

**Thompson, Robert**

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**From:** Thompson, Robert  
**Sent:** Thursday, March 13, 2008 2:19 PM  
**To:** Power, Glenda  
**Subject:** RE: Pls call me.

**Attachments:** New Draft.doc



New Draft.doc (50 KB)

Glenda:

Based on feedback, here is a new draft. The key point surrounds the "not contacted". We need to discuss. Also, I have revised the backgrounder slightly to copy the language more precisely from the order in council.

Robert

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

**From:** Power, Glenda  
**Sent:** Thursday, March 13, 2008 12:30 PM  
**To:** Thompson, Robert  
**Subject:** Re: Pls call me.

About to go into Question period. Won't be available now until 3. Minister asked that you run just the paragraph on his clarification of commission role by counsel for commission.  
G

Glenda Power  
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Sent Via BlackBerry

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

**From:** Thompson, Robert  
**To:** Power, Glenda  
**Sent:** Thu Mar 13 13:22:54 2008  
**Subject:** Pls call me.

Sent Via BlackBerry

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 estrogen and progesterone receptor (ER/PR) testing.

**Deleted:** information related to problems experienced with

"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 on ER/PR testing between 1997 and 2005," 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."

**Deleted:** related to the problems experienced with

**Comment [R1]:** Same comment as before.

**Comment [R2]:** Eastern Health agrees with the following deletion.

**Deleted:** 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

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.

**Deleted:**

"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.

**Deleted:** 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. ¶

"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

¶ "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." ¶

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 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: his role in leading

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### **Backgrounder**

#### **Terms of Reference for Task Force on Adverse Health Events**

- i) Scope: to examine and evaluate how the health system identifies, evaluates, responds and communicates in regard to adverse events within the health system; to examine relevant best practices in other jurisdictions; to propose a mandate, structure and budget for the establishment of a “health quality council” in Newfoundland and Labrador, and to make such recommendations as may be appropriate;
- ii) Consultation: consultation with health authorities and experts; regular dialogue with committee of health authority “safety/quality” officials; public invitation for submissions; meetings as necessary with relevant shareholders; and a symposium on adverse health events, and
- iii) Report date : June 30, 2008