ATIPP/0009 - 004
MCS 1023/2006 #001
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GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

Department of
Health and Community Services
Office of the Deputy Minister

March 9, 2006

Mr. Mark Quinn
Canadian Broadcasting Corporation
P. O. Box 12010
Station A
St. John's, NL
A1B 3T8

Dear Mr. Quinn:

Re: **Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act* [Our File #: HCS ATI 06003]**

On February 3, 2006, the Department of Health and Community Services received your request for access to the following records/information:

> All memos, letters, briefing notes and e-mails between the members of the Eastern Health and the Provincial Department of Health and Community Services between March 1, 2005 and December 1, 2005 regarding hormone receptor tests for people with breast cancer.

The Department of Health and Community Services has decided to give partial access to the file documents that are responsive to your request. Information that is non-responsive to the request has been severed. Access to parts of the documents are being denied in accordance with:

> a) paragraph 23(1)(b) of ATIPP whereby disclosure would reveal information provided in confidence from another Province; and

P.O. Box 8700, St. John's, Newfoundland, Canada, A1B 4J6, Telephone (709) 729-3125, Facsimile (709) 729-0121

b) section 30 of ATIPP whereby personal information cannot be disclosed.

Given that this process has exceeded the normal statutory period of 30 days, we have decided to waive document retrieval and photocopying fees.

We wish to advise you that additional documented material related to your request may be in the custody or under the control of the Eastern Regional Integrated Health Authority. By copy of this letter, we are informing the Eastern Regional Integrated Health Authority of your request to the Department under the *Access to Information and Protection of Privacy Act*. You may seek to file a separate request with the Eastern Regional Integrated Health Authority in this regard.

Section 43 of the *Act* provides that you may ask the Information and Privacy Commissioner to review this partial refusal of access or you may appeal the refusal to the Supreme Court Trial Division. A request to the Information and Privacy Commissioner shall be made in writing within 60 days of the receipt of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information & Privacy Commissioner
5th Floor, East Block
Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6

Telephone: (709) 729-6309
Facsimile: (709) 729-6500
Email: oipc@gov.nl.ca

In the event that you choose to appeal to the Supreme Court, you must do so within 30 days of the receipt of this letter. Section 60 of the *Act* sets out the process to be followed when filing such an appeal.

If I can be of further assistance, please advise accordingly.

Sincerely yours,

JOHN G. ABBOTT
Deputy Minister

/rlc

cc: George Tilley

P.O. Box 8700, St. John's, Newfoundland, Canada, A1B 4J6, Telephone (709) 729-3125, Facsimile (709) 729-0121

BRIEFING NOTE – ER/PR RECEPTORS

Background:

May 11, 2005: Dr. Joy McCarthy, Oncologist, contacted Dr. Don Cook, Chief of Laboratory Medicine, to retest a patient who previously tested negative for Estrogen (ER) and Progesterone Receptors (PR) in 2002. Using new technology for immunoperoxidase staining installed at the General Hospital Histology Lab in April of 2004, this woman's sample was retested and discovered to be positive for ER and PR.

Until April of 2004, the Dako testing technique was used in the laboratories. This technique required the manual boiling of tissue and measuring of minute mixtures of immunioperoxidase staining. The Dako test was implemented in 1997 to replace a bioassay method for ER/PR receptors.

The Ventana method (installed in April 2004) automates this process removing as much manipulation as possible. In addition, all re-agents used on the Ventana system are quality controlled by the company and arrive in the laboratory as "ready for use."

The Health Care Corporation of St. John's was one of the earliest laboratories to obtain the Ventana system and switch to an automated system.

When a breast cancer tumor is removed from the body, tests are used to determine if the cancer cells have estrogen or progesterone receptors. The more estrogen receptors present on those cells, the more likely that anti-estrogen therapy such as tamoxifen will work against a particular cancer. Breast cancer patients with high level hormone receptors have a slightly better prognosis than those without receptors.

