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1 COMMISSION OF INQUIRY  
 2 ON HORMONE RECEPTOR TESTING  
 3 BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER  
 4 MARCH 20, 2008  
 5 Appearances:  
 6 Bernard Coffey, Q.C. . . . . Commission Co-counsel  
 7 Sandra Chaytor, Q.C. . . . . Commission Co-counsel  
 8 Rolf Pritchard . . . . . Her Majesty in Right of NL  
 9 Daniel Simmons . . . . . Eastern Regional Integrated  
 10 . . . . . Health Authority  
 11 Chesley Crosbie, Q.C. . . Members of the Breast Cancer  
 12 . . . . . Testing Class Action  
 13 Ms. Darlene Russell . . . . . Co-counsel  
 14 Jennifer Newbury Canadian Cancer Society (NL Division)  
 15 David Eaton, Q.C. Central, Western and Labrador-Grenfell  
 16 Regional Integrated Health Authorities

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1 LIST OF EXHIBITS  
 2 March 20, 2008  
 3 1. Exhibit entered and marked Exhibit C-0053 Pg. 29  
 4 2. Exhibit entered and marked Exhibit C-0054 Pg. 30  
 5 3. Exhibit entered and marked Exhibit C-0055 Pg. 31  
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 7 to C-0070 . . . . . Pg. 74  
 8 4. Exhibit entered and marked Exhibit P-0006 Pg. 74

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1 March 20, 2008  
 2 THE COMMISSIONER:  
 3 Q. Please be seated. I see we're going to have  
 4 to make sure all the clocks in the building  
 5 read the same way. Now, Mr. Coffey, you're on  
 6 your feet, so I assume -  
 7 COFFEY, Q.C.:  
 8 Q. Yes, Commissioner. Somebody might want to  
 9 adjust the clock in here, it's five minutes  
 10 slow. The first witness, Commissioner, is  
 11 Patricia Goobie. Good morning, ma'am.  
 12 MS. PATRICIA GOOBIE (AFFIRMED) EXAMINATION-IN-CHIEF BY  
 13 BERNARD COFFEY, Q.C.  
 14 REGISTRAR:  
 15 Q. And would you please state and spell your  
 16 complete name for the Commission?  
 17 MS. GOOBIE:  
 18 A. Patricia Goobie, P-A-T-R-I-C-I-A, G-O-O-B-I-E.  
 19 REGISTRAR:  
 20 Q. Thank you.  
 21 THE COMMISSIONER:  
 22 Q. And, Mrs. Goobie, you have a soft voice, so  
 23 I'm going to ask you to speak up a little just  
 24 to make sure that everybody in this room can

Page 5

1 hear what you're saying.  
 2 MS. GOOBIE:  
 3 A. Okay.  
 4 REGISTRAR:  
 5 Q. Thank you.  
 6 COFFEY, Q.C.:  
 7 Q. Ms. Goobie, and one way to judge that is to  
 8 speak loud enough so that I can hear you,  
 9 okay, and then everybody else will be able to.  
 10 Ma'am, would you give us, please, your date of  
 11 birth?  
 12 MS. GOOBIE:  
 13 A. February 17th, 1953.  
 14 COFFEY, Q.C.:  
 15 Q. And where do you live?  
 16 MS. GOOBIE:  
 17 A. Queen's Cove. Queen's Cove.  
 18 COFFEY, Q.C.:  
 19 Q. And where is that?  
 20 MS. GOOBIE:  
 21 A. That's ten miles east of Clarendville.  
 22 COFFEY, Q.C.:  
 23 Q. And have you lived there for a number of  
 24 years?  
 25 MS. GOOBIE:

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1 A. Thirty-five years.  
 2 COFFEY, Q.C.:  
 3 Q. Ms. Goobie, I understand that you're a breast  
 4 cancer patient?  
 5 MS. GOOBIE:  
 6 A. Yes, I am.  
 7 COFFEY, Q.C.:  
 8 Q. Okay. Could you tell us, please, about your  
 9 experience with breast cancer?  
 10 MS. GOOBIE:  
 11 A. I was diagnosed with breast cancer in June,  
 12 2001. I was 48 year old at the time.  
 13 COFFEY, Q.C.:  
 14 Q. And go ahead, you were diagnosed?  
 15 MS. GOOBIE:  
 16 A. Yes, I was diagnosed and I was operated on in  
 17 Clarendville by Dr. O'Shea, and I did four  
 18 chemo treatments just for precautionary. The  
 19 lymph nodes and everything came back negative,  
 20 everything was okay, but he just gave it to me  
 21 for precautionary because of family history,  
 22 breast cancer, family history.  
 23 COFFEY, Q.C.:  
 24 Q. So the chemo was given, you were told, was  
 25 being given to you -

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1 MS. GOOBIE:  
 2 A. Yes, as a precautionary only.  
 3 COFFEY, Q.C.:  
 4 Q. Precautionary purposes?  
 5 MS. GOOBIE:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Because of the family history of breast  
 9 cancer?  
 10 MS. GOOBIE:  
 11 A. Yes, that's right.  
 12 COFFEY, Q.C.:  
 13 Q. Or of cancer?  
 14 MS. GOOBIE:  
 15 A. That's correct.  
 16 COFFEY, Q.C.:  
 17 Q. Now, at the--you were diagnosed, you  
 18 indicated, in 2001?  
 19 MS. GOOBIE:  
 20 A. That's right.  
 21 COFFEY, Q.C.:  
 22 Q. Did you -  
 23 MS. GOOBIE:  
 24 A. June the 7th.  
 25 COFFEY, Q.C.:

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1 Q. June?  
 2 MS. GOOBIE:  
 3 A. June the 7th.  
 4 COFFEY, Q.C.:  
 5 Q. Second?  
 6 MS. GOOBIE:  
 7 A. Seventh.  
 8 COFFEY, Q.C.:  
 9 Q. Seventh, okay.  
 10 MS. GOOBIE:  
 11 A. I was operated on June 14th.  
 12 COFFEY, Q.C.:  
 13 Q. To help put this in context, do you have a  
 14 sister or did you have a sister whose name was  
 15 Geraldine?  
 16 MS. GOOBIE:  
 17 A. Yes, I did.  
 18 COFFEY, Q.C.:  
 19 Q. And what was her--was she married?  
 20 MS. GOOBIE:  
 21 A. Yes, she was married.  
 22 COFFEY, Q.C.:  
 23 Q. Okay, and what was her married name?  
 24 MS. GOOBIE:  
 25 A. Avery.

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1 COFFEY, Q.C.:

2 Q. So that would be Geraldine Avery?

3 MS. GOOBIE:

4 A. Um-hm.

5 COFFEY, Q.C.:

6 Q. Is she younger or older than yourself?

7 MS. GOOBIE:

8 A. She's two years older than I am.

9 COFFEY, Q.C.:

10 Q. Okay.

11 MS. GOOBIE:

12 A. Here's her picture.

13 COFFEY, Q.C.:

14 Q. And I see you have brought a picture of her,

15 of course -

16 MS. GOOBIE:

17 A. Yes.

18 COFFEY, Q.C.:

19 Q. - she's deceased so you brought a picture

20 along to indicate who she was.

21 MS. GOOBIE:

22 A. Um-hm.

23 COFFEY, Q.C.:

24 Q. Could you tell us, please, and you referred to

25 a family history, tell us briefly about your

Page 10

1 family's history with cancer?

2 MS. GOOBIE:

3 A. Well, my dad--my grandmother on dad's side had

4 breast cancer when she was 46 year old; and my

5 sister, Geraldine, when she was 48, she had

6 breast cancer; and when I became 48, I got

7 breast cancer; and when my younger sister

8 became 48, she had breast cancer. Three

9 sisters at 48.

10 COFFEY, Q.C.:

11 Q. And your sister, Geraldine, lived where?

12 MS. GOOBIE:

13 A. She lived in Adeytown, that's near

14 Clarendville.

15 COFFEY, Q.C.:

16 Q. So -

17 MS. GOOBIE:

18 A. It's only about five minutes from where I

19 live.

20 COFFEY, Q.C.:

21 Q. And do you recall where--so she, if she had

22 cancer two years before you did, that would

23 probably have been in 1999?

24 MS. GOOBIE:

25 A. That's right, that's correct.

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1 COFFEY, Q.C.:

2 Q. And can you tell us, please, where she was

3 treated?

4 MS. GOOBIE:

5 A. She was treated at St. John's, at the Health

6 Science.

7 COFFEY, Q.C.:

8 Q. And you instead had been treated in

9 Clarendville?

10 MS. GOOBIE:

11 A. Yes.

12 COFFEY, Q.C.:

13 Q. So having been diagnosed in 2001 yourself,

14 having been operated upon and then received

15 chemotherapy, your treatment was, in effect,

16 finished in 2001?

17 MS. GOOBIE:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. Have you been seeing a doctor since?

21 MS. GOOBIE:

22 A. Oh, yes, I see a doctor every six months, Dr.

23 O'Shea in Clarendville.

24 COFFEY, Q.C.:

25 Q. And Dr. O'Shea is following you -

Page 12

1 MS. GOOBIE:

2 A. Yes, following me up today. I was to him

3 about two weeks ago, I was up to him and

4 everything is okay so far. It's almost seven

5 years now.

6 COFFEY, Q.C.:

7 Q. Now, I'm going to ask you, and I appreciate

8 you would not have a detailed knowledge of

9 your sister's medical chart, per se.

10 MS. GOOBIE:

11 A. No.

12 COFFEY, Q.C.:

13 Q. But could you tell us, please, what you know

14 generally about how your sister's encounter

15 with cancer progressed from '99 onward?

16 MS. GOOBIE:

17 A. Well, she had a reoccurrence, she had her

18 breasts removed in '99, and 2001 she had

19 another reoccurrence, and 2005 she had another

20 reoccurrence. So it kept coming back, like,

21 every couple of years, and she passed away in

22 2006.

23 COFFEY, Q.C.:

24 Q. We understand that the ER and PR, as we've

25 been referring to it, issue became a public

Page 13

1 matter in 2005.  
 2 MS. GOOBIE:  
 3 A. Um-hm.  
 4 COFFEY, Q.C.:  
 5 Q. Before that, looking back or thinking back to  
 6 2001 for yourself, when you were diagnosed and  
 7 then operated upon and then received the  
 8 chemotherapy afterward, were you ever given  
 9 anything to understand about your ER/PR  
 10 status, your own status, ER/PR?  
 11 MS. GOOBIE:  
 12 A. Well, Dr. O'Shea called me back and told me  
 13 everything was okay and everything came back  
 14 negative and I was fine.  
 15 COFFEY, Q.C.:  
 16 Q. Okay. But was there--do you recall whether  
 17 there was any discussion about estrogen  
 18 receptors or progesterone receptors or ER or  
 19 PR with Dr. O'Shea back in 2001?  
 20 MS. GOOBIE:  
 21 A. No, I don't recall too much about that.  
 22 COFFEY, Q.C.:  
 23 Q. I take it from your perspective everything,  
 24 the words everything was okay was -  
 25 MS. GOOBIE:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Everything was negative?  
 4 MS. GOOBIE:  
 5 A. When everything was okay, I was relieved, of  
 6 course.  
 7 COFFEY, Q.C.:  
 8 Q. When did you first become then aware of the  
 9 ER/PR, the concepts of ER, estrogen receptors  
 10 and progesterone receptors, PR, when did you  
 11 first become aware of that?  
 12 MS. GOOBIE:  
 13 A. Well, they said our--a lot of the tests was  
 14 sent to Mount Sinai to be tested and that and  
 15 my sister, my sister and I were really  
 16 concerned, you know. So one day I was home  
 17 and I heard it on the radio that some many of  
 18 the testing were back at St. John's from Mount  
 19 Sinai. And I called and they told me mine was  
 20 okay. So I asked about my sister's, of  
 21 course, I knew that they weren't going to give  
 22 me hers, but they told me for her to call  
 23 herself. So immediately I called my sister  
 24 and I said, "The results are back," so I said,  
 25 "why don't you call and get your results?"

Page 15

1 And she called many times and she didn't get  
 2 her results. She was a long time getting  
 3 them, until finally she got a bit upset and  
 4 she said, "You know, I want to know my  
 5 results." But she phoned me after and she  
 6 said, "I think I'm getting the run around, you  
 7 know, because they're not giving me no  
 8 results," and I got mine immediately. So hers  
 9 came back positive. And to it's like a cover  
 10 up and that's what she felt, the same thing.  
 11 COFFEY, Q.C.:  
 12 Q. Now, this would have been when your sister and  
 13 yourself--when you yourself, for example,  
 14 first heard it on the radio?  
 15 MS. GOOBIE:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. About ER and PR and Mount Sinai, that would  
 19 have been in what year, do you think?  
 20 MS. GOOBIE:  
 21 A. Perhaps 2005, maybe.  
 22 COFFEY, Q.C.:  
 23 Q. Did you--when you self phoned, you say St.  
 24 John's, who did you phone in St. John's or  
 25 what institution did you phone in St. John's?

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1 MS. GOOBIE:  
 2 A. I phoned the Murphy Clinic, Murphy Cancer  
 3 Clinic.  
 4 MR. COFFEY:  
 5 Q. Okay. And had you ever been a patient of the  
 6 Bliss Murphy Cancer Centre?  
 7 MS. GOOBIE:  
 8 A. I went out once to Geraldine's doctor, Dr.  
 9 Wasil. He operated on Geraldine. And I went  
 10 to him once and that's about it, I went back  
 11 to Dr. O'Shea in Clarenville.  
 12 COFFEY, Q.C.:  
 13 Q. Okay.  
 14 MS. GOOBIE:  
 15 A. So he took me over from that.  
 16 COFFEY, Q.C.:  
 17 Q. So your visit to the cancer centre in St.  
 18 John's was early on?  
 19 MS. GOOBIE:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. Okay, you came in once and then Dr. O'Shea -  
 23 MS. GOOBIE:  
 24 A. Yes, just once, yeah.  
 25 COFFEY, Q.C.:

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1 Q. - took over your care?  
 2 MS. GOOBIE:  
 3 A. Dr. O'Shea took over.  
 4 COFFEY, Q.C.:  
 5 Q. So you weren't, for those six month visits,  
 6 check-ups, you weren't coming to St. John's  
 7 for those?  
 8 MS. GOOBIE:  
 9 A. No. I was done in Clarenville, everything in  
 10 Clarenville.  
 11 COFFEY, Q.C.:  
 12 Q. So when you phoned--when you first learned or  
 13 heard about this on the radio back in 2005,  
 14 why did you phone the Bliss Murphy Cancer  
 15 Centre?  
 16 MS. GOOBIE:  
 17 A. Because I thought all the results from this  
 18 area and Clarenville came back to Murphy  
 19 Clinic.  
 20 COFFEY, Q.C.:  
 21 Q. Okay, so your sense of it was, from listening  
 22 to the radio was -  
 23 MS. GOOBIE:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

Page 18

1 Q. - if anyone will know, the cancer centre will  
 2 know?  
 3 MS. GOOBIE:  
 4 A. Yes, the cancer--Murphy Cancer Clinic will  
 5 know, yeah.  
 6 COFFEY, Q.C.:  
 7 Q. And when you phoned, what happened, do you  
 8 recall?  
 9 MS. GOOBIE:  
 10 A. I was talking to a lady and she told me, she  
 11 said, I told who I was and she said, "Your  
 12 results are negative. Everything is okay,  
 13 everything in fine." So I was pretty relieved  
 14 about that. So immediately I called my  
 15 sister.  
 16 COFFEY, Q.C.:  
 17 Q. Okay, before we get to your call to your  
 18 sister, when you called in, you said you were  
 19 told your results are negative, the retesting  
 20 -  
 21 MS. GOOBIE:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. - are negative, everything is fine. Had you  
 25 had any understanding about what your original

Page 19

1 results were?  
 2 MS. GOOBIE:  
 3 A. Yes, Dr. O'Shea kind of told me I was in Stage  
 4 I and they got it pretty early, so I kind of  
 5 figured mine would be okay.  
 6 COFFEY, Q.C.:  
 7 Q. So did you know when you first phoned, when  
 8 you phoned the Bliss Murphy Cancer Centre, and  
 9 this would have been in 2005, I take it?  
 10 MS. GOOBIE:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. Did you actually know what your ER/PR status  
 14 was, like your original one was?  
 15 MS. GOOBIE:  
 16 A. No, I didn't know.  
 17 COFFEY, Q.C.:  
 18 Q. So up to that point no one had ever said to  
 19 you what actually the original readings were?  
 20 MS. GOOBIE:  
 21 A. No, I didn't know.  
 22 COFFEY, Q.C.:  
 23 Q. Okay. And I take it up to that point in time  
 24 no one had contacted you to tell you whether  
 25 or not you were being retested?

