

Pam Elliott

From: Heather Predham
Sent: Monday, October 29, 2007 3:58 PM
To: Sharon Smith; Pat Pilgrim; Dianne Smith
Cc: Pam Elliott
Subject: RE: this morning's meeting

ER/PR

Actually I was more concerned because the paneling letter wasn't there and there was no mention of ER/PR testing either originally or the retesting.....I came back here and checked, the letter was sent to her GP and copied to Dr. Ganguly at the western peripheral clinic

I guess there would be more info on that chart???

Heather

From: Sharon Smith
Sent: October 29, 2007 3:48 PM
To: Heather Predham; Pat Pilgrim; Dianne Smith
Cc: Pam Elliott
Subject: RE: this morning's meeting

Hi,
[REDACTED] has had [REDACTED] cancer diagnoses, the first one was in 1999, when she was diagnosed with DCIS. She had a [REDACTED] at that time. She was later found to have [REDACTED] cancer in late 2001, early 2002. In [REDACTED] 2002, she was found to have a recurrence of her breast cancer, and had a mastectomy, and was not put on Tamoxifen at that time because of a history of [REDACTED]

Does that help?

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From: Heather Predham
Sent: October 29, 2007 2:18 PM
To: Pat Pilgrim; Dianne Smith; Sharon Smith
Cc: Pam Elliott
Subject: RE: this morning's meeting

Hi Pat and Sharon,

I was over in Sharon's office and I reviewed the following charts....see below.....

Sharon, I also looked at these charts (Carbonear ones, but there were several there that aren't on my list.....and I didn't look at them!!

- [REDACTED] I didn't really look at this chart as she was retested and communicated with. She was on NLCHI's list #4 and was confirmed negative
- [REDACTED] She is on list #2 and #3. She was DCIS in 1997 and was treated with a mastectomy and seen by Kara at the time. There is NO pathology re: ER/PR and no mention of ER/PR in any note. She was placed on Tamoxifen. She now has infiltrating ductal carcinoma of the right breast in 2004 and her ER is 80-90 and PR is 30-40. I have to ask....WHY HAS SHE BEEN SENT FOR RETESTING?...ER/PR played no role in her treatment and she was DCIS.....She was [REDACTED] in 1997 so I don't know if she is still alive.

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- [REDACTED] This chart confused me...I have to further investigate it.....

From: Pat Pilgrim
Sent: October 25, 2007 1:17 PM
To: Dianne Smith
Cc: Heather Predham
Subject: FW: this morning's meeting

Can you get the cancer centre to pull these charts and get them put into Sharon Smith's office. Heather P and I will want to review them as early as possible next week. Pat

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Eastern
Health

From: Heather Predham
Sent: Wednesday, October 24, 2007 1:15 PM
To: Pat Pilgrim; Terry Gulliver
Cc: Pam Elliott; Nancy Parsons
Subject: this morning's meeting

Hi,

Here's a synopsis of what came out of this am's meeting. Page me if you need to talk about this.....
Heather

Patients that have been identified as not having been retested previously at Mount Sinai and whose specimens have been sent (either in September or October 2007)

1. [REDACTED] MCP# [REDACTED]
She is an [REDACTED] (She works in the [REDACTED] and her daughter is a [REDACTED]
Her ER was reported in 2000 as being 5 and her PR as being 10-15. HOWEVER, she is referred as being ER/PR positive and in fact in several locations her ER is referred to being 15%. (The Carbonear pathology report lists the PR value first...I don't know if that was the issue).
Her oncologist was Dr. [REDACTED]
She was on Tamoxifen and was seen in May 2006 by Dr. Joy McCarthy and was started on Femara. (Of note, Joy discussed with her the "areas suggestive of lymphatic invasion" from her original pathology which she was not previously aware of)
2. [REDACTED] MCP# [REDACTED]
3. [REDACTED] MCP# [REDACTED]
This lady had a lump in her breast for 2 years before it [REDACTED]. At that time, in

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2000, she was completely immobile and refused all treatment. Her ER and PR was 1-5% and Dr. [REDACTED] started her on Tamoxifen. In 2001 Dr. [REDACTED] noted that it was less than 5%, spoke to Dr. Siddiqui about it and presented her with the information that it would be less effective; despite his concerns she refused further Tamoxifen. She was [REDACTED] in 2000, so she may no longer be alive. She was discharged from the Cancer Clinic in 2001

4. [REDACTED] MCP# [REDACTED]

5. [REDACTED] MCP# [REDACTED]

The Cancer clinic chart for this woman is in regards to a basal cell carcinoma in 1995. The specimen on NLCHI's list is for 2000.

[REDACTED] chart was there as well, but is related to breast cancer in 2005. She was retested and communicated with.

6. [REDACTED] MCP# [REDACTED]

Her charts states she was ER/PR positive and Dr. [REDACTED] started her on tamoxifen on 2000. She saw Dr. Ahmed in 2005 for a chest wall recurrence which was "noted to be 40-50% ER positive" and is currently on Femara.

7. [REDACTED] MCP# [REDACTED]

8. [REDACTED] MCP# [REDACTED]

9. [REDACTED] MCP# [REDACTED]

As of right now, these are the only patients that would have to be contacted. We need to confirm that we are calling all of these patients and we also need a carefully worded script as to what exactly we are going to say to explain about the late contact. We also need a decision if we will or will not call the patients who have been on tamoxifen.

Patients who have been or are being retested and may have to be called

1. [REDACTED] MCP# [REDACTED]

We discussed this am that she was retested in May 2006 as a consult but there is nothing in the HCCSJ Meditech system to indicate she was retested. She did see Dr. [REDACTED] at the Cancer Clinic last November

2. [REDACTED] MCP# [REDACTED]

Specimen S-215-05 was reviewed for QA purposes at Mount Sinai on Her-2 -neu only in October 2005. There is no mention of the ER/PR being retested. It doesn't look like she's a cancer clinic patient.

3. [REDACTED] MCP# [REDACTED]

Specimen S-591-03 (which is not the one on the list) was retested at Mount Sinai in August 2005 and a copy of the consultation was sent to Dr. J. McCarthy. I would assume that Ms. [REDACTED] was part of our original review but I can't confirm that as I don't have all my files here. She has been seeing Joy regularly.

Terry to check on first to confirm they need to be retested

1. [REDACTED] MCP# [REDACTED]

2. [REDACTED] MCP# [REDACTED]

3. [REDACTED] MCP# [REDACTED]

Patients who have been identified as deceased and have been sent for retesting (the discussion this morning was that these patients families will be notified the same as the other Families)

1. [REDACTED] MCP# [REDACTED]

2. [REDACTED] MCP# [REDACTED]

This lady had a specimen from surgery done at the HCCSJ in 2003 retested and her family have been informed. The specimen that has just been sent is a specimen from 1999 done in Carbonear

3. [REDACTED] MCP# [REDACTED]

4. [REDACTED] MCP# [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED] MCP# [REDACTED]