Literature suggests about 50 – 85 per cent of breast cancers are estrogen–receptor–positive (or "ER-positive"), "positive" meaning that a significant number of cancer cells have receptors present. When a cancer shows few if any estrogen receptors (when it is "ER-negative"), anti-estrogen therapy is not as effective. But anti-estrogen therapy may also be useful in cases where progesterone receptors are present ("PR-positive"). Women whose cancers are PR-positive but ER-negative may still respond to anti-estrogen therapy. A high percentage of tumours with estrogen receptors may regress after hormonal manipulation whereas only a small number (about 5 per cent) of those that are negative respond.

May 17, 2005: Representatives from the Laboratory Program met with Drs. McCarthy and Kara Laing to discuss this new result and a decision was made to retest five more negative patients, who all retested positive. These patients were selected by the oncologists. It was decided to retest all negative results from 2002 to determine if these were isolated cases or symptomatic of a bigger issue. Specimens collected from 25 women, initially tested as negative in 2002, were retested. 16 of these came back positive. Testing on 33 more patients found 25 converted to positive. Twelve of these patients have been informed by their oncologists.

Prepared July 20, 2005

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June 13, 2005: Dr. Cook wrote to all Laboratory directors in the province to return all negative ER and PR specimens for the year 2002 for retesting on the new, more sensitive Ventana system.

July 14, 2005: The decision was made that all patients who were ER and PR negative from 1997-2004 would be retested, beginning with the 2002 patients, with testing to take place over the next number of weeks.

July 15, 2005: Dr. Cook spoke to four of the six provincial laboratory directors (two others were unreachable due to holidays) regarding sending specimens into St. John's for retesting. They said they will comply with the request as soon as possible.

July 18, 2005: Laboratory managers in St. John's began reviewing the statistical data for 2000-2004 to see if there are any inconsistencies in the findings of positive conversions or if this could just be a matter of the sensitivity of the Ventana system being more accurate with its findings.

July 20, 2005: Upon review of the statistical data is has been concluded that the positivity rates are, while on the low end of the scale, within acceptable range. Total positivity numbers for 2000 are 62 per cent; 2001 - 77 per cent; 2002 - 68 per cent; 2003 - 83 per cent and 2004/05 (after a full year with the Ventana system) - 90 per cent.

Prepared July 20, 2005

Actions:

Considering the 50-85 per cent acceptable range in standard text books and Mount Sinai's standard of around 70-80 per cent, this also reconfirms that our numbers are legitimate. Regardless, the laboratory is still going ahead with retesting the specimens and officials will meet with the oncologists to see how they would like to proceed with informing patients of their conversion and possible change in treatment.

Extra resources have been identified within the HCCSJ lab to undertake identification and retesting. The list of patients will be double-checked with the names on the Cancer Registry to ensure none have been missed.

We do expect improved accuracy on retesting due to the sensitivity of the newer equipment.

As a precautionary measure and to back-up the validity of the new technology, the current testing standards (Ventana system) are being assessed by cross-referencing our results with another laboratory. (Mount Sinai)

A technology consultant from Mount Sinai will be reviewing our laboratory to assess the immunoperoxidase system. At that time we will ask the consultant his/her opinion of the past several years' results under the Dako methodology and for advice on the future direction of the immuno service.

HIROC have been contacted to determine if they are aware of any other issues with the Dako testing system and other hospitals are being contacted to see if there had been any inconsistencies reported with the DAKO system.

It is important to note that processes used by HCCSJ technicians were outlined in the Dako procedure manual. Also, as part of the protocol for testing, positive controls were conducted on the Dako system everyday, as part of the quality assurance process within the lab. The results were read and documented daily by a pathologist.

Dr. Williams has also asked if we could repeat any of the negative tested specimens again on the "old" Dako system to confirm that it was indeed the system and not a lab error. Terry Gulliver, HCCSJ Laboratory Program Director says it is unlikely we would be able to obtain such a system at this time to retest on that method.

Prepared July 20, 2005

From: John Abbott
To: Chaplin, Carolyn; Hennessey, Moira; Hynes, Darrell
Date: 7/25/2005 3:37:01 PM
Subject: Fwd: Laboratory Status

An update as provided by George Tilley.

Darrell - if you are speaking with the Minister would you let him know the status. Thanks.