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1 MS. GOOBIE:  
 2 A. No. No, I thought they might have called and  
 3 perhaps made an appointment, you know, for me  
 4 to go and visit them. I thought it was a hard  
 5 way to get results, for me to have to call  
 6 them. I figured they should have called us,  
 7 me and my sister too, you know.  
 8 COFFEY, Q.C.:  
 9 Q. Now, from your--like in your own case, you've  
 10 lived in the same community for, I think you  
 11 said 30, 35 years?  
 12 MS. GOOBIE:  
 13 A. Thirty-five years.  
 14 COFFEY, Q.C.:  
 15 Q. Your contact information, like your home  
 16 address and your phone number, has that  
 17 remained the same?  
 18 MS. GOOBIE:  
 19 A. Oh, yes.  
 20 COFFEY, Q.C.:  
 21 Q. When you called and spoke with the lady at the  
 22 cancer centre and explained who you were and  
 23 she gave you your own results, was there any  
 24 discussion about ER and PR itself and what  
 25 this all meant?

Page 21

1 MS. GOOBIE:  
 2 A. No. No, I didn't know much about it, really.  
 3 And she told me, she said, "Yours are okay.  
 4 Everything came back negative." So that's all  
 5 I wanted to hear about me.  
 6 COFFEY, Q.C.:  
 7 Q. Okay.  
 8 MS. GOOBIE:  
 9 A. So immediately I asked about my sister. She  
 10 was the next biggest concern.  
 11 COFFEY, Q.C.:  
 12 Q. Just before you go on to your sister, because  
 13 I'm going to explore that, have you ever since  
 14 spoken to anybody about ER and PR and negative  
 15 status and positive status?  
 16 MS. GOOBIE:  
 17 A. No, only what I have heard on television and  
 18 that and I've talked to Dr. O'Shea in  
 19 Clarendville about it.  
 20 COFFEY, Q.C.:  
 21 Q. Since then?  
 22 MS. GOOBIE:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. Okay. And any questions that you've had, has

Page 22

1 he answered them?  
 2 MS. GOOBIE:  
 3 A. Oh, yes, yeah.  
 4 COFFEY, Q.C.:  
 5 Q. Now, to come back to your question about your  
 6 sister.  
 7 MS. GOOBIE:  
 8 A. Okay.  
 9 COFFEY, Q.C.:  
 10 Q. I'm going to pursue that. During that phone  
 11 call with the lady from the cancer centre,  
 12 you've indicated that having gotten your own  
 13 results, you asked about your sister, but you  
 14 didn't actually expect to get the results?  
 15 MS. GOOBIE:  
 16 A. No, I knew she couldn't tell me the results,  
 17 so she told me to tell her to call out. So  
 18 immediately I called my sister and I said,  
 19 "Geraldine," I said, "you have to call out,  
 20 you know, the results are back." And she  
 21 called out but she couldn't get any  
 22 satisfaction.  
 23 COFFEY, Q.C.:  
 24 Q. Do you know--you say she called. You wouldn't  
 25 have been with her when she called?

Page 23

1 MS. GOOBIE:  
 2 A. No.  
 3 COFFEY, Q.C.:  
 4 Q. Okay. You had phoned her?  
 5 MS. GOOBIE:  
 6 A. Like, she'd call out to St. John's and then  
 7 she'd call me back and she said -  
 8 COFFEY, Q.C.:  
 9 Q. That's what I was going to ask you about,  
 10 okay, that's where I'm going.  
 11 MS. GOOBIE:  
 12 A. Okay.  
 13 COFFEY, Q.C.:  
 14 Q. Okay, so you hang up the phone from St.  
 15 John's, you call your sister right away. And  
 16 then what happens?  
 17 MS. GOOBIE:  
 18 A. Then when she'd call, she'd call me right away  
 19 because it's only two years in the differences  
 20 of us and we were never, ever separated, we  
 21 were always really close sisters. And  
 22 immediately she phoned me and she said, "I  
 23 can't get any results." And I said, "Well I  
 24 can't understand that, you know, because I  
 25 thought all the results were back." And she

Page 24

1 kept phoning and kept phoning and they kept  
 2 telling her hers weren't back. So she said,  
 3 you know, "I'm thinking I'm having bad news, I  
 4 going to have bad news." Yeah. So she said,  
 5 "I think I'm getting the run around," that's  
 6 what used to tell me.  
 7 COFFEY, Q.C.:  
 8 Q. And what then happened, what's your  
 9 recollection of -  
 10 MS. GOOBIE:  
 11 A. Well, finally she called and she got upset the  
 12 last time she called them and she said, "You  
 13 know, this is long enough." It's perhaps  
 14 three or four weeks after I was told mine.  
 15 And she got upset with them, she said, "I  
 16 wants to know my results," you know. And  
 17 finally they told her.  
 18 COFFEY, Q.C.:  
 19 Q. That her retest results were showing her to be  
 20 positive?  
 21 MS. GOOBIE:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. Okay.  
 25 MS. GOOBIE:

Page 25

1 A. Yeah. Which I think they should have made an  
 2 appointment or something and let her come to  
 3 see them instead of having to hear it on the  
 4 phone because she was after going through  
 5 enough. She lost--she had a son drowned and  
 6 they never, ever got his body, at 18 year old,  
 7 and she was after going through a lot of pain  
 8 and sorrow. And I don't think she should have  
 9 got it that way; I think, I think they should  
 10 have made appointment and let her go and visit  
 11 them instead of hearing it on the phone.  
 12 COFFEY, Q.C.:  
 13 Q. Okay. And when was it that your sister died?  
 14 MS. GOOBIE:  
 15 A. August 17, 2006.  
 16 COFFEY, Q.C.:  
 17 Q. Commissioner, I'm going to ask, please, that  
 18 certain exhibits be entered, please. They  
 19 are--let's see here now. Just one moment,  
 20 please? It's, Commissioner, P--I just want to  
 21 try and get this right now. Here it is. If I  
 22 could, the next P up, please, Registrar?  
 23 THE COMMISSIONER:  
 24 Q. Obviously the number of the exhibit on page,  
 25 on the first page is incorrect.

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1 COFFEY, Q.C.:  
 2 Q. Yes, yes, that was my--Commissioner, the next  
 3 one to be assigned would be what, Registrar?  
 4 We put in P-0002, P-0001, P-0002, P-0003, P-  
 5 0004, I believe?  
 6 THE COMMISSIONER:  
 7 Q. The next P number?  
 8 REGISTRAR:  
 9 Q. Five.  
 10 COFFEY, Q.C.:  
 11 Q. Yeah, five.  
 12 THE COMMISSIONER:  
 13 Q. Okay, just a moment, I'll check. Could you  
 14 pull up P-0005 for me, please?  
 15 COFFEY, Q.C.:  
 16 Q. I believe P-0005 went in as Mr. -  
 17 THE COMMISSIONER:  
 18 Q. I believe P-0005 was Mr. White's.  
 19 COFFEY, Q.C.:  
 20 Q. Mrs. White's.  
 21 UNKNOWN SPEAKER:  
 22 Q. That was Mr. White's.  
 23 THE COMMISSIONER:  
 24 Q. Mr. White's.  
 25 COFFEY, Q.C.:

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1 Q. Yes. P-0005, and -  
 2 THE COMMISSIONER:  
 3 Q. So the exhibits which are marked in the book  
 4 as P-0053 and P-0054 should, in fact, be P-  
 5 0006 and P-0007, is that correct?  
 6 COFFEY, Q.C.:  
 7 Q. Just one moment, please, Commissioner, I just  
 8 want to -  
 9 THE COMMISSIONER:  
 10 Q. I'm sorry, there already is a six.  
 11 COFFEY, Q.C.:  
 12 Q. Yes, there is a six.  
 13 THE COMMISSIONER:  
 14 Q. So it should be seven and eight.  
 15 COFFEY, Q.C.:  
 16 Q. So this would be--the next P, I believe, would  
 17 be P-0007.  
 18 CHAYTOR, Q.C.:  
 19 Q. Commissioner, which number is it you're  
 20 looking for there?  
 21 THE COMMISSIONER:  
 22 Q. Well, we've already found the number we're  
 23 looking for. The book contains an exhibit  
 24 which is on the top stamped P-0053. No, no,  
 25 it's supposed to be a P exhibit, is it not?

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1 COFFEY, Q.C.:  
 2 Q. It's a P, that would be a P. It's a profile  
 3 with notes.  
 4 THE COMMISSIONER:  
 5 Q. Is that one page with writing on the bottom?  
 6 COFFEY, Q.C.:  
 7 Q. Yes.  
 8 THE COMMISSIONER:  
 9 Q. That's a P exhibit?  
 10 COFFEY, Q.C.:  
 11 Q. Yes.  
 12 THE COMMISSIONER:  
 13 Q. And the next page is what is listed as P-0054  
 14 and they both should be P exhibits but with  
 15 lower numbers -  
 16 COFFEY, Q.C.:  
 17 Q. Actually, Commissioner, if I could, for now,  
 18 because we can always subsequently, if it  
 19 turns out I'm just--I can see Ms. Connors'  
 20 puzzlement. What I'm going to suggest is the  
 21 following, Commissioner, that that C-0053 -  
 22 THE COMMISSIONER:  
 23 Q. It's listed as P-0053.  
 24 COFFEY, Q.C.:  
 25 Q. I'm sorry, P-0053, I'm sorry. And what is

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1 listed as a -  
 2 THE COMMISSIONER:  
 3 Q. Ms. Goobie, excuse us because what we're doing  
 4 is just fooling around with numbers. We'll  
 5 get back to you shortly.  
 6 COFFEY, Q.C.:  
 7 Q. Thank you.  
 8 THE COMMISSIONER:  
 9 Q. Okay.  
 10 COFFEY, Q.C.:  
 11 Q. These should be--I'm going to suggest, because  
 12 we were up to yesterday, I believe, P-0052.  
 13 THE COMMISSIONER:  
 14 Q. No, we would have been up to yesterday -  
 15 COFFEY, Q.C.:  
 16 Q. C-0052, I apologize, C-0052.  
 17 THE COMMISSIONER:  
 18 Q. C-0052.  
 19 COFFEY, Q.C.:  
 20 Q. C-0052.  
 21 THE COMMISSIONER:  
 22 Q. So you want to deal with the C exhibits?  
 23 COFFEY, Q.C.:  
 24 Q. Yes, actually, sorry, I'd like this classified  
 25 as a C-0053.

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1 THE COMMISSIONER:  
 2 Q. So you want that a C exhibit?  
 3 COFFEY, Q.C.:  
 4 Q. Yes. And the reason -  
 5 THE COMMISSIONER:  
 6 Q. Is this an excerpt from -  
 7 COFFEY, Q.C.:  
 8 Q. It, well, here's what I'm concerned about,  
 9 Commissioner, is is I'm looking and what I see  
 10 there is probably an MCP number un-redacted.  
 11 THE COMMISSIONER:  
 12 Q. Ah.  
 13 COFFEY, Q.C.:  
 14 Q. So there is handwriting on it in, subsequently  
 15 at--when another witness comes to testify, I  
 16 anticipate asking the witness, who is from  
 17 Eastern Health, about the handwriting.  
 18 THE COMMISSIONER:  
 19 Q. Um-hm.  
 20 COFFEY, Q.C.:  
 21 Q. And the same exhibit will end up in a redacted  
 22 form in the P grouping at some point down the  
 23 road. In other words, it'll be one redacted  
 24 and one -  
 25 THE COMMISSIONER:

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1 Q. You'll bring it back again -  
 2 COFFEY, Q.C.:  
 3 Q. Yes, I'll bring it back.  
 4 THE COMMISSIONER:  
 5 Q. - as a P exhibit -  
 6 COFFEY, Q.C.:  
 7 Q. Yes.  
 8 THE COMMISSIONER:  
 9 Q. - which will enable it to be seen by the  
 10 public?  
 11 COFFEY, Q.C.:  
 12 Q. That'll be P in time.  
 13 THE COMMISSIONER:  
 14 Q. Okay, if other counsel in the room have a  
 15 problem with that, you'll understand what was  
 16 happening here, as I understand it, Mr. Coffey  
 17 is saying to me that normally this would be a  
 18 P exhibit and that's the intention. But there  
 19 seems to be a number on it which we would  
 20 normally have redacted that has not been  
 21 redacted. So on a temporary basis, it would  
 22 be put in as a C exhibit with Mr. Coffey's  
 23 undertaking that at a future time it'll come  
 24 back in a redacted from personal information  
 25 form and it will become a P exhibit available

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1 to everybody at that time. Counsel, are you  
 2 in agreement?  
 3 MR. PRITCHARD:  
 4 Q. That's fine.  
 5 THE COMMISSIONER:  
 6 Q. All right.  
 7 COFFEY, Q.C.:  
 8 Q. Thank you.  
 9 THE COMMISSIONER:  
 10 Q. So this does remain--this, instead of being P-  
 11 0053, becomes C-0053.  
 12 EXHIBIT ENTERED AND MARKED EXHIBIT C-0053  
 13 COFFEY, Q.C.:  
 14 Q. Thank you.  
 15 THE COMMISSIONER:  
 16 Q. All right. Now that we've confused the  
 17 Registrar completely, I'm sure, 0053. Now the  
 18 next one presumably has to be a P exhibit.  
 19 COFFEY, Q.C.:  
 20 Q. And -  
 21 THE COMMISSIONER:  
 22 Q. It would be P-0007?  
 23 COFFEY, Q.C.:  
 24 Q. Actually, the next one falls into the same  
 25 category because when you look down that



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1 particular number -  
 2 THE COMMISSIONER:  
 3 Q. Number is still there.  
 4 COFFEY, Q.C.:  
 5 Q. 12-digit number is still there.  
 6 THE COMMISSIONER:  
 7 Q. Okay.  
 8 COFFEY, Q.C.:  
 9 Q. So again, with the same proviso, this would be  
 10 C-0054.  
 11 THE COMMISSIONER:  
 12 Q. Okay.  
 13 EXHIBIT ENTERED AND MARKED EXHIBIT C-0054  
 14 COFFEY, Q.C.:  
 15 Q. Right now, subject to the same proviso that I  
 16 will subsequently -  
 17 THE COMMISSIONER:  
 18 Q. So the numbers remain the same. What changes  
 19 is the designation in front of them and once  
 20 again, with counsel's undertaking that this  
 21 will return as a public document when that  
 22 particular offending piece of information is  
 23 redacted from it.  
 24 COFFEY, Q.C.:  
 25 Q. Thank you.

