, they, as far as I'm concerned, they lied to the, the patients. They knew that there was more involved than that. They knew about it was more serious. Obviously, they know now so they knew then, they did the retesting. So, I agree with it.

TED BLADES: That's Juanita Hudson. She lives in Pouch Cove.

From: Tansy Mundon
To: ross wiseman; sharon vokey; ross wiseman; john abbott; moira hennessey; elizabeth matthews; josephine cheeseman
Date: Fri, May 18, 2007 9:45 PM
Subject: CBC Newsworld - Live coverage

709NEWS

Tel: 709-576-6397 OR 1-888-709-6397
Fax: 709-753-7340

Product Summary:

NEWS CONFERENCE: Right now we want to take you live to St. John's Newfoundland.
Friday, May 18, 2007 12:30PM Item # 01
CBC - Newsworld

Standing Order: YES
Breast Cancer Testing - All Media - HCS
NEWS CONFERENCE: Right now we want to take you live to St. John's Newfoundland.
Friday, May 18, 2007 12:30PM Item # 01
CBC - Newsworld

NANCY WILSON: Right now we want to take you live to St. John's Newfoundland. Officials with the local health authority are reacting to the story of flawed testing on breast cancer patients. The incorrect results left some patients thinking they didn't have breast cancer when in fact they did. As a result some of them were steered away from helpful drug treatments such as Tamoxifen. There is a possible class-action lawsuit in the works. Let's listen in live.

GEORGE TILLEY: Breast cancer patient might benefit from hormonal therapy. So at no time has there been any question with regards to accuracy of mammograms or biopsies that we would use to assist in diagnosing breast cancer. Next let me say that has President, Chief Executive Officer of Eastern Health I apologize for the confusing that is ensued over this issue. I take full responsibility for the organizations actions in talking about this issue and we are steadfast in our attempt to clarify the situation and to ensure there's no more confusion about who is affected and what it all means. At no time did Eastern Health withhold any personal information from any patient impacted by our decision to retest for estrogen and progesterone receptors, more commonly known as ERPR. It is important to stress here and for you to know that we contacted each and every patient who was affected by this test review, making sure that they receive all of the information and support that they required. Further more once we become aware of the potential issues with the ERPR test we immediately suspended our own in house testing program and began using the service of an out of province facility. In 2005 when we discovered some inconsistencies in a small number of ERPR tests we made an organizational

decision to go back and review all of the ERPR test results back to 1997. We did this because we know that hormonal therapy may still be of some benefit to a breast cancer patient who was diagnosed that time ago. We felt that even if there was one possibility to benefit a patient then we had an obligation to go back and test all patients regardless of the consequences. It took us about a year to complete all the retesting and then to conduct reviews in our laboratory. This took us much longer than we had anticipated and I know that clearly that added to the stress levels of our patients and their families. However, I noted that we relied upon the services of an external laboratory outside of the province and their ability to meet their original commitment failed and they had some of their own issues in terms of workload that caused ours to be delayed. Additionally as test results came back to us it was necessary to assess all of the results that we received and to determine if there was a change in the result and of there was whether there would be a recommended change in the treatment of those individual patients. These assessments were conducted by a panel of experts in cancer treatment using the best available knowledge in cancer treatment and diagnoses and before we talked about the results of our findings to the public we felt we had an obligation to contact each and every patient who was involved in the retesting to tell them one of three things: either that their tissue had been retested and there was no change in results, that their tissue had been retested there was a change in results and that there was a recommendation for change in treatment, or lastly that although there was a change in results on review by the expert panel there was no recommendation for a treatment . . . plan. The process was never considered a research project. It was never considered a quality assurance exercise. It was all about this organization doing or re-doing a test to provide every treatment opportunity to our patients. And in December we issued an assessment of the review to the media and many of my colleagues at the table today participated in that. We did so at that point in time because we felt the public at large deserved to know as much as we could tell them about the results. And let me explain these numbers. There were nine hundred and thirty nine patients with ER negative reports. Of the seven hundred and sixty three patients that we reviewed, three hundred and seventeen of them had a change in result. Of these, one hundred and four had a resulting change in treatment. An additional thirteen patients were added to those one hundred and four because although the results changed the definition of what was negative did, meaning that hormonal therapy was now considered an alternative for those patients. So at that time, in December, we focused in on the one hundred and seventeen patients who's treatment plans changed. And I acknowledge at that time that we did not identify the additional patients who had a change in test result but did not have a change in treatment plan. We believed that the decision to focus in on the one hundred and seventeen patients was the right one because from our perspective, it was the critical piece of information. Now that being said, given the discussions over the past several days, in many ways emanating from not having that number revealed at an earlier date, I regret the decision that we didn't simply refer to it earlier. And I apologize for the confusion that that caused. So that group, the total group of three hundred and seventeen who's results changed appears to be the source of much confusion. And I need to stress that this is not a new group of patients and in fact includes the one hundred and seventeen that we had publicly indicated required a treatment plan. And I also appreciate that this issue is undoubtedly causing great anxiety for the patients suffering from cancer and their family members and we sincerely regret

