

To Dr. N.Denic,
Clinical Chief,
Laboratory Medicine,
Eastern Health

Re: Breast pathology delivery for Eastern Health

Dear Nash,

July 22nd, 2008

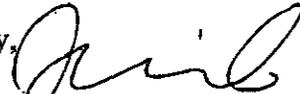
Following the discussion with you I would like to propose the draft describing the plan of action regarding the breast pathology practice at Eastern Health.

1. To endorse the Royal College of Pathologists and NHS (UK) guidelines for Pathology Reporting of Breast Disease (in part of benign and pre-malignant lesions) and College of American Pathologists Synoptic reporting guidelines (for in-situ and invasive breast cancers) until the national guidelines from the Canadian Association of Pathologists will become available. To update and enrich our current Standard Operating Procedures regarding breast specimens based on these two documents and to disseminate it to all pathologists involved in breast disease reporting and the residents. ✓
2. To implement immediately weekly mandatory intradepartmental breast slides review by a panel of at least two pathologists. An adequate secretarial support is necessary. ✓
3. To re-instate breast pathology-radiology weekly rounds (tentatively in August upon Dr.N Wadden return from holidays). An adequate secretarial support is necessary. ✓
4. To start organizational steps (i.e putting together the business plan) towards the creation of multidisciplinary breast unit- engaging surgery, pathology, radiology, medical oncology, medical radiology, nursing and and psychosocial support specialists – weekly collaborative management meetings, similar to Cambridge University Hospital Breast Unit meetings. Combined with "3"
5. Dedicate two pathologist assistants to breast pathology as a primary duty. Perform all gross examinations of breast specimens on one site (currently St.Clare's Hospital) where breast pathologist' grossing bench support is readily available. This is to ensure the continuity of breast pathology standard practice under the guidelines endorsed in #1. After last consolidation
6. To implement the specimen audit in breast pathology (and to develop the appropriate documentation- NHS samples are available) in order to monitor any deficiencies in specimen accession, gross examinations, processing and reporting with the timely remediation and follow-up. to be done

7. Immunohistochemistry for ER, PR and Her2: I would like you to consider tissue microarrays and image analysis as a robust approach to provide "sealed" multiple external controls on the same slide with the test sample. The current approach considers only a very limited number of external controls to be mounted on the same slide, while tissue arrays will allow us to amplify the number of control samples per each test yet allowing for an ethical way of using control tissue blocks since tissue arrays dramatically reduce the amount of tissue needed for this purpose. This will not de-emphasize the value of internal controls, yet will complement it and will help us to reduce well-known problem of variability of intensities between the batches of immunostains. This will allow us to monitor sensitivity and specificity of our ER, PR and Her2 stains based on a non-biased assessment of intensity of the immunostains using digital image analysis based monitoring, and will eventually make us national leaders in breast cancer biomarker Quality Assurance.

Approved
N.D.

I will be happy to participate in the development of the business plan with all parties involved and provide you with the appropriate cost-estimates.

Sincerely,

 Nik (Nikita) Makretsov, MD, PhD, FRCPC
 Anatomical pathologist,
 Eastern Health.

July 22/08