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1 THE COMMISSIONER:  
 2 Q. Personal information, I might add.  
 3 COFFEY, Q.C.:  
 4 Q. Yes.  
 5 THE COMMISSIONER:  
 6 Q. All right.  
 7 COFFEY, Q.C.:  
 8 Q. Thank you, Commissioner, and finally, C-0055.  
 9 THE COMMISSIONER:  
 10 Q. All right.  
 11 EXHIBIT ENTERED AND MARKED EXHIBIT C-0055  
 12 COFFEY, Q.C.:  
 13 Q. So if the--that is, Commissioner, C-0053, 0054  
 14 and 0055 could be entered.  
 15 THE COMMISSIONER:  
 16 Q. Yes, they may be.  
 17 COFFEY, Q.C.:  
 18 Q. Thank you, Commissioner. Commissioner, what  
 19 C--I'm going to ask that C-0053 be opened  
 20 please.  
 21 THE COMMISSIONER:  
 22 Q. Now that's the first document you--just ignore  
 23 the numbers in front of it, but there should  
 24 be on top of that page, Mrs. Goobie, red  
 25 lettering, and they will have a number on it

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1 and one of them should be 0053.  
 2 COFFEY, Q.C.:  
 3 Q. Yes.  
 4 THE COMMISSIONER:  
 5 Q. All right, thank you.  
 6 COFFEY, Q.C.:  
 7 Q. The one in front of you, it says P, but it  
 8 actually is a C now, okay?  
 9 MS. GOOBIE:  
 10 A. Okay.  
 11 COFFEY, Q.C.:  
 12 Q. But the important number -  
 13 THE COMMISSIONER:  
 14 Q. Through magic, we've changed it to a C.  
 15 COFFEY, Q.C.:  
 16 Q. - the important number is the 53.  
 17 MS. GOOBIE:  
 18 A. Okay.  
 19 COFFEY, Q.C.:  
 20 Q. Ms. Goobie, this is, what I understand is  
 21 sometimes referred to as a screen capture from  
 22 a computer screen. Your name is there, Goobie  
 23 Patricia, and there is some--below, some  
 24 handwriting, and it reads as follows "October  
 25 24th, 2005, this lady called to inquire about

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1 her breast tissue sample being retested. She  
 2 was originally DX, diagnosed, in '99.  
 3 Contacted the lab in Clarendville," with a  
 4 phone number, "and Bev will call us," Bev in  
 5 quotes, "will call us back tomorrow," and the  
 6 result is June 5, and it's difficult to read.  
 7 It's 0 something. "Less than five percent  
 8 faint ER positive." Now ma'am, we understand  
 9 that you are the Patricia Goobie referred to  
 10 here.  
 11 MS. GOOBIE:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. We also, and it's a matter of public record,  
 15 that on October 2nd, 2005 is the day that the  
 16 first newspaper story was published about  
 17 ER/PR.  
 18 MS. GOOBIE:  
 19 A. Yes, excuse me, 1999 that's the mistake.  
 20 2001, I was -  
 21 COFFEY, Q.C.:  
 22 Q. Yes, and that's what I'm going to ask you  
 23 about, okay.  
 24 MS. GOOBIE:  
 25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. So in terms of what's written, handwritten

3 here, if this story or this first got into the

4 news in early October 2005, the suggestion

5 that it was October 24th, 2005 that Patricia

6 Goobie called. Would that sound about right?

7 MS. GOOBIE:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. So that's -

11 MS. GOOBIE:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. And as you indicated, she was--the notation

15 "she was originally diagnosed in 1999," that

16 should be 2001?

17 MS. GOOBIE:

18 A. That's correct. My sister was 1999.

19 COFFEY, Q.C.:

20 Q. And during your conversation with the person

21 on the phone that day when you called in, and

22 you have indicated that you spoke about your

23 sister, you asked the woman about your

24 sister's retest results, could you have told

25 her at the time or spoken and said she was

Page 38

1 diagnosed in '99, during the conversation?

2 MS. GOOBIE:

3 A. Oh yes, I could have.

4 COFFEY, Q.C.:

5 Q. Okay.

6 MS. GOOBIE:

7 A. Well, two years before me, so yes, I could

8 have.

9 COFFEY, Q.C.:

10 Q. You might very well have?

11 MS. GOOBIE:

12 A. Yes.

13 COFFEY, Q.C.:

14 Q. That might simply--'99 might simply be a

15 confusion -

16 MS. GOOBIE:

17 A. Yes, that's right.

18 COFFEY, Q.C.:

19 Q. - in the conversation between yourself and

20 her. But yourself certainly, anyway, it was

21 you were diagnosed in 2001?

22 MS. GOOBIE:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. Now yourself, you indicated that you were

Page 39

1 originally diagnosed in 2001.

2 MS. GOOBIE:

3 A. Right.

4 COFFEY, Q.C.:

5 Q. You were telling me the dates. What were the

6 dates before?

7 MS. GOOBIE:

8 A. June 7th, I was diagnosed, and June 14th, I

9 had my breast removed.

10 COFFEY, Q.C.:

11 Q. Commissioner, C-0055, if I could, Registrar?

12 Now Commissioner, what I--these are the--C-

13 0055 are actually excerpts from the medical

14 records of Geraldine Avery. There are a

15 number of them here. What I propose to do is

16 take Ms. Goobie through and just some parts of

17 them, because it will allow yourself, as

18 Commissioner, to be able to put in context

19 Geraldine's experience, bearing in mind the

20 public reporting of ER/PR in 2005 and what her

21 experience had been or would have been in

22 October '05 when she first learned about the

23 retesting, and her situation, as Ms. Goobie

24 has indicated, was somewhat different than at

25 least certain patients in that she had been

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1 tested, retested, and as it turns out, you'll

2 see here, was already on Tamoxifen in 2005

3 because of a recurrent cancer, but I propose

4 to do that, if I could.

5 THE COMMISSIONER:

6 Q. All right. Now have you completed your

7 examination of this witness in respect of her

8 own circumstances?

9 COFFEY, Q.C.:

10 Q. Yes.

11 THE COMMISSIONER:

12 Q. And we've moving on to her sister?

13 COFFEY, Q.C.:

14 Q. Yes, her sister.

15 THE COMMISSIONER:

16 Q. All right, thank you.

17 COFFEY, Q.C.:

18 Q. And just on that point, Ms. Goobie, I take it

19 from your own perspective, your own medical

20 treatment, nothing has changed since? You're

21 in the same position?

22 MS. GOOBIE:

23 A. No, that's right.

24 COFFEY, Q.C.:

25 Q. Exhibit C-0055, Commissioner, page one. This,

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1 I understand, is a final pathology report from  
 2 the Peninsulas Health Care Corporation. It  
 3 relates to a specimen S02/2884 collected  
 4 October 24th, 2002, received the same date,  
 5 and the tissue is left breast biopsy and the  
 6 diagnosis is left breast biopsy in situ ductal  
 7 carcinoma of a particular type, and the  
 8 clinical history indicates "needle  
 9 localization mammography, previous cancer  
 10 right breast, suspicious lesion on mammogram."  
 11 So Ms. Goobie, your sister first got cancer in  
 12 which breast, do you recall?  
 13 MS. GOOBIE:  
 14 A. In her right breast first.  
 15 COFFEY, Q.C.:  
 16 Q. And this is 2002 and then I take it that she  
 17 had cancer then, in 2002, in her left breast?  
 18 MS. GOOBIE:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. Registrar, Exhibit C-0055, page four. To move  
 22 ahead to--and this is again on Peninsulas  
 23 Health Care Corporation letterhead or form,  
 24 final pathology report. It's for Geraldine  
 25 Avery. This indicates it's a specimen S05/703

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1 collected March 3rd, 2005, received on March  
 2 4th, 2005 and the diagnosis is left chest wall  
 3 mass excision infiltrating ductal carcinoma,  
 4 and the clinical history indicates "previous  
 5 left mastectomy for DCIS, previous right  
 6 mastectomy for inflammatory cancer," and so  
 7 your sister, it's your recollection that your  
 8 sister had a reoccurrence of cancer in 2005,  
 9 ma'am? Is that correct?  
 10 MS. GOOBIE:  
 11 A. Yes, she did, that's correct.  
 12 COFFEY, Q.C.:  
 13 Q. If I could, Registrar, C-0055, page eight.  
 14 Again, this is a Peninsulas Health Care  
 15 Corporation final pathology report. It's for  
 16 specimen S05/703, which is the same specimen  
 17 in the documentation I had just referred to.  
 18 In particular, at page nine, because the  
 19 document at--back at C-0055, page four, in  
 20 fact page five ends with a reference to "block  
 21 three has been submitted for ER/PR receptor  
 22 studies and the results will be reported in an  
 23 addendum," and at page C--on page nine of C-  
 24 0055, under comment, that reference to block  
 25 three has been submitted is there and then the

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1 addendum, and here, there are actually two  
 2 addendums. Addendum number one is toward the  
 3 bottom of the page, right there. Thank you,  
 4 Registrar. It's reading Addendum number one,  
 5 entered March 24th, 2005, "approximately 70  
 6 percent of the tumour shows strong ER  
 7 positivity. The tumour is negative for PR  
 8 receptors," and it's signed off March 24th,  
 9 2005. As well, above that on the page,  
 10 there's addendum number two, entered April  
 11 28th, 2005. The interpretation is "discordant  
 12 for HER2/neu protein over expression and  
 13 positive for HER2 gene amplification. See  
 14 report from Dr. Brendan Mullen, Department of  
 15 Pathology, Mount Sinai Hospital, Toronto,  
 16 Ontario," and the addendum was signed,  
 17 electronically that would be, on April 28th,  
 18 2005. So Ms. Goobie, apparently your sister,  
 19 Geraldine, had surgery in early March of 2005  
 20 for a lesion on her left chest wall -  
 21 MS. GOOBIE:  
 22 A. Um-hm.  
 23 COFFEY, Q.C.:  
 24 Q. - and it was diagnosed as infiltrating ductal  
 25 carcinoma and later that month, that

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1 particular tumour was classified or said to be  
 2 approximately 70 percent ER positive. Now  
 3 they are the pathology reports, as they are  
 4 that we have. Commissioner, I'm going to ask  
 5 then that we move to, and this will give--the  
 6 assessment summaries and the progress notes  
 7 will give the actual running account of Ms.  
 8 Avery's medical history, in terms of breast  
 9 cancer. C-0055, page ten, and okay, this is a  
 10 first assessment summary dated August 18th,  
 11 1999, on Newfoundland Cancer Treatment and  
 12 Research Foundation letterhead. It's for  
 13 Geraldine Avery, and in fact, it is three  
 14 pages long and it's an assessment summary by a  
 15 Dr. Wasil, and here, diagnosis, at page ten,  
 16 "question inflammatory breast cancer in the  
 17 right breast," and history of present illness  
 18 reads "Mrs. Avery is a 48-year-old female with  
 19 non-significant past medical history. Was in  
 20 usual state of health until about a month ago  
 21 when she noticed a lump in her right breast  
 22 and some redness around the nipple. Patient  
 23 consulted her family physician one week after  
 24 the lump and was put on observation. The  
 25 family physician scheduled her to undergo

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1 mammography, which is scheduled next week.  
 2 Patient did not want to wait and came to Grace  
 3 Hospital and underwent a biopsy of the right  
 4 breast lump yesterday. Dr. Mary Wells called  
 5 her for an emergency consult today. The  
 6 frozen section was read as carcinoma, but we  
 7 do not have the written report as yet.  
 8 Patient is very anxious and also very much  
 9 concerned about the diagnosis," and it goes  
 10 on.  
 11 On page 11, toward the bottom of the page  
 12 under assessment, discussion and  
 13 recommendations, this would be I being the  
 14 doctor, "I spoke to Dr. Wadwa at St. Clare's,  
 15 the pathologist who has read the biopsy  
 16 report. She told me that it is an invasive  
 17 cancer with invasion of the lymphatics within  
 18 the tumour," and it goes on to describe it  
 19 technically, and the third line notes "she  
 20 will mail me the written signed report as  
 21 well. I discussed this report with Dr. Mary  
 22 Wells on the phone as well, and clinically,  
 23 the patient fits into the entity of  
 24 inflammatory breast cancer, but pathological  
 25 proof of that is lacking with the given

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1 report. I discussed with the patient about  
 2 the diagnosis, prognosis and the treatment  
 3 options given the current information. I did  
 4 tell her that it is too early to come up with  
 5 a definitive recommendations at this time. We  
 6 need to know more about this disease,  
 7 including the written pathology report.  
 8 Inflammatory breast cancer is an entirely  
 9 different entity and there is rapid spread of  
 10 this tumour to other sites," and it goes on.  
 11 To page 12, the second line, first full  
 12 sentence, "I discussed in detail about the CAF  
 13 chemotherapy. We discussed all the risks,  
 14 benefits and the side effects of the  
 15 chemotherapy in detail. Written information  
 16 on the chemotherapy was also given to the  
 17 patient. All the questions were answered,"  
 18 and then the third last line, Dr. Wasil notes  
 19 "I will see her back here on September 8th.  
 20 Hopefully we will reports of all of these  
 21 investigations by that time." Presumably it  
 22 should say "we will have." "We will discuss  
 23 the management issues once again when I have  
 24 more information on her disease."  
 25 So that recounts, Ms. Goobie, your

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1 sister's initial assessment and first  
 2 encounter with breast cancer in her right  
 3 breast back in the middle of 1999?  
 4 MS. GOOBIE:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. If we could turn to page 13, please,  
 8 Registrar. This is again progress notes by a  
 9 Dr. Sulfiqar, whose name is at the bottom of  
 10 the page there, and from the Bliss Murphy  
 11 Cancer Centre. It's for Geraldine Avery. The  
 12 clinical diagnosis here is "poorly  
 13 differentiated ductal carcinoma, right breast,  
 14 ductal carcinoma in situ" of a particular  
 15 type, and it states 27th May 2004, the Medical  
 16 Oncology Clinic. I'm just going to read the  
 17 diagnosis, the first paragraph. "Inflammatory  
 18 carcinoma of breast diagnosed in August 1999,  
 19 treated with mastectomy and local regional  
 20 therapy, high grade DCAS, was treated with  
 21 mastectomy in October 2002. She has been in  
 22 remission since. Because of ER/PR negativity,  
 23 she was only on observation. She has strongly  
 24 HER2/neu positive and fortunately has not had  
 25 any recurrence until now. She will complete

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1 her five years post-diagnosis in the fall of  
 2 this year," and at the bottom of the page,  
 3 under prognosis and plan, "no evidence of  
 4 recurrence of disease. She will complete her  
 5 five years in the fall of this year. I will  
 6 make a follow-up appointment for her to come  
 7 back and continue her care with Dr. McCarthy  
 8 in six months. In the interim, if she has any  
 9 questions or concerns, she was advised to call  
 10 us."  
 11 If we could, Commissioner, Exhibit C-  
 12 0055, page 14, and before we go onto that, in  
 13 the year '04, Ms. Goobie, that year, up until  
 14 early '05, how was your sister doing? Because  
 15 this indicates, the page we just looked at,  
 16 page 13, I'll just go back to it there, Dr.  
 17 Zulfiqar's report in May of 2004 indicates  
 18 that there was no evidence at that point of  
 19 recurrence of disease. What's your memory of  
 20 your sister's general health in '04?  
 21 MS. GOOBIE:  
 22 A. Well, she went back to work then. She kept on  
 23 working. She'd have her treatments and she'd  
 24 go back to work and she's never one to give  
 25 up.

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1 COFFEY, Q.C.:

2 Q. Okay. So there was a period from around 2002

3 or so, because it indicates she had DCIS and

4 treatment at that time, and this is now the

5 middle of '04, so she's fine outwardly?

6 MS. GOOBIE:

7 A. Oh yes, she worked at Wal-Mart for 30 years in

8 Clarendville, and she'd have her treatments and

9 she'd go back to work. She wouldn't--she just

10 wouldn't give up.

11 COFFEY, Q.C.:

12 Q. And if we could then, and up to--and this is

13 C-0055, page 14, again this is for your

14 sister, Geraldine. This is a report dated 15

15 April 2005, the Medical Oncology Clinic

16 progress notes of Dr. J. McCarthy, bottom of

17 the page there, medical oncologist, and the

18 diagnosis is "recurrent breast carcinoma to

19 the left chest wall versus new primary on the

20 left chest wall," and I would just ask you,

21 Commissioner, to recall that the pathology

22 report at C-0055, pages eight and nine,

23 reflect a situation where during March of

24 2005, that left chest wall mass was diagnosed

25 as infiltrating ductal carcinoma and the ER/PR

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1 status is noted to be 70 percent positive for

2 ER and negative for PR receptors, and that's

3 recorded at C-0055, page nine.

4 So now at page 14, Dr. McCarthy is

5 noting, in the middle of the next month, April

6 2005, that there has been recurrent breast

7 carcinoma to the left chest wall. Dr.

8 McCarthy goes on to note "Geraldine was

9 presented at Tumor Board Rounds and the group

10 felt that this was definitely a new primary.

11 It was 1.2 centimetres and ER was positive, PR

12 negative. The lymph nodes, after dissection

13 was done, were completely negative. Thus, we

14 have decided to put her on a hormonal

15 treatment and Dr. Ganguly has agreed to give

16 her some radiation."

