

COMMISSION OF INQUIRY  
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

MAY 15, 2008

Appearances:

- Bernard Coffey, Q.C. . . . . . Commission Co-counsel
- Sandra Chaytor, Q.C. . . . . . Commission Co-counsel
- Rolf Pritchard/Megan Collins . . . . Her Majesty in Right of NL
- Peter Browne . . . . . Doctors Kara Laing et al
- Daniel Simmons/Sarah Learmonth . . . Eastern Regional Integrated  
. . . . . Health Authority
- Pamela Taylor . . . . . Members of the Breast Cancer  
. . . . . Testing Class Action
- Mark Pike . . . . . NL Medical Association
- Jennifer Newbury . . . . . Canadian Cancer Society (NL Division)
- David Eaton, Q.C. . . . . Central, Western and Labrador-Grenfell  
Regional Integrated Health Authorities

1 THE COMMISSIONER:  
2 Q. Please be seated. Mr. Coffey.  
3 COFFEY, Q.C.:  
4 Q. Registrar -  
5 THE COMMISSIONER:  
6 Q. You're looking for something in particular?  
7 COFFEY, Q.C.:  
8 Q. I think, no, I'm just going to--just tell the  
9 Registrar I'm going to leave those for now.  
10 I'll come back to that later. Thank you.  
11 There are going to be some more exhibits, but  
12 I'll come back to that later. If we could,  
13 please, when you're ready, Registrar, Exhibit  
14 P-0067 please? Doctor, this is the May 24th  
15 letter of 2005 from Dr. Cook, and you've  
16 indicated to the Commissioner yesterday that  
17 you had viewed this as an occurrence report?  
18 DR. WILLIAMS:  
19 A. Yes.  
20 COFFEY, Q.C.:  
21 Q. Okay, and in the context, and at that  
22 particular time, what was an occurrence  
23 report?  
24 DR. WILLIAMS:  
25 A. Well, if an adverse event happened or a

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1 potential adverse event happened, you would do  
2 up a report to outline the issues and then  
3 develop a course of action to follow up.  
4 COFFEY, Q.C.:  
5 Q. Now was there any system for keeping track of  
6 occurrences, occurrence reports?  
7 DR. WILLIAMS:  
8 A. There was a system, however, we became  
9 involved at a later date in getting, on a  
10 national level, with trying to pilot, with  
11 some Federal Government funding I think, an  
12 electronic occurrence reporting system that  
13 would be a prototype for the country, but we  
14 did have a system. The main thing is that  
15 Quality became involved and they would be  
16 involved in tracking that from there.  
17 COFFEY, Q.C.:  
18 Q. So that would be Heather Predham?  
19 DR. WILLIAMS:  
20 A. Yes.  
21 COFFEY, Q.C.:  
22 Q. Or her office anyway?  
23 DR. WILLIAMS:  
24 A. Yes.  
25 COFFEY, Q.C.:

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1 Q. And so within the Health Care Corporation of  
 2 St. John's, you know, during its existence, up  
 3 until March 31 2005, and then this is the  
 4 early days of Eastern Health, I take it that  
 5 in the early months of Eastern Health  
 6 generally, the Health Care Corporation, at  
 7 least on the General Hospital and St. Clare's  
 8 sites, just kind of continued on?  
 9 DR. WILLIAMS:  
 10 A. Yes, there was really no other option. You  
 11 know, the organization came into being sort of  
 12 on day one and on day one, you were into the  
 13 business, so yes.  
 14 COFFEY, Q.C.:  
 15 Q. So any system, at least in those early months,  
 16 after April 1 2005, to keep track of  
 17 occurrence reports in relation to adverse  
 18 events or potential adverse events was just  
 19 simply a continuation of the Health Care  
 20 Corporation's?  
 21 DR. WILLIAMS:  
 22 A. Correct.  
 23 COFFEY, Q.C.:  
 24 Q. And the system, such as it was, that was in  
 25 place would have been in the quality

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1 department?  
 2 DR. WILLIAMS:  
 3 A. Yes. I think the important thing was to get  
 4 Quality involved early on and then they'd be  
 5 involved in follow up and tracking down.  
 6 COFFEY, Q.C.:  
 7 Q. Now, did they have any actual report, in the  
 8 sense of reporting form for occurrence  
 9 reports?  
 10 DR. WILLIAMS:  
 11 A. I think there was a reporting form. It was  
 12 much--it wouldn't capture near the information  
 13 of Dr. Cook on his report.  
 14 COFFEY, Q.C.:  
 15 Q. Yes, in this report.  
 16 DR. WILLIAMS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. So this is just, I take it, some kind of a  
 20 form sheet?  
 21 DR. WILLIAMS:  
 22 A. Yes, that's my recollection, a form sheet. I  
 23 think what was here would be much more  
 24 informative than the normal form sheet.  
 25 That's my recollection.

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1 COFFEY, Q.C.:  
 2 Q. Now this--was the total number of occurrences,  
 3 do you know, reports at the time, kept track  
 4 of?  
 5 DR. WILLIAMS:  
 6 A. I would have to defer that question to the  
 7 person who was in charge of that particular  
 8 department at the time, Quality. Now I took  
 9 over Quality probably about September when the  
 10 director was hired and this type of thing.  
 11 COFFEY, Q.C.:  
 12 Q. I was going to ask you about that. Had you  
 13 ever been responsible for the Quality  
 14 department before?  
 15 DR. WILLIAMS:  
 16 A. No, I was on the corporate quality committee,  
 17 but the reporting relationship would have been  
 18 through another vice-president, a number of  
 19 vice-presidents in the past.  
 20 COFFEY, Q.C.:  
 21 Q. Okay, and if we could, and I'll just bring  
 22 this--on this point, bring up, if we could  
 23 please, Registrar, bring up Exhibit P-0493?  
 24 Now this is just a letter of June 14th 2005.  
 25 It also happens--it's to you. It also happens

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1 to be from Dr. Cook.  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. In fact, in passing, I think you referred to  
 6 this letter yesterday. It's addressed to you  
 7 as Vice-president, Quality Diagnostic and  
 8 Medical Services.  
 9 DR. WILLIAMS:  
 10 A. Yes, correct.  
 11 COFFEY, Q.C.:  
 12 Q. So by June 14th, were you responsible for  
 13 quality?  
 14 DR. WILLIAMS:  
 15 A. No, I think--I've talked about that  
 16 subsequently. I think I took on the Quality  
 17 portfolio when the--sometime around  
 18 August/September, something like that.  
 19 COFFEY, Q.C.:  
 20 Q. And you took it over from whom?  
 21 DR. WILLIAMS:  
 22 A. Patricia Pilgrim at the time, and before her,  
 23 it was Pam Elliott, I think.  
 24 COFFEY, Q.C.:  
 25 Q. So despite the fact that your title at the

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1 time was Quality, Diagnostic and Medical  
 2 Services -  
 3 DR. WILLIAMS:  
 4 A. I think there was a transition into that role.  
 5 COFFEY, Q.C.:  
 6 Q. Okay.  
 7 DR. WILLIAMS:  
 8 A. My recollection, I also took over  
 9 responsibility for pharmacy services as well,  
 10 but I think there was a transition into that  
 11 as well.  
 12 COFFEY, Q.C.:  
 13 Q. Would there be a document actually signifying  
 14 the transfer date from Ms. Pilgrim's  
 15 responsibility to yours?  
 16 DR. WILLIAMS:  
 17 A. I don't think so, but we could look.  
 18 COFFEY, Q.C.:  
 19 Q. Okay, and when you did take over finally,  
 20 whether it was June, July, August or  
 21 September, whatever, in '05 take over  
 22 responsibility for Quality, then at that  
 23 point, I take it, Ms. Pilgrim--I'm sorry, Ms.  
 24 Predham would have reported to you?  
 25 DR. WILLIAMS:

