

Feb 8, 2006

10:30 AM - 11:30 AM

HSC

Meeting regarding update on implementation of ER & PR

Present Dr D Cook

Mr Tony Bullini

Mr Ken Brown

Dr C Eychen

Mr Barry Dwyer

Mr Mary Balth

Dr B Carter

Mr Les Simon

Dr D. Fontana

Meeting started with both Ken Brown and Mary giving written reports of their experiences in Mount Sinai (May) and Montreal Jewish General (Ken). Ken brought back information from Montreal on type of Abs used and protocol. Mary ~~also~~ brought forth issue on QA. she brought back document on PA's and fixation protocols. Mary was not allowed to bring back documents on immunoperoxidase protocols from Mount Sinai. Both agreed on the need for documentation of activities in the lab and the establishment of manuals.

Dr's Carter and Eychen commented on the staining for ER and PR's, seems to be good correlation and reproducibility with ER results and comparison with Mount Sinai. Less so for PR. All agreed that implementation date of March 31, 2006 seems feasible.

General discussion followed including the prospect of bringing in digital microscopy with image analysis (Ventana, FDA approved system) for evaluation of reading ER & PR's and possibly Her-2-Neu. Dr Cook asked Mr Bullini and Dwyer to provide him with centres in the U.S that have this system and their protocols. There are no centres in Canada that ^{currently} have this. Dr Carter made note that Canadian Cancer Surveillance does not provide for reading and interpretation of Her-2-Neu by image analysis. It was ^{generally} agreed it was worthwhile to bring this system in

for evaluation only. ~~It was agreed~~

It was agreed to test 30-40 cases concurrently with Mount Sinai and ~~our~~ our system in respect to ER & PR's and also with Montreal ~~for~~ Jewish General for correlation. We will meet in the 3rd week of March to discuss the results of these. Dr Eychen noted that samples on ER/PR and lymphoma panels were sent to UK

March 6, 2006

Spoke to Dr BB Nagahly about why
Claremont discontinued E R & P R slides

Dr Nagahly replied this was due to
poor quality and ~~too~~ lack of
external controls plus the fact they
were paying for this

- As far as she knows, they discontinued
what Noddy people in St. John's

Spoke to Joy McCauley April 10, 2006

Allowed a recent meta ~~and~~ when standard
 practice amongst oncologist is to Rx with
~~knowing~~ if $ER/PR \geq 1\%$. This goes
 against NCIC guideline where 10% is
 the cut off point. Many labs are just
~~if this is~~ reporting as positive or negative
 if this is the case. ~~so~~ we may have to
 change our report: as + or -ve, ~~and~~ and
 not give %. We will discuss further.

Joy claims that oncologists have no real
 good evidence to show why they are using $\geq 1\%$