## Susan Bonnell

From:	Louise Jones
Sent:	Friday, November 02, 2007 1:46 PM
To:	Susan Bonnell
Subject:	FW: Easrly prelim Draft

Attachments:

Redraft PR from Eastern Health.doc



Redraft PR from Eastern Health...

-----Original Message-----From: Louise Jones Sent: Thursday, November 01, 2007 10:35 PM To: 'Robert Thompson' Subject: RE: Easrly prelim Draft

Comments included in attached document.

- concerned that we do not confuse the public with references to other health authorities. - tried to maintain the main thrust

Louise

-----Original Message-----From: Robert Thompson [mailto:RThompson@gov.nl.ca] Sent: Thursday, November 01, 2007 8:55 PM To: Louise Jones Subject: Easrly prelim Draft

Louise:

Following is an early draft. There are some bracketed phrases that I would like you to review in particular. Also, there is some wording about the start of patient contact on which I need your specific feedback.

Timing of release will be 11 or 12 noon.

I look forward to your suggestions. I presume you will share with others in Eastern Health as you deem necessary. I am at the office and will wait for your response.

Robert

The Minister of Health and Community Services, Ross Wiseman, today provided a progress report on the work being undertaken by government, in collaboration with regional health authorities, to prepare for the Commission of Inquiry on Hormone Receptor Testing.

During the summer, the Department asked the Newfoundland and Labrador Centre for Health Information (NLCHI) to develop a database to allow analysis of the key events related to ER/PR testing including: 1) the total number of ER/PR tests sent to Mount Sinai for retesting; 2) whether there are any breast cancer patients tested between May 1997 and August 2005 who need re-testing at Mount Sinai but were not included in the initial round of re-testing; and 3) any patients who had been re-tested in 2005/06 but were not contacted. NLCHI is the crown corporation charged with developing and maintaining a wide range of health statistics and information systems and is regarded as a repository of expertise in the health system regarding database management.

While the database is not yet complete, there are emerging results which should be shared with patients and the public.

In December 2006, Eastern Health reported that 939 patients with original ER/PR tests between 1997 and 2005 had been re-tested at Mount Sinai Hospital. The main criterion for being selected for retesting was that the original test result was "negative" for receptivity for treatment with Tamoxifen or other adjuvant therapy. The work to develop the new database shows that approximately [990] cases have been sent to Mount Sinai Hospital for retesting. Except for 14 cases (see below), all of the extra cases were [properly retested in 2005/06 and assessed when the results came back from Mount Sinai.] It is regrettable that these cases were not included in the total number reported in December 2006.

It is important to note that the total number of cases may grow in the coming weeks as the database exercise is completed. For example, at the start of the retesting process Eastern Health did not include all deceased patients because the priority was on living patients. However, in calculating total numbers, Eastern Health did estimate the number of deceased patients. In Western Health, similarly, deceased patients were not sent for re-testing, but these patients were not counted in the December 2006 totals released by Eastern Health. Therefore, these cases now need to be identified and tested for the sake of completeness. This

process will add to the total number of cases in the database.

There are 14 new cases of people who have been sent for retesting in the last two months which should have been retested in 2005/06. Two of these patients from the Labrador-Grenfell region have been confirmed negative and have been informed. Results have not yet been returned for the other 12 cases in the Eastern region, however nine of these cases are patients who, while their original test results were negative for hormone receptor receptivity, were nonetheless treated with Tamoxifen or other adjuvant therapy. [Consequently, no matter what the test results may be, there will not be a need for a change in treatment.] There is insufficient information on the final three cases at this time to determine whether they should be assessed for treatment change. The results, of course, will be referred to their oncologists for follow-up.

The contact with the 12 people, and their physicians, began today and will continue with due haste until they are all informed.

The data base development process has also been useful in identifying cases which were retested but for which there is no documentation that the patient was contacted with the final results. We do not believe that this group is large, and the database process will continue to examine this issue, but at this point there are six such patients that will be contacted. These contacts will start today.

The Commission of Inquiry on Hormone Receptor Testing has been briefed on the results to date from the new database. We expect that these matters will be examined by the Commission. We look forward to this examination which will help improve the processes for handling similar events in the future.

Robert Thompson Deputy Minister Department of Health and Community Services Government of Newfoundland and Labrador 709-729-3125 The Minister of Health and Community Services, Ross Wiseman, today provided a progress report on the work being undertaken by government, in collaboration with regional health authorities, to prepare for the Commission of Inquiry on Hormone Receptor Testing.

During the summer, the Department asked the Newfoundland and Labrador Centre for Health Information (NLCHI) to develop a database to allow analysis of the key events related to ER/PR testing including: 1) the total number of ER/PR tests sent to Mount Sinai for retesting; 2) whether there are any breast cancer patients tested between May 1997 and August 2005 who need re-testing at Mount Sinai but were not included in the initial round of re-testing; and 3) any patients who had been re-tested in 2005/06 but were not contacted. NLCHI is the crown corporation charged with developing and maintaining a wide range of health statistics and information systems and is regarded as a repository of expertise in the health system regarding database management.

While <u>compiling of the database continues</u>, there are emerging results which we wish to share with patients and the public.

In December 2006, Eastern Health reported that 939 patients with original ER/PR tests between 1997 and 2005 had been re-tested at Mount Sinai Hospital. The main criterion for being selected for retesting was that the original test result was "negative" for <u>estrogen and</u> <u>progesterone receptivity</u>. The work to develop the new database shows that approximately [990] cases have been sent to Mount Sinai Hospital for retesting. Except for 14 cases <u>noted below</u>, all cases were retested and assessed when the results came back from Mount Sinai.]

It is important to note that the total number of cases may <u>change in</u> the coming weeks as the database exercise is completed. For example, at the start of the retesting process Eastern Health did not include all deceased patients because the priority was on living patients <u>who</u> <u>could potentially benefit from the retesting</u>. However, <u>as some</u> <u>deceased were included in the retesting we have decided to retest all</u> of the deceased and include then in the official database for the <u>purpose of completeness</u>.

There are 14 new cases of people who have been sent for retesting in the last two months. Two of these patients have already been confirmed negative and have been informed. Results have not yet been returned for the other 12 cases. However, it is important to note that for nine of these patients physicians determined to treat them as positive and they have received, Tamoxifen or other adjuvant therapy.

There is insufficient information to <u>date</u> on the final three cases to determine whether the retest will result in a treatment change. Eastern Health is in the process of contacting all twelve individuals and their physicians.

The data base development process has also been <u>used to ensure that all</u> retested patients have been contacted with their final results. To date we have identified six patients for which there is no documentation of the contact. Today Eastern Health is confirming that these patients have in fact been contacted.

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