

TO:

All Pathologists, Division of Anatomical Pathology, St. John's

Hospitals, Eastern Health

Lab Directors - Dr. D. Fontaine (HSC). Dr. G. Baker (Carbonear)

Please, circulate to all Pathologists

Polish

Aug 13/05

Dr. S. Anwar (G. B. Cross), Dr. B. Gallagher (James Paton Memorial), Dr. P. Neil (Western Memorial), Dr. E. Dankwa (St.

Anthony)

Mr. Terry Gulliver Mr. Barry Dyer Dr. Robert Williams

FROM:

Dr. Don Cook

Clinical Chief, Lab Medicine Program St. John's Hospitals Eastern Health

St. Clare's Site

DATE:

July 28, 2005

RE:

Her-2-Neu

Recently, four trials showed both disease free survival and overall survival benefit for adjuvant Herceptin for breast cancer. These were the HERA Trial, NSABP-31 Trial, NCCTG-9831 Trial, and BCIRG006 Trial. Because of the overwhelming evidence in terms of both disease free and overall survival, it is anticipated that Herceptin in the adjuvant setting, either concurrent with Chemotherapy or after Chemotherapy, may be approved in Newfoundland very shortly. Therefore all breast cancer patients with invasive disease should be tested up front for Her-2-neu by immunohistochemistry. As usual, all cases scores as 2+ should be then sent for FISH confirmation. We are currently referring FISH confirmation to Dr. Wedad Hanna at Sunnybrook and Women's College Health Sciences Centre at the University of Toronto.

I would appreciate it if you would begin to incorporate this test into your practice as soon as possible.

As a reminder, when choosing blocks to send for both hormone receptor testing and Her-2-neu testing, please select a section that contains both tumour and normal or benign epithelium. The normal and/or benign epithelium acts as an internal control for immunohistochemical staining.

If you have any questions, please call Dr. Beverley Carter at 777-5530.

Donald M. Cook, MD, FRCPC, FCAP

Clinical Chief, Laboratory Medicine Program

St. John's Hospitals, Eastern Health

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