that. Unfortunately, we simply do not know how many of the patients who are now deceased, going back to 1997, may have benefited from hormonal therapy. We are committed to being responsive to all of our patients and their families and if a systematic review of the tissue samples of these patients would help to alleviate all or any concerns, then I'm committed to ensuring that this is completed and that the family members are contacted for follow up. This has clearly been a learning experience for this organization but I must reiterate that Eastern Health has acted, and will continue to act, with the best interest of our patients in mind. They are our first priority and patient safety is important to us. Our staff and physicians have been and will continue to be available to any and all patients and families who are impacted by this review and I would certainly encourage any patient or family member with questions to contact our client services staff, any of our physicians, or other healthcare providers. And I now open up the floor to questions.

UNKNOWN REPORTER: It's public knowledge that the method used for hormone receptor tests is, there's a subjective degree to it. But how do you explain for the magnitude of the errors that happened in this province?

GEORGE TILLEY: We saw a change in results for three hundred and seventeen patients. And as you point out, there is an element of uncertainty in this particular test and it's quite well-known both nationally and internationally. When we first became aware of this and decided to suspend treatment, our physicians and technologists spent a great deal of time looking inside the organization, looking at the procedure for that test. We also sought the input of technologists, a technologist and a physician more independent of the organization, to come and give us an objective assessment as to what we do and how we do it... I recall that the comments of the physician were that he considered us to be in the middle of the pack in terms of laboratory services with regards to ERPR. And to be quite frank with you, we're not satisfied with being in the middle of the pack, we are interested in becoming amongst the top laboratories for this procedure in the country. Having said that, the individual, individuals who are not able to point to a technique, a person, a discipline that had done anything that would suggest that errors would occur. And unfortunately, because of that, we have to look at this problem in terms of what can we do to make improvements in the system to restore our comfort and the public's confidence in that procedure. So what we have spent a great deal of time doing is looking at other centers in the country for whom we, us and others feel that they have centers of excellence, to look at what they've done and implemented it here.

UNKNOWN REPORTER: Mr. Tilley, you said you were apologizing for the confusion but what do you think you did that added to this confusion?

GEORGE TILLEY: We made a conscious decision to focus in on patients who had a change in results and also, because of that, had a change in their treatment plans. The concern that's been talked about over the last couple of days is whether we were inappropriately neglecting reference to the other group of patients who had results change but there was no change in their treatment plan. And by us neglecting to provide that, we seem to have caused some confusion, we certainly had confusion amongst public who contacted our organization. There was concern particularly regarding whether this applied to cancer diagnosis in the first place. There was also concern amongst individuals that we had contacted back in 2006 about

this procedure. So we felt that by us omitting that figure, we may in some way of added to this problem

UNKNOWN REPORTER: Why didn't you opt for full disclosure when people were asking...

NANCY WILSON: We're watching a news conference in St. John's, Newfoundland. Local health officials apologizing to women and their families for any anxiety or confusion that resulted from faulty hormone tests that were conducted for women and a false negative was reached in some cases and as a result, women who had breast cancer were not diagnosed with breast cancer and they then had no access to hormone treatments like Tamoxifen. We know that this story spanned from 19, in the late 1990's, to 2005. Since then, more than three dozen women have died, presumably of breast cancer, but officials saying that they cannot connect the dots to the point where the faulty hormone receptor test is the reason that they died. So that is the latest in an ongoing story that certainly has shocked authorities in Newfoundland. We'll continue to follow that story throughout the day on NewsWorld and beyond.