17 Under plan, it's noted, "she is due to

18 start her radiation next week, and I have had

19 a long discussion with her today with regards

20 to starting Tamoxifen or Arimidex," and if I

21 mispronounced that, I apologize. I'll get it

22 right eventually. "Given the pros and cons of

23 each, she has decided to go on Tamoxifen and

24 then we will switch her to an Aromatase

25 inhibitor at a later date. We will make that

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1 decision as we go along, depending on how she

2 tolerates Tamoxifen and just finding out what

3 new information comes to light about the

4 Aromatase inhibitors. At some point in time,

5 as well, we may order a bone density in the

6 future, but while she is on Tamoxifen,

7 hopefully her bones will be stable. I have

8 gone through all the side effects of the

9 Tamoxifen, including the remote chance of

10 blood clots and she has had a hysterectomy in

11 the past so she is not at risk for carcinoma

12 of the uterus. I have given her a pamphlet

13 today on the Tamoxifen and she will return in

14 three months time with repeat blood work."

15 So this is April of 2005, Ms. Goobie.

16 What was your understanding from your sister

17 at that point?

18 MS. GOOBIE:

19 A. Well, she was kind of upset, knowing in 2005

20 she could have went on Tamoxifen. If she went

21 on Tamoxifen back in 1999, when she was first

22 diagnosed, she may be alive today. I can't

23 say if cancer would have killed her or not. I

24 don't know that, but at least she would have

25 been given the chance, if she was put on

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1 Tamoxifen.

2 COFFEY, Q.C.:

3 Q. At this point, this is April 15th, 2005, the

4 idea of ER/PR being an issue was not known

5 publicly at that point?

6 MS. GOOBIE:

7 A. That's right.

8 COFFEY, Q.C.:

9 Q. Okay. So your comment about that, I take it,

10 is in light of your knowledge now?

11 MS. GOOBIE:

12 A. Yes, that's right. We didn't know back then.

13 COFFEY, Q.C.:

14 Q. In April of 2005, when your sister got

15 diagnosed again with cancer, did you have any

16 discussion with her at that time about

17 Tamoxifen and whether she was on it then?

18 This is April of 2005.

19 MS. GOOBIE:

20 A. Yes, that was the year before she passed away.

21 COFFEY, Q.C.:

22 Q. Yes.

23 MS. GOOBIE:

24 A. I can't recall, although perhaps I think I did

25 hear her say she may go on Tamoxifen, but she

Page 53

1 was on so many drugs and so many appointments  
 2 and that, I can't say for sure.  
 3 COFFEY, Q.C.:  
 4 Q. Okay, and at least Dr. McCarthy's note here  
 5 seems to suggest that this is, if she is going  
 6 on Tamoxifen, this is probably the first time  
 7 in early, in April of 2005 that she's being  
 8 considered for it.  
 9 MS. GOOBIE:  
 10 A. Yes, that's six years later.  
 11 COFFEY, Q.C.:  
 12 Q. Registrar, C-0055, page 15. This is a report  
 13 of Dr. McCarthy, progress notes dated 14 July  
 14 2005, Medical Oncology Clinic, for Geraldine  
 15 Avery. This is in the Bliss Murphy Cancer  
 16 Centre. Dr. McCarthy has noted, under  
 17 diagnosis, "recurrent breast carcinoma to the  
 18 left chest wall versus new primary on the left  
 19 chest wall. It was decided in the end that it  
 20 was a new primary, previous right inflammatory  
 21 carcinoma of the breast post neoadjuvant  
 22 Anthracycline," I believe it's pronounced,  
 23 "base chemotherapy and radiation. Previous  
 24 left DCIS and then new invasive primary.  
 25 Lymph nodes negative on the left. ER/PR

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1 positive on the left. Geraldine was seen on  
 2 follow up. She is now on Tamoxifen and she  
 3 has just finished her radiation to the chest  
 4 wall." The last sentence in that middle  
 5 paragraph says "she has planned an Alaskan  
 6 cruise for September," which I would -  
 7 MS. GOOBIE:  
 8 A. That's right.  
 9 COFFEY, Q.C.:  
 10 Q. - would note, Ms. Goobie, is consistent with  
 11 your recollection that she continued to be  
 12 active.  
 13 MS. GOOBIE:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. "Impression: tolerating Tamoxifen well. Plan:  
 17 we will go ahead and continue the Tamoxifen  
 18 and I will see her in the fall in follow up  
 19 with repeat blood work." So by July 14th,  
 20 2005, she's certainly well on Tamoxifen by  
 21 then.  
 22 Registrar, C-0055, page 16. Now this is  
 23 progress notes, two pages, go to the second  
 24 page. It's by Dr. McCarthy. It's for  
 25 Geraldine Avery. The Medical Oncology Clinic

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1 at the Bliss Murphy Cancer Centre, and the  
 2 date, as I've indicated, I believe is October  
 3 21, 2005, which is apparently three days  
 4 before you phoned about your retest results.  
 5 The diagnosis is "new breast primary in the  
 6 left chest wall, and previous DCIS of the left  
 7 breast and previous inflammatory carcinoma of  
 8 the right breast. Right breast inflammatory  
 9 carcinoma was in 1999. ER/PR negative and  
 10 HER2/neu positive. Treated with chemotherapy  
 11 in the form of CEF. DCIS was treated  
 12 surgically in 2002. Invasive carcinoma of the  
 13 left chest wall in 2005 and was treated with  
 14 surgery, followed by Tamoxifen. The latter  
 15 was node negative. HER2 positive as well. She  
 16 did not receive chemotherapy for the third  
 17 cancer," and it's noted, "Geraldine was seen  
 18 today in follow up. She is having a lot of  
 19 pain in her abdomen and vomiting," and in the  
 20 middle of that paragraph, there's a reference  
 21 to Dr. McCarthy says "I was not successful in  
 22 speaking with Dr. Anwar, the pathologist."  
 23 She had been trying to get him. "Dr. Anwar is  
 24 supposed to call me back. My question for Dr.  
 25 Anwar, the pathologist, is whether or not this

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1 is a new primary versus metastatic disease to  
 2 the stomach." She goes on to note, "Geraldine  
 3 has been losing weight and has a very poor  
 4 appetite and was not able to eat very much,"  
 5 and the last sentence notes "she says this  
 6 discomfort has been ever since she started  
 7 Tamoxifen last spring."  
 8 And on the bottom of the page, under  
 9 impression, "likely new primary of the  
 10 stomach, but we will speak with the  
 11 pathologist. It is poorly differentiated  
 12 adenocarcinoma and there is no ER/PR." That  
 13 would be no ER/PR presumably on that  
 14 particular tumor. So this was apparently what  
 15 was your sister's medical condition three days  
 16 before you called looking for your own  
 17 results.  
 18 At page 17, it continues on to that page,  
 19 the plan by Dr. McCarthy is "I will ask Dr.  
 20 Anwar, when I speak with him, to do an ER/PR  
 21 on the specimen. I'll try to speak with Dr.  
 22 O'Shea as well. I will call Geraldine next  
 23 week to give her the results of my discussions  
 24 and to decide upon a further course of  
 25 action."

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1 Now at C-0055, page 18, progress notes,  
 2 and these are by Dr. McCarthy, whose signature  
 3 is at the bottom of the page, October 26th,  
 4 2005, and the diagnosis is noted to be  
 5 "previous inflammatory carcinoma of the  
 6 breast, right. ER/PR negative and strongly  
 7 HER2 positive. Grade III, post CEF  
 8 chemotherapy, surgery and radiation in 1999.  
 9 Second cancer was DCIS of the left breast,  
 10 post mastectomy in October 2002. Third cancer  
 11 diagnosed on the left chest wall which was  
 12 invasive cancer and fully resected and felt to  
 13 be particular T1 N0. ER/PR positive and on  
 14 Tamoxifen. Diagnosed January 2005. Geraldine  
 15 was seen in the Cancer Clinic on follow up and  
 16 she said that she had a lot of problems with  
 17 nausea, vomiting and abdominal pain which  
 18 started while she was on her cruise. I  
 19 initially thought it was Tamoxifen that was  
 20 causing this, but she had had a recent CT scan  
 21 and endoscopy which was suspicious for gastric  
 22 carcinoma. Biopsies were taken by Dr. Ronan  
 23 O'Shea and they were indeed consistent with  
 24 poorly differentiated adenocarcinoma and felt  
 25 to be a fourth cancer, a gastric primary. I

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1 have spoken with Dr. O'Shea who feels that  
 2 this is indeed a gastric primary and not  
 3 likely metastatic disease. The pathologist  
 4 could not say one way or the other, Dr. Khan,  
 5 and once I explained to him that she had  
 6 breast cancer diagnosed previously, he agreed  
 7 to do some more special staining, including  
 8 immunohistochemistry, to see if we could  
 9 differentiate the gastric carcinoma with  
 10 metastatic disease from the breast. I had  
 11 seen Geraldine this past week and I did not  
 12 have this information. I spoke with Dr.  
 13 O'Shea and Dr. Paula Pye today. Dr. Pye, her  
 14 family doctor, has agreed to tell her the  
 15 results this afternoon. Obviously this will  
 16 be very upsetting for Geraldine, knowing that  
 17 she now has a fourth cancer." And I note,  
 18 this was two days after you had called about  
 19 your own retest results.  
 20 Commissioner, C-0055, page 19. Thank  
 21 you, Registrar. This is progress notes of Dr.  
 22 McCarthy dated 25 November 2005, and under  
 23 diagnosis, the last paragraph notes, "I  
 24 explained this to Geraldine today" and  
 25 explained which is referred to above, "in that

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1 she is definitely not curable and that this  
 2 situation is palliative. Obviously this is  
 3 very upsetting to her. It will depend on  
 4 whether or not this is metastatic breast  
 5 cancer versus primary gastric what type of  
 6 treatment we go ahead with. Because this is a  
 7 complex case, I will have her pathology  
 8 reviewed at Tumor Board and discuss her case  
 9 with both medical and radiation oncology, as  
 10 well as with surgery and pathology next week.  
 11 I will also ask the question as to whether or  
 12 not primary radiation may be helpful for  
 13 palliation of symptoms. I've explained this  
 14 to her family doctor, Dr. Paula Pye, today as  
 15 well. I will follow up with both Dr. Pye and  
 16 Geraldine next week after Tumor Board and  
 17 final pathology results are available."  
 18 At this point in time, Ms. Goobie,  
 19 there's no reference here to the retest  
 20 results for your sister, as of this point.  
 21 MS. GOOBIE:  
 22 A. No.  
 23 COFFEY, Q.C.:  
 24 Q. At least here in the primary. We turn to the  
 25 next page, C-0055, page 20. Again, this is

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1 progress notes made by Dr. McCarthy of 14  
 2 December 2005 for Geraldine Avery, and here,  
 3 under diagnosis, Dr. McCarthy does recount her  
 4 history going back to 1999, and midway through  
 5 the first paragraph, she notes "in terms of  
 6 the third cancer and on Tamoxifen diagnosed  
 7 January 2005. Recent gastric carcinoma was  
 8 diagnosed and is unresectable. ER/PR from  
 9 first cancer in 1999 which was originally felt  
 10 to be negative converted to ER/PR positive on  
 11 recent retesting," and Dr. McCarthy notes,  
 12 "Geraldine was not seen today. I discussed  
 13 with her family physician, Dr. Paula Pye, and  
 14 with the patient herself the fact that final  
 15 pathology testing has been done. On her  
 16 pathology specimen, this is indeed a gastric  
 17 primary and thus a fourth cancer, and  
 18 unfortunately, Dr. Pace tried to remove this  
 19 and it was not proven to be resectable, as  
 20 there is diffuse peritoneal disease," and she  
 21 goes on from there.  
 22 The bottom paragraph, I'm sorry, the  
 23 second last paragraph--actually, I'm going to  
 24 go--I apologize, Commissioner, I'm going to go  
 25 with the second paragraph, last sentence. Dr.

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1 McCarthy concludes that paragraph by saying,  
 2 "after this, I plan to start ELF  
 3 chemotherapy," and she describes what it is,  
 4 "given one to three every three weeks, days  
 5 one to three every three weeks. She is keen,"  
 6 that is Geraldine, "is keen, quite keen to  
 7 have some form of treatment and is willing to  
 8 risk the side effects of nausea, of vomiting  
 9 and a number of others, including a small risk  
 10 of hair loss and diarrhea. I will send her  
 11 pamphlets on the medications today. I have  
 12 called in a phone prescription for particular  
 13 drugs to be given with each cycle. I will  
 14 repeat the CT scan after the third cycle. As  
 15 well, I have discussed with Geraldine the fact  
 16 that her ER"--I'm sorry, thank you, Registrar-  
 17 -"PR is converted to ER/PR positive. She  
 18 understands the implications of this. I will  
 19 discuss this with her further at her visit  
 20 after her third cycle of chemo. Dr. Paula Pye  
 21 is aware of all this as well, and will keep an  
 22 eye out for all the timings of the CT scans  
 23 and the chemo letter to get her started as  
 24 soon as possible. They will call me if there  
 25 is any complication of the treatment."

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1 So at least according to Dr. McCarthy's  
 2 note of December 14th, 2005, on that day, she  
 3 discussed with Geraldine the fact that her  
 4 1999 ER/PR result, which had been negative,  
 5 had converted to ER/PR positive now. So Ms.  
 6 Goobie, as you've indicated, your sister, at  
 7 some point presumably between October 24th,  
 8 2005 and December 14th, 2005, had had this  
 9 phone call you referred to and when she  
 10 insisted on being told over the phone about  
 11 the retest results and it was December 14th,  
 12 2005 that Dr. McCarthy actually discussed them  
 13 with her in person. Actually, it does say  
 14 there, "she was not seen today," although it  
 15 does say as well "I have discussed with  
 16 Geraldine the facts," so it may have been  
 17 before that, Commissioner, to be--it's not  
 18 apparent, and -  
 19 CHAYTOR, Q.C.:  
 20 Q. (inaudible).  
 21 COFFEY, Q.C.:  
 22 Q. Yes.  
 23 THE COMMISSIONER:  
 24 Q. Can we find out from the witness whether she  
 25 has any knowledge of from whom her sister

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1 learned?  
 2 COFFEY, Q.C.:  
 3 Q. Yes. Do you know from whom your sister  
 4 learned that she was ER/PR positive?  
 5 MS. GOOBIE:  
 6 A. I think it was from Dr. McCarthy, Dr. Joan  
 7 McCarthy.  
 8 COFFEY, Q.C.:  
 9 Q. Okay, so it may have been a phone call that  
 10 she had with her?  
 11 MS. GOOBIE:  
 12 A. Yes, I think so.  
 13 COFFEY, Q.C.:  
 14 Q. Okay, and I appreciate that. Thank you,  
 15 Commissioner. And we turn back to C-0055,  
 16 page 19. This is the progress note of Dr.  
 17 McCarthy of November 25, 2005 and here, in the  
 18 middle paragraph, "Geraldine was not seen  
 19 today" is noted by Dr. McCarthy, but she goes  
 20 on to say then "I explained this to Geraldine  
 21 today, she's definitely not curable and this  
 22 situation is palliative." I read that out  
 23 earlier. There's no indication here about the  
 24 ER/PR change in this particular progress note.  
 25 The note at page 20 of C-0055, "as well,

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1 I have discussed with Geraldine the fact that  
 2 her ER/PR is converted to ER/PR positive."  
 3 There's no actual date referred to here,  
 4 although it is noted here on the chart as of  
 5 that day.  
 6 One final, just to complete the picture  
 7 of the account of your sister's treatment, in  
 8 terms of her experiences, C-0055, page 21.  
 9 Progress notes of Dr. McCarthy at page 21,  
 10 under diagnosis. This is a progress note of  
 11 February 16th, 2006. Under diagnosis, the  
 12 fourth line, she notes "she," that is  
 13 Geraldine "was on Tamoxifen since January 2005  
 14 for a third cancer. Recent ER/PR retesting  
 15 from 1999 showed it to be positive rather than  
 16 negative," and she talks about the gastric  
 17 carcinoma, and she notes that "Geraldine has  
 18 sailed through her first three cycles of  
 19 chemotherapy and she is doing amazingly well  
 20 and is in great spirits. She looks fabulous  
 21 and feels well, and she is active and eating  
 22 and drinking well, although she has lost some  
 23 weight previously due to the surgery."  
 24 She notes that under plan, at the bottom  
 25 of the page, just want to go to that, "had a



