HealthCare
Corporation of St. John's

September 21, 2005

VICE PRESIDENT
SEP 2 9
MEDICAL SERVICES

Mr. Terry Gulliver
Program Director, Laboratory Medicine Program
Health Sciences Centre
Eastern Health
St. John's, NL A1B 3V6

Dear Mr. Gulliver:

I write to you in response to the recent problems experienced with the immunohistochemical staining, specifically regarding estrogen and progesterone receptors. It is my opinion that the problem extends far beyond the estrogen and progesterone receptor status as has been identified. To bring the laboratory to a standard whereby a confident diagnosis can be delivered on the basis of the immunohistochemical staining (which is key to an accurate diagnosis and patient management) a dedicated immunohistochemical lab is essential. This should include technologists who are at the leading edge of the field who are trained to interpret and troubleshoot any possible inconsistencies with staining patterns. This would include participation in an external Quality Assurance and Monitoring program. In order to carry out this service, we would require at minimum two dedicated technologists to the Immunohistochemical service. As this is a provincial resource I would suggest funding from all labs who are using the service. As Site Chief, I feel it is imperative that we have this dedicated service to ensure quality to the patients of Newfoundland and Labrador. I would not support continuing performance of immunohistochemical staining at this site should these recommendations not be followed.

With respect to our institution, fixation is a key component of immunohistochemical staining. At the current time there is a variety of practice patterns involving various pathologists to which there is no standardized approach to grossing of specimens. This would be best remedied by the introduction of pathology assistants into the program. This is the standard of practice at all other tertiary care academic centers. Our pathologists have complicated schedules and it is often difficult to prepare specimens for immediate fixation and proper handling. Should these pathology assistants become available it would be their sole duties to participate in the fixation and grossing of specimens. This could be achieved with a standardized grossing policy and procedure manual to which the department pathologists have indicated consensus to move in this direction. With the consolidation of the technical services all the grossing could be performed at the Health Sciences site.

The other benefit with pathology assistants will be to make better use of the Sykora Tech Express. In attempting to introduce this technology to the Health Sciences, the pathologists have been hesitant in adopting the new technique as this involves a change in grossing practice resulting in a more laborious process. Although the end result is satisfactory, the pathologists do not feel that their time is well spent to deliver such technically challenging sections.

It is my opinion these are essential changes for the department to meet national standards as the two are key components of a fully functioning and standardized laboratory. Furthermore in support of pathology assistants; the Hay report, and the recent accreditation of the program, have both strong recommendations involving the implementation of pathology assistants. In view of the shortage of pathologists, this would be a more cost effective use of resources while delivering a better quality product in the end.

I trust these matters will be attended to and look forward to any solutions. If I can be of any assistance please do not hesitate to contact me.

Sincerely,

Dan Fontaine, M.D., F.R.C.P.C.
Site Chief of Anatomical Pathology
Health Sciences Centre
Eastern Health

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cc: Dr. D. Cook,
Clinical Chief, Laboratory Medicine Program

Dr. R. Williams, Vice-President,
Quality, Diagnostic & Medical Services