-30-

From: Tansy Mundon
To: ross wiseman; sharon vokey; moira hennessey; john abbott; elizabeth matthews;
josephine cheeseman
Date: Fri, May 18, 2007 9:47 PM
Subject: HUDSON REACTS TO EASTERN HEALTH APOLOGY

709NEWS

Tel: 709-576-6397 OR 1-888-709-6397

Fax: 709-753-7340

Product Summary:

HUDSON REACTS TO EASTERN HEALTH APOLOGY: Jonathon spoke with Cancer Patient Juanita Hudson with the latest apology by Eastern Health and her experience with the hormone receptor tests.
Friday, May 18, 2007 06:23PM Item # 17
CBC - TV News

Standing Order: YES

Breast Cancer Testing - All Media - HCS

HUDSON REACTS TO EASTERN HEALTH APOLOGY: Jonathon spoke with Cancer Patient Juanita Hudson with the latest apology by Eastern Health and her experience with the hormone receptor tests.
Friday, May 18, 2007 06:23PM Item # 17
CBC - TV News

JONATHAN CROWE: Today, Eastern Health apologized for not having disclosed the accurate number of incorrect hormone receptor tests to the general public. That's the test that determines the course of treatment for breast cancer patients. Now Juanita Hudson had her first test following surgery in 2002 and I spoke with Juanita Hudson earlier.

JUANITA HUDSON: And after the surgery, you go back to have your stitches out and your tubes out and all this stuff and at that point, you get your results. So I got my results and he told me that I was receptor negative, which is not the same thing, like I said earlier, it's not the same thing as being negative or positive for cancer, it doesn't mean that. It means the type of cancer you had, whether it was receptor positive or negative. And mine was negative. So with the negative tumors, you get the chemo, which is what I got, but then there is no more follow-up, there's no more treatment. There's follow-up but there's no treatment because there is no treatment that's any good for the negative tumors. So that was, that was devastating because the negative tumors are more dangerous. They're, well, as I said earlier, harder to treat because there is no treatment, follow-up after your chemo. And not only that, it's a higher occurrence rate, recurrence rate and so you're there saying I have the worst one of all, of the both, of the cancers. Then three years later, I read, I found out through the media, I saw a piece on TV and I saw a piece in the paper, an article in the paper and it said that all the negatives, they were... they were, mistakenly, some of them, and they're supposed to be positive

or we think. And we're going to do some retesting and that the cancer clinic would be in contact with you. Finally, I think it was the end of February, '06, or the beginning of March, I'm not really sure of the date there, but anyway, I got a call from my oncologist here at the cancer clinic telling me that I was one of the ones that was wrongly diagnosed and that I need to come back home to get started on follow-up, well, hormone treatment it is. So I came home and I went on Tamoxifen which is the treatment for the positive tumors and I started on Tamoxifen in April of '06. So I was almost four years without the treatment. So you can imagine how devastated I felt and still am feeling. Because I... I'm really, really upset about this because I don't think the health department thought that this was serious enough but if your life is threatened, that's serious enough.

JONATHAN CROWE: So how long was it between the time of your first hormone redeptor test and the correct one?

JUANITA HUDSON: Well, I was, had my surgery in '02. So I don't know when they started doing the retesting and realized there was a mistake but I think it was in '05, in the summer of '05. And then that's when, I just told you, we waited and waited and waited and I heard nothing until the end of February or the first part of March. So this was, what, about nine months later? So on top of the three years that I already waited, so now I'm into almost four years with no treatment.

JONATHAN CROWE: You must wonder all the time what would have happened if you had had the correct treatment and been properly diagnosed initially. What goes through your mind?

JUANITA HUDSON: Well, first of all, when I heard it, when I didn't hear, I was, I was thinking the best, thinking that oh well I must be negative. And there is no other treatment for it anyway, I had the best treatment I could get that I felt at that time with the chemo and that was the only treatment that the negative tumors could get. Then I was thinking oh my godness, I'm gone three, four years, supposed to have a treatment that I didn't get, now when is my cancer coming back.

JONATHAN CROWE: What would you like to say to the people at Eastern Health?

JUANITA HUDSON: Well, I'd like to say to them, well, first of all let me say that my big reason for getting involved, and I only got involved yesterday after all this time I've been quiet about it, but now I feel that I need to support everyone that's trying to get something done here. And my comments to them would be, be upfront and honest with the people. I think we would accept that so much better. I'm really hurt because they didn't tell me, they didn't tell me they were retesting in the beginning. Then when they told me they were retesting, they didn't give me the true picture of how many were affected, like at that point they were telling me four, ten percent. Now I find out it's forty two percent with thirty six people who have died. So that's not good enough. I don't think it's good enough for those of us that are suffering through this. And anyone that's suffering through cancer or going through cancer knows that this is not good enough.

JONATHAN CROWE: Miss Hudson, thank you very much.

JUANITA HUDSON: You're welcome.

