

Gregory, Deborah

From: Reza Alaghehbandan [reza.alaghehbandan@nlchi.nl.ca]
Sent: August 12, 2008 2:48 PM
To: Terry Gulliver
Cc: Tracy Chislett; Don MacDonald; Gregory, Deborah
Subject: FW: Meditech search for missing patients

Hi Terry,

Hope all is well. This is in follow up to our previous discussion around searching Meditech for those missing patients whose ER/PR was not ordered. Since the number of self-identifiers is increasing, we have been asked by Robert Thompson to look into the matter of various search strategies. Perhaps initially doing a small pilot considering one of the below options and assessing whether we are able to capture known self-identifiers. I understand that you are on vacation, but would appreciate it if you could give me or Tracy (752-6016) a call to discuss this in further details.

Thanks,
Reza

Reza Alaghehbandan, MD
Research and Evaluation Department
NL Centre for Health Information

28 Pippy Place, St. John's, NL A1B 3X4
Phone: (709) 752-6071; Fax: (709) 752-6064

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

From: Reza Alaghehbandan
Sent: Friday, March 28, 2008 3:56 PM
To: Robert Thompson; Don MacDonald; Deborah Gregory; 'pat.pilgrim@easternhealth.ca'; 'Heather Predham'
Cc: Tracy Chislett; Terry Gulliver; Reza Alaghehbandan
Subject: Meditech search for missing patients

Hi All,

Terry, Tracy and I met this afternoon to discuss potential options for identifying missing breast cancer patients with negative ER/PR who may not have been retested.

Terry has performed various search protocols in the Meditech system for the year 2002, searching approximately 90,000 specimens and below is a summary of them for your consideration:

- 1- Using Snomed terminology the code for "breast" was searched. 776 pathology reports related to breast specimens were captured. This means the pathology reports were either directly related to breast patients or indirectly related. For instance, a lymph node or skin biopsy was taken and potential primary breast involvement was mentioned in the pathology report.
 - a. This has been further searched based on Tumour Markers. This means only breast specimens that were coded as cancer would be captured. Out of 776 breast related specimens, 282 of those were coded as breast cancer.
- 2- Searching the pathology module for the word "breast". 1027 pathology reports were identified in which the word breast had been mentioned in the report, regardless of whether it was in the clinical history, or even statements such as "not primary breast".
 - a. This 1027 was further searched using tumour markers for breast cancers. 370 pathology reports were identified.
 - i. This 370 was even further searched using "ER/PR ordered" 161 were captured.
 - b. The 1027 was searched again using "ER/PR ordered" 178 were identified.
- 3- Searching the pathology module for all tumour markers. This means all cancers were captured

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regardless of their origin. The total number captured was 3720.

Please note that this is a preliminary search analysis for 2002 and that each option has its own advantages and limitations. For instance, using Option 2 (breast as a key word) would give us the most comprehensive list of breast related specimens in the pathology module. On the other hand, there may be significant proportion of them not related to the purpose of the exercise.

It is believed that any of these options may still not provide us with 100% confidence that every ER/PR negative specimen would be found.

For timeline purposes, it is estimated that one could review a pathology report with an average speed of 3 minutes per report; this may be an underestimation as the reports are not consistently formatted. Further, additional time would be required to organize, count, and cross reference them against existing sources such as NLCHI ER/PR database.

Also, please note that in 2005, the original search used by Terry was done using "ER/PR ordered" came up with 189.

Reza

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