

**Dianne Smith**

---

**From:** Heather Predham  
**Sent:** Thursday, May 15, 2008 1:47 PM  
**To:** Oscar Howell; Pat Pilgrim; Sharon Dominic  
**Cc:** Dianne Smith; Pam Elliott  
**Subject:** St. Pierre Results  
**Attachments:** St. Pierre retesting results.pdf

Hi,

Please find attached a list of St. Pierre residents and their status regarding ER/PR retesting.

Sharon, you can also refer Dr. Bondonneau to the February 8, 2006 correspondence you translated for us that went to Dr. Pascal Malluret

There are more patients on Dr. Bondonneau's list than we had in our database. I went through each one's pathology and outlined why they were not included. Of course, if he needs more information, don't hesitate to contact me. Also, if it's not clear, call me

Thanks

Heather

Heather Predham  
Risk Management Consultant/Assistant Director  
Quality and Risk Management, Eastern Health  
100 Forest Road, St. John's, A1A 1E5

Telephone: (709) 777-6126  
Fax: (709) 777-8033

Table 1

Patients Identified in Communication from Dr. Michel Bondonneau

Dated May 9, 2008

Name	MCP#	Comment
		This lady was retested. Her original results were ER neg PR neg. Upon retesting, her ER was 80 and PR 30. <b>This case was paneled and the letter is attached.</b>
		She was diagnosed in [REDACTED] with DCIS and as a result, <b>no ER/PR testing was conducted.</b>
		She was diagnosed in [REDACTED]. Her hormonal status at the time was ER 90, PR 90. <b>She did not meet the criteria of retesting and therefore is not involved in this process</b>
		She was diagnosed in [REDACTED]. Her hormonal status at the time was ER Positive, PR Negative. <b>She did not meet the criteria of retesting and therefore is not involved in this process</b>
		She was diagnosed in [REDACTED]. Her hormonal status at the time was ER 90%, PR 90%. <b>She did not meet the criteria of retesting and therefore is not involved in this process</b>
		This lady was retested. Her original results were ER neg PR neg. <b>Upon retesting, her results were unchanged as ER 0% and PR 0%.</b>
		This lady was retested. Her original results were ER neg PR neg. <b>Upon retesting, her results were unchanged as ER 0% and PR 0%.</b>
		She was diagnosed in [REDACTED]. Her hormonal status at the time was ER 90%, PR >90%. <b>She did not meet the criteria of retesting and therefore is not involved in this process</b>
		She was diagnosed in [REDACTED]. Eastern Health was not reporting ER/PR at that time; all hormonal receptor status testing and reporting was being done at Mount Sinai, therefore <b>she is not involved in this process.</b>
		She was diagnosed in [REDACTED]. Her hormonal status at the time was ER 70%, PR 45%. <b>She did not meet the criteria of retesting and therefore is not involved in this process</b>
		I cannot locate any pathology results on this lady indicating a diagnosis of breast cancer. <b>If you have further information, please contact me.</b>
		She was diagnosed in [REDACTED]. Her hormonal status at the time was ER 60-70%, PR 80-90%. <b>She did not meet the criteria of retesting and therefore is not involved in this process</b>

Name	MCP#	Comment
Teletchea, Marie-France		She was diagnosed in [REDACTED]. Her hormonal receptor status was performed using biochemical assay, which was the method used prior to the introduction of immunohistochemical testing. Her status at the time was ER PR Negative.
		The immunohistochemical testing method is the subject of the ER/PR review and was introduced in 1997.
		<b>She did not meet the criteria of retesting and therefore is not involved in this process</b>
		This lady was retested. Her original results from ER neg PR neg. <b>Upon retesting, her results were unchanged as ER 0% and PR 0%.</b>
		This lady was retested. Her original results from ER neg PR neg. Upon retesting, her ER was 80 and PR 15.
		<b>This case was paneled and the letter is attached.</b>
		She was diagnosed in [REDACTED]. Eastern Health was not reporting ER/PR at that time; all hormonal receptor status testing and reporting was being done at Mount Sinai, therefore <b>she is not involved in this process.</b>

**Table 2**

Patients identified by Eastern Health not included in Table 1

Name	MCP#	Comment
		This lady was retested. Her original results were ER neg PR neg. <b>Upon retesting, her results were unchanged as ER 0% and PR 0%.</b>
		This lady was retested. Her original results were ER neg PR neg. However this lady was diagnosed with DCIS, Mount Sinai does not test DCIS for ER/PR and <b>therefore she was not retested</b>
		This lady has passed away.
		She was originally ER neg PR neg. Upon retesting her results were ER 60% PR 15% These results have not been disclosed to her family
		This lady has passed away. She was originally ER neg PR neg. Upon retesting her results were ER 0 PR 0 These results have not been disclosed to her family

# Eastern HEALTH

January 27, 2006

Dr. K. Laing  
The Dr. H. Bliss Murphy Cancer Centre  
Health Sciences Centre

Dear Dr. Laing:

RE: [REDACTED]  
Health Record Number: [REDACTED]

---

Ms. [REDACTED] was diagnosed with breast cancer in [REDACTED]. The original report of the estrogen and progesterone receptors showed negative staining for both. A repeat report from Mount Sinai Hospital has shown the tumour to be estrogen receptor positive at 80% and the progesterone receptor positive at 30%.

This patient was discussed at the Physician Review Panel on January 26, 2006. The recommendation of the panel is that this lady can now be considered for hormonal therapy to treat her metastatic disease.

We would ask that you communicate this information to your patient as soon as possible.

Yours sincerely,



---

Kara Laing, M.D., F.R.C.P. (C)  
Clinical Chief, Cancer Care Program  
The Dr. H. Bliss Murphy Cancer Center

CC: Dr [REDACTED]  
Dr [REDACTED]

# Eastern HEALTH

October 27, 2005

Dr. Farrell,  
The Dr. H. Bliss Murphy Cancer Center

Dear Dr. Farrell:

RE: Marie-France Teletchea  
MCP #: [REDACTED]

---

Ms. Teletchea was diagnosed with breast cancer on October 30, 2000. The original report of the estrogen and progesterone receptors showed negative staining for both. A repeat report from Mount Sinai Hospital has shown the tumour to be estrogen receptor positive at 80% and the progesterone receptor positive at 15%.

This patient was discussed at the Physician-Review Panel on October 27, 2005. The recommendation of the Panel is that this lady should be offered treatment with Tamoxifen.

If Tamoxifen is contraindicated or not tolerated, an Aromatase inhibitor may be used in post menopausal patients.

We would ask that you communicate this information to your patient as soon as possible.

If you wish, this patient may be referred to one of the Medical Oncologists at The Dr. H. Bliss Murphy Cancer Centre for further evaluation.

Yours sincerely,



---

Kara Laing, M.D., F.R.C.P. (C)  
Director, Medical Oncology  
The Dr. H. Bliss Murphy Cancer Center  
Assistant Professor, Faculty of Medicine  
Memorial University of Newfoundland

Cc Dr. Kwan  
Dr. Mallure