John G. Abbott
Deputy Minister of Health & Community Services
(709) 729-3125

>>> "George Tilley" <George.Tilley@hccsj.nl.ca> 7/25/2005 11:44:02 AM >>>
John,

Had a meeting Sunday morning with those involved, including an oncologist and a surgeon. We are clearly not at a point yet where we can be confident that we have a problem and if so, the extent of it. The physicians are feeling a little more comfortable based on the recent information provided, but more is needed to get to the bottom of this.

The Lab officials are currently:

- making contact with the manufacturer of the new system (Vantana) to see what information/research they have on hand about the old approach/technology, experiences elsewhere on conversion to the new system, sensitivity rates, etc. We also want to ensure that our new system is working properly so today we are sending old and new specimens to an outside centre which has the new technology to compare results.
- getting information from more centres in the country about their experiences.

-Tlearned that for the specimens that we recently retested and reported as converting to positive, we included in that sample those that originally reported as a weak positive. It would be expected that this would happen. What I am interested in are those that went from negative to positive. From the oncologist perspective, they don't *distinguish between positive and weak positive.*
- we have a lot of people trying to get more information. We will have to wait now for the result s of the tests on the specimens that we will be sending out of Province, info from the new manufacturer and the experiences from elsewhere. It will take at least until the end of this week to get that done if not the week after. We are also awaiting the return of the results of the specimens from elsewhere in this Province, where we did the reporting but didn't have the interpretation results, in light of that being done by their local pathologists.

I'll keep you posted as soon as we get more information.

George

From: "Moira Hennessey" <MHennessey@gov.nl.ca>
To: "John Abbott" <JohnAbbott@gov.nl.ca>
Date: 9/2/2005 7:26:04 AM
Subject: Fw: ER/PR Issue

Hi John,

Attached is update from George T. Please let me know whether you want me to arrange for them to come in to update the Minister. I think we should arrange an update post Sept 10 once they have some test results from Mount Sinai.

Moira
----Original Message-----
From: "George Tilley" <George.Tilley@hccsj.nl.ca>
Date: Thu, 1 Sep 2005 12:43:43
To:<MHennessey@mobility.blackberry.net>
Cc:<hcc.wilr@hccsj.nf.ca>
Subject: RE: ER/PR Issue

Moira,

We have sent out in excess of 200 blocks to Mount Sinai and this represents approximately 50% of the total. They expect to be in a position to provide feedback on these tests on Sept. 10th. We are working to get others from elsewhere in the Province to forward on.

In the meantime we are awaiting the visits of the external experts (physician Sept. 15th and technologist Sept. 20th.) Expecting their reports by mid October.

While all future specimens will be sent out of province on an interim basis, we are doing some fine tuning on the controls of the new Ventanna system, working on the assumption that it is overly sensitive.

Dr. Williams has met with one lady who inquired about this issue.

That it for now.

George

George Tilley
President/Chief Executive Officer
Eastern Health
c/o Corporate Office
Waterford Bridge Rd.
A1E 4J8
Tel: 709-777-1330
Fax: 709-777-1302

----Original Message-----
From: Moira Hennessey [mailto:MHennessey@gov.nl.ca]
Sent: Thursday, September 01, 2005 9:56 AM
To: George Tilley
Subject: ER/PR Issue

Good Morning George,

The Minister is inquiring when you will be in a position to provide another update on this. Can you let me know.

Thanks,
Moira

Moira Hennessey

Assistant Deputy Minister - Regional Health Operations
Department of Health and Community Services
Government of Newfoundland and Labrador
Phone: 709.729.3127
Fax: 709.729.4009
E-mail: MHennessey@gov.nl.ca

Sent via BlackBerry on the 1X network.

From: "George Tilley" <George.Tilley@hccsj.nl.ca>
To: "Moira Hennessey" <MHennessey@gov.nl.ca>
Date: 9/6/2005 9:00:55 AM
Subject: RE: ER/PR Issue

Will do. George

George Tilley
President/Chief Executive Officer
Eastern Health
c/o Corporate Office
Waterford Bridge Rd.
A1E 4J8
Tel: 709-777-1330
Fax: 709-777-1302

----Original Message----
From: Moira Hennessey [mailto:MHennessey@gov.nl.ca]
Sent: Monday, September 05, 2005 8:58 AM
To: George Tilley
Subject: Re: ER/PR Issue

George,

Thanks for this. I have updated John A. Could we arrange another briefing for the Minister post Sept 10 when you have some results from Mount Sinai. We also need to know when Eastern Health is going to notify patients as part of the briefing.