JONATHAN CROWE: Now, Juanita Hudson has been in remission for the last, last little while. She says though that she is considering throwing her hat in the ring with the others who are taking legal action on this.

DEBBIE COOPER: Okay and of course, we will hear an awful lot more about that as it goes along.

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From: Tansy Mundon
To: ross wiseman; john abbott; sharon vokey; moira hennessey; elizabeth matthews;
josephine cheeseman
Date: Fri, May 18, 2007 9:58 PM
Subject: TILLEY IN NTV STUDIOS

709NEWS

Tel: 709-576-6397 OR 1-888-709-6397
Fax: 709-753-7340

Product Summary:

TILLEY IN NTV STUDIOS: The head of Eastern Health, George Tilley, was in the NTV studios today.
Friday, May 18, 2007 06:32PM Item # 15
NTV - Evening News

Standing Order: YES

Standing Order

TILLEY IN NTV STUDIOS: The head of Eastern Health, George Tilley, was in the NTV studios today.
Friday, May 18, 2007 06:32PM Item # 15
NTV - Evening News

FRED HUTTON: Returning now to tonight's top story and the breast cancer screening issue. The head of Eastern Health was in our studios today. George Tilley says the organization regrets not informing the public about the situation but work he says was being done behind the scenes for the past year.

There is an appearance here though that you've known about this for a year and didn't do anything about it. And obviously that's probably shaken many people's trust and faith in when they go to a hospital that they're going to be told yes you have cancer, no you don't have cancer. People are wondering hospitals today wondering well I wonder if this is so or should I go get a second opinion in a different province.

GEORGE TILLEY: Well it's a fair observation. But I can tell you within the organization there was a significant amount of activity going on in terms of assessing the results on one hand and following it up with the individuals patients or their attending physicians. On the other we had another group looking solely at the procedure itself to see what opportunities existed to improve upon the situation. So there was full disclosure to the patients and families very early in the process.

FRED HUTTON: Because of the doctor/patient confidentiality though I know that you have to keep some of this confidential obviously, that's that whole premise of that. But, you know, I'm just wondering was there any sort of a conscious effort on behalf of Eastern Health to not release this information to the public for fear wow we'll really look bad if this gets

out there, that, you know, not only were all these false negatives here but people have died, 36 people have died? They don't get to ask you that question.

GEORGE TILLEY: No absolutely. But, the question is absolutely not. That didn't intimidate us from taking this issue on. From the very beginning because we wanted to do this in the best interest of the patients we took it upon ourselves to make contact with several hundred patients. We are the only ones that I'm aware of in this country that have dealt with a problem of this nature in this way. We have gone back several years. We have fully disclosed that to the individuals involved. Now with respect to the confidence in the system, I share the thought about people concerns about the system. I have a superb team of professionals working in Eastern Health. They're very committed. They're very well trained. When we looked at this system we looked at other centres of excellence in Canada and we have taken all of the insights that we've learned from them to further improve upon the service that we have. We did have an opinion from an outside physician who said that Eastern Health programs for ER and PR testing probably fits somewhere in the middle of the pack in the, in the country. But we're not satisfied with people in the middle of the pack. We want to be on the top of the pack. So we've made every effort to put the measures in place to ensure that we have ourselves achieved a standard of excellence. We suspended the testing program in 2005. We reactivated it in early 2007 after those measures were implemented and after going through a period of time when we had parallel testing going on. So we could actually compare the results from Mount Sinai with the results in St. John's. And we have every degree of comfort and confidence in the process. Now as a further safeguard what we've done is actually we send random samples out. So on a go-forward basis we'll always do that to see in fact that we are consistent with reporting in other centres of excellence. We are also going into a very significant accreditation process for our lab where we will open up the whole service to a critical analysis by individuals from other centres in the country. So I'm very comfortable that we have a good program in place and that the public can feel comfortable that that exists. In retrospect because of the amount of discussion that's been going on with that figure, I wish quite simply that we had disclosed that back in December of last year when we . . . [inaudible]

FRED HUTTON: Why didn't you?

GEORGE TILLEY: It simply wasn't our focus. The oncologists as I said the key issue for them is with regards to those people whose treatment plans would have changed. The others would not have changed because maybe the variation was minimal or that they were already on some form of hormonal therapy, because this is only one of a number of things that the oncologists and the general surgeons would use in making a determination as to whether hormonal therapy would be appropriate.

FRED HUTTON: But again though the appearance here is that you have tried to hide, you tried to hide this.