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1 A. Yes, she would have reported through a  
 2 director.  
 3 COFFEY, Q.C.:  
 4 Q. When you did become responsible for it, in the  
 5 middle or latter part of 2005, can you tell  
 6 the Commissioner please what you found in  
 7 terms of--or learned about what kind of  
 8 tracking system they had for occurrence  
 9 reports, if any?  
 10 DR. WILLIAMS:  
 11 A. Ooh, I know we were looking at sort of  
 12 developing a tracking system. We'd had some  
 13 discussions that we were trying to pilot and  
 14 there was some funding -  
 15 COFFEY, Q.C.:  
 16 Q. And that's that Federal -  
 17 DR. WILLIAMS:  
 18 A. Yes, on a national level, but I can't tell you  
 19 the details of the tracking system we had in  
 20 place.  
 21 COFFEY, Q.C.:  
 22 Q. Okay, before that?  
 23 DR. WILLIAMS:  
 24 A. Yeah. No, but I know that in the past, when  
 25 we had issues like this or similar issues,

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1 because we did have other issues from time to  
 2 time and I was involved in them, depending on  
 3 if there was a medical involvement, that  
 4 quality was prominent there and in working to  
 5 follow up and make sure that we had a plan of  
 6 action to follow up and people who needed to  
 7 be notified were notified, this type of thing.  
 8 COFFEY, Q.C.:  
 9 Q. Now, in 2005, for example, in relation to the  
 10 ER/PR matter -  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. - would that count as one occurrence? Like  
 15 the entire ER/PR matter, would that count as  
 16 one, or would it -  
 17 DR. WILLIAMS:  
 18 A. My view is that this occurrence, although  
 19 there were multiple people affected, it would  
 20 be considered an event and then that you'd  
 21 track it up as an event.  
 22 COFFEY, Q.C.:  
 23 Q. So it would be one occurrence event or report?  
 24 DR. WILLIAMS:  
 25 A. That would be my perspective on it. Now other

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1 people may have a different perspective, but  
 2 that would be an event and then a number of  
 3 people would be affected, but it would be an  
 4 event that you'd have to follow up on.  
 5 COFFEY, Q.C.:  
 6 Q. And in terms of the nitty gritty of how that  
 7 was being accounted for on paper, Ms. Predham  
 8 is the one to ask or Ms. Elliott?  
 9 DR. WILLIAMS:  
 10 A. They would know how--what the tracking, how  
 11 the tracking system worked, certainly far  
 12 better than me, in terms of how they collated  
 13 things at the--I guess within the Department.  
 14 COFFEY, Q.C.:  
 15 Q. And while you were responsible for Quality,  
 16 after you assumed the actual responsibility  
 17 for it, were you ever required to prepare  
 18 reports to the Board or anybody in relation to  
 19 -  
 20 DR. WILLIAMS:  
 21 A. No, the quality program, because it was a new  
 22 organization, because we wanted to take a  
 23 different thrust and what happened was--I can  
 24 explain--I need to explain this to you.  
 25 COFFEY, Q.C.:

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1 Q. Sure, go ahead.  
 2 DR. WILLIAMS:  
 3 A. If you don't mind.  
 4 COFFEY, Q.C.:  
 5 Q. No.  
 6 DR. WILLIAMS:  
 7 A. Back in the September 2005, we had a Dr.  
 8 Robson come in, who was a consultant on  
 9 clinical safety. Now before, in the old  
 10 Health Care Corporation days, we had a  
 11 corporate quality initiatives committee and  
 12 the word is corporate because it just didn't  
 13 deal with what I will call clinical safety  
 14 issues.  
 15 COFFEY, Q.C.:  
 16 Q. Yes.  
 17 DR. WILLIAMS:  
 18 A. It dealt with quality issues in terms of  
 19 staff, work attendance, things like that, that  
 20 were--that's why the word corporate is there.  
 21 It would deal with human resource issues and  
 22 human resources would make a report.  
 23 Materials management would make a report. So  
 24 it just wasn't focused on patient safety.  
 25 Dr. Robson came in in 2004, I think it

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1 was brought in by the quality initiatives  
 2 people as part of Patient Safety Week. I  
 3 think that's my recollection. Dr. Robson did  
 4 speak to leaders in our organization and we  
 5 also invited Dr. Robson to speak to our  
 6 clinical chiefs meeting on retreat. Every  
 7 year, we had a clinical chiefs get together  
 8 for a day, a retreat, where we had a guest  
 9 speaker come in on issues, and also there was  
 10 some camaraderie too, because we had a social  
 11 aspect to it as well, but we met once a year.  
 12 And he came and spoke to our clinical chiefs.  
 13 There was quite a bit of discussion about his  
 14 presentation. He was working in Winnipeg  
 15 Regional Authority at the time and we were  
 16 just getting in the stages of planning what we  
 17 were going to do in terms of quality. We knew  
 18 we were going to have support, I guess, to  
 19 undertake new initiatives there, so he advised  
 20 us that the best place in Canada for quality  
 21 was the Calgary Regional Health Authority.  
 22 They were farther advanced than any other  
 23 organization in the country. The reason they  
 24 were farther advanced is because they had some  
 25 major problems there, in terms of the number

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1 of patient deaths, sudden deaths from  
 2 potassium chloride that got given to patients  
 3 instead of some other less--I think it was  
 4 sodium chloride they were supposed to get.  
 5 They got potassium chloride. Potassium is  
 6 pretty lethal if you give it, and they had a  
 7 couple of acute deaths out there. They had  
 8 somebody come in from outside and do a patient  
 9 safety audit and they developed their patient  
 10 safety agenda from that.  
 11 So we, once the director was appointed,  
 12 probably about September/October, and I stand  
 13 to be corrected on that, but we made contact  
 14 with Calgary and we asked if we could come and  
 15 spend some time with them to learn what they'd  
 16 learned and see if it could help us develop  
 17 our clinical safety agenda and they had a lot  
 18 of literature written at the time as well, we  
 19 saw from some of the health care journals that  
 20 dealt with quality management. Ms. Elliott  
 21 and myself visited Calgary around the first  
 22 week of January 2006, and looked at what they  
 23 were doing there and used their model to  
 24 develop what we thought at the time would be  
 25 an approach to quality in Eastern Health. So

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1 we used their model. We made a presentation,  
 2 I think, to the executive management team  
 3 sometime in the spring of 2006 and from there,  
 4 I think we achieved some funding to start the  
 5 process.  
 6 It involved--we were going to, and we  
 7 did, as I was leaving, just before I left,  
 8 develop an Eastern Health wide quality  
 9 committee, and I forget the name of it. I  
 10 could look it up, but which would be a high  
 11 level committee, and I think subsequent to  
 12 that, as the Board was developing their  
 13 strategy, there was some reporting mechanism  
 14 to the Board, but not in that time frame when  
 15 I was there. So we were working towards that.  
 16 COFFEY, Q.C.:  
 17 Q. Yes.  
 18 DR. WILLIAMS:  
 19 A. Now in the Health Care Corporation of St.  
 20 John's, there was a Board committee for  
 21 quality and that Board committee was chaired  
 22 by one of the board members and that committee  
 23 met on a regular basis and each program,  
 24 usually the program director and clinical  
 25 chief, prepared an annual report that

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1 encompassed quality issues and certain  
 2 programs were selected to make a--to appear  
 3 before the committee and make a presentation  
 4 in addition to their written presentation.  
 5 COFFEY, Q.C.:  
 6 Q. Did the clinical laboratory do some?  
 7 DR. WILLIAMS:  
 8 A. I'm sure over those years, the clinical  
 9 laboratory would have done that, yes.  
 10 COFFEY, Q.C.:  
 11 Q. Okay, and then in relation to the ER/PR  
 12 matter, do you know if in fact there's ever  
 13 been a report of that sort of nature?  
 14 DR. WILLIAMS:  
 15 A. Not to my knowledge.  
 16 COFFEY, Q.C.:  
 17 Q. And either to the Health Care Corporation or  
 18 to Eastern Health?  
 19 DR. WILLIAMS:  
 20 A. No.  
 21 COFFEY, Q.C.:  
 22 Q. Again, not to your knowledge?  
 23 DR. WILLIAMS:  
 24 A. Not any--I don't--if you look back at the  
 25 reports, the laboratory medicine program, I