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1 long chat with Geraldine today and another  
 2 chat with Dr. Ganguly and as well, her family  
 3 physician, Dr. Pye. Geraldine has done  
 4 extremely well, much better than expected, and  
 5 I think has responded clinically at least to  
 6 chemotherapy." She goes on then to talk about  
 7 what the plan is for Geraldine, and as you've  
 8 indicated, it was about approximately six  
 9 months later that Geraldine passed away. That  
 10 would be in August of 2006?  
 11 MS. GOOBIE:  
 12 A. August 2006.  
 13 COFFEY, Q.C.:  
 14 Q. So Commissioner, I hope that at least that, in  
 15 terms of the progress notes, gives some  
 16 account of what was going on medically for  
 17 Geraldine Avery at the time that she learned  
 18 about the retesting and the circumstances that  
 19 were going on in her life medically at the  
 20 time she was told about the results.  
 21 Ms. Goobie, from your perspective, do you  
 22 have any thoughts on how Eastern Health, what  
 23 is now Eastern Health, okay, has dealt with  
 24 the patients and handled this ER/PR issue?  
 25 MS. GOOBIE:

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1 A. Well, I think in Geraldine's case, I think it  
 2 was a bit too late to be put on Tamoxifen. I  
 3 think it should have been earlier for her, and  
 4 perhaps she'd still be with us today. I don't  
 5 know. Perhaps she wouldn't. I can't say that  
 6 she--perhaps she would have died with cancer.  
 7 I don't--we can't say that, but at least she'd  
 8 have been given a fair chance, if she was put  
 9 on Tamoxifen on the first of it, in 1999. I  
 10 don't think it would have come back in her  
 11 second breast if she was on Tamoxifen. So  
 12 something went wrong somewhere.  
 13 COFFEY, Q.C.:  
 14 Q. What about the communication with yourself and  
 15 your sister and other patients? How do you  
 16 feel about how you were--how you learned about  
 17 the fact that there was retesting going on and  
 18 then they had to phone to find out the  
 19 results?  
 20 MS. GOOBIE:  
 21 A. Well, that was something else. I don't think  
 22 that was done right. I think they should have  
 23 called us instead of we having--if I didn't  
 24 hear it on the radio that day, I wouldn't know  
 25 anything about it. So I think they should

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1 have called us really, got in touch with us or  
 2 sent a letter or called or something.  
 3 THE COMMISSIONER:  
 4 Q. Mrs. Goobie, I take it from what you have said  
 5 this morning that nobody contacted you about  
 6 doing the retest before they were done. There  
 7 was a gentleman here yesterday who indicated  
 8 that he had had a call to ask about doing the  
 9 retest on his -  
 10 MS. GOOBIE:  
 11 A. No, I didn't have a call.  
 12 THE COMMISSIONER:  
 13 Q. - specimen. But you didn't have any call of  
 14 that nature?  
 15 MS. GOOBIE:  
 16 A. No.  
 17 THE COMMISSIONER:  
 18 Q. All right.  
 19 COFFEY, Q.C.:  
 20 Q. Ms. Goobie, do you recall the name of the  
 21 person that you spoke to at the Cancer Clinic?  
 22 MS. GOOBIE:  
 23 A. No. I should have asked her name, but I  
 24 don't--I didn't. I didn't ask her name.  
 25 COFFEY, Q.C.:

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1 Q. And your own treatment, which was in 2001,  
 2 okay, was done where physically?  
 3 MS. GOOBIE:  
 4 A. In Clarendville.  
 5 COFFEY, Q.C.:  
 6 Q. In Clarendville. You never had any surgery for  
 7 breast cancer in St. John's at all?  
 8 MS. GOOBIE:  
 9 A. No.  
 10 COFFEY, Q.C.:  
 11 Q. Okay.  
 12 MS. GOOBIE:  
 13 A. And I didn't have radiation. Geraldine had  
 14 radiation, but I didn't.  
 15 COFFEY, Q.C.:  
 16 Q. Has anyone ever told you that your tissue  
 17 sample from 2001 was retested?  
 18 MS. GOOBIE:  
 19 A. Yes, they told me at the hospital when I  
 20 called that day, and I called back after that  
 21 and there's so much talk about the breast  
 22 cancer and that, I called them back again and  
 23 I asked and they said yes, it was retested and  
 24 it came back negative.  
 25 COFFEY, Q.C.:

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1 Q. Okay. Has anyone from Eastern Health ever  
 2 spoken to you about offering to meet with you  
 3 to discuss this whole ER/PR issue?  
 4 MS. GOOBIE:  
 5 A. No.  
 6 COFFEY, Q.C.:  
 7 Q. Has anyone from Eastern Health ever explained  
 8 to you about why it was that the ER/PR test  
 9 results had to be retested at all?  
 10 MS. GOOBIE:  
 11 A. No.  
 12 COFFEY, Q.C.:  
 13 Q. Has anyone from Eastern Health or any  
 14 physician of your own, any doctor of yours,  
 15 ever expressed to you any acceptance of  
 16 responsibility for this whole affair?  
 17 MS. GOOBIE:  
 18 A. No.  
 19 COFFEY, Q.C.:  
 20 Q. Has anyone from Eastern Health ever expressed  
 21 any regret or apologized to you?  
 22 MS. GOOBIE:  
 23 A. No.  
 24 COFFEY, Q.C.:  
 25 Q. The person that you've primarily dealt with in

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1 relation to this is whom, what doctor?  
 2 MS. GOOBIE:  
 3 A. Dr. O'Shea.  
 4 COFFEY, Q.C.:  
 5 Q. Dr. O'Shea, and in terms of your dealings with  
 6 Dr. O'Shea on the issue, how has he been?  
 7 MS. GOOBIE:  
 8 A. Oh, he's been great when I go back--when I  
 9 hear so much in the media and that, I just ask  
 10 him about it, you know, and he explains to me  
 11 what's going on when I ask him.  
 12 COFFEY, Q.C.:  
 13 Q. So the assistance that you have received has  
 14 been from Dr. O'Shea?  
 15 MS. GOOBIE:  
 16 A. Yes, that's right.  
 17 THE COMMISSIONER:  
 18 Q. Dr. O'Shea is a GP, general practitioner, a  
 19 family doctor as it were?  
 20 MS. GOOBIE:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. Thank you.  
 24 MS. GOOBIE:  
 25 A. Dr. Paula Pye is my family doctor.

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1 THE COMMISSIONER:  
 2 Q. Oh, okay.  
 3 MS. GOOBIE:  
 4 A. But Dr. O'Shea, he sees me every six months  
 5 ever since that.  
 6 THE COMMISSIONER:  
 7 Q. In respect of the cancer?  
 8 MS. GOOBIE:  
 9 A. Yes.  
 10 THE COMMISSIONER:  
 11 Q. Okay.  
 12 MS. GOOBIE:  
 13 A. There's so much in our family.  
 14 MR. BROWNE:  
 15 Q. Commissioner, Dr. O'Shea is a general surgeon.  
 16 THE COMMISSIONER:  
 17 Q. He's a surgeon?  
 18 MR. BROWNE:  
 19 Q. Yes.  
 20 THE COMMISSIONER:  
 21 Q. So did he do your--he did your surgery?  
 22 MS. GOOBIE:  
 23 A. Yes, he did my surgery.  
 24 THE COMMISSIONER:  
 25 Q. And he continues to see you in respect of the

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1 cancer?  
 2 MS. GOOBIE:  
 3 A. That's right.  
 4 THE COMMISSIONER:  
 5 Q. Thank you, Mr. Browne.  
 6 COFFEY, Q.C.:  
 7 Q. Thank you. They're the questions I have,  
 8 Commissioner.  
 9 THE COMMISSIONER:  
 10 Q. All right.  
 11 COFFEY, Q.C.:  
 12 Q. Is there anything that you wish to--further  
 13 you'd like to say?  
 14 MS. GOOBIE:  
 15 A. No, I don't think.  
 16 COFFEY, Q.C.:  
 17 Q. Okay. There may be some questions that my  
 18 fellow counsel may have, so I'm going to step  
 19 down now. Thank you very much, ma'am.  
 20 MS. GOOBIE:  
 21 A. Okay.  
 22 THE COMMISSIONER:  
 23 Q. Mr. Pritchard?  
 24 MR. PRITCHARD:  
 25 Q. Ms. Goobie, thanks for your evidence.

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1 Commissioner, I have no questions of this  
 2 witness.  
 3 THE COMMISSIONER:  
 4 Q. Thank you.  
 5 MR. SIMMONS:  
 6 Q. Commissioner, it may be a little bit early for  
 7 the break, but I wonder if it might be  
 8 possible to take our morning break now and I  
 9 can advise you right after the break whether I  
 10 have any questions.  
 11 MS. PATRICIA GOOBIE, EXAMINATION BY THE COMMISSIONER  
 12 THE COMMISSIONER:  
 13 Q. Okay. I have a couple of questions for the  
 14 witness, so maybe I'll put those and then  
 15 we'll take the break and you can advise me  
 16 when we come back. Mrs. Goobie, as Mr. Coffey  
 17 was taking you through the information about  
 18 your sister and the course of her health  
 19 treatment, which unfortunately wasn't as  
 20 successful as yours, I was just making some  
 21 just sort of brief note as to the course of  
 22 the history, and I just want to see if you  
 23 think I got it right, in terms of what had  
 24 happened in respect of your sister, and as I  
 25 understand it, she had breast cancer first in

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1 1999?  
 2 MS. GOOBIE:  
 3 A. Correct.  
 4 THE COMMISSIONER:  
 5 Q. And then in 2002, she had a reoccurrence of  
 6 breast cancer?  
 7 MS. GOOBIE:  
 8 A. Yes.  
 9 THE COMMISSIONER:  
 10 Q. Then in 2005, she had another reoccurrence of  
 11 cancer and looking at the chart, it would seem  
 12 that as part of her treatment of the third  
 13 reoccurrence, she was placed on a drug called  
 14 Tamoxifen. Then later in the year 2005, a  
 15 fourth cancer in fact turned up?  
 16 MS. GOOBIE:  
 17 A. Yes.  
 18 THE COMMISSIONER:  
 19 Q. And coincidentally, around that same time, all  
 20 this publicity was going on about ER/PR and  
 21 you and your sister, in either late October or  
 22 in November of 2005, learned your respective  
 23 results and in your sister's case, her  
 24 results, which up to that point had thought to  
 25 be ER negative and turned out to be ER

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1 positive? Is that right?  
 2 MS. GOOBIE:  
 3 A. That's correct.  
 4 THE COMMISSIONER:  
 5 Q. And then in August of 2006, your sister died?  
 6 MS. GOOBIE:  
 7 A. Right.  
 8 THE COMMISSIONER:  
 9 Q. Have I got the order right, and what occurred?  
 10 MS. GOOBIE:  
 11 A. Yes, that's correct. That's correct.  
 12 THE COMMISSIONER:  
 13 Q. All right, thank you. Now we're going to take  
 14 a break of about 15 minutes or so, and then  
 15 we'll continue if these gentlemen have any  
 16 further questions.  
 17 MS. GOOBIE:  
 18 A. Okay.  
 19 THE COMMISSIONER:  
 20 Q. Thank you.  
 21 (BREAK)  
 22 THE COMMISSIONER:  
 23 Q. Thank you, please be seated. Yes, sorry.  
 24 MR. SIMMONS:  
 25 Q. I have no questions for Mrs. Goobie,

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1 Commissioner.  
 2 THE COMMISSIONER:  
 3 Q. Thank you.  
 4 EATON, Q.C.:  
 5 Q. Good morning, Commissioner. Good morning, Ms.  
 6 Goobie. I have no questions. Thank you for  
 7 your testimony.  
 8 THE COMMISSIONER:  
 9 Q. This time I get you in the right order, Mr.  
 10 Eaton.  
 11 MS. RUSSELL:  
 12 Q. I have no questions. Thank you, Commissioner.  
 13 THE COMMISSIONER:  
 14 Q. Thank you.  
 15 MS. NEWBURY:  
 16 Q. I have no questions, thank you.  
 17 THE COMMISSIONER:  
 18 Q. Mrs. Goobie, since none of these lawyers want  
 19 to ask you any further questions, it's only  
 20 for me to thank you very much for coming. I  
 21 know that it was a very early morning for you  
 22 to get here.  
 23 MS. GOOBIE:  
 24 A. Yes.  
 25 THE COMMISSIONER:

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1 Q. And we most appreciate your efforts.  
 2 MS. GOOBIE:  
 3 A. Okay. I promised my sister I would do this  
 4 for her.  
 5 THE COMMISSIONER:  
 6 Q. Well, you've certainly kept your promise.  
 7 Thank you.  
 8 MS. GOOBIE:  
 9 A. Okay.  
 10 COFFEY, Q.C.:  
 11 Q. Commissioner, I have what I hope is an unusual  
 12 request at this point. Something has come up  
 13 over the break. Daphne Coffin is here. She  
 14 will be the next witness. She'll be examined  
 15 by my colleague, Ms. Chaytor, but I am going  
 16 to ask that we adjourn for five minutes.  
 17 There's something I have to attend to.  
 18 THE COMMISSIONER:  
 19 Q. All right then.  
 20 COFFEY, Q.C.:  
 21 Q. Okay, thank you.  
 22 THE COMMISSIONER:  
 23 Q. We'll take another five.  
 24 (BREAK)  
 25 THE COMMISSIONER:

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1 Q. Thank you. Ms. Chaytor.  
 2 CHAYTOR, Q.C.:  
 3 Q. Registrar, I would ask, please, that Ms.  
 4 Coffin be sworn or affirmed.  
 5 MS. DAPHNE COFFIN, SWORN, EXAMINATION BY SANDRA CHAYTOR,  
 6 Q.C.  
 7 REGISTRAR:  
 8 Q. Would you please state and spell your complete  
 9 name for the Commission?  
 10 MS. COFFIN:  
 11 A. My name is Daphne Coffin. D-A-P-H-N-E C-O-F-  
 12 F-I-N.  
 13 REGISTRAR:  
 14 Q. Thank you.  
 15 CHAYTOR, Q.C.:  
 16 Q. Good morning, Ms. Coffin.  
 17 MS. COFFIN:  
 18 A. Good morning. You won't have a problem  
 19 hearing me, I believe.  
 20 CHAYTOR, Q.C.:  
 21 Q. It's good to hear. Thank you for joining us  
 22 today. Commissioner, the documents that have  
 23 been provided to counsel that I will be  
 24 referring to during Ms. Coffin's evidence are  
 25 documents that have been--and I don't think

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1 there should be any problem with those  
 2 numbers, based on our discussion earlier this  
 3 morning. I don't think they have been  
 4 disrupted. But it's documents numbered C-0056  
 5 through to C-0070 inclusively, and also  
 6 Exhibit P-0006.  
 7 THE COMMISSIONER:  
 8 Q. All right.  
 9 CHAYTOR, Q.C.:  
 10 Q. And of course, the C documents are the  
 11 confidential documents, which are from Ms.  
 12 Coffin's medical records, and the P-0006 is  
 13 the information from the NLCHI database  
 14 pertaining to Ms. Coffin.  
 15 THE COMMISSIONER:  
 16 Q. All right.  
 17 CHAYTOR, Q.C.:  
 18 Q. So I would ask, please, if those could be  
 19 entered into evidence as exhibits.  
 20 THE COMMISSIONER:  
 21 Q. So entered, and while I'm at it, I should  
 22 advise, particularly the counsel in the room,  
 23 that the administration has advised me that  
 24 the problem with the numbering from this  
 25 morning has been corrected and they should now

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1 all be C exhibits, as appropriate.  
 2 EXHIBITS ENTERED AND MARKED EXHIBITS C-0056 THROUGH C-  
 3 0070  
 4 EXHIBIT ENTERED AND MARKED EXHIBIT P-0006  
 5 CHAYTOR, Q.C.:  
 6 Q. Okay, Ms. Coffin, the documents will come up  
 7 on your monitor or there's a paper set, so  
 8 whichever you prefer. If at any point you  
 9 need a break, you can just let us know.  
 10 What's your date of birth?  
 11 MS. COFFIN:  
 12 A. August 4th, 1944.  
 13 CHAYTOR, Q.C.:  
 14 Q. And where do you reside in Newfoundland?  
 15 MS. COFFIN:  
 16 A. I live in St. John's. I have lived in St.  
 17 John's for the last 40 years or so.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay, and your treatment all took place in St.  
 20 John's?  
 21 MS. COFFIN:  
 22 A. Yes.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. Tell us a bit about yourself in terms  
 25 of your family status and your employment

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1 background.

2 MS. COFFIN:

3 A. My husband passed away in 1999. I have two

4 sons, both of who live away, and I am a

5 retired ultrasound technologist from the--I

6 spent most of my career at the Grace Hospital.