GEORGE TILLEY: Yeah and I want to make it clear that from the very beginning we disclosed everything to the patients and that's where our focus was. Several hundred patients we had reassessed. We had made contact with, we set up a team within the organization to be available for consult. So there never ever was an intention in any way to limit the

amount of information that we would release. So in the end the focus has kind of slipped into another figure and, you know, the, the issue is it'd done. We've come out today and said there's the other figure, here's what it means and now we move on to ensure that the service is where we would expect to be.

FRED HUTTON: Mr. Tilley, thanks for you time. We appreciate it.

GEORGE TILLEY: Thank you very much.

From: Tansy Mundon
To: ross wiseman; john abbott; sharon vokey; moira hennessey; josephine cheeseman; elizabeth matthews
Date: Fri, May 18, 2007 10:01 PM
Subject: Lorraine" is calling comment on the hormone receptor tests with women with breast CANCER

Standing Order: YES

Standing Order

HORMONE RECEPTOR TEST ISSUE: "Lorraine" is calling comment on the hormone receptor tests with women with breast CANCER

Friday, May 18, 2007 02:19PM Item # 09

VOCM Radio St. John's

RANDY SIMMS: We're going to say good afternoon to Lorraine. Hi.

LORRAINE: Hi. How are you?

RANDY SIMMS: I am good, ma'am. How are you?

LORRAINE: Randy, I'm a bit nervous. I haven't been on Open Line much before so I'm trying to get my words together here.

RANDY SIMMS: Well, now, you're only talking to me so don't be nervous.

LORRAINE: Okay. Randy, I'm calling regarding the, the controversy regarding the hormone receptor tests that were taken with women's breast cancer.

RANDY SIMMS: Yeah.

LORRAINE: Now, you know, I'm so glad that Premier Williams, you know, is going to look into this, make an inquiry into it, because I really feel that, you know, us people, I'm one that, as a matter of fact, who was involved in that, that us people need to be told exactly what happened here. We need the full details. I mean, you know, this is our lives that the health system is, you know, holding onto, holding in the balance here. And, you know, it's unreal how they never came out and told us. I never found out anything, through the media in 2005 I heard something on the TV that, you know, there was recall and stuff like that. I called the healthcare system myself, they would not give me any information. I was very, very persistent on the phone that I need to have this information.

RANDY SIMMS: Right.

LORRAINE: And they've called me back and tell me that, yes, I was retested, they would not give me any further information. I had to go to my doctor and I found out from her that I came back positive and in the beginning I was, you know, diagnosed with a negative, which was wrong

RANDY SIMMS: So, so, you were diagnosed as negative for breast cancer.

LORRAINE: Yes.

RANDY SIMMS: And then you came back being diagnosed for breast cancer.

LORRAINE: Yes, after a retesting.

RANDY SIMMS: How long, how long a period of time had gone by, Lorraine?

LORRAINE: Well, thank God, I mean, it's not good in any case because probably I might be one of the lucky ones, I hope I am, but my, my time period of my Tamoxifen which I should have been taking right after my, you know, my chemotherapy and my radiation, I did not take it. I did not have Tamoxifen because the doctors gave me the treatment that they thought that I was geared to regarding the results. I mean, you can't blame it on the doctors, they just do what they have to do.

RANDY SIMMS: No, they're given a set of results and from that they determine the treatment.

LORRAINE: That's right. So, I lost a whole year of Tamoxifen. Now, thank God, I'm on it now. But the only thing is, Randy, I'm, you know, it's hanging over my head, I'm worried from day to day. You know, wondering if, if cancer ever comes back, probably it never will, I hope not, but if it does, you know, whose to say that it never came back because I lost a treatment that I so rightly deserved and should have been given? And because of the healthcare system, they held all this information back, you know, it's unreal. It's just, I'm just floored with all this, I just can't believe it, you know?

RANDY SIMMS: So, how did you in the end, then find out that you had a, a bad test and get on the Tamoxifen? Did they come after you or did you actually have to go to them first?

LORRAINE: No, actually, I did have an appointment with my oncologist, which was good, but I, if I did not have an appointment with my oncologist, I don't even know if they would have notified me. Because when I went in to her office she had the report there. So, I'm assuming that the doctors got the reports back, I don't now.

RANDY SIMMS: And, Lorraine, how did they treat you? Did they, did they say, uh oh, we've made a little mistake, that's all right dear?

