

Thompson, Robert

From: Thompson, Robert
Sent: Thursday, March 13, 2008 9:19 PM
To: Power, Glenda; Keats, Don; Ross Wiseman
Subject: RE: need approval asap

Glenda

Looks good.

1. Two small edits in the following paragraph: "factor" and the sentence on source of data.

"To understand these numbers, it is essential to remember that a changed ER/PR test result does not necessarily mean that appropriate cancer treatment was delayed, as physicians tell us that this test is one factor in many that help determine course of treatment. Nor do these numbers indicate that there is a relationship between an inaccurate ER/PR test and progression of the disease or death," said Minister Wiseman. In addition, the source used for identifying the number of deceased patients was the Provincial Mortality Database, which does not specify cause of death.

2. Also, I have changed a few words here to make the paragraph track more closely with the Commission's ToR. In clarifying one issue, we don't want them taking issue with any other paraphrasing of their ToR.

"...why there was a high rate of conversion of test results, why the problems were not detected earlier than 2005, whether the response by officials was timely and appropriate, and if current ER/PR testing and quality assurance processes reflect best practices. I look forward to receiving the report of the Commissioner and the answers that the work of the Commission will provide."

3. I noticed you reinserted the word private in the term of ref. No issue here, just wanted to make sure you did the consciously.

Robert

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

From: Power, Glenda
Sent: Thu 13/03/2008 17:54
To: Thompson, Robert; Keats, Don; Ross Wiseman
Subject: need approval asap

final draft of release for tomorrow attached and below.

Health and Community Services

March 14, 2008

Minister Provides Additional Information on ER/PR Database

Today the Honourable Ross Wiseman, Minister of Health and Community Services, provided additional information on the database compiled by the Newfoundland and Labrador Centre for Health Information (NLCHI) on estrogen and progesterone receptor (ER/PR) re-testing.

"Our government engaged the Newfoundland and Labrador Centre for Health Information in order to ensure we have the most comprehensive database possible that captures relevant information on ER/PR testing between 1997 and 2005," said Minister Wiseman. "At the time of the update I provided in February, the question was posed as to how many patients who underwent re-testing and are now deceased had changed results. This information at that time had not been extracted from the database but I felt it should be answered prior to the conclusion of the database project."

Of the 1,013 patients whose results were sent for re-testing, 322 are deceased and 691 are living; this information was provided in the last update. Additional analysis shows that the number of deceased patients whose test results changed is 108, and the number of living patients whose results changed is 275.

"To understand these numbers, it is essential to remember that a changed ER/PR test result does not necessarily mean that appropriate cancer treatment was delayed, as physicians tell us that this test is one factor in many that help determine course of treatment. Nor do these numbers indicate that there is a relationship between an inaccurate ER/PR test and progression of the disease or death," said Minister Wiseman. In addition, the source used for identifying the number of deceased patients was the Provincial Mortality Database, which does not specify cause of death.

"I also want to take this opportunity to ensure clarity around the role of the Commission of Inquiry," said Minister Wiseman. "While its mandate does not include an examination of the circumstances of individual patients involved in the ER/PR re-testing process, its areas of focus will include why there were problems with the testing, why the problems were not detected earlier than 2005, the appropriateness of the response by officials, and if current ER/PR testing and quality assurance processes reflect best practices. I look forward to receiving the report of the Commissioner and the answers that the work of the Commission will provide."

Minister Wiseman also noted that with the conclusion of the database project, the Secretary to Cabinet for Health Issues, Robert Thompson, would be advancing work related to the Task Force on Adverse Health Events (see Terms of Reference in backgrounder), which was established by the Provincial Government. It is expected that further details on the direction of the task force will be provided in the coming weeks.

- 30 -

Media contact:

Glenda Power

Director of Communications

Department of Health and Community Services

709-729-1377, 685-1741

glendapower@gov.nl.ca

Background

Terms of Reference for Task Force on Adverse Health Events

1. Scope: to examine and evaluate how the health system identifies, evaluates, responds and communicates in regard to adverse events within the health system; to examine relevant best practices in other jurisdictions; to propose a mandate, structure and budget for the establishment of a health quality council in Newfoundland and Labrador, and to make such recommendations as may be appropriate;
2. Consultation: private consultation with health authorities and experts; regular dialogue with committee of health authority safety/quality officials; public invitation for submissions; meetings as necessary with relevant stakeholders; and a symposium on adverse health events; and
3. Report date: June 30, 2008.

Glenda Power

Director of Communications

Department of Health and Community Services

Government of Newfoundland and Labrador

P.O. Box 8700

St. John's, NL

A1B 4J6

709.729.1377 office

709.685.1741 cell

glendapower@gov.nl.ca <mailto:glendapower@gov.nl.ca>