7 I trained at the old General and actually

8 worked with H. Bliss Murphy at the old General

9 years ago, and he was a very gruff man, and I

10 was frightened to death of him.

11 CHAYTOR, Q.C.:

12 Q. Okay, so we understand that you are a breast

13 cancer patient?

14 MS. COFFIN:

15 A. Yes.

16 CHAYTOR, Q.C.:

17 Q. When--sorry, go ahead.

18 MS. COFFIN:

19 A. Okay. I can kind of go through my -

20 CHAYTOR, Q.C.:

21 Q. Sure. You can tell us when you were diagnosed

22 then.

23 MS. COFFIN:

24 A. Yes. I had had screening mammograms from the

25 time I was about 50 years old, but I had one

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1 in 2000 that showed something suspicious. It

2 was kind of just micro calcifications, which

3 are usually associated with breast cancer, and

4 the conversation with the radiologist, because

5 I, of course, worked at the hospital at that

6 time and the radiologist told me at that time

7 that she just thought it was a degenerating

8 fibroidanoma, which is a benign condition, and

9 not to worry about it, and just have a repeat

10 mammogram in a year.

11 So I had my repeat mammogram at the

12 Breast Screening Centre, which had moved up to

13 Ropewalk Lane at that time, on August 13th,

14 2001, and I had done some mammography myself

15 early in my career and when the films were

16 developed, nobody had to tell me what was

17 going on. There was a full blown breast

18 cancer at that time, and I had a biopsy and an

19 ultrasound and mag views done at St. Clare's

20 the next day, and the next day, I had an

21 appointment with Dr. Thavanathan, who was my

22 surgeon of choice at that time, and he

23 confirmed the diagnosis, told me I needed

24 surgery and his method of treating this type

25 of breast cancer was lumpectomy and lymph node

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1 dissection, which I agreed with. It meant

2 preserving the breast at that time.

3 CHAYTOR, Q.C.:

4 Q. Okay, and so that's--you proceeded then, and

5 that was the surgery you had?

6 MS. COFFIN:

7 A. I had my surgery two weeks later and when I

8 removed the bandages, it was just a marvellous

9 scar. It was just a thin red line going

10 across the top of my breast and you couldn't

11 even see the incision under my arm, and two

12 weeks later, I met Dr. Thava. I had an

13 appointment with him at St. Clare's and he

14 told me at that time that my lymph nodes were

15 clear, so this was good news.

16 CHAYTOR, Q.C.:

17 Q. Okay. So what other treatment did you

18 undergo?

19 MS. COFFIN:

20 A. Well, my next appointment was with Dr.

21 Jonathan Greenland at the Cancer Clinic. It

22 was a very early appointment. It was just

23 September 19th and I had just had my surgery

24 on August the 28th, so when I went to him, the

25 issue of ER/PR receptors came up immediately.

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1 Mine had not been done, and he also wanted my

2 pathology redone to make sure the margins were

3 clear. So on that, on my chart notes that

4 day, Dr. Greenland says "I discussed this case

5 with Dr. McCarthy. She recommends that if the

6 patient is ER/PR positive, she should be

7 started on Tamoxifen without chemotherapy."

8 CHAYTOR, Q.C.:

9 Q. Okay.

10 MS. COFFIN:

11 A. "If it turns out to be ER/PR negative, there

12 could be a role for chemotherapy."

13 CHAYTOR, Q.C.:

14 Q. Okay. So this is your first assessment and

15 you're assessed by Dr. Greenland?

16 MS. COFFIN:

17 A. Um-hm.

18 CHAYTOR, Q.C.:

19 Q. And I believe the record then that you're

20 referring to would be our Exhibit C-0058,

21 please, Registrar.

22 REGISTRAR:

23 Q. C-0058?

24 CHAYTOR, Q.C.:

25 Q. C-0058.

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1 MS. COFFIN:  
 2 A. I didn't realize it was -  
 3 CHAYTOR, Q.C.:  
 4 Q. Yes. So that's fine, I can direct you to your  
 5 records. So C-0058 and this is the first  
 6 assessment summary. It has your name on the  
 7 top and as you indicated, September 19th,  
 8 2001, and on the bottom, we see that you are  
 9 being seen on that date, this note or this  
 10 assessment is written by Dr. Jonathan  
 11 Greenland.  
 12 MS. COFFIN:  
 13 A. Um-hm.  
 14 CHAYTOR, Q.C.:  
 15 Q. And you indicate at the top, at this point,  
 16 your ER/PR status was still pending. "ER/PR  
 17 status pending," and on the second page,  
 18 towards the bottom, Dr. Jonathan Greenland,  
 19 now who do you understand Dr. Jonathan  
 20 Greenland to be, what type of physician?  
 21 MS. COFFIN:  
 22 A. He does all the radiation.  
 23 CHAYTOR, Q.C.:  
 24 Q. Is he a -  
 25 MS. COFFIN:

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1 A. At the Bliss Murphy, the Centre.  
 2 CHAYTOR, Q.C.:  
 3 Q. - a radiation oncologist?  
 4 MS. COFFIN:  
 5 A. Radiation oncologist, that's the word.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay, and he indicates "I discussed the case  
 8 with Dr. McCarthy. Dr. McCarthy recommends  
 9 that if the patient is ER/PR positive that she  
 10 be started on Tamoxifen without chemotherapy.  
 11 If it turns out to be ER/PR negative, there  
 12 could be a role for chemotherapy, although it  
 13 would be very marginal, with an overall  
 14 survival benefit of two to three percent. Dr.  
 15 Laing is on maternity leave."  
 16 MS. COFFIN:  
 17 A. Um-hm.  
 18 CHAYTOR, Q.C.:  
 19 Q. Okay. So that is your first visit and you're  
 20 seen by the radiation oncologist, Dr.  
 21 Greenland, okay. So we understand that one of  
 22 the tests that, of course, is conducted and  
 23 you're well aware of that, is the ER/PR test.  
 24 When do you learn what your ER/PR status is  
 25 and what do you understand your original ER/PR

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1 status was?  
 2 MS. COFFIN:  
 3 A. I had an appointment with Dr. Laing. Dr.  
 4 Laing was on maternity leave at that time.  
 5 When she came back, I had an appointment with  
 6 Dr. Laing on October 19th, which was a month  
 7 later, and at that time, she told me that my  
 8 tumor, being 2.5 centimetres, and she also  
 9 says that I was not a strong candidate for  
 10 Tamoxifen because "at most she is ER positive  
 11 at 23 percent."  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay, so that's your recollection?  
 14 MS. COFFIN:  
 15 A. That's my recollection.  
 16 CHAYTOR, Q.C.:  
 17 Q. Okay.  
 18 MS. COFFIN:  
 19 A. And I spent the next five years of my life  
 20 telling people that my ER receptors were 23  
 21 percent.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay, and if we could look then, please, at  
 24 Exhibit C-0056.  
 25 THE COMMISSIONER:

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1 Q. 0056?  
 2 CHAYTOR, Q.C.:  
 3 Q. 0056, okay, and Ms. Coffin, this is your  
 4 Supplementary Pathology Report pertaining to  
 5 you, and if we come down to the second page,  
 6 we see an addendum number one,  
 7 Immunoperoxidase staining for estrogen  
 8 progesterone receptors, estrogen receptors 23  
 9 percent positivity, progesterone receptors  
 10 negative," and then we have in brackets, "no  
 11 controls." So Ms. Coffin, I take it this is  
 12 consistent, this is the 23 percent that you  
 13 understood your estrogen receptor, 23 percent?  
 14 MS. COFFIN:  
 15 A. Yes.  
 16 CHAYTOR, Q.C.:  
 17 Q. Okay.  
 18 THE COMMISSIONER:  
 19 Q. You're agreeing then that you--or do you  
 20 recall a discussion about the PR or was it  
 21 strictly about what the ER result was when you  
 22 had that discussion?  
 23 MS. COFFIN:  
 24 A. No, we did not discuss PR. PR was completely  
 25 negative as far as I understand.

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1 CHAYTOR, Q.C.:

2 Q. Okay. If we could have C-0059 then, please?

3 And you indicate that you were subsequently

4 seen by Dr. Laing?

5 MS. COFFIN:

6 A. Yes.

7 CHAYTOR, Q.C.:

8 Q. In October of 2001?

9 MS. COFFIN:

10 A. Yes, October 19th.

11 CHAYTOR, Q.C.:

12 Q. We have a progress note, C-0059, October 19th,

13 2001, consultation note, Medical Oncology

14 Clinic, and this is, at the bottom, indicated

15 to be written by Wendy Winsor, a clinical

16 clerk for Dr. Laing. Do you recall that you

17 were in fact seen by Dr. Laing on this date?

18 MS. COFFIN:

19 A. Not really.

20 CHAYTOR, Q.C.:

21 Q. Not really, okay. And who did you learn then,

22 who advised you of your original ER/PR test

23 results?

24 MS. COFFIN:

25 A. It was Dr. Laing.

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1 CHAYTOR, Q.C.:

2 Q. Was Dr. Laing?

3 MS. COFFIN:

4 A. Yes.

5 CHAYTOR, Q.C.:

6 Q. Okay, all right, and if we look at this, we

7 see written in the diagnosis "infiltrating

8 ductal carcinoma of the right breast," goes

9 on with the staging and then it says "ER 23

10 percent positive. PR negative." Okay, so

11 that's consistent with what you would have

12 been told?

13 MS. COFFIN:

14 A. Um-hm.

15 CHAYTOR, Q.C.:

16 Q. And if we continue on, on the bottom of that

17 page, under impression and plan, it's written

18 "she is not a strong candidate for Tamoxifen

19 because at most she is ER positive at 23

20 percent. We have therefore offered her

21 chemotherapy" in the form of the drugs

22 indicated there. "We discussed the side

23 effects of this chemotherapy with Mrs. Coffin,

24 including" and then the list of side effects,

25 "hair loss, vomiting, nausea, bone marrow

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1 suppression. After this discussion, Mrs.

2 Coffin has agreed to go ahead with the

3 chemotherapy" and you're booked for your

4 chemotherapy, and at the bottom, "once she has

5 completed chemotherapy, we will consider again

6 Tamoxifen as a adjuvant treatment for her."

7 So is that consistent with your recollection

8 of when you were advised of your ER/PR status?

9 MS. COFFIN:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. And the recommended course of treatment?

13 MS. COFFIN:

14 A. Yes.

15 CHAYTOR, Q.C.:

16 Q. Okay, and what did you understand it meant to

17 be ER positive 23 percent? What did you

18 understand that the cut off was, in terms -

19 MS. COFFIN:

20 A. It was, Dr. Laing explained to me that at that

21 time, 2001, 20 percent was considered

22 negative.

23 CHAYTOR, Q.C.:

24 Q. Okay.

25 MS. COFFIN:

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1 A. So I figured at 23 percent, I was very weakly

2 positive.

3 CHAYTOR, Q.C.:

4 Q. Okay, and if we could have then C-0060, and

5 this is another progress note, Ms. Coffin,

6 December 31st, 2001, and you're seen by Dr.

7 Farrell on this date. Do you know who Dr.

8 Farrell is?

9 MS. COFFIN:

10 A. I think he's just a GP at the Cancer Clinic,

11 but this is--I saw that the other day. I

12 don't even remember seeing him really.

13 CHAYTOR, Q.C.:

14 Q. Okay, and he indicates "she is 23 percent ER

15 positive," so no reference to your PR status,

16 "so I am going to bring her back in a month

17 for discussion of Tamoxifen." Do you recall--

18 you don't have any recollection of seeing Dr.

19 Farrell?

20 MS. COFFIN:

21 A. Not, no.

22 CHAYTOR, Q.C.:

23 Q. Okay, and then we have C-0061, please? And

24 you're seen on this date, it appears, by Dr.

25 Greenland again, January 15th, 2002. You're

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1 seen in the Radiation Oncology Clinic, and Dr.  
 2 Greenland again refers to your ER status as  
 3 being ER weakly positive, PR negative, and  
 4 that was your understanding?  
 5 MS. COFFIN:  
 6 A. Yes.  
 7 CHAYTOR, Q.C.:  
 8 Q. That you were weakly positive, with 20 percent  
 9 being the cut off?  
 10 MS. COFFIN:  
 11 A. Yes.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay, and C-0062, please, Registrar. January  
 14 28th, 2002, and this, you're seen in Medical  
 15 Oncology Clinic by Dr. Laing on this date, and  
 16 Dr. Laing refers to your diagnosis and then  
 17 says "PR negative and ER 23 percent positive.  
 18 Daphne returns to clinic today for discussion  
 19 regarding Tamoxifen. She completed her  
 20 chemotherapy on December 31st, 2001 and she  
 21 had commenced radiation. Her initial tumor  
 22 was only 23 percent positive for estrogen. In  
 23 some labs, this is considered to be negative  
 24 if it is less than 30 percent staining. I  
 25 would consider this to be a borderline result.

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1 I had a long talk with her today about the  
 2 benefits and risks of Tamoxifen. Risks  
 3 include that of endometrial cancer, DVT,  
 4 stroke premature" and it goes on with a long  
 5 list of risks of Tamoxifen and then "potential  
 6 benefits include a small additional benefit to  
 7 decrease risk in breast cancer relapse" and  
 8 some other benefits are listed. You have been  
 9 doing some reading on your own, according to  
 10 the note, and "given that the risk factors are  
 11 present, that this additional benefit to her  
 12 on top of chemo is probably only in the order  
 13 of a few percent, she has decided then not to  
 14 go on to take Tamoxifen."  
 15 MS. COFFIN:  
 16 A. Yes. That was pretty much--but we discussed  
 17 that at length and she kind of said, you know,  
 18 agreed with me at that, on that.  
 19 CHAYTOR, Q.C.:  
 20 Q. Yes, okay. So you understood the risks and  
 21 you understood that you were weakly positive?  
 22 MS. COFFIN:  
 23 A. Yes.  
 24 CHAYTOR, Q.C.:  
 25 Q. And so you decided not to take the Tamoxifen?

