From: Robert Thompson
To: Glenda Power; Tansy Mundon
Date: 8/8/2007 11:53:16 AM
Subject: Fwd: FW: Data and letter

Robert Thompson
Deputy Minister
Department of Health and Community Services
Government of Newfoundland and Labrador
709-729-3125

>>> "Louise Jones" <Louise.Jones@easternhealth.ca> 8/8/2007 11:51:27 AM >>>
Sorry it is taking so long, but as you can see we are waiting confirmation with respect to 3 results .. So rather than wait for this any longer I indicated to Marion to send the draft spreadsheet so that you were able to review knowing that we would be verifying 3 results.

Marion has also revised the letter that accompanies the release based upon additional feedback. In the release we wanted to make reference to attempting to compile and error rate and [redacted]

We would still like to release this as soon as we can confirm the last 3 values. Will want to hear from you as to wither there is anything that causes you concern now that you are seeing the entire document. [redacted]

From: Marian Crowley
Sent: Wednesday, August 08, 2007 11:40 AM
To: Louise Jones
Cc: Joyce Penney; Pam Elliott
Subject: Data and letter

Hi Louise-

Attached is the data we planned on sending (still waiting for confirmation of 3 results) and the latest version of the letter. Pam was concerned about mentioning 'error rate' , so I called Dan Simmons and we proposed the attached wording- he was fine with it.

Thanks, Marian

Marian Crowley

Information Coordinator

Quality & Risk Management

Eastern Health

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August 8, 2007

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

Dear Mr. Quinn:

Re: Your request to access to information under Part II of the *Access to Information and Protection of Privacy Act.*

This is to confirm that, on February 15, 2007 Eastern Health received your request for access to the following records/information:

- The results of the hormone receptor tests in this province that were sent for retesting from 1997 to the present.
- ...the original result of the first test and the result for each re-test...the percentage changes that were found.
- In each case: What percentage of hormone receptor positivity did the original test show? What result did the retest find?
- I am not requesting the names of patients or any information that might identify them.

Eastern Health responded to your request to deny access to the responsive records due to our position that these records are the personal information of the patients. You requested a review of the decision by the Information and Privacy Commissioner of Newfoundland and Labrador.

As recommended by the Information and Privacy Commissioner in his report, received on June 28, 2007, enclosed please find a copy of the responsive records containing the results of laboratory tests and retests for hormone receptors performed for XXX cancer patients of Eastern Health who subsequently had their samples retested by Mount Sinai Hospital.

The interpretation of these data is a complex process and we advise there are a number of important factors to keep in mind:

1. There is a degree of subjectivity involved in ER/PR testing. Any two laboratories or any two pathologists may interpret a slide with variations. From 1997 to 2005, a number of different pathologists were involved in interpreting the ER/PR tests to determine the level of estrogen or progesterone positivity in a tumor. You will also notice that some individuals have two or more results from Mount Sinai.

2. Testing to determine whether a tumor is ER-positive or PR-positive is a complicated procedure that involves numerous steps. There are no standardized laboratory procedures in Canada for immunohistochemistry testing.

3. Many features of a breast cancer including the size of the tumor, the hormone receptor status of the tumor, the tumor grade, the HER 2 expression, and tumor histology are taken into account to assist medical oncologists in their determination of treatment options and the long-term health of the patient. Because a result changed does not always indicate a clinical treatment change.

4. There were two different methods used for testing over the time period. Prior to 2004, the Dako testing technique was used in Eastern Health's laboratories and in April 2004, the Ventana system was installed. While the two systems are compatible, there are differences in the sensitivity and specificity. There are also differences in the sensitivity and specificity of the reagents (particularly detection kits and antibodies) used for preparation of the samples.

5. Mount Sinai follows current clinical guidelines and does not retest patients with a diagnosis of DCIS (ductal carcinoma in–situ).

Please keep in mind that to fully appreciate whether the changes identified for results between the different centres were significant required a complete review of each patient's medical history by a panel of specialists (pathologists, medical oncologists, surgeons). The retesting program was designed and carried out for the purpose of identifying every patient who might benefit from a change in treatment, not for the purpose of assessing the accuracy of the original testing, and it is therefore difficult to properly account for all the testing variables in order to draw conclusions from the data presented in the attached spreadsheet.

If you have any further questions, please feel free to contact the undersigned at 777-8025, or email at marian.crowley@easternhealth.ca

Sincerely,

Marian Crowley
Access and Privacy Coordinator