LORRAINE: Well, the doctor, well, she said to me, this is after opening a Pandora's box and I said, oh, I said, well, anyway, where do I go from here? And she said, and I was very, you know, hurt by it and I said well, I can't blame you because you do what you have to do. But she said, you know, we can put you on Tamoxifen which she said is a good thing now. I said why is that? She said it's a good thing now because we now what caused your breast cancer which was your estrogen. So, now we can give you Tamoxifen which stops this estrogen, you know, feeding the cells to make it turn to cancer cells. you know what I mean?

RANDY SIMMS: Right.

LORRAINE: So, this is a hormone thing that they give people.

RANDY SIMMS: Yes, I'm-

LORRAINE: And, she gave, you know, she said that's it. And I left. Here I was I left the office and said, oh, yeah, here we go. I lost a whole

year and nothing said about it, you know, regard of, and it's only now that the stuff is coming out simply because there was an Affidavit put before the healthcare system and they had to give the information out. And when they came out and said there's forty-two percent, I mean, I couldn't believe it, I said, oh my God, it's unreal. And thirty-six women after dying since 1998 up to 2005 and those people who died, the results, the were ER negative in the beginning and the results came back as positive. They were given treatments that they should never have been given. I have papers here from the lawyer now. Randy, if you saw the papers you would, you would just, it would scare the life out of you. One woman lost both breasts, she lost part of her lungs, because the treatment she was given, she wasn't responding to it and she, I don't know if she's dead now, but the poor woman what she went through is unreal.

RANDY SIMMS: And, of course, we, we assume she wasn't responding to it because it was the wrong treatment for the wrong diagnosis.

LORRAINE: Oh, yes, yes. And I'm trying to find out what caused the doctors to ask these files to be pulled, these negative files, to have them retested. There's something there that we're not finding out, they're not giving us the clear, you know, information.

RANDY SIMMS: Do you, do you, do you agree, then, Lorraine, even though as I understand from what you're telling me, you've got those lawyer papers are from Mr. Crosbie, I'm assuming.

LORRAINE: Well, I don't want to mention the name, but-

RANDY SIMMS: Okay. But are you, are you part of that class action?

LORRAINE: Oh, yes, I am, sir.

RANDY SIMMS: All right. Do you, are you satisfied to see this class action delayed or even denied at this point in time to see a public inquiry go forward?

LORRAINE: Well, I mean, I don't know if those can go on the same time, I don't understand the way the system works regarding law-

RANDY SIMMS: I got, I don't either.

LORRAINE: But if, if those who can go on and get it, I think it would be great. But I do believe that, you know, these people, myself, other people, Randy, it's not the money. It's fine if money comes out of it but it's not the money. I mean our lives were held in the balance here. I don't know down the road if I'm going to get my cancer back. Because I missed a year of my treatment, I'll never know if it because I lost my, my, a lifesaving treatment which was supposed to be given to me. I'll never know.

RANDY SIMMS: And you're going to lose sleep over it forever now.

LORRAINE: Well, I'm always going to think, I mean, I'm okay today but tomorrow, next year, when I have my mammogram done if it comes back showing that something has showed up, I, oh my God, I'll think because I never had my treatment in time, I mean, I'd always wonder.

RANDY SIMMS: How are you today, Lorraine? How are you today?

LORRAINE: I'm fine today, thank God. I had my last mammogram in February, it came out fine. All my blood work is fine. I'm doing fine, thank God, and I'm just hoping that nothing comes back. That's the thing, right?

RANDY SIMMS: How long now have you been-

LORRAINE: Oh, 2003, October I was diagnosed and I had surgery in 2004, did six months of chemotherapy in 2004, five weeks of radiation. Then they let me go saying, you know, you're okay because you were negative and you don't need any treatment. So, I mean, there you go, so, I mean, I just believe that, I'm so glad that Williams is looking into this because I really feel that, you know, something is wrong here. I mean, I mean, they're after, you know, they're after faltering here somewhere and someone has to be responsible or held responsible.

RANDY SIMMS: Thank you, thank you, Lorraine.

LORRAINE: Thank you very much.

RANDY SIMMS: Good to talk to with you today. I'm glad that you, that you made this call.

LORRAINE: Okay, thank you very much, sir.

RANDY SIMMS: Take care.

LORRAINE: Right, bye-bye.

RANDY SIMMS: Bye-bye. Lorraine is, you know, I guess that's the reality, isn't it, when you put it down to the one on one. It's what you live with, right? It's what you live with, after the fact now. And how do you restore confidence in the system without, you know, literally wiping it clean in some way and maybe an inquiry is the way you do that.