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1 MS. COFFIN:  
 2 A. Um-hm.  
 3 CHAYTOR, Q.C.:  
 4 Q. This is in August--well, I guess you're making  
 5 this decision now in January 20th, 2002.  
 6 MS. COFFIN:  
 7 A. Um-hm. I'd had chemotherapy and I had--well,  
 8 was about finishing up my radiation at that  
 9 time.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay, and if you had been told that the cut  
 12 off for positivity being used in St. John's as  
 13 of January 1st, 2001 was ten percent, as  
 14 opposed to your understanding that it was 20  
 15 percent, would that have made a difference in  
 16 your decision?  
 17 MS. COFFIN:  
 18 A. Not ten percent, no, I don't think so. No, I  
 19 wouldn't think so.  
 20 CHAYTOR, Q.C.:  
 21 Q. Okay. If you had been told that you were  
 22 strongly ER positive, would that have made a  
 23 difference in your decision?  
 24 MS. COFFIN:  
 25 A. Yes, I firmly believe it would have, would

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1 have.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay.  
 4 MS. COFFIN:  
 5 A. Because to begin with then I probably wouldn't  
 6 have needed chemotherapy.  
 7 CHAYTOR, Q.C.:  
 8 Q. Yes, okay. If we can have, please, then,  
 9 Exhibit C-0066? This is another progress note  
 10 from the cancer clinic, September 8th, 2005,  
 11 and you're seen in the medical oncology clinic  
 12 on this date by Dr. Laing; she's signed at the  
 13 bottom.  
 14 MS. COFFIN:  
 15 A. Um-hm.  
 16 CHAYTOR, Q.C.:  
 17 Q. And Dr. Laing again notes that you're ER  
 18 weakly positive and PR negative. And on the  
 19 bottom you are continuing to do well and you  
 20 will approach the five-year mark of diagnosis  
 21 next year. "I will see her back one more time  
 22 in the spring." If all is well at that time  
 23 her plan is to discharge you from her care.  
 24 This is September 8th, 2005. Did Dr. Laing  
 25 mention to you during that visit that there



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1 was any retesting ongoing of ER/PR results?  
 2 MS. COFFIN:  
 3 A. No.  
 4 CHAYTOR, Q.C.:  
 5 Q. When and how did you first learn that there  
 6 was ER/PR retesting taking place?  
 7 MS. COFFIN:  
 8 A. I really don't know. Mr. Coffey was telling  
 9 me that it happened in October of 2005 and -  
 10 CHAYTOR, Q.C.:  
 11 Q. When it first became public?  
 12 MS. COFFIN:  
 13 A. First became known. I heard nothing from  
 14 anybody in the medical field and I heard  
 15 nothing from Eastern Health or the cancer  
 16 clinic. I was out of the province late  
 17 September, early October in the year 2005.  
 18 CHAYTOR, Q.C.:  
 19 Q. So shortly after this appointment with Dr.  
 20 Laing -  
 21 MS. COFFIN:  
 22 A. Yes, yes.  
 23 CHAYTOR, Q.C.:  
 24 Q. - September 8th.  
 25 MS. COFFIN:

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1 A. Um-hm.  
 2 CHAYTOR, Q.C.:  
 3 Q. Okay. You left the province?  
 4 MS. COFFIN:  
 5 A. Yeah. But I was just gone for a couple of  
 6 weeks. And I came back and then I left again  
 7 and went away for Christmas that year and I  
 8 really cannot remember ever hearing anything  
 9 about this at that time.  
 10 CHAYTOR, Q.C.:  
 11 Q. Nothing in the public and nothing through the  
 12 medical community?  
 13 MS. COFFIN:  
 14 A. No.  
 15 CHAYTOR, Q.C.:  
 16 Q. Okay. So when then did you first learn about  
 17 the retesting in general, not your own  
 18 results, but that there was retesting taking  
 19 place?  
 20 MS. COFFIN:  
 21 A. Well, when I came back from being out of the  
 22 province at Christmas, I went to a breast  
 23 cancer support group meeting and one of the  
 24 girls there asked me if I had been retested.  
 25 CHAYTOR, Q.C.:

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1 Q. And when was this, Mrs. Coffin?  
 2 MS. COFFIN:  
 3 A. That was in January of, that would have been  
 4 2006.  
 5 CHAYTOR, Q.C.:  
 6 Q. January, 2006, okay.  
 7 MS. COFFIN:  
 8 A. If I had had my receptors retested and I said,  
 9 "I hardly know what you're talking about." I  
 10 guess I did hear vaguely about it. But I also  
 11 didn't feel that it applied to me because my  
 12 receptors were negative anyway, you know.  
 13 CHAYTOR, Q.C.:  
 14 Q. Yes, okay. And how do you feel about the  
 15 manner in which you found out that the  
 16 retesting was taking place?  
 17 MS. COFFIN:  
 18 A. Well, I really didn't find out at all. The  
 19 other girl said she heard about it on the  
 20 radio. I didn't even--really, when that  
 21 question was put to me at that meeting, it was  
 22 the first time that I really knew anything  
 23 about it. And I went to the cancer clinic  
 24 sometime later and I picked up the Hope  
 25 magazine. I don't know if you're aware, you

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1 know, what that's about. It's just a little  
 2 pamphlet. And there as an article there on  
 3 it, an editor, an editor's note on it. And it  
 4 kind of clicked into me, this is what they're  
 5 talking about.  
 6 CHAYTOR, Q.C.:  
 7 Q. So the Hope magazine, I take it, is a magazine  
 8 for cancer patients or for -  
 9 MS. COFFIN:  
 10 A. It's a little--no, it's a little pamphlet on  
 11 alternate treatments, I think, for cancer  
 12 patients.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay.  
 15 MS. COFFIN:  
 16 A. I think that's what it is.  
 17 CHAYTOR, Q.C.:  
 18 Q. So after learning in January, 2006 that there  
 19 was retesting taking place, did you do  
 20 anything, did you make any efforts to find out  
 21 if, in fact, you may be part of the group  
 22 being retested?  
 23 MS. COFFIN:  
 24 A. I called the cancer clinic. I knew--after  
 25 that meeting and my talk with that girl I knew

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1 that I would be involved because, just because  
 2 where I was a breast cancer patient. And so I  
 3 called the cancer clinic and I asked them if  
 4 they would just put my name on the list and,  
 5 you know, to get it retested, to get retested  
 6 at that time.  
 7 CHAYTOR, Q.C.:  
 8 Q. And what were you told?  
 9 MS. COFFIN:  
 10 A. Just, okay, you know, nothing, I wasn't told  
 11 anything about what was going on, just, okay.  
 12 CHAYTOR, Q.C.:  
 13 Q. Okay, and so you gave your name, identified  
 14 yourself and asked that you be put on the list  
 15 to be retested?  
 16 MS. COFFIN:  
 17 A. Yes.  
 18 CHAYTOR, Q.C.:  
 19 Q. Do you know who you spoke with that day?  
 20 MS. COFFIN:  
 21 A. No, I don't, no.  
 22 CHAYTOR, Q.C.:  
 23 Q. Okay. So I take it you weren't contacted by  
 24 anyone beforehand to seek to be retested?  
 25 MS. COFFIN:

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1 A. No.  
 2 CHAYTOR, Q.C.:  
 3 Q. And then commissioned to be retested. But you  
 4 yourself asked that your name be put on the  
 5 list to be retested?  
 6 MS. COFFIN:  
 7 A. Um-hm, yes.  
 8 CHAYTOR, Q.C.:  
 9 Q. Okay. Do you know if your sample was  
 10 ultimately retested?  
 11 MS. COFFIN:  
 12 A. I know now. Did I know then, you mean?  
 13 CHAYTOR, Q.C.:  
 14 Q. Yes. Well, tell us, when did you learn? So  
 15 you know that you were retested?  
 16 MS. COFFIN:  
 17 A. I saw--I had an appointment with Dr. Laing in  
 18 March of that year, shortly after I had made  
 19 that phone call, actually, maybe six weeks  
 20 later, and -  
 21 CHAYTOR, Q.C.:  
 22 Q. Was that your regularly scheduled appointment  
 23 with her?  
 24 MS. COFFIN:  
 25 A. It was a regularly scheduled appointment.

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1 CHAYTOR, Q.C.:  
 2 Q. Because she was going to see you back in the  
 3 spring?  
 4 MS. COFFIN:  
 5 A. Yes.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay.  
 8 MS. COFFIN:  
 9 A. And she asked--when I was about to leave, she  
 10 said to me, "By the way, how did your  
 11 receptors turn out?" And I said, well -  
 12 CHAYTOR, Q.C.:  
 13 Q. Dr. Laing asked you?  
 14 MS. COFFIN:  
 15 A. Asked me. And I said, "Well, I don't think  
 16 I've had them done. You know, I called and I  
 17 haven't heard anything about it." And she  
 18 said, "Oh, yes, they are done because anybody  
 19 who was less than 30 percent had been done at  
 20 that time." But she looked at my chart and  
 21 the report wasn't there, so it obviously  
 22 hadn't been done. So she promised me that she  
 23 would get it done.  
 24 CHAYTOR, Q.C.:  
 25 Q. Okay. Well perhaps then we'll look at Exhibit

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1 C-0067, please, Registrar? And this is a  
 2 visit to the cancer medical oncology clinic  
 3 March 14th, 2006. And you are indeed seen  
 4 that day by Dr. Laing. There's a note  
 5 dictated but not read. And the diagnosis is  
 6 listed there. And again, it's indicated, "ER  
 7 weakly positive and PR negative." And the  
 8 middle paragraph, "Her initial ER testing came  
 9 back as 23 percent, that was in 2001. At that  
 10 time we considered that to be weakly positive.  
 11 I did discuss Tamoxifen with her at that time  
 12 but we decided not to give it to her. I had  
 13 thought that she would be retested as her  
 14 staining was less than 30 percent, but this  
 15 has not been done. I have requested it today.  
 16 We have discussed what to do at this point and  
 17 agreed that if it was higher, that we would  
 18 certainly consider her for Aromatase," is that  
 19 correct?  
 20 MS. COFFIN:  
 21 A. Um-hm, yes.  
 22 CHAYTOR, Q.C.:  
 23 Q. "Inhibitor at this point. I will wait and see  
 24 what the retesting shows." And if we could  
 25 have, please, C-0057?

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1 THE COMMISSIONER:  
 2 Q. Fifty-seven or sixty-seven? Are we going back  
 3 or forward?  
 4 CHAYTOR, Q.C.:  
 5 Q. We're going to C-0057.  
 6 THE COMMISSIONER:  
 7 Q. Fifty-seven?  
 8 CHAYTOR, Q.C.:  
 9 Q. Fifty-seven, that's correct.  
 10 CHAYTOR, Q.C.:  
 11 Q. This is the Mount Sinai report. So you were  
 12 seen by Dr. Laing March 14th, 2006. And good  
 13 to her word, on--this is a document from Mount  
 14 Sinai Hospital, date of procedure, Mount Sinai  
 15 has retested your sample as of March 17th,  
 16 2006. You'll see here that, your name at the  
 17 top. And, Mrs. Coffin, this indicates that  
 18 your estrogen receptor was found to be 95  
 19 percent positive and your PR less than one  
 20 percent. Did you know that at this point in  
 21 time that you were retested?  
 22 MS. COFFIN:  
 23 A. No, I did not.  
 24 CHAYTOR, Q.C.:  
 25 Q. So as of March 17th, 2006 you didn't know that

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1 that's the date Mount Sinai did your test?  
 2 MS. COFFIN:  
 3 A. I had no idea. I didn't know how long it  
 4 would take to do these tests, anyway, and so  
 5 when I didn't hear from them, I just assumed  
 6 it was taking a long time to do it or else it  
 7 wasn't being done.  
 8 CHAYTOR, Q.C.:  
 9 Q. Yes, okay. So the date of procedure is  
 10 indicated to be March 17th. And my co-counsel  
 11 is pointing out the actual date of the is  
 12 indicated to be March 20th.  
 13 MS. COFFIN:  
 14 A. Um-hm, yes.  
 15 CHAYTOR, Q.C.:  
 16 Q. But you weren't aware in March?  
 17 MS. COFFIN:  
 18 A. No.  
 19 CHAYTOR, Q.C.:  
 20 Q. Shortly after your visit to Dr. Laing that  
 21 you'd been retested?  
 22 MS. COFFIN:  
 23 A. No, I did not hear from Dr. Laing at that  
 24 time.  
 25 CHAYTOR, Q.C.:

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1 Q. If we could look then, please, at C-56? And  
 2 this is the document we referred to earlier,  
 3 it's your original pathology report here in  
 4 St. John's. And an addendum has been added to  
 5 your report, the addendum No. 3 which has been  
 6 entered then on your chart March 21st, 2006,  
 7 so very shortly after the report from Mount  
 8 Sinai.  
 9 MS. COFFIN:  
 10 A. Um-hm.  
 11 CHAYTOR, Q.C.:  
 12 Q. "Consultation to Mount Sinai Hospital for  
 13 immunohistochemical studies (BL2L shows)" and  
 14 then it says "Estrogen receptor protein is  
 15 seen in 95 percent of cells using the antibody  
 16 and the procedure indicated." And your PR  
 17 protein is seen in less than one percent. So  
 18 that's the results of the Mount Sinai testing  
 19 recorded on your chart March 21st, 2006. Ms.  
 20 Coffin, when did you learn this information?  
 21 MS. COFFIN:  
 22 A. I went to a breast cancer retreat in May of  
 23 that year following this appointment and there  
 24 was a girl, there was a nurse there from the  
 25 cancer clinic doing a presentation on, a

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1 question and answer session. And when it was  
 2 finished, I went to her and I asked her if she  
 3 would again take my name and check and see if  
 4 my receptors had been done and she promised me  
 5 that she would.  
 6 CHAYTOR, Q.C.:  
 7 Q. And was this someone from the cancer clinic?  
 8 MS. COFFIN:  
 9 A. It was a nurse from the cancer clinic. She  
 10 had done a presentation at the breast cancer  
 11 clinic.  
 12 CHAYTOR, Q.C.:  
 13 Q. And she took your name?  
 14 MS. COFFIN:  
 15 A. She took my name. And I went home and I  
 16 didn't hear for awhile. But you know, I don't  
 17 exactly know when it was, maybe July or  
 18 August, I did get a call from the cancer  
 19 clinic.  
 20 CHAYTOR, Q.C.:  
 21 Q. Yes.  
 22 MS. COFFIN:  
 23 A. And they told me that my receptor testings  
 24 were back and they made an appointment for me  
 25 to see Dr. Laing. And I saw her in September

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1 and that was when I got my results.  
 2 CHAYTOR, Q.C.:  
 3 Q. So September of 2006?  
 4 MS. COFFIN:  
 5 A. Um-hm, yes.  
 6 CHAYTOR, Q.C.:  
 7 Q. So six months after the information is  
 8 recorded on your chart?  
 9 MS. COFFIN:  
 10 A. Um-hm.  
 11 CHAYTOR, Q.C.:  
 12 Q. Okay. Let's go back to C-0067, please,  
 13 Registrar? And this is the progress note when  
 14 you were seen March 14th, 2006 by Dr. Laing.  
 15 MS. COFFIN:  
 16 A. Um-hm.  
 17 CHAYTOR, Q.C.:  
 18 Q. And she indicated, I guess it was noted that  
 19 you hadn't been originally retested, although  
 20 she would have expected you should have been.  
 21 And she concludes that day her note with  
 22 saying, "I play to discharge Daphne today, but  
 23 I am going to get her ER/PR results and call  
 24 her. We will decide then what we are going to  
 25 do. Certainly if I start her on something, I

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1 would probably see her once more and then plan  
 2 to discharge her." I take it you didn't  
 3 receive that phone call from Dr. Laing?  
 4 MS. COFFIN:  
 5 A. No, I did not, no.  
 6 CHAYTOR, Q.C.:  
 7 Q. If we could have C-68, please? Okay, Ms.  
 8 Coffin, this is September 6th, 2006, medical  
 9 oncology clinic, progress notes.  
 10 MS. COFFIN:  
 11 A. Um-hm, yes.  
 12 CHAYTOR, Q.C.:  
 13 Q. And this is the day in which you're seen by  
 14 Dr. Laing. And again, under "Diagnosis" it  
 15 refers to original ER weakly positive  
 16 initially, now known to be 95 percent positive  
 17 on retesting, PR negative. "Daphne returns to  
 18 clinic today." And the next paragraph says,  
 19 "I brought her back today to discuss the issue  
 20 of her ER again. She had not been retested  
 21 despite the fact that she was less than 30  
 22 percent, but now that she has been and it came  
 23 back so strongly positive, she comes to talk  
 24 about late hormonal therapy. I have reviewed  
 25 the study of late Tamoxifen and also the

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1 results of MA-17 clinical trial, including the  
 2 benefits seen to those who are started  
 3 Letrozole," I believe it is.  
 4 MS. COFFIN:  
 5 A. I'm not familiar with that one.  
 6 CHAYTOR, Q.C.:  
 7 Q. No, me either. Okay. And after some  
 8 discussion you decide to give the -  
 9 MS. COFFIN:  
 10 A. Arimidex.  
 11 CHAYTOR, Q.C.:  
 12 Q. Arimidex a try.  
 13 MS. COFFIN:  
 14 A. Um-hm, yes.  
 15 CHAYTOR, Q.C.:  
 16 Q. The side effects and rationale were reviewed  
 17 with you and she's going to see you back in  
 18 three months. And if you have difficulty,  
 19 then you can try Tamoxifen?  
 20 MS. COFFIN:  
 21 A. Yes.  
 22 CHAYTOR, Q.C.:  
 23 Q. So this is consistent with your meeting or  
 24 your recollection of your meeting with Dr.  
 25 Laing on that date?

