Daniel W. Simmons

From: Dianne Smith
Sent: October-05-05 4:18 PM
To: Dr. Robert Williams; Dr. Paul Gardiner; Heather Predham; Patricia Pilgrim; 'klaing@nctrf.nf.ca'
Cc: Denise Dunn; Debbie Parsons; 'drice@nctrf.nf.ca'
Subject: RE: ERPR Notification
Attachments: ERPR Notification III.doc

Once more, please review this copy. Disregard previous message.

Dianne

-----Original Message-----
From: Dianne Smith
Sent: Wednesday, October 05, 2005 3:19 PM
To: Dr. Robert Williams; Dr. Paul Gardiner; Heather Predham; Patricia Pilgrim; 'klaing@nctrf.nf.ca'
Cc: Denise Dunn; Debbie Parsons; 'drice@nctrf.nf.ca'
Subject: ERPR Notification
Importance: High

Forwarded on Pat's behalf. Please review attached once more and provide your comments and/or changes.

Dianne

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October 4, 2005

DRAFT

Dear Doctor:

As you are undoubtedly aware Eastern Health is working through an issue related to Estrogen Preceptor/Progesterone Receptor (ER/PR) Testing in the St. John's Pathology Laboratories. I am providing you with the following synopsis of this issue for your information.

Since 1997, the Health Care Corporation of St. John's has utilized a Dako semi-automated system for testing for ER/PR receptors. In 2004, this methodology was replaced with an automated Ventana system.

Recently a patient, initially tested in 2002 with the Dako system and reported as ER/PR negative, was retested with the Ventana system and was reported now as ER/PR positive. The investigation into these results has led to a full quality review of the Immunohistochemistry Service. As some research indicates that can benefit a patient up to ten years after diagnosis, it was felt that an important part of the quality review would include retesting of all samples determined to be negative for ER/PR.

All negative ER/PR samples since 1997 have been collected and sent for retesting at Mount Sinai Hospital in Toronto Ontario. Once the results return, the Laboratory program of Eastern Health will forward these results to the Surgeon and the Oncologist involved in the patient's care.

It is recommended that patients who are now known to be ER/PR positive should be offered for five (5) years. If it is contraindicated or not tolerated, then an aromatase inhibitor could be considered in post-menopausal patients.

Currently, all new samples are being forwarded directly to the Mount Sinai laboratory. This will continue until our quality review is complete.

If needed, patients may be consulted to a Medical Oncologist for a decision regarding therapy.