

REPORT OF THE LABORATORY MEDICINE PROGRAM
to
CLINICAL CHIEFS AND MEDICAL ADVISORY COMMITTEE

September/October 2005

1. SERVICE CHANGES
Nil to report
2. NEW TECHNOLOGY
Nil to report
3. EQUIPMENT
Nil to report
4. HUMAN RESOURCE ISSUES

Pathologists: I am still greatly concerned about our human resource situation in the Division of Anatomical Pathology. Since my last report, another Pathologist has indicated that he will be leaving the organization for a position in Alberta. Though it is agreed that he would take unpaid leave for one year, there is absolutely no guarantee this individual will return. A second Pathologist in a major leadership position has been offered a position in Halifax with a significantly higher salary and is seriously considering the offer. His decision hinges on the outcome of negotiations between Government and the NLMA. Two other Pathologists will be leaving the organization at the end of December due to retirements.

When one considers these additions to my already vacant positions, we could possibly be looking at a total shortfall of five Pathologists or approximately 25% of our Pathology manpower by December 31, 2005. These vacant positions also include a permanent Discipline Chair. In addition to these, I am anticipating two more retirements in the year 2006.

Residents: In regards to our residents, only one has indicated in writing an interest in filling a position in July, 2006. Others are waiting the outcomes of negotiations and weighing their options.

Recruitment Efforts: Our recruitment efforts are still ongoing. We are currently trying to recruit an American-trained and certified Pathologist who is on a J1 Visa. I am hopeful that I can obtain this individual for at least a one-year contract and longer, if possible.

In regards as to what has further been done to date, the Newfoundland Association of Pathologists (NAP) originally contacted the Newfoundland and Labrador Medical Association (NLMA) to discuss issues and problems associated with the manpower situation. The NLMA referred the issue to the Physician services Liaison Committee

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(PSLC), following which the NAP gave presentation to the PSLC. The PSLC asked for input from all Medical Directors, and it was subsequently agreed that these issues require further investigation. This was forwarded to the Service Coverage Committee (SCC) which then set up a Pathology Working Group to explore all issues related to Pathology services province wide. The Pathology Working Group believes that serious disruptions in the service are likely to occur. This working group has reported to the SCC and is awaiting their response.

5. **QUALITY INITIATIVES**

There is currently a review of our estrogen receptors (ER) and progesterone receptors (PR). This review involves all negative ER cases from May, 1997, to August 9, 2005. In 1997, a Dako semi-automated system was installed for the Immunohistochemistry service and replaced the bioassay method of testing for ER/PR receptors. The Dako system was replaced in April, 2004, by a automated Ventana system. In late May/early June, 2005, we became aware of a number of patients who were initially tested as ER/PR negative by the Dako system and retested as strong ER/PR positive by the Ventana system. Further retesting took place on ER/PR negative patients, primarily in the year 2002 (the year of the index case). Of the 57 tested on the Ventana system, 38 showed positive results.

This high conversion rate also raised the questions about the Ventana system, especially regarding its sensitivity. As a result, all negative samples since 1997 will be sent to an external laboratory for retesting. There is also a hold on the reporting of ER's and PR's by all Pathologists in the Division of Anatomical Pathology. All current requests for ER's and PR's are being forwarded to Mount Sinai for immunohistochemical processing, interpretation and reporting. The status of the Ventana system will be determined once we review correlations of ER and PR results form outside labs. We are awaiting reports from medical and technical consultants before we operationalized the Ventana system. I will keep you updated on this matter.

6. **OTHER**

Program for Sexual Assault Patients: The Laboratory Medicine Program along with the Public Health Labs are currently working with the Emergency/ Ambulatory Care Program in providing support services in the setting up of a program for assessing and treating sexual assault patients. It is hoped to have a protocol and policy document drafted within the next two weeks.

Respectfully submitted,

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