Moira
----Original Message----
From: George Tilley
To: MHennessey@mobility.blackberry.net
Cc: hcc.wilr@hccsj.nf.ca
Sent: Sep 1, 2005 12:43 PM
Subject: RE: ER/PR Issue

Moira,

We have sent out in excess of 200 blocks to Mount Sinai and this represents approximately 50% of the total. They expect to be in a position to provide feedback on these tests on Sept. 10th. We are working to get others from elsewhere in the Province to forward on.

In the meantime we are awaiting the visits of the external experts (physician Sept. 15th and technologist Sept. 20th.) Expecting their reports by mid October.

While all future specimens will be sent out of province on an interim basis, we are doing some fine tuning on the controls of the new Ventanna system, working on the assumption that it is overly sensitive.

Dr. Williams has met with one lady who inquired about this issue.

That it for now.

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George Tilley
President/Chief Executive Officer
Eastern Health
c/o Corporate Office
Waterford Bridge Rd.
A1E 4J8
Tel: 709-777-1330
Fax: 709-777-1302

----Original Message----
From: Moira Hennessey [mailto:MHennessey@gov.nl.ca]
Sent: Thursday, September 01, 2005 9:56 AM
To: George Tilley
Subject: ER/PR Issue

Good Morning George,

The Minister is inquiring when you will be in a position to provide another update on this. Can you let me know.

Thanks,
Moira

Moira Hennessey

Assistant Deputy Minister - Regional Health Operations
Department of Health and Community Services
Government of Newfoundland and Labrador
Phone: 709.729.3127
Fax: 709.729.4009
E-mail: MHennessey@gov.nl.ca

Sent via BlackBerry on the 1X network.

CC: <hcc.wilr@hccsj.nf.ca>

Briefing Note
ER/PR Testing Results
September 30, 2005

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 with onboard antigen retrieval.

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 was positive 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.

Retesting was expanded to include all samples initially tested as negative in 2002 on the Dako system. Of these samples, a majority showed positive results. This high conversion rate then placed the sensitivity of the Ventana System in question.

A representative from Ventana has visited the Immunohistochemistry Service to review use and practices of the Ventana system. In their written report, they stated that they found the system to be operating as expected and that the procedures used by our technicians were appropriate and as trained.

An external peer review, by the Chief Pathologist of the British Columbia Cancer Institute and the Chief Technologist from Mount Sinai Hospital, was conducted September 15 - 22, 2005, to review current practices and procedures within the Immunohistochemistry Service. Debriefing was held after each review and a full report from each is expected within the next few weeks.

Current Activities:

- All negative samples from 1999 to 2004 (with the exception of samples from other regional health authorities) have been collected and sent to Mount Sinai Hospital, Montreal, for retesting. Mount Sinai uses a semi-automated system of testing for ER/PR. Three hundred twenty-three samples reported as weakly positive to negative have been sent to Mt. Sinai for retesting. To date, 153 samples have been reported by Mount Sinai; 73 have been reviewed, and it appears that of those there are 16 – 20 individuals whose treatment could be impacted. Samples for 1997-1998 and for two regional health authorities from outside Eastern Health area will soon be sent for retesting.

- All laboratory directors in the province were contacted over the past few months to submit all negative ER and PR reports and samples for this same time period for retesting. This process is underway. Seventy-eight samples from 1997 – 2004 from Gander and Carbonear are in the process of being submitted. Specimens from Grand Falls have just been received.

- Reporting of ER/PR by the Laboratory Medicine Program is currently on hold. All current requests for ER/PR are being forwarded to Mount Sinai for processing, interpretation and reporting.

Department of Health and Community Services

Briefing Note

October 3, 2005

Issue:

Testing of Breast Cancer Patients at St. John's Hospitals

Background:

- In 1997, a Dako semi automated/manual system for testing ER/PR receptors in breast cancer patients was installed in 1997. Based on patient-specific test results, a patient's course of treatment is then determined by the attending physician. The 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 was positive for ER/PR receptors. Four other patients initially tested as negative in 2002 were also retested, and all tested positive with the Ventana system.

