

**Hellen Sparkes**

From: KenJenkins@hcswnf.ca  
 To: Friday, September 30, 2005 12:08 PM  
 kelliobrien@hcswnf.ca; susangillam@hcswnf.ca  
 heidistaebensimmons@hcswnf.ca; kjenki@healthwest.nf.ca  
 Subject: Re: ER/PR

Sensitivity: Confidential

I heard about this for the first time at the Med Director's meeting yesterday. There was no indication that this would be hitting the media today. This will be a very sensitive and complicated issue to communicate. Dr. Neil will need to be involved and I suggest that Heidi should contact him immediately. If there is any local reaction he will probably be the best person to be involved. We may want to consider asking him to talk to our group by telephone when we're in Bonne Bay on Monday morning. Perhaps Heidi could co-ord that if Susan thinks it is a good idea.

Ken

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

From: Obrien, Kelli <kelliobrien@hcswnf.ca>  
 To: Gillam, Susan <susangillam@hcswnf.ca>  
 CC: Jenkins, Ken <KenJenkins@hcswnf.ca>  
 Sent: Fri Sep 30 11:36:43 2005  
 Subject: FW: ER/PR

Hi Susan

Do you want me to follow up with the lab and Dr. Neil so that response can be prepared. I have cc'd Ken, but realize that he is off today. Do you wish me to contact Heidi as well?

Many thanks

Kelli

--Original Message-----

From: Susan Sullivan [mailto:ssulli@healthwest.nf.ca]  
 Sent: Friday, September 30, 2005 11:27 AM  
 To: Obrien, Kelli  
 Subject: FW: ER/PR  
 Importance: High  
 Sensitivity: Confidential

Hi Kelli,

I just spoke to Heather. This is apparently hitting the media today - and George Tilley is going to contact the CEO's re this matter.

I wanted you to be aware - so that you can share it with senior person/people responsible for our lab. such that they can follow up.

Regards,

Sue

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Thank you.

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

From: Heather Predham [mailto:Heather.Predham@hccsj.nf.ca]  
 Sent: Thursday, September 29, 2005 3:13 PM  
 To: Susan Sullivan; jbudgell@cwhe.nf.ca

Subject: ER/PR

HI guys,

We have had an issue with our ER/PR testing....this has been the issue that we have been dealing with all summer. ER/PR is estrogen and progesterone receptors and if a person has breast cancer and is positive for these receptors, she gets tamoxifen as a treatment instead of Chemotherapy. She may end up on chemotherapy anyway, but it is felt that Tamoxifen may decrease the metastatic aspects of the breast cancer and has less awful side effects. (I say she but some of our affected patients are hes),

In 1997, a Dako semi-automated/manual system was installed for the Immunohistochemistry Service and replaced the bioassay method of testing for ER/PR receptors. This Dako system was replaced in 2004 by an automated Ventana system. In 2005, a patient, initially tested in 2002 with the Dako system and reported as ER/PR negative, was retested with the Ventana system and now indicated a strong positivity for estrogen and progesterone receptors. Four other patients initially tested as negative in 2002 were also retested, and all tested positive with the Ventana system.

We expanded our retesting to include all samples initially tested as negative in 2002 on the Dako system. Of the 57 retested on the Ventana system, 38 now showed positive results. This high conversion rate was unexpected and then placed the sensitivity of the Ventana System in question.

We have had external reviews done on our Ventana machine, on the pathology side of the service and the technical side. All those reports are pending, but we do have some recommendations that we can implement right now. Also we have stopped all testing and all requests for testing are being sent to Mt. Sinai. Mt. Sinai are also retesting all the blocks for these years. Results are starting to come in and it looks like we will have to contact up to 200 people to tell them that they were initially tested as negative, but were in fact positive.

Why am I telling you two all this? Well, since June, Dr. Cook our chief of pathology requested that your two boards send in your blocks to be retested in Mt. Sinai, to no avail. I wanted to give you a heads up as we have to begin to inform people individually about this issue, but the Department of Health wants us to make a public statement. Since your labs have not responded yet to our request, you may be asked about the reasons why.....

What do you think?

Heather

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