

ER/PR

Hellen Sparkes

From: KenJenkins@hcswnf.ca
Sent: Thursday, December 08, 2005 2:06 PM
To: hspark@healthwest.nf.ca
Subject: FW: FALSE CANCER TEST RESULTS: It's been months since the health board in eastern Newfoundland admitted some of its test results may have been wrong but patients on the west coast are only now finding out 08:22AM Item # 21



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KJ

-----Original Message-----

From: Simmons, Heidi Staeben
Sent: Thursday, December 08, 2005 1:55 PM
To: Jenkins, Ken; Gillam, Susan
Cc: Susan Bonnell (E-mail); Deborah Thomas (E-mail)
Subject: FW: FALSE CANCER TEST RESULTS: It's been months since the health board in eastern Newfoundland admitted some of its test results may have been wrong but patients on the west coast are only now finding out 08:22AM Item # 21

FYI, Heidi

---Original Message---

From: 709News [mailto:709News@bristolgroup.ca]
Sent: Thursday, December 08, 2005 1:19 PM
To: DHiscock@bristolgroup.ca; Simmons, Heidi Staeben
Subject: FALSE CANCER TEST RESULTS: It's been months since the health board in eastern Newfoundland admitted some of its test results may have been wrong but patients on the west coast are only now finding out 08:22AM Item # 21

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Product Summary:

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DOROTHY KING: Well it's been months since the health board in eastern Newfoundland admitted some of its test results may have been wrong but patients here on the west coast are only now finding out they're also affected. Eastern Health said last May that about 800 breast cancer patients needed to have some tests rechecked, the false results could mean that women didn't get the best treatment available. Dr. Ken Jenkins is Vice President of Medical Services with the Western Health Authority and he drops by our studio earlier this morning. What's your understanding of what went wrong here?

DR. KEN JENKINS: In terms of the results themselves, Dorothy?

DOROTHY KING: Indeed.

DR. KEN JENKINS: Well what's been happening here over the summer is that the lab personnel and pathologist have been doing their own level of consulting with respect to the results and the work that was required. Now, this particular issue came to our executive level attention Dorothy actually the end the September and early October. And at that particular time we've made a decision to assign some additional resources so that lab personnel and the pathologists could in fact get on with the work of identifying these particular specimens.

DOROTHY KING: So you knew that there were women affected here on the west coast?

DR. KEN JENKINS: Yes, as I've mentioned to you it was probably the 29th of September would have been the earliest date that I personally was aware and our executive was engaged in some discussions in the following week.

So we went about at that particular time in analyzing the specimens and it took a couple of weeks to get them all submitted, quite a bit of work you could probably imagine.

DOROTHY KING: Indeed, but why weren't these women notified at the time that they could have a problem?

DR. KEN JENKINS: Yes, first of all you know what we had to do is actually go back into the specimens that we had in stock, there were you know quite a number of them, they had to be sorted through and identified as to which ones would be submitted and that actually took a period of about three weeks, roughly, to complete that particular piece of work. And then subsequent to that then what we had to do was develop a roster and a list of the patients that needed to be notified, dig out the information and as you can imagine you're going back to 1997, some of that information may have changed so we developed our call-back list and we assigned a staff member, one of our nurses, and she has actually begun that calling process notification of the patients now.

DOROTHY KING: Some of them are upset that they're, you know, they've taken so long I mean this story has been out in the news for some time.

DR. KEN JENKINS: Oh, absolutely, and I understand that and I'll go back to the fact that as soon as we were aware that this was an issue, we did act immediately, assign the resources, got the samples in absolutely as quickly as we could. Our staff actually worked a fair bit of overtime, Dorothy through October to get these samples collected and I'm actually very proud of the staff for the work they've done in getting that together.

DOROTHY KING: Fair enough, but would it not have been a better procedure to have at least released some kind of an announcement to the general public that there was a situation and that women may be contacted with these test results that were not in fact accurate.

DR. KEN JENKINS: Yes, there was actually a fair bit of communication

early on and we certainly were relying upon the Eastern Heath to a certain extent in taking the lead on this.

DOROTHY KING: Why Eastern Health?

DR. KEN JENKINS: Well because they were responsible actually for the conduct of the test, our samples are actually submitted to Eastern Health for processing and in that in fact there was communication that happened from eastern that was in our paper in the western region and we also had communication internally with our staff, our physicians, our ~~public health staff who were well aware of this situation and we were~~ aware that people were informed and were asking questions. We had feedback from a number of our different staff to advise us that people were aware, and of course that was an informal means of communication. We decided that once we had the list finalized and we knew exactly who was affected by this that we also wanted to precede with the formal notification. Now as I've mentioned to you, you know, it was just a matter of timing in terms of getting the specimens ready, getting the list to call out and getting the staff assigned so we did that as quickly as we could.

DOROTHY KING: What's the reaction that you've gotten of late from breast cancer patients?

DR. KEN JENKINS: Well we're through 249 specimens that were resubmitted, Dorothy from the year of 1997 to 2005 and I was talking with the nursing officer who's conducting the callouts just last night before I left work.

And she has reached about 160 of those people so far. Now she's had a variety of responses but the overwhelming response she tells me is that people are quite glad they're getting a call, they're pleased to know what the status of their test is. And of course we're reliant upon the test being conducted by an external agency and waiting for the results to get back. But we anticipated this would be difficult, we sort of watched what Eastern Health did and the reactions that they were getting from their patients and certainly people were concerned and we very much understand that. And what we have to do now is make sure that when those test results are back that they are communicated to the patients and their doctors and that if there is a requirement for any follow-up here and that that will be provided to the patient.

DOROTHY KING: And those results should be finalized when?

DR. KEN JENKINS: We don't have any ideas as to when we can expect Mount Sinai to complete those tests, Dorothy and that's were all of the samples are being resubmitted, we haven't been provided with a date either through Eastern Heath or through the Mount Sinai. So we do have to wait for those results to be completed before we can move to the next step.

DOROTHY KING: I know this concerns Eastern Health Care but I'm sure it's something that's been discussed by you with other people and that is the length of time that it took to realize that these tests results were in fact flawed.

DR. KEN JENKINS: Well there's an interesting background on this which we should probably consider and it really relates to the whole spectre of new technology coming into the health system and the background on this is that they started testing for ER/PR receptors back in 1997, and in 2004, health care, Eastern Heath introduced a new system, and automated system, now prior to that it had been a semi automated system and you know, I know some of your listeners have been hearing from other people who've been online here describing for example the 40 steps that were involved in this previous process. So what happened then in 2004, was this new technology was introduced, more sensitive and picked up results that previous older technology had not been able to pick up. And Dorothy this is something that we certainly face in health care all the time,

you know, they have new technologies that come along, they find things that the previous technologies couldn't find and we end up having to adjust and adapt to that, and that creates difficulty and concern for patients because now they have a diagnosis that they didn't have before and that may have made a difference in terms of the type of treatment. I think the good news here really is that I think Eastern Health has been very responsible in what they've done here by going public. And by letting people know what's happening and by taking the testing to another level, external, to validate and confirm whether or not the suspicion that they had was correct. And so I think that is very good news for the patients that are out there, despite the difficult part of it, we do know that with this particular type of tumor that there is a window that may be up to 10 years long within which treatment with other drugs such as tamoxifen can be given.

DOROTHY KING: Dr. Jenkins I thank you very much.

DR. KEN JENKINS: You're more than welcome.

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