- Retesting was then expanded at the Health Sciences Centre to include all samples initially tested as negative in 2002 on the Dako system. Of these samples, a majority showed positive results. This high conversion rate then placed the sensitivity of the Ventana System in question.

- A representative from Ventana visited the laboratory in July to review use and practices of the Ventana system. In their written report, they stated that they found the system to be operating as expected and that the procedures used by technicians were appropriate and as trained.

- An article on the retesting of tissue samples taken from breast cancer patients as far back as 1997 appeared in the Independent on Sunday, October 2. NTV has also been in contact with Eastern Health and will likely air a story tonight.

Current Status:

- Eastern Health has collected and sent all negative samples from 1999 to 2004 for the St. John's hospitals for retesting to Mount Sinai Hospital. Three hundred twenty-three samples reported as weakly positive to negative have been sent. To date, 153 samples have been reported by Mount Sinai; 73 have been reviewed, and it appears that of those there are 16 – 20 individuals whose treatment could be impacted. Samples for 1997-1998 from the St. John's hospitals will soon be sent for retesting.

- Laboratory directors in the province were contacted over the past few months to submit all negative ER and PR reports and samples for this same time period for

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retesting to Eastern Health. This process is underway. Seventy-eight samples from 1997 – 2004 from Gander and Carbonear are in the process of being submitted. Specimens from Grand Falls-Windsor have just been received and will also be sent to Mount Sinai.

- All current requests for ER/PR testing on breast cancer patients in NL are being forwarded to Mount Sinai for processing, interpretation and reporting at this time until the current problem with test results is corrected.

- Eastern Health is also sending letters to the surgeons and other attending physicians on the 16-20 individuals whose treatment could be impacted, based on the Mount Sinai testing results. The physicians will then determine the follow up action for these patients. The focus is on notifying physicians of alive patients regarding the findings. This process will continue as test reports are received from Mount Sinai.

- There could be some potential litigation issues for the families of deceased patients once the families are notified.

- Eastern Health is setting up a consumer telephone line where patients can obtain additional information on the ER/PR receptor issue.

- An external peer review, by the Chief Pathologist of the British Columbia Cancer Institute and the Chief Technologist from Mount Sinai Hospital, was conducted September 15 - 22, 2005, to review current practices and procedures within the laboratory service. Debriefing was held after each review and a full report from each is expected within the next few weeks.

- Dr. R. Williams, VP-Medical Affairs – Eastern Health has done an interview with NTV today.

Prepared by: Moira Hennessey
Approved by: John Abbott

From: John Abbott
To: Tilley, George
Date: 11/1/2005 12:37:49 PM
Subject: RE: Briefing of Minister -ER/PR Issue

IF early is before 9 am then perhaps we can schedule for later that week. Please suggest another time if that is the case.

John G. Abbott
Deputy Minister of Health & Community Services
(709) 729-3125

>>> "George Tilley" <George.Tilley@hccsj.nl.ca> 11/1/2005 9:10 AM >>>
John,

Bob Williams will be doing a locum on that day, so it would be great if we could do it early in the morning. Otherwise we will need to find a firm time when he can block out.

George

George Tilley
President/Chief Executive Officer
Eastern Health
c/o Corporate Office
Waterford Bridge Rd.
A1E 4J8
Tel: 709-777-1330
Fax: 709-777-1302

----Original Message----
From: John Abbott [mailto:JohnAbbott@gov.nl.ca]
Sent: Friday, October 28, 2005 3:49 PM
To: George Tilley
Cc: Betty Donahue
Subject: Briefing of Minister -ER/PR Issue

Are you available to brief the Minister on NOv. 14th (in preparation of the re-opening of the House of Assembly), say late morning?

John G. Abbott
Deputy Minister of Health & Community Services
(709) 729-3125

Questions and Answers Briefing Note
Department of Health and Community Services

Title: Retesting of Breast Cancer Patients

Issue: Breast cancer patients are struggling for answers these days. Some patients may have missed out on a drug therapy (Tamoxifen) that lowers the risk of the cancer recurring. Some patients say it is hard to find out whether their results are right or not.

