



From: Susan Bonnell
Sent: Thursday, October 06, 2005 9:28 AM
To: Tansy Mundon; Tara Furlong
Subject: FW:
Attachments: Breast screening The Independent October 2 2005.pdf

Please ensure that your staff have this information. Calls can be directed to our PRO – see below

Susan Bonnell

Director,
Corporate Communications
Eastern Health
709-777-1426 (1338)

From: Susan Bonnell
Sent: Wednesday, October 05, 2005 11:19 AM
To: Corporate Directors & Secretaries; Corporate Division Managers; Program Directors & Secretaries; Program Division Managers; Management Support; Alice Kennedy; Arlene Cook (acook@peninsulas.ca); Beverley Clarke; Brenda Yetman (E-mail); Dianne Clements (E-mail); Dianne Smith; Doris Murphy (E-mail); Dr. Robert Williams; Elizabeth Strange-Hollett; Fay Matthews; George Butt; George Tilley; Joyce Penney; Kathryn Atkin (katkin@sjnhb.nf.ca); Louise Jones; Mary Haynes (E-mail); Michele Keats (MicheleKeats@hcse.ca); Pat Coish-Snow; Patricia Pilgrim; Paula Dillon; Steve Dodge; Susan Bonnell; Wayne Miller
Subject:

This week we have been discussing an issue related to breast cancer patients in the media. For your information, an article from today's Telegram follows this message, and an article from the Sunday Independent is attached. We have been receiving phone calls from patients and relatives of patients today looking for more information on this issue.

It is important that we do not misdirect calls from patients. If you receive a call in your office please inform the individual that our Patient Relations Office is handling all inquiries on this issue and forward the call directly to 777-6500. Let the individual know that they may have to leave a message but that their call will be returned as quickly as possible.

Thanks for your assistance. Please ensure that individuals in your area who may receive calls from the general public are informed of the process.



Susan Bonnell
Director,
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Questionable results

QJHRT Exhibit P-1608 Page 3

Breast cancer treatments in St. John's impacted by inaccurate lab tests

CLARE-MARIE
GOSSE



The Health Sciences Centre in St. John's is retesting tissue samples taken from breast cancer patients from as far back as 1997 to address possible inaccuracies in the results, *The Independent* has learned.

The outcome of the tests, which examine hormone receptors in breast cancer cells for estrogen and progesterone, help physicians determine what course of treatment a patient should undergo.

The test samples are being reassessed at the Health Sciences Centre, as well as at Mount Sinai Hospital in Ontario. The results are only now returning since the retesting began in May this year.

Kara Laing, director of medical oncology with the Health Care Corporation of St. John's, says patients have been contacted recently on an individual basis as test results become available.

The corporation has refrained from making a public statement to avoid raising concern.

"The reason why we haven't gone public with this is we don't have all the answers," Laing tells *The Independent*. "The last thing that you want to do or we want to do is to make people afraid ... is to cause some sort of mass hysteria."

Susan Bonnell, spokeswoman for the health care corp., says a new, more accurate piece of equipment was installed in the laboratory last year, providing clearer results and current hormone receptor tests are also being double checked as part of the quality review. She adds the retesting is not impacting patients waiting for other laboratory results.

"In reviewing past tests we've discovered that some people who tested negative are now converting to a positive result, which would change the course of their treatment," she says. "So they're still being treated for breast cancer, it's just the way they're being treated. It may be impacted, but it may not as well."

Many women and men with breast cancer have what are called ER and PR receptor tests. These show whether the tumour needs hormones, such as estrogen or progesterone, to grow. A positive result shows it does, which means the cancer may respond to hormone therapy such as the drug Tamoxifen.

"We're talking about the care of individual patients," says Laing, "so I can't really give you sort of a global statement other than to tell you, one: estrogen and progesterone receptors are a very important piece of information, but they go with other things; and No. 2 is that this is very individualized."

She says new information surrounding the hormone

See "Patients will be notified," page 2

'Patients will be notified on an individual basis'

From page 1

receptor tests led to the decision to conduct the review.

"There were one or two patients that had had retesting done for another reason, where we noticed sort of a difference ... we noticed some discrepancies and there was a thought that maybe there was something going on."

Laing says any patients or past patients found to have inaccurate readings will be able to immediately discuss with their physician any neces-

sarily change to their treatment procedures. She adds there is no way to judge at this point in time whether any incorrect tests would have impacted recovery.

"Patients will be notified on an individual basis to discuss with their physician as to whether or not this does have an impact on their current treatment, or may have had an impact on their previous treatment because it's just too complicated.

"I mean I can't make a general statement that it would affect everybody or that it wouldn't affect every-

body."

Because results are still incoming, Laing says it's impossible to predict how many patients may be affected, although she suggests the number will be relatively small.

"Of the ones that have been coming back ... I looked at maybe, I don't know, 40 or 50 the other day and there were five or six people that were there, that it may have had an impact, so it's not a huge thing."

Bonnell was unable to provide a number for the amount of samples that have been retested, but she says

results should be available within a month.

Although Bonnell says no patients have brought legal action against the health care corp., she says there are always legal issues to consider when conducting any quality review.

"We're dealing with this as quickly as we possibly can," she says. "I mean you're dealing with people who are already in a stressful situation, who are going through cancer treatment or who have recovered from cancer treatment."

Laing stresses there is no need for

breast cancer patients or any other cancer patients to "get frightened," because the results are a matter of patient care as opposed to cure.

"We're not trying to cover up anything here; we're trying to take care of patients and we're doing that and continue to do that. I don't think a statement that this is something that has negatively impacted on breast cancer patients as a whole group can be said at all ... I think that's false."

Sunday, Oct. 2 marks the beginning of Breast Cancer Awareness Month in Canada.