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1 MS. COFFIN:  
 2 A. Yes, um-hm, it is, yes.  
 3 CHAYTOR, Q.C.:  
 4 Q. Was any explanation offered to you--did Dr.  
 5 Laing, first of all, tell you that your  
 6 results were, in fact, back since March?  
 7 MS. COFFIN:  
 8 A. No, actually, no, she did not.  
 9 CHAYTOR, Q.C.:  
 10 Q. Some six months prior to that?  
 11 MS. COFFIN:  
 12 A. No.  
 13 CHAYTOR, Q.C.:  
 14 Q. Okay. So I take it no explanation was given  
 15 to you for the delay in communicating it to  
 16 you?  
 17 MS. COFFIN:  
 18 A. No. And, you know, I didn't even bother to  
 19 ask about when they came back because I just  
 20 thought this test took a long time or else it  
 21 wasn't, it wasn't done, maybe it wasn't done  
 22 until I talked to the girl at the cancer  
 23 retreat. You know, I really did not look into  
 24 the date as to when it was.  
 25 CHAYTOR, Q.C.:

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1 Q. Okay. And were you in the province in that  
 2 six month time period?  
 3 MS. COFFIN:  
 4 A. Oh, yes, yes.  
 5 CHAYTOR, Q.C.:  
 6 Q. And so you decide to try the hormonal  
 7 treatment once you learn that you're ER  
 8 strongly positive?  
 9 MS. COFFIN:  
 10 A. I did, yes.  
 11 CHAYTOR, Q.C.:  
 12 Q. And what's the current status of your  
 13 treatment?  
 14 MS. COFFIN:  
 15 A. I took Arimidex for three or four months and  
 16 the side effects were dreadful and I had been  
 17 so well and with this Arimidex I put myself  
 18 back into feeling absolutely lousy again. So  
 19 I gave up my Arimidex; I tried it for about  
 20 three months. I talked to Dr. Laing and  
 21 begged her to keep me under the fold of the  
 22 cancer clinic because I was, I was afraid that  
 23 once I left the shelter of the cancer clinic,  
 24 I would kind of be on my own, I would have  
 25 nobody to turn to if I ran into problems, if I

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1 had relapses or whatever, and so I begged her  
 2 to keep me under her wing and she promised me  
 3 that she would. So I have kept up my  
 4 appointments with her and I continue to do  
 5 well.  
 6 CHAYTOR, Q.C.:  
 7 Q. Okay. And if we look then at C-0070? And  
 8 this is a visit last June 12th, 2007, medical  
 9 oncology clinic with Dr. Laing. And it  
 10 indicates that you, in fact, were on the  
 11 Arimidex from September, 2006 to February,  
 12 2007 and then confirming that you discontinued  
 13 due to the side effects?  
 14 MS. COFFIN:  
 15 A. Yes.  
 16 CHAYTOR, Q.C.:  
 17 Q. And the plan that day, she indicates that "I  
 18 have talked to her about Tamoxifen, but she  
 19 has always been reluctant to take Tamoxifen  
 20 even at her earlier diagnosis because she's  
 21 very concerned about blood clots. She is now  
 22 more than six years from her initial diagnosis  
 23 of node negative cancer, we therefore decided  
 24 not to give her anything further at this point  
 25 because she does not want the potential risk

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1 factors associated with the Tamoxifen" and Dr.  
 2 Laing indicates that she thinks this is  
 3 reasonable.  
 4 MS. COFFIN:  
 5 A. Um-hm.  
 6 CHAYTOR, Q.C.:  
 7 Q. And that's consistent with your understanding  
 8 and discussions with her on that date?  
 9 MS. COFFIN:  
 10 A. Yes.  
 11 CHAYTOR, Q.C.:  
 12 Q. Okay. Ms. Coffin, back in March of 2006  
 13 during your meeting with Dr. Laing, did she  
 14 offer any explanation as to why you would have  
 15 been missed in the original retesting?  
 16 MS. COFFIN:  
 17 A. No. And I think Dr. Laing was as surprised as  
 18 I was because she really felt that all the  
 19 patients that were less than 30 percent were  
 20 being redone. She really felt that, you know,  
 21 genuinely felt that mine should have been  
 22 redone.  
 23 CHAYTOR, Q.C.:  
 24 Q. Okay. Ms. Coffin, has anyone from Eastern  
 25 Health or your physicians told you what may

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1 have happened to cause or contribute to the  
 2 discrepancy in your testing? You went from  
 3 being a weakly positive ER to a very strongly,  
 4 95 percent positive ER. Has anyone explained  
 5 how that could have happened to you?  
 6 MS. COFFIN:  
 7 A. No.  
 8 CHAYTOR, Q.C.:  
 9 Q. Has anyone from Eastern Health or your  
 10 physicians outlined to you any plan which is  
 11 intended to rectify this or how it will be  
 12 dealt with in the future to try and prevent  
 13 this from happening in the future?  
 14 MS. COFFIN:  
 15 A. No.  
 16 CHAYTOR, Q.C.:  
 17 Q. Has anyone offered you a meeting with your  
 18 family or your support group to discuss the  
 19 issue with you?  
 20 MS. COFFIN:  
 21 A. No.  
 22 CHAYTOR, Q.C.:  
 23 Q. Has anyone other than the discussion then you  
 24 had with Dr. Laing in September, September  
 25 6th, I believe it was, 2006, other than that

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1 discussion with Dr. Laing, has anyone offered  
 2 any follow-up meeting of any sort to you to  
 3 discuss the issue of the ER/PR retesting?  
 4 MS. COFFIN:  
 5 A. No, no.  
 6 CHAYTOR, Q.C.:  
 7 Q. Has anyone from Eastern Health or your  
 8 physicians expressed to you any acceptance of  
 9 responsibility for this outcome?  
 10 MS. COFFIN:  
 11 A. No.  
 12 CHAYTOR, Q.C.:  
 13 Q. Has anyone from Eastern Health or your  
 14 physicians expressed any regret to you?  
 15 MS. COFFIN:  
 16 A. No, not really.  
 17 CHAYTOR, Q.C.:  
 18 Q. No. Has anyone apologized to you?  
 19 MS. COFFIN:  
 20 A. Absolutely not.  
 21 CHAYTOR, Q.C.:  
 22 Q. Ms. Coffin, as a breast cancer patient, what  
 23 is your view on how the responsible  
 24 authorities handled the communication of this  
 25 issue and how they responded to the issue?

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1 MS. COFFIN:  
 2 A. Well, I think the initial communication was  
 3 very poor. Granted, as I said, I wasn't in  
 4 the province for awhile when it was going on.  
 5 But I had no indication from anybody that this  
 6 was going on and that I was involved until I  
 7 had started looking into it myself. Nobody  
 8 contacted me at all. And you know, I really  
 9 feel that I should have been retested when, in  
 10 the initial group.  
 11 CHAYTOR, Q.C.:  
 12 Q. Yes. And nobody has offered an explanation to  
 13 you as to how that happened?  
 14 MS. COFFIN:  
 15 A. Oh, Mr. Coffey offered an explanation to me as  
 16 to why it happened.  
 17 THE COMMISSIONER:  
 18 Q. He doesn't count.  
 19 COFFEY, Q.C.:  
 20 Q. He doesn't count.  
 21 MS. COFFIN:  
 22 A. He doesn't count. Oh, come on, I thought he  
 23 was the expert.  
 24 CHAYTOR, Q.C.:  
 25 Q. So I take it that was an explanation offered

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1 to you during your interview with Commission  
 2 counsel?  
 3 MS. COFFIN:  
 4 A. Yes, as I appreciated.  
 5 CHAYTOR, Q.C.:  
 6 Q. And that's the only explanation you've ever  
 7 received?  
 8 MS. COFFIN:  
 9 A. Yes, yes.  
 10 CHAYTOR, Q.C.:  
 11 Q. Okay. Is there anything else in terms of how  
 12 the communication was handled? You originally  
 13 felt that you should have been part of the  
 14 first group of retesting. Is there anything  
 15 else about the communication on the issue that  
 16 causes you concern?  
 17 MS. COFFIN:  
 18 A. Well, I think when the report came back from  
 19 Mount Sinai in March, you know, I don't think  
 20 it would have been too much to expect them to  
 21 maybe drop it in an envelope and send it to  
 22 you in the mail. I mean, I get mail from the  
 23 Health Care Corp all the time. And this was  
 24 not just a regular report, you know, it wasn't  
 25 a report from a blood test or an x-ray, this

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1 was a reread report. And I really feel that  
 2 as a patient I should have gotten a copy of  
 3 that report in the mail.  
 4 CHAYTOR, Q.C.:  
 5 Q. And Dr. Laing had indicated in March of 2006  
 6 when she realized the oversight that you  
 7 hadn't been initially part of the retesting  
 8 group and she promptly arranged for that to  
 9 happen. She had indicated that she was going  
 10 to call you and then another six months pass  
 11 before--after you've made further inquiry  
 12 yourself and then in September of '06, six  
 13 more months before you actually learn the  
 14 results from Dr. Laing?  
 15 MS. COFFIN:  
 16 A. Um-hm.  
 17 CHAYTOR, Q.C.:  
 18 Q. Did Dr. Laing in that meeting offer any  
 19 explanation or apology to you for the  
 20 oversight?  
 21 MS. COFFIN:  
 22 A. In August--in September, you mean?  
 23 CHAYTOR, Q.C.:  
 24 Q. Yes.  
 25 MS. COFFIN:

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1 A. No, not really. As a matter of fact, like, as  
 2 I said to you, I did not know that my reports  
 3 had been back since March.  
 4 CHAYTOR, Q.C.:  
 5 Q. When did you learn that -  
 6 MS. COFFIN:  
 7 A. At that time--pardon?  
 8 CHAYTOR, Q.C.:  
 9 Q. When did you learn that your results were  
 10 actually back six months before that?  
 11 MS. COFFIN:  
 12 A. When Mr. Coffey showed them to me at his  
 13 office a couple of weeks ago.  
 14 THE COMMISSIONER:  
 15 Q. Do I take it then that you, while you might  
 16 have been informed of the results, had not  
 17 actually seen the report itself -  
 18 MS. COFFIN:  
 19 A. Oh, no, no.  
 20 THE COMMISSIONER:  
 21 Q. - until it was shown to you by Mr. Coffey?  
 22 MS. COFFIN:  
 23 A. Yes.  
 24 THE COMMISSIONER:  
 25 Q. All right.

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1 CHAYTOR, Q.C.:  
 2 Q. And you feel that you should have been shown  
 3 your report?  
 4 MS. COFFIN:  
 5 A. Yes.  
 6 CHAYTOR, Q.C.:  
 7 Q. And do you feel you should have also been told  
 8 the dates on which your retests were carried  
 9 out?  
 10 MS. COFFIN:  
 11 A. Absolutely.  
 12 CHAYTOR, Q.C.:  
 13 Q. Ms. Coffin, unless there's something else that  
 14 you would like to add, those are all my  
 15 questions.  
 16 MS. COFFIN:  
 17 A. I would like to just make a comment. I really  
 18 would like to know what actually went wrong  
 19 with this whole thing. How could something  
 20 that was so flawed, how could it go on for so  
 21 long? And who decided who was retested and  
 22 who wasn't and was cost maybe a factor in  
 23 that? And I want, I really wanted to come  
 24 here today to speak for the people who didn't  
 25 get a chance to have their say. Some of these

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1 people have died and some are old and some are  
 2 sick and some are too shy to come here. And I  
 3 would like to represent them today because I'm  
 4 sure I'm not the only one that fell through  
 5 the cracks in this situation.  
 6 CHAYTOR, Q.C.:  
 7 Q. So you fear there may be others who were  
 8 overlooked and not initially retested?  
 9 MS. COFFIN:  
 10 A. I don't think I'm the only one. My goodness  
 11 if I am, I'm pretty unlucky.  
 12 CHAYTOR, Q.C.:  
 13 Q. That's it, Ms. Coffin. Thank you. Now, some  
 14 of my colleagues may have questions for you,  
 15 so you could just wait a moment, please?  
 16 THE COMMISSIONER:  
 17 Q. Mr. Pritchard?  
 18 MR. PRITCHARD:  
 19 Q. Thank you for your evidence, Ms. Coffin. I  
 20 don't have any questions, Commissioner.  
 21 THE COMMISSIONER:  
 22 Q. Thank you.  
 23 MR. SIMMONS:  
 24 Q. Thank you, I don't have any questions at this  
 25 time.

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1 THE COMMISSIONER:  
 2 Q. Mr. Browne?  
 3 MR. BROWNE:  
 4 Q. Good morning, Ms. Coffin. I have nothing,  
 5 thank you, very much.  
 6 THE COMMISSIONER:  
 7 Q. Mr. Eaton?  
 8 EATON, Q.C.:  
 9 Q. None.  
 10 MS. NEWBURY:  
 11 Q. Thank you. I don't have any questions, thank  
 12 you.  
 13 MS. RUSSELL:  
 14 Q. Thank you. I don't have any questions,  
 15 either.  
 16 THE COMMISSIONER:  
 17 Q. Thank you. Thank you, very much.  
 18 MS. COFFIN:  
 19 A. Thank you.  
 20 CHAYTOR, Q.C.:  
 21 Q. Thank you.  
 22 COFFEY, Q.C.:  
 23 Q. Thank you, Ms. Coffin. Commissioner, it's now  
 24 noon. I have witnesses or patients or  
 25 patients' relatives scheduled to appear on

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1 Monday and Tuesday coming, but because of the  
 2 way things have unfolded, I don't have any  
 3 further witnesses to offer today. I apologize  
 4 for not--for the delay or the hours that we'll  
 5 thereby miss. But I anticipate, and I'm  
 6 certainly speaking for myself, I know that I  
 7 have a lot to do, anyway, and I gather from  
 8 some of my colleagues' comments to me that  
 9 they have a lot to do that they can catch up  
 10 on to prepare for next week and the weeks  
 11 after. So if we could adjourn until -  
 12 THE COMMISSIONER:  
 13 Q. Are you suggesting that other counsel in this  
 14 room would not be objecting to an adjournment  
 15 at this stage?  
 16 COFFEY, Q.C.:  
 17 Q. I gather not. Mr. Simmons in particular is  
 18 grinning. And I don't think that they will.  
 19 THE COMMISSIONER:  
 20 Q. All right. Could you be a little more  
 21 expansive about the plan for next week? Do I  
 22 take it there will be, the schedule includes a  
 23 full week?  
 24 COFFEY, Q.C.:  
 25 Q. Oh, yes.

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1 THE COMMISSIONER:  
 2 Q. That is Monday to Thursday?  
 3 COFFEY, Q.C.:  
 4 Q. Thursday at a minimum. And it may very well  
 5 next week -  
 6 THE COMMISSIONER:  
 7 Q. And if necessary over into Friday?  
 8 COFFEY, Q.C.:  
 9 Q. Yes.  
 10 THE COMMISSIONER:  
 11 Q. All right.  
 12 COFFEY, Q.C.:  
 13 Q. Commissioner -  
 14 THE COMMISSIONER:  
 15 Q. And these are the people whose names have  
 16 already been placed on the website for the  
 17 Commission?  
 18 COFFEY, Q.C.:  
 19 Q. That's correct, Commissioner.  
 20 THE COMMISSIONER:  
 21 Q. All right.  
 22 COFFEY, Q.C.:  
 23 Q. And there will be more going up for the  
 24 following week, I anticipate later on this  
 25 afternoon, or the further schedule of

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1 witnesses -  
 2 THE COMMISSIONER:  
 3 Q. The witnesses for the week following -  
 4 COFFEY, Q.C.:  
 5 Q. The week following this one.  
 6 THE COMMISSIONER:  
 7 Q. - the next week, all right. Yes, as those  
 8 who've--probably aren't tired of hearing me  
 9 say it yet, but we do plan to ensure that  
 10 there is at least a week's notice as to which  
 11 witnesses will be called on any one week. And  
 12 our website is constantly being revised in  
 13 terms of the witness lists. Sometimes that  
 14 has to be revised because a witness is not  
 15 available and sometimes it's had to be revised  
 16 because weather conditions over which we had  
 17 no control, but we will try to keep the  
 18 website as current as possible in terms of  
 19 what witnesses will be appearing and when they  
 20 will be appearing. But frankly, in the end we  
 21 don't have control over everything, so there  
 22 might be occasions when it might be a little  
 23 misleading, but we're going to try to keep  
 24 that to a minimum. All right then, we'll  
 25 adjourn until Monday at 9:30. Thank you, all.

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1 Upon concluding at 12:00 p.m.



CERTIFICATE

1  
2 I, Judy Moss, hereby certify that the foregoing is  
3 a true and correct transcript in the matter of the  
4 Commission of Inquiry on Hormone Receptor Testing,  
5 heard on the 20th day of March, A.D., 2008 before  
6 the Honourable Justice Margaret A. Cameron,  
7 Commissioner, at the Commission of Inquiry, St.  
8 John's, Newfoundland and Labrador and was  
9 transcribed by me to the best of my ability by  
10 means of a sound apparatus.  
11 Dated at St. John's, Newfoundland and Labrador  
12 this 20th day of March, A.D., 2008  
13 Judy Moss

Inquiry on Hormone Receptor Testing

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