

**From:** Ross Wiseman  
**To:** Robert Thompson  
**Date:** Tue, Jun 12, 2007 12:16 am  
**Subject:** Re: ER/PR

Robert as a follow up to our earlier conversation. Re info I need for a meeting with the Premier is it possible to have it by tomorrow. For a meeting tomorrow night ?

Sent via Blackberry  
Government of Newfoundland and Labrador

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

**From:** Robert Thompson  
**To:** Ross Wiseman <RossWiseman@gov.nl.ca>  
**Creation Date:** 6/11 10:37 am  
**Subject:** ER/PR

Regarding what the department knew in the months after October 2005, I can confirm that we knew the following about the number re-tests, based on briefing notes. I have not yet seen the Eastern health briefing material.

October 3, 2005 - 323 total  
November 7, 2005 - 453 living; 158 deceased = 611 total  
December 5, 2005 - 675 living; 175 deceased = 850 total  
February 23, 2006 - 939 total

From this information we can conclude that we had corporate memory that the 763 living patients could not have all been called in October 2005.

The question thus moves to whether all people were called at the time they were added to the list (or if timing considerations were such that they were called by their doctors with the results). Eastern Health will be providing us with their records today to show when the calls were made. It may take a day or so to validate the issue.

Robert

Robert Thompson  
Deputy Minister  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
709-729-3125

**Thompson, Robert**

---

**From:** Wiseman, Ross A.  
**ent:** Tuesday, June 12, 2007 12:17 AM  
**To:** Thompson, Robert  
**Subject:** Re: ER/PR

Robert as a follow up to our earlier conversation. Re info I need for a meeting with the Premier is it possible to have it by tomorrow. For a meeting tomorrow night ?

Sent via Blackberry  
 Government of Newfoundland and Labrador

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

From: Robert Thompson  
 To: Ross Wiseman <RossWiseman@gov.nl.ca> Creation Date: 6/11 10:37 am  
 Subject: ER/PR

Regarding what the department knew in the months after October 2005, I can confirm that we knew the following about the number re-tests, based on briefing notes. I have not yet seen the Eastern health briefing material.

October 3, 2005 - 323 total  
 November 7, 2005 - 453 living; 158 deceased = 611 total December 5, 2005 - 675 living; 175 deceased = 850 total February 23, 2006 - 939 total

From this information we can conclude that we had corporate memory that the 763 living patients could not have all been called in October 2005.

The question thus moves to whether all people were called at the time they were added to the list (or if timing considerations were such that they were called by their doctors with the results). Eastern Health will be providing us with their records today to show when the calls were made. It may take a day or so to validate the issue.

Robert

Robert Thompson  
 Deputy Minister  
 Department of Health and Community Services Government of Newfoundland and Labrador  
 709-729-3125

**From:** Robert Thompson  
**To:** Moira Hennessey; Tansy Mundon; Wiseman, Ross  
**Date:** Thu, Jun 14, 2007 8:59 AM  
**Subject:** Feedback on Lab testing

Blair Fleming talked to Oscar Howell about our questions. These questions focused on what did EH do after the June 2003 letter about the remaining problems at the EH labs.

Dr. Howell essentially repeated what he told Moira earlier in the day: 1) stopped rotating staff and focused on 2-3 people to improve their technical skills; 2) switched to the semi-automated Ventana system, and 3) concentrated the testing in one area of the facility to reduce risks. Dr. Howell said in response to Dr. Fleming's questions that these improvements were done mainly to address the ER/PR situation. Therefore, the changes were not focused on the other antibodies that were the subject of tests addressed in the letter, or the other types of cancer mentioned in the letter (e.g., prostate). He said that the focus was on ER/PR because there was an index case that converted from negative to positive, which started the ball rolling on everything else, but there was no such index case for other types of tests. However, he notes that the improvements directed toward ER/PR testing would generally cause improvements in other related tests in immunohistochemistry.

These answers give rise to other questions. As the letter pointed out, lab weaknesses related to 5 or 6 tests other than ER/PR, and given the lack of focus on these tests in particular, is it possible that there were unacceptable errors in these other tests that should have been investigated retrospectively? If they had been investigated and an error rate established, then there would be a benchmark for assessing improvements due to the new lab procedures. The significance of this question, and the implication that other cancer patients may not have received appropriate treatment if error rates were high, is dependent on a better understanding of how these tests are used and whether they play as critical a role in treatment decisions as does ER/PR. Dr. Fleming will give us more perspective on this question.

In regard to the other question on whether only breast cancer patients were re-tested for ER/PR, and the possibility that other ER/PR tests for non-breast cancer patients were not retested, Dr. Howell says that ER/PR is not used for other cancers than breast cancer. (When I received that answer I gave Dr. Fleming more details about how we discovered that ER/PR might be used for other than breast cancer, and he will do another follow-up on this question.)

Robert

Robert Thompson  
Deputy Minister  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
709-729-3125

**From:** Robert Thompson  
**To:** Moira Hennessey; Tansy Mundon; Wiseman, Ross  
**Date:** 6/14/2007 10:13:22 AM  
**Subject:** Fwd: Supplemental information about Immunohistochemistry tests

FYI

Robert Thompson  
Deputy Minister  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
709-729-3125

>>> Blair Fleming 6/14/2007 9:27 AM >>>  
Good morning, Robert.

Dr. Howell left me a voice mail message with additional information relating to the two questions we asked him yesterday.

1) re improvements in the lab: There are no documents describing the issue or the actions taken in response, other than those we already have.

2) re immunohistochemistry tests other than ER/PR: There are two classes of stains; class I and class II. ER and PR are class II. The ER/PR measurement is the sole test used when determining the hormone responsiveness of a breast cancer. The other antibodies referred to in Dr. Ejeckham's memo involve class I stains. They are largely related to investigation of lymphomas. Class I immunochemistry testing is used in conjunction with two other tests; flow cytology and the actual tumour cytology so the outcome of the investigation does not depend entirely on the immunohistochemistry testing. As has already been stated; there were no index cases to suggest there were problems in cancers other than breast cancer.

I will be following up with Eastern Health officials this morning in an effort to obtain more information on these questions and on any other uses of ER/PR tests.

Dr. Blair Fleming MD  
Assistant Director, Physician Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
Phone: (709) 758-1501  
Fax: (709) 729-5238