Anticipated Questions:

- When did the HCS Minister find out about the inaccurate cancer test results?
- How did this happen? What is being done to correct this problem?
- Can the HCS Minister assure the public that our health system is safe?
- Why did it take so long to let cancer patients know about the inaccurate test results? Have all patients been notified?

Key Messages:

- Health care is a priority for this Government and patient safety is first and foremost. Eastern Health has discovered a problem with the testing of tissue samples for breast cancer patients with ER/PR receptors and retesting is underway at Mount Sinai Hospital in Toronto.
- The problem was discovered in May and a quality review began immediately. Determining what happened with the testing of tissue samples is critical and a priority for Eastern Health and this Government. The situation is disturbing for all of us.
- Only a small percentage of breast cancer patients may be affected by the retesting as treatment for breast cancer is based on several factors, not just ER and PR.
- The process of contacting patients on the ER/PR situation is ongoing. Overall, the patient contacts have gone quite well.

Other Suggested Response(s):

- There are a number of steps in the testing process. Any problem in any step can cause a problem with the test results. When the problem is identified, changes in policies and practices may be necessary to minimize any recurrence of inconsistent test results.
- Until the quality review is completed, the testing of new breast cancer patients with ER/PR receptors is being done at Mount Sinai. Eastern Health is working to resolve this problem as quickly as possible.
- Patient safety is a primary focus for our health system. Regional health authorities have embarked on a national Safer Health Care Now campaign to implement six targeted interventions in patient care, e.g. rapid response teams, prevention of adverse drug events, improved care for heart attack patients.
- Patient safety is a national focus. FPT Health Ministers have set up a Canadian Patient Safety Institute to develop a national strategy for improving patient safety

in Canada. The Institute is designed to promote innovative solutions, and to facilitate collaboration amongst governments and stakeholders to enhance patient safety.

Background:

- In May, the laboratory at the Health Sciences Centre discovered some inconsistent results in breast tumour samples. This happened when a patient who had tested ER (estrogen) and PR (progesterone) negative in 2002 on a DAKO system was retested on a new VANTANA system in 2005 and the test results were positive.
- Eastern Health is sending previously collected tissue samples for patients who had negative ER and PR results from 1997 to 2005 to Mount Sinai for retesting. Patients are not required to come to the hospital or have any additional testing.
- About 350 breast cancer tests are done annually in this province. About 73% of all cancer patients tested positive for ER and PR. These patients are not impacted by the retesting. The retesting involves about 27% of all patients.
- The retesting involves 611 patients, of whom 158 patients are deceased. The remaining 453 patients include 147 whose retesting has been reported by Mount Sinai, 285 patients whose test results have not been received and 21 patients in nursing homes/St. Pierre.
- The test results on the 147 patients reported by Mount Sinai include 88 patients that are confirmed negative and 59 patients under review by a panel consisting of two medical oncologists, two pathologists, two surgeons and a quality enhancement professional.
- A quality review started in May. It has included an internal review of testing processes, and an external review by the Chief Pathologist at the BC Cancer Institute and the Chief Technologist at Mount Sinai Hospital.
- The laboratory problem at the Health Sciences Centre could be repeated across Canada. An expert in medical technology has publicly stated that Canada lacks a national standards body and labs across the country should take a look at what they are doing to make sure they get it right.
- Eastern Health has advised the public that information on the ER/PR retesting can be obtained by calling the Patient Relations Officer at 777-6500, or their surgeon, oncologist or family doctor.
- There have been a lot of stories in the media on this issue. Recent headlines include: The Independent, October 2 – Questionable Results, The Telegram, October 5 – Breast Cancer Testing Suspended, and The Globe and Mail, October 6 – Flawed Test Imperils Scores of Cancer Patients.
- Eastern Health (Dr. R. Williams, V.P.- Quality, Diagnostic and Medical Services) has done a number of interviews. Peter Dawe, Canadian Cancer Society, spoke very strongly on this issue saying, "There is absolutely no doubt that there is a group of women out there that didn't get proper treatment and that could have very dire consequences."

Prepared by: **Moira Hennessey**
Date: **November 7, 2005**