

**Thompson, Robert**

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**From:** Thompson, Robert  
**Sent:** Thursday, March 13, 2008 11:59 AM  
**To:** 'louise.jones@easternhealth.ca'; 'pat.pilgrim@easternhealth.ca'  
**Subject:** Draft release

**Importance:** High

**Attachments:** NR-database complete.doc



NR-database  
complete.doc (46 K..  
Pat

It is impt I speak wsith you about this. I will ba available after 12:30. Thks.

Robert

Sent Via BlackBerry

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

**From:** Power, Glenda  
**To:** Thompson, Robert; Pritchard, Rolf; Gregory, Deborah; 'Diane Hart'  
<Diane.Hart@easternhealth.ca>  
**Sent:** Thu Mar 13 11:48:53 2008  
**Subject:**

Diane and Robert, need any feedback by 1:00 p.m.  
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Glenda Power

Director of Communications

Department of Health and Community Services

Government of Newfoundland and Labrador

P.O. Box 8700

St. John's, NL

A1B 4J6

709.729.1377 office

709.685.1741 cell

glendapower@gov.nl.ca <mailto:glendapower@gov.nl.ca>

Health and Community Services  
March 14, 2008

### **Minister Provides Additional Information on ER/PR Database**

Today the Honourable Ross Wiseman, Minister of Health and Community Services, provided additional information on the database compiled by the Newfoundland and Labrador Centre for Health Information (NLCHI) on information related to problems experienced with estrogen and progesterone receptor (ER/PR) testing.

"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. "At the time of the update I provided in February, the question was posed as to how many patients who underwent re-testing and are now deceased had changed results. This information at that time had not been extracted from the database but I strongly felt it should be answered prior to the conclusion of the database project."

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. Additional analysis shows that the number of deceased patients whose test results changed is 108, and the number of living patients whose results changed is 275. NLCHI has advised that there are different ways to measure changed results and these numbers reflect the measurement approach used by Eastern Health in their public reports in May 2007.

"To understand these numbers, it is essential to remember that a changed ER/PR 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. In addition, the best source for identifying the number of deceased patients was the Provincial Mortality Database, which does not specify cause of death.

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 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 there are no required changes in their cancer treatment. All of these patients are now being contacted.

"It is unfortunate this latest information was not available when I provided an update in February past, but it had not been extracted from the database at that time and was therefore unavailable" said Minister Wiseman. "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."

"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, would 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.

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Media contact:

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