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1 don't think there will be any reference there,  
 2 but I stand to be corrected, because I haven't  
 3 reviewed the reports.  
 4 COFFEY, Q.C.:  
 5 Q. Now sir, just looking at this exhibit, P-0067,  
 6 you've indicated before, when you received  
 7 this, you had a conversation with Dr. Cook  
 8 concerning the matter, and just so I  
 9 understand this, up until that point when Dr.  
 10 Cook called you about this ER/PR matter,  
 11 estrogen receptors and progesterone receptors,  
 12 in relation to breast cancer, I take it didn't  
 13 really mean a whole--didn't mean anything to  
 14 you?  
 15 DR. WILLIAMS:  
 16 A. Didn't mean--no, I would not have had  
 17 occasion, as a general practitioner, to order  
 18 those tests or act on the basis. Those were  
 19 specialized areas.  
 20 COFFEY, Q.C.:  
 21 Q. And I take it that in relation to that then,  
 22 the potential clinical significance of them  
 23 would have been unknown to you, up until Dr.  
 24 Cook called you?  
 25 DR. WILLIAMS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Up until that point, the immunohistochemical  
 4 testing, IHC testing, had you--what, if  
 5 anything, did--you know, before you picked up  
 6 the phone and talked to Dr. Cook that day,  
 7 okay, what, if anything, did you know about  
 8 IHC testing?  
 9 DR. WILLIAMS:  
 10 A. I recollect, back early when I came, there was  
 11 some issues, not about--but about that testing  
 12 was done in St. John's, such thing as  
 13 immunohistochemistry.  
 14 COFFEY, Q.C.:  
 15 Q. This would be back around '98?  
 16 DR. WILLIAMS:  
 17 A. Probably '98 or '99.  
 18 COFFEY, Q.C.:  
 19 Q. Okay.  
 20 DR. WILLIAMS:  
 21 A. And that there was an issue of how the  
 22 pathologist--should the pathologist get paid  
 23 for doing that work.  
 24 COFFEY, Q.C.:  
 25 Q. Okay.

Page 20

1 DR. WILLIAMS:  
 2 A. In addition to their regular salaries.  
 3 COFFEY, Q.C.:  
 4 Q. For doing work for outside -  
 5 DR. WILLIAMS:  
 6 A. Yes, stuff that was referred in from other  
 7 centres.  
 8 COFFEY, Q.C.:  
 9 Q. Other centres, okay, that did come up as an  
 10 issue at one point?  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. The pathologists in St. John's, I take it,  
 15 particularly the General Hospital, at times  
 16 were reporting these cases for Corner Brook?  
 17 DR. WILLIAMS:  
 18 A. Yes. These stains were only done in St.  
 19 John's, I understood, so that they would be  
 20 reporting them to other centres, so -  
 21 COFFEY, Q.C.:  
 22 Q. I take it they saw that as above and beyond  
 23 their, at the time -  
 24 DR. WILLIAMS:  
 25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. - their duties to the patients locally?

3 DR. WILLIAMS:

4 A. Yes.

5 COFFEY, Q.C.:

6 Q. In the sense of locally within Health Care

7 Corporation?

8 DR. WILLIAMS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. How was that--just as an aside, how did that

12 turn out?

13 DR. WILLIAMS:

14 A. Well, we followed up on that and I think we

15 followed up with the Department of Health, as

16 well.

17 COFFEY, Q.C.:

18 Q. Yes.

19 DR. WILLIAMS:

20 A. It was felt that as the St. John's area were

21 tertiary referral centres similar to for

22 neurosurgery and this type of thing, that some

23 consideration be given to factors like that in

24 the staffing and that that should be part of

25 the--should be considered part with an

Page 22

1 additional funding provided. I'm pretty sure

2 of that.

3 COFFEY, Q.C.:

4 Q. Additional funding provided to provide more

5 staff or to provide more money for the staff?

6 DR. WILLIAMS:

7 A. No, provide fees for the pathologists,

8 additional fees for the pathologists. I think

9 the decision was that that would be

10 encompassed within our mandate in St. John's

11 and within their mandate.

12 COFFEY, Q.C.:

13 Q. So were they paid any more for doing it then?

14 DR. WILLIAMS:

15 A. No, they were not.

16 COFFEY, Q.C.:

17 Q. Oh, they were not?

18 DR. WILLIAMS:

19 A. No, they were not.

20 COFFEY, Q.C.:

21 Q. Oh, the final conclusion was it's part of

22 their job?

23 DR. WILLIAMS:

24 A. Yes.

25 COFFEY, Q.C.:

Page 23

1 Q. And that's it?

2 DR. WILLIAMS:

3 A. Yes, because it's part of the job of the

4 provincial referral centre.

5 COFFEY, Q.C.:

6 Q. And do you--talking about that time frame,

7 okay, in 1998 or so, do you know a Dr.

8 Khalifa?

9 DR. WILLIAMS:

10 A. No, I didn't meet Dr. Khalifa.

11 COFFEY, Q.C.:

12 Q. Okay.

13 DR. WILLIAMS:

14 A. I know there was a Dr. Khalifa there, yes.

15 COFFEY, Q.C.:

16 Q. So by the time you got established within the

17 Health Care Corporation yourself do you know

18 if Dr. Khalifa was still there at that time or

19 had he gone by then?

20 DR. WILLIAMS:

21 A. Yeah, I remember his name coming up but I

22 think I also remember him leaving shortly

23 after that time.

24 COFFEY, Q.C.:

25 Q. So you never met the gentleman?

Page 24

1 DR. WILLIAMS:

2 A. No, I never met Dr. Khalifa personally.

3 COFFEY, Q.C.:

4 Q. And in terms of Dr. Khalifa in your early days

5 with the Health Care Corporation, what did you

6 understand his role had been?

7 DR. WILLIAMS:

8 A. I understood he was a pathologist who may have

9 been interested in cancer pathology, but

10 that's all I would have known.

11 COFFEY, Q.C.:

12 Q. Okay. Sir, so you, in your early days with

13 the Health Care Corporation back in 1998 would

14 have, into 1999 you would have been exposed to

15 the idea of IHC testing because it came up in

16 relation to workload?

17 DR. WILLIAMS:

18 A. Um-hm.

19 COFFEY, Q.C.:

20 Q. But in terms of actually what it was and what

21 its clinical usage and significance was -

22 DR. WILLIAMS:

23 A. That wasn't the issue at the time.

24 COFFEY, Q.C.:

25 Q. So you wouldn't have understood that?

Page 25

1 DR. WILLIAMS:  
 2 A. No.  
 3 COFFEY, Q.C.:  
 4 Q. When did you first become exposed to that as a  
 5 clinical, in terms of the potential clinical  
 6 significance of IHC testing?  
 7 DR. WILLIAMS:  
 8 A. I'd say during this episode in 2005.  
 9 COFFEY, Q.C.:  
 10 Q. When Dr. Cook called you and -  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. - then followed up with the -  
 15 DR. WILLIAMS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. In writing. If we could look at, I'll just--  
 19 mouse isn't working here. Page 2 of this  
 20 exhibit, Dr. Williams, Exhibit P-0067. For  
 21 example, the paragraph beginning  
 22 "Immunoperoxidase staining couples a  
 23 peroxidase label to a primary antibody which  
 24 then bonds to a specific antigen in a  
 25 cancerous lesion."

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1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. And it goes on at some length then to describe  
 5 what this, the actual physical process,  
 6 chemical physical process. The information  
 7 contained in that, you would have had no  
 8 knowledge of this before you read this?  
 9 DR. WILLIAMS:  
 10 A. No, not really prior knowledge, no. This is a  
 11 specialized area that in terms of general  
 12 practitioners, we wouldn't be ordering these  
 13 tests.  
 14 COMMISSIONER:  
 15 Q. Just to go back to something you said a little  
 16 earlier while it's fresh in my memory, do I  
 17 take it that the board committee related to  
 18 quality issues was not really in operation  
 19 before you left the organization? Did I get  
 20 that impression? Because it was one of the  
 21 latter committees, I guess, of the board of  
 22 trustees created?  
 23 DR. WILLIAMS:  
 24 A. Yes. When I left Eastern Health, that wasn't  
 25 in place.

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1 COMMISSIONER:  
 2 Q. Okay.  
 3 DR. WILLIAMS:  
 4 A. We were just in the summer getting in place a  
 5 broad-based committee that would look at all  
 6 quality issues from Eastern Health.  
 7 COMMISSIONER:  
 8 Q. Um-hm. The board has its own committee,  
 9 right?  
 10 DR. WILLIAMS:  
 11 A. No. The board, the board of Health Care  
 12 Corporation had an committee.  
 13 COMMISSIONER:  
 14 Q. Yes.  
 15 DR. WILLIAMS:  
 16 A. But obviously that committee, when the board  
 17 was disbanded in April of -  
 18 COMMISSIONER:  
 19 Q. But I thought the new board had developed  
 20 later in the day a committee?  
 21 DR. WILLIAMS:  
 22 A. Oh, yes, but it must have been after I left.  
 23 COMMISSIONER:  
 24 Q. Yes, okay.  
 25 DR. WILLIAMS:

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1 A. Yes. What was developed when I was there was  
 2 at the staff level, at the, you know, at the -  
 3 COMMISSIONER:  
 4 Q. Yes. And that was the Eastern Health wide -  
 5 DR. WILLIAMS:  
 6 A. Yes, quality -  
 7 COMMISSIONER:  
 8 Q. - endeavour?  
 9 DR. WILLIAMS:  
 10 A. - committee. That was as we moved forward  
 11 implementing the Calgary model that was -  
 12 COMMISSIONER:  
 13 Q. Yeah, okay.  
 14 DR. WILLIAMS:  
 15 A. - put in place.  
 16 COMMISSIONER:  
 17 Q. Thank you.  
 18 COFFEY, Q.C.:  
 19 Q. Doctor, looking--and so looking at the bottom  
 20 paragraph at page 2, the reference to Dr.  
 21 Ejeckam, "Our point man for immunoperoxidase  
 22 testing at the General Hospital site." Until  
 23 you saw this or during the conversation you  
 24 had a little bit earlier with Dr. Cook earlier  
 25 that month, had you known that there was such

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1 a thing as a point man for immunoperoxidase  
 2 staining or testing?  
 3 DR. WILLIAMS:  
 4 A. I know there was a memo, we're going to talk  
 5 about that letter, in 2003.  
 6 COFFEY, Q.C.:  
 7 Q. Sure.  
 8 DR. WILLIAMS:  
 9 A. But, no, I didn't know there was a point  
 10 person or -  
 11 COFFEY, Q.C.:  
 12 Q. Like that kind of nitty gritty of structure  
 13 within the clinical laboratory, you wouldn't  
 14 have been -  
 15 DR. WILLIAMS:  
 16 A. No, I wasn't--I knew there was a site chief at  
 17 both sites and that's--and they would come up  
 18 through the clinical chief for appointment at  
 19 the MAC, but you know, there was, I'm sure  
 20 there was people who had particular interest  
 21 in certain things within the lab, but I  
 22 wouldn't know that.  
 23 COFFEY, Q.C.:  
 24 Q. I take it that then in terms of your  
 25 involvement with the clinical laboratory

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1 medicine program, being exposed to the kind of  
 2 nitty gritty of that, like, who does what, you  
 3 know, and who's responsible for what, below  
 4 the site chief level you would only become  
 5 aware of the details of that if there was a  
 6 problem?  
 7 DR. WILLIAMS:  
 8 A. Yes, I think that's fair enough. I didn't--  
 9 yes, in a large organization I didn't get to  
 10 the nitty gritties.  
 11 COFFEY, Q.C.:  
 12 Q. Yeah. What, if any, system was there in  
 13 place, you know, prior to May of 2005 for the  
 14 existence of a problem in the lab to be  
 15 brought to your attention?  
 16 DR. WILLIAMS:  
 17 A. Any problems in the lab, I would suspect,  
 18 would, we had, obviously we had a forum that  
 19 we met every month.  
 20 COFFEY, Q.C.:  
 21 Q. And that was the -  
 22 DR. WILLIAMS:  
 23 A. Leadership team, I'd meet with the leadership  
 24 team at the lab on a monthly basis.  
 25 COFFEY, Q.C.:

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1 Q. And how long, how far back did that extend?  
 2 DR. WILLIAMS:  
 3 A. Probably to the time of Dr. Haegert and Mr.  
 4 Whalen, but I don't know if we met as formally  
 5 then. We did meet.  
 6 COFFEY, Q.C.:  
 7 Q. Yes.  
 8 DR. WILLIAMS:  
 9 A. I know when I was at the Grace, I know I used  
 10 to meet with Mr. Whalen and Dr. Haegert, but I  
 11 don't know if--we certainly seemed in around  
 12 2001, 2002 to really capture that in regular  
 13 monthly meetings with an extensive agenda,  
 14 this type of thing.  
 15 COFFEY, Q.C.:  
 16 Q. Okay. And that would be--and that continued  
 17 then, I take it -  
 18 DR. WILLIAMS:  
 19 A. Until I left.  
 20 COFFEY, Q.C.:  
 21 Q. Until you left in '06?  
 22 DR. WILLIAMS:  
 23 A. Yes. Now, we would meet--probably July and  
 24 August we may not meet because of holidays,  
 25 but I expect if we look back, we would have

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1 had at least ten meetings a year.  
 2 COFFEY, Q.C.:  
 3 Q. So that would be certainly April, May and  
 4 probably June you'd meet?  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Of each year?  
 9 DR. WILLIAMS:  
 10 A. If we didn't meet, it would probably be--now,  
 11 I think you'll find, too, on occasion because  
 12 other things were going on and one of us was  
 13 away, we might have missed the odd month. But  
 14 we had an agenda which we kept rotating and  
 15 until things were dealt with, it stayed on the  
 16 agenda.  
 17 COFFEY, Q.C.:  
 18 Q. And in terms of you then as the VP medical  
 19 being informed about the existence of a  
 20 problem or potential problem, you were relying  
 21 upon whom?  
 22 DR. WILLIAMS:  
 23 A. Well, we--any issues would be brought up at  
 24 that meeting or the clinical chief or the  
 25 program director could phone or things like



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1 that, sure.  
 2 COFFEY, Q.C.:  
 3 Q. If it was before the meeting or -  
 4 DR. WILLIAMS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. - the meeting had been yesterday and it was  
 8 going to be another month -  
 9 DR. WILLIAMS:  
 10 A. Yes, sure.  
 11 COFFEY, Q.C.:  
 12 Q. - but in the normal course, I take it then,  
 13 your understanding with Mr. Gulliver and with  
 14 Dr. Cook while they were in their roles was is  
 15 they would bring forward for your attention at  
 16 these meetings any problem of any  
 17 significance?  
 18 DR. WILLIAMS:  
 19 A. We'd all bring forward. I could bring  
 20 forward, as well.  
 21 COFFEY, Q.C.:  
 22 Q. Oh, yes, I appreciate, yes. But if it was -  
 23 DR. WILLIAMS:  
 24 A. All three could bring forward issues.  
 25 COFFEY, Q.C.:

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1 Q. If it was something within the lab and you  
 2 wouldn't know the nitty gritty of it, you were  
 3 relying upon them to bring it forward to you?  
 4 DR. WILLIAMS:  
 5 A. Yes, I would expect in normal events that  
 6 anything that they, excuse me, felt that they  
 7 couldn't deal with or needed to be brought up  
 8 would be brought up. If they could deal with  
 9 it, they may not bring it up. The other forum  
 10 we had, of course, that I met with Mr.  
 11 Gulliver four times a year for his goals and  
 12 objective setting and follow up on those and  
 13 Dr. Cook would be the same thing.  
 14 COFFEY, Q.C.:  
 15 Q. Said from your perspective if they could deal  
 16 with it, they may not bring it up at the  
 17 meeting?  
 18 DR. WILLIAMS:  
 19 A. Yes, you know, some things.  
 20 COFFEY, Q.C.:  
 21 Q. Was there any--did you ever have a discussion  
 22 with them as to, you know, what it was or the  
 23 nature of what it was in terms of problems or  
 24 potential problems that you wanted to be  
 25 informed about, whether or not they felt they

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1 could deal with it, was there ever any -  
 2 DR. WILLIAMS:  
 3 A. I can't remember any discussion that I want  
 4 you to bring this up but don't bring this up,  
 5 no, I can't remember that.  
 6 COFFEY, Q.C.:  
 7 Q. Like in terms of if a matter of a certain  
 8 significance or potential significance?  
 9 DR. WILLIAMS:  
 10 A. No, I don't think we've ever had that  
 11 discussion. We meet regularly, so I presume  
 12 if there was anything that certainly they felt  
 13 that I needed to know or we needed to discuss  
 14 at that level, we would discuss it, it would  
 15 be brought forward.  
 16 COFFEY, Q.C.:  
 17 Q. And there was, you say there was an agenda for  
 18 these?  
 19 DR. WILLIAMS:  
 20 A. There was an agenda, it was sort of rotating  
 21 agenda where we'd have, we keep issues usually  
 22 on the agenda until we couldn't resolve them  
 23 because might be a financial issue or might be  
 24 something else, and eventually we'd say well  
 25 we've gone as far as we can with that, or the

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1 issue would be resolved and it would be  
 2 removed from the agenda or we'd taken some  
 3 action on it. And then new issues would keep  
 4 cropping up on the agenda.  
 5 COFFEY, Q.C.:  
 6 Q. Sure. Who kept track of this agenda?  
 7 DR. WILLIAMS:  
 8 A. Mr. Gulliver, that was his role, he would keep  
 9 track of the agenda and would do the minutes.  
 10 COFFEY, Q.C.:  
 11 Q. And were these kept, do you know?  
 12 DR. WILLIAMS:  
 13 A. Yes, the minutes are all kept.  
 14 COFFEY, Q.C.:  
 15 Q. And was called the -  
 16 DR. WILLIAMS:  
 17 A. Laboratory--I'd have to look up the name.  
 18 COFFEY, Q.C.:  
 19 Q. Sure.  
 20 DR. WILLIAMS:  
 21 A. But we met and the minutes were kept and  
 22 they're all, I think you probably have copies  
 23 of them all.  
 24 COFFEY, Q.C.:  
 25 Q. Sure. So that's the laboratory leadership

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1 team?  
 2 DR. WILLIAMS:  
 3 A. Yeah, meeting with the vice president. I  
 4 don't know what the name, you know, I'd have  
 5 to look at the name, but they were there.  
 6 COFFEY, Q.C.:  
 7 Q. Do you know if in 2003 the problems with  
 8 stains in the lab was raised during those  
 9 meetings?  
 10 DR. WILLIAMS:  
 11 A. I don't recall them being raised, no.  
 12 COFFEY, Q.C.:  
 13 Q. Now looking at, again, page 2 of this exhibit,  
 14 now you were informed at the bottom of the  
 15 page first about Dr. Ejeckam's involvement in  
 16 '03, having involved discontinuing testing of  
 17 the ER and PR receptors, the manual method for  
 18 a six-week period. "A memo was circulated to  
 19 all pathologists across the province stating  
 20 this. The technique was temporarily halted  
 21 because of erratic staining which required  
 22 readjustments of titration and staining times.  
 23 Once Dr. Ejeckam felt confident of the  
 24 reliability of staining the test was  
 25 reintroduced." At this time, having received

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1 this memo, did you make any inquiries as to  
 2 whether you could get a copy of that memo?  
 3 DR. WILLIAMS:  
 4 A. No, I would have probably discussed with Dr.  
 5 Cook, but I can't remember the details of our  
 6 discussion around the situation. And--yes, go  
 7 ahead.  
 8 COFFEY, Q.C.:  
 9 Q. I'm sorry.  
 10 DR. WILLIAMS:  
 11 A. No, no.  
 12 COFFEY, Q.C.:  
 13 Q. How about in 2005, May and June, in fact,  
 14 July, August and so on, all the way through  
 15 2005, did you ever speak to Dr. Ejeckam about  
 16 that?  
 17 DR. WILLIAMS:  
 18 A. No, I did not. I had Dr. Cook go back and  
 19 speak to him again and give me information  
 20 based upon that.  
 21 COFFEY, Q.C.:  
 22 Q. And do you recall when that was?  
 23 DR. WILLIAMS:  
 24 A. Yes, in--after July 8th, the week after July  
 25 8th, after I informed Mr. Tilley we had a

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1 meeting out at the corporate office and we  
 2 were asked to go out there. And I thought we  
 3 were going to meet with Mr. Tilley at the  
 4 time, and I think we were going to meet with  
 5 him, but he might have got caught up in  
 6 something else and so I think it was Susan  
 7 Bonnell was there and Mr. Gulliver, Dr. Cook,  
 8 myself and Ms. Predham, I think that's who was  
 9 there.  
 10 COFFEY, Q.C.:  
 11 Q. Okay.  
 12 DR. WILLIAMS:  
 13 A. And the memos, Dr. Cook brought some memos  
 14 along at that meeting.  
 15 COFFEY, Q.C.:  
 16 Q. And these would be these memos from '03?  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Okay. And so was that--you looked at the  
 21 memos at the time?  
 22 DR. WILLIAMS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. Okay. Were they discussed at that time with

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1 Dr. Cook and -  
 2 DR. WILLIAMS:  
 3 A. They were discussed, I think they were  
 4 discussed around that time, but I don't think--  
 5 we discussed them at that meeting but I think  
 6 I followed up with Mr. Gulliver and Dr. Cook  
 7 about those aside from the other people being  
 8 there.  
 9 COFFEY, Q.C.:  
 10 Q. And what about contacting Dr. Ejeckam about  
 11 the matter?  
 12 DR. WILLIAMS:  
 13 A. I asked Dr. Cook to further follow up with Dr.  
 14 Ejeckam to see if there was anything new that  
 15 we could add. At that time we had already  
 16 made a decision to retest everybody from all  
 17 years. That was my recollection.  
 18 COFFEY, Q.C.:  
 19 Q. And do you know if Dr.--did Dr. Cook ever  
 20 report to you that he had followed up with Dr.  
 21 Ejeckam?  
 22 DR. WILLIAMS:  
 23 A. Yes, he did. And that would have been done  
 24 the first week of July.  
 25 COFFEY, Q.C.:

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1 Q. And so he has the memos?  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. And what did he tell you Dr. Ejeckam had said?  
 6 DR. WILLIAMS:  
 7 A. Dr. Ejeckam, he talked to Dr. Ejeckam, Dr.  
 8 Ejeckam said he'd adjusted the staining with  
 9 Ph issues and he'd adjusted the titration of  
 10 the antibodies and moved on from that.  
 11 COFFEY, Q.C.:  
 12 Q. During this conversation with Dr. Cook about  
 13 what Dr. Ejeckam had said, did the topic come  
 14 up about, well, why wasn't there retesting  
 15 done in '03?  
 16 DR. WILLIAMS:  
 17 A. I think that discussion would have come up  
 18 with Dr. Cook, I'm not sure exactly at that  
 19 time, but we did have a discussion to follow  
 20 up with Dr. Cook.  
 21 COFFEY, Q.C.:  
 22 Q. Now, did you ever actually discuss this with  
 23 Dr. Ejeckam, this whole matter?  
 24 DR. WILLIAMS:  
 25 A. No, I did not. And that's one of the things

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1 that in retrospect maybe it would have some  
 2 benefit back then to do that, however, by that  
 3 -  
 4 COFFEY, Q.C.:  
 5 Q. This is back in '05?  
 6 DR. WILLIAMS:  
 7 A. Yes. By that time we had already made the  
 8 decision to retest and it would be hard, I  
 9 don't know of anything that Dr. Ejeckam could  
 10 have said that would have changed our mind  
 11 based upon the information I had at the time.  
 12 COFFEY, Q.C.:  
 13 Q. And you say now looking back on it perhaps it  
 14 might have been of some assistance to actually  
 15 have -  
 16 DR. WILLIAMS:  
 17 A. Even when you -  
 18 COFFEY, Q.C.:  
 19 Q. He was in the same building with you, wasn't  
 20 he?  
 21 DR. WILLIAMS:  
 22 A. Yes. When things happened, yes. And we met  
 23 on the 14th, actually, and that issue didn't--  
 24 he didn't bring it up and I don't think we  
 25 brought it up. By that time Dr. Cook had

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1 talked to him again.  
 2 COFFEY, Q.C.:  
 3 Q. So that's July 14th?  
 4 DR. WILLIAMS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. You met with Dr. Ejeckam?  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. What was that about?  
 12 DR. WILLIAMS:  
 13 A. He had sent a report to us in June from the  
 14 surgical pathology review committee with some  
 15 recommendations on it.  
 16 COFFEY, Q.C.:  
 17 Q. Okay.  
 18 DR. WILLIAMS:  
 19 A. And it was in follow up to a recommendation  
 20 he'd sent before about the proper information  
 21 on the requisitions.  
 22 COFFEY, Q.C.:  
 23 Q. Yes.  
 24 DR. WILLIAMS:  
 25 A. And I felt based upon that memo that he was a

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1 little concerned that that recommendation  
 2 hadn't been followed up fully, so I thought it  
 3 would be wise for Dr. Cook and myself to meet  
 4 with him because of that recommendation and to  
 5 assure him that it was followed up and it was  
 6 being dealt with.  
 7 COFFEY, Q.C.:  
 8 Q. And so -  
 9 DR. WILLIAMS:  
 10 A. And there were some other issues we wanted to  
 11 discussed too, yes.  
 12 COFFEY, Q.C.:  
 13 Q. So but when you did meet on July 14th, 2005  
 14 with Dr. Ejeckam concerning a matter involving  
 15 requisition completion?  
 16 DR. WILLIAMS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. That he didn't raise the ER/PR issue with you?  
 20 DR. WILLIAMS:  
 21 A. No.  
 22 COFFEY, Q.C.:  
 23 Q. And you did not raise it with him?  
 24 DR. WILLIAMS:  
 25 A. No.

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1 COFFEY, Q.C.:

2 Q. And is there anything you can tell the

3 Commissioner to help to explain well why you

4 wouldn't just ask him about it?

5 DR. WILLIAMS:

6 A. Well I think Dr. Cook had already discussed it

7 with him, there was nothing--new information

8 to add and at that time we had decided to

9 retest and that was my thinking at the time,

10 in retrospect, as I said, sometimes when you

11 look back at things that you did or you didn't

12 do, it might have been one of the things that

13 may have been helpful, but nothing would have

14 changed certainly in my mind in terms of

15 retesting everybody at the time, based upon

16 the information we had.

17 COFFEY, Q.C.:

18 Q. I'm not suggesting that Dr. Ejeckam would have

19 even attempted to change your mind, not at

20 all, on the 14th of July when you went into

21 the meeting with Dr. Ejeckam, you would have

22 understood that from Dr. Cook's perspective,

23 the clinical chief's perspective, that Dr.

24 Ejeckam was the point person for

25 immunoperoxidase testing.

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1 DR. WILLIAMS:

2 A. Yes, I knew that at the time, yes, I did.

3 COFFEY, Q.C.:

4 Q. And if he was that in early 2003, what did you

5 understand about who the point person was in

6 2005?

7 DR. WILLIAMS:

8 A. That he was still in that role, yes.

9 COFFEY, Q.C.:

10 Q. So the point person, would that have suggested

11 to you he was perhaps the most knowledgeable

12 person around about it?

13 DR. WILLIAMS:

14 A. Well I, I was--I would take my advice from Dr.

15 Cook, he was very knowledgeable, he was

16 working on the issue with Dr. Carter.

17 COFFEY, Q.C.:

18 Q. I appreciate that, but Dr. Cook had suggested

19 to you in writing here -

20 DR. WILLIAMS:

21 A. Yes, that's right.

22 COFFEY, Q.C.:

23 Q. - that Dr. Ejeckam in fact perhaps knows more

24 about this than I do, in the sense that he's

25 our point person.

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1 DR. WILLIAMS:

2 A. And Dr. Cook was the clinical chief and I

3 relied on him for advice and he did talk to

4 Dr. Ejeckam again.

5 COFFEY, Q.C.:

6 Q. Okay. When we look back at page 1 of this

7 exhibit, there is in the first two paragraphs,

8 would you agree that there is fairly detailed

9 information provided by Dr. Cook here and I

10 gather it probably came via way of Drs.--well

11 certainly Dr. McCarthy and perhaps Dr. Laing,

12 concerning ER/PR status of certain types of

13 cancers, of breast cancers?

14 DR. WILLIAMS:

15 A. Yes, uh-hm.

16 COFFEY, Q.C.:

17 Q. Before you received this letter, would you

18 have been aware of that sort of information?

19 DR. WILLIAMS:

20 A. No.

21 COFFEY, Q.C.:

22 Q. In terms of the fact that breast cancer, there

23 were a number of different types of breast

24 cancer. Here, there happens to be mentioned

25 infiltrating lobular, but there is material

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1 before the Commissioner that suggests there

2 are a number of other different possible types

3 of breast cancer.

4 DR. WILLIAMS:

5 A. Uh-hm.

6 COFFEY, Q.C.:

7 Q. Before May 24th, 2005, would you have been

8 aware that that was so?

9 DR. WILLIAMS:

10 A. Well medical school days there might have been

11 different cancers, but I wouldn't have been

12 aware of all the details, no; nor how they

13 related to this particular test or anything

14 like that.

15 COFFEY, Q.C.:

16 Q. Now, sir, if we could just look at page 3, at

17 the top of the page, in the second sentence

18 Dr. Cook advises you "I have no idea at this

19 point in time in knowing whether there are few

20 isolated cases or whether we are dealing with

21 a much bigger issue."

22 DR. WILLIAMS:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. By this point he had only retested two and

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1 they had both converted or changed results.  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. In May of 2005, before you got the letter and  
 6 your earlier conversation, when you got this  
 7 letter or just in the conversations with Dr.  
 8 Cook immediately afterward, did you get any  
 9 sense of how many ER and PR tests there would  
 10 have been annually? It says test, retest all  
 11 negative ERs and PRs for the year 2002 and  
 12 possibly 2001, so -  
 13 DR. WILLIAMS:  
 14 A. I may have discussed it by phone, but I'm not  
 15 sure of that, no, I can't -  
 16 COFFEY, Q.C.:  
 17 Q. You can't recall -  
 18 DR. WILLIAMS:  
 19 A. No, I can't recall him saying this is the  
 20 number we've had.  
 21 COFFEY, Q.C.:  
 22 Q. To get some sense of the magnitude of the  
 23 retest operation.  
 24 DR. WILLIAMS:  
 25 A. He may have said that, but I don't--right now

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1 I can't recollect that.  
 2 COFFEY, Q.C.:  
 3 Q. Now he does have three very--well actually  
 4 four very specific recommendations.  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. And he couches, in his final comment, he  
 9 couches, describes them as preliminary  
 10 recommendations and acknowledges they will no  
 11 doubt require additional manpower and funding  
 12 levels.  
 13 DR. WILLIAMS:  
 14 A. Uh-hm.  
 15 COFFEY, Q.C.:  
 16 Q. Above those that currently existed.  
 17 DR. WILLIAMS:  
 18 A. The fact, he refers to additional manpower and  
 19 funding levels, what significance did that  
 20 have? What, if anything, would that require?  
 21 DR. WILLIAMS:  
 22 A. That would require, you know, you would have  
 23 to review what they were and then you'd have  
 24 to get the budgetary adjustment to implement  
 25 those, yes.

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1 COFFEY, Q.C.:  
 2 Q. And in a practical sense, what did that  
 3 involve after you actually got the numbers,  
 4 what would you have to do?  
 5 DR. WILLIAMS:  
 6 A. Then I'd have to prepare something for the CEO  
 7 to--and take it forward, I guess.  
 8 COFFEY, Q.C.:  
 9 Q. Now did that ever actually happen?  
 10 DR. WILLIAMS:  
 11 A. We had a meeting, a follow up of these issues  
 12 at some--I've got it documented here, then  
 13 because we decided to do an external quality  
 14 review, we wanted to wait until the external  
 15 quality review took place to define exactly  
 16 what had to be done, if there was anything in  
 17 addition to this, this type of thing.  
 18 COFFEY, Q.C.:  
 19 Q. And I take it then that that additional  
 20 manpower and funding levels' request, is the  
 21 October 13th, 2005 report from Dr. Cook and  
 22 Gulliver?  
 23 DR. WILLIAMS:  
 24 A. Yes, I asked them -  
 25 COFFEY, Q.C.:

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1 Q. And they actually had figures and numbers and  
 2 -  
 3 DR. WILLIAMS:  
 4 A. Yes, I asked them to prepare a full report  
 5 about what our needs would be to implement the  
 6 thrust of the recommendations of Dr. Banerjee  
 7 and Ms. Wegrynowski from Mount Sinai, even  
 8 though we didn't have her report at the time,  
 9 we had an exit interview which we captured  
 10 some of the issues, a lot of the issues were  
 11 the same as Dr. Banerjee had laid out.  
 12 COFFEY, Q.C.:  
 13 Q. Sure.  
 14 DR. WILLIAMS:  
 15 A. So we had enough information I felt then to  
 16 ask them to prepare a document that we could  
 17 bring forward.  
 18 COFFEY, Q.C.:  
 19 Q. Now here Dr. Cook above, in the first  
 20 paragraph, concludes by saying, "If it's  
 21 identified that we have a much more  
 22 significant conversion factor problem  
 23 involving many patients, we would need to seek  
 24 advice and guidance from QI on how best to  
 25 disclose this information, as this involves

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1 breast cancer patients across the province."  
 2 What did you interpret that to mean?  
 3 DR. WILLIAMS:  
 4 A. Well I interpreted that to mean that if we had  
 5 a major problem, we would need to sit down and  
 6 see how we were going to deal with it, in  
 7 terms of disclosure and public information,  
 8 that's how I interpreted it.  
 9 COFFEY, Q.C.:  
 10 Q. And he does, though, refer to it as breast  
 11 cancer patients across the province.  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. Meaning that they were patients of other  
 16 authorities too?  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Okay, so it would involve the other  
 21 authorities, possibly?  
 22 DR. WILLIAMS:  
 23 A. Yes, it possibly would.  
 24 COFFEY, Q.C.:  
 25 Q. So the recommendations sets out here "the

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1 immediate establishment of a external  
 2 proficiency testing and monitoring program for  
 3 immunoperoxidase testing"?  
 4 DR. WILLIAMS:  
 5 A. Uh-hm.  
 6 COFFEY, Q.C.:  
 7 Q. Had that suggestion ever come up before?  
 8 DR. WILLIAMS:  
 9 A. No, and I remember clearly discussing this  
 10 with Dr. Cook, I said, "Don, I thought we had  
 11 a proficiency testing throughout our lab", you  
 12 know, because I understood that all our  
 13 divisions we had proficiency testing through a  
 14 number of organizations, both at the St.  
 15 Clare's and at the General site. And I  
 16 remember Dr. Cook saying this area is like an  
 17 island in the sea, this is an area that if we  
 18 didn't have those things in place that we had  
 19 in other parts of the lab.  
 20 COFFEY, Q.C.:  
 21 Q. So Dr. Cook advised you at that point that  
 22 there was no external proficiency testing or  
 23 monitoring program for immunoperoxidase  
 24 testing at the Health Care Corporation or  
 25 Eastern Health at that point?

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1 DR. WILLIAMS:  
 2 A. Yes, that's correct.  
 3 COFFEY, Q.C.:  
 4 Q. And when was it he advised you of that? Oh,  
 5 you mean it's right here -  
 6 DR. WILLIAMS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. But you said you discussed it as well because  
 10 you asked him why.  
 11 DR. WILLIAMS:  
 12 A. Yes, that would have probably been after I got  
 13 the letter, I would suspect, but it was early  
 14 on I asked him why and I can remember him  
 15 saying it in those words.  
 16 COFFEY, Q.C.:  
 17 Q. Did you discuss with him at that point whether  
 18 or not any such programs actually existed?  
 19 DR. WILLIAMS:  
 20 A. No, I did not, but I just presumed that they  
 21 did exist.  
 22 COFFEY, Q.C.:  
 23 Q. They did, yes, you presumed that?  
 24 DR. WILLIAMS:  
 25 A. Yes. He didn't say that they didn't exist, so

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1 I presumed that they did exist. We just were  
 2 not involved in it.  
 3 COFFEY, Q.C.:  
 4 Q. Did he offer any explanation at the time to  
 5 you as to why this was an island, as opposed  
 6 to -  
 7 DR. WILLIAMS:  
 8 A. No, and he really within our program and with  
 9 Dr. Cook, his interest in quality, he just  
 10 wasn't aware of it.  
 11 COFFEY, Q.C.:  
 12 Q. He gave you the understanding he hadn't been  
 13 aware that they were not proficiency testing  
 14 here -  
 15 DR. WILLIAMS:  
 16 A. Yes, he was not aware of it, that they were  
 17 not.  
 18 COFFEY, Q.C.:  
 19 Q. That they were not, this had been news to him  
 20 he was telling you, as well.  
 21 DR. WILLIAMS:  
 22 A. Yes, yes.  
 23 COFFEY, Q.C.:  
 24 Q. Okay. And I certainly will be canvassing  
 25 that, of course, with Dr. Cook. He also goes

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1 on to say, number two, "The establishment of a  
 2 separate immunoperoxidase service with at  
 3 least three technologists solely dedicated to  
 4 immunoperoxidase testing with separate testing  
 5 facilities." Now do you know if that--well,  
 6 had that topic ever come up to your knowledge  
 7 before, when you first read this, had you ever  
 8 heard of any such thing before?  
 9 DR. WILLIAMS:  
 10 A. No, I hadn't heard of that.  
 11 COFFEY, Q.C.:  
 12 Q. Now yesterday we did look at a document  
 13 involving, arising out of the Hay report and  
 14 the idea of using pathology assistance -  
 15 DR. WILLIAMS:  
 16 A. Uh-hm.  
 17 COFFEY, Q.C.:  
 18 Q. And Mr. Gulliver's response to that, he was  
 19 not in favour of that, but wasn't there a  
 20 reference in it, do you recall, to utilizing  
 21 certain technologists?  
 22 DR. WILLIAMS:  
 23 A. There was a reference that he was going to use  
 24 certain technologists to perform some of the  
 25 grossing functions, I think that's what it

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1 described.  
 2 COFFEY, Q.C.:  
 3 Q. Okay, and that was the grossing, not to  
 4 actually have technologists dedicated solely  
 5 to immunoperoxidase testing.  
 6 DR. WILLIAMS:  
 7 A. That's correct--no, no, I don't think he  
 8 referred -  
 9 COFFEY, Q.C.:  
 10 Q. No, he didn't do that, no, okay, it was the  
 11 grossing part of it.  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. And to your knowledge before May 24th or  
 16 whenever, May 25th, when you first read this  
 17 letter of '05, you have no recollection of  
 18 anybody ever bringing that sort of a  
 19 recommendation to your attention?  
 20 DR. WILLIAMS:  
 21 A. No, I've looked through our minutes and stuff;  
 22 I can't find it.  
 23 COFFEY, Q.C.:  
 24 Q. And that's the minutes of these meetings?  
 25 DR. WILLIAMS:

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1 A. Our monthly meetings, yes. That's who I  
 2 expected it would come up through.  
 3 COFFEY, Q.C.:  
 4 Q. Number three is "the training of  
 5 immunoperoxidase technologists in a major  
 6 immuno referral lab that has a well  
 7 established, quality controlled and  
 8 troubleshooting program." So when you read  
 9 this, what, if anything, did you conclude  
 10 about whether or not your own labs'  
 11 immunoperoxidase technologists had ever been  
 12 so trained?  
 13 DR. WILLIAMS:  
 14 A. Well I think that was a recommendation that we  
 15 should do that.  
 16 COFFEY, Q.C.:  
 17 Q. Did you ever ask Dr. Cook about, well how much  
 18 training do they have?  
 19 DR. WILLIAMS:  
 20 A. I'm not sure if I did ask him at that time.  
 21 COFFEY, Q.C.:  
 22 Q. Did you ever ask him?  
 23 DR. WILLIAMS:  
 24 A. It came up at a later date, I think, but I'm--  
 25 and it came up in some of the reports and in

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1 some of the recommendations.  
 2 COFFEY, Q.C.:  
 3 Q. Okay, that's the, would be the external  
 4 reviewer reports?  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. And they certainly recommended such training?  
 9 DR. WILLIAMS:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. So I take it before May 25th, 24th, 25th,  
 13 2005, you had not been aware that the  
 14 technologists at the General Hospital had not  
 15 been so trained?  
 16 DR. WILLIAMS:  
 17 A. No, I had not been aware of that. Now there  
 18 are things I found out subsequent to that  
 19 because I went back and found out how the  
 20 service was started up back in '97 by Dr.  
 21 Khalifa, but that was after this time.  
 22 COFFEY, Q.C.:  
 23 Q. And appropriate CME funding for these  
 24 immunotechnologists, he refers to here, at  
 25 that point in time, was there any CME funding

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1 for immunotechnologists?  
 2 DR. WILLIAMS:  
 3 A. I wouldn't get into that level, I would expect  
 4 that that would be brought forward from the  
 5 lab. I know that we went through a difficult  
 6 period of time in the--with the budget and  
 7 some of the things that were impacted on were  
 8 education programs, this type of thing.  
 9 COFFEY, Q.C.:  
 10 Q. What does impacted mean in this context?  
 11 DR. WILLIAMS:  
 12 A. Well it was sometimes harder to get support  
 13 for some of these things.  
 14 COFFEY, Q.C.:  
 15 Q. Was it either cut or just not--or just not  
 16 worth funding if it didn't already exist?  
 17 DR. WILLIAMS:  
 18 A. I don't think it was not worth funding, I  
 19 think it was maybe some budgetary issues that  
 20 would come up. I don't recall anything coming  
 21 up for immunotechnologists or anything like  
 22 that. There was issues, there was some issue  
 23 coming up, I think in terms of cytology and I  
 24 think we were, we sent somebody out of the  
 25 province, there was some request for funding

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1 there for Mrs. Francis, I think, to go out of  
 2 the province.  
 3 COFFEY, Q.C.:  
 4 Q. That's a particular type of technologist,  
 5 cytology.  
 6 DR. WILLIAMS:  
 7 A. Yes, and I remember Vern Whalen way back when  
 8 looking at probably sending somebody out and  
 9 we thought maybe we should enrol in some on-  
 10 line education programs at the time, but that  
 11 was pre-dating this. I don't remember  
 12 anything about immunotechnologists, no.  
 13 COFFEY, Q.C.:  
 14 Q. Now you said to the Commissioner just now that  
 15 after this came to your attention in May of  
 16 2005, you did make some inquiries about, to  
 17 ascertain the circumstances under which this  
 18 was originally set up in 1997?  
 19 DR. WILLIAMS:  
 20 A. Yes, because -  
 21 COFFEY, Q.C.:  
 22 Q. And what did you find in that regard?  
 23 DR. WILLIAMS:  
 24 A. I found that Dr. Khalifa had set it up.  
 25 COFFEY, Q.C.:

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1 Q. And when was it you went and did those  
 2 investigations, first of all?  
 3 DR. WILLIAMS:  
 4 A. That was around here, I know somebody gave me  
 5 a memo. Now it subsequently shows that I got  
 6 it from Gary Baker in Carbonear, but I already  
 7 had it before that, I just misplaced it and I  
 8 was on the phone with Gary about something  
 9 else and I asked him if he had that memo,  
 10 because I don't know if Dr. Cook was there at  
 11 the time, but I had something from Dr. Khalifa  
 12 before that.  
 13 COFFEY, Q.C.:  
 14 Q. So you did have it, you probably misfiled it  
 15 or filed it somewhere and Dr. Baker, though,  
 16 did provide it to you, a copy?  
 17 DR. WILLIAMS:  
 18 A. Yeah, just so I could have it in my files.  
 19 COFFEY, Q.C.:  
 20 Q. So what did you learn?  
 21 DR. WILLIAMS:  
 22 A. I learned that Dr. Khalifa had appeared, based  
 23 upon that, to spend a lot of time in setting  
 24 this up and in dealing with the technologists  
 25 and providing that information out around the

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1 province, and working with Dr. Prabakaran to  
 2 ship from the ligand based biochemical method  
 3 to the immunohistochemistry method and when  
 4 Dr. Khalifa felt that it was satisfactory,  
 5 they stopped doing the biochemical method and  
 6 switched to this method.  
 7 COFFEY, Q.C.:  
 8 Q. Yes.  
 9 DR. WILLIAMS:  
 10 A. And he sent out a memo around the province  
 11 outlining what he had done. That's my  
 12 recollection of that memo.  
 13 COFFEY, Q.C.:  
 14 Q. That's the memo that Dr. Baker was able to  
 15 provide to you.  
 16 DR. WILLIAMS:  
 17 A. Yes, but I had seen it before, I just  
 18 misplaced it.  
 19 COFFEY, Q.C.:  
 20 Q. And Dr. Baker was, in fact, for the  
 21 Commissioner's benefit, was a pathologist -  
 22 DR. WILLIAMS:  
 23 A. In Carbonear.  
 24 COFFEY, Q.C.:  
 25 Q. In Carbonear.



1 DR. WILLIAMS:  
 2 A. Yes, by that time he had been working for  
 3 Eastern Health, obviously.  
 4 COFFEY, Q.C.:  
 5 Q. Do you know--as you say, you were on the phone  
 6 and I suppose it crossed your mind, I'll ask--  
 7 you know him as Gary, I take it?  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. Gary for a copy of the memo, he has it.  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. Did you ask in St. John's if anyone had a copy  
 16 of it here?  
 17 DR. WILLIAMS:  
 18 A. Oh no, I had been given a copy by--I had been  
 19 given a copy earlier of this.  
 20 COFFEY, Q.C.:  
 21 Q. Oh, by whom?  
 22 DR. WILLIAMS:  
 23 A. Oh I suspect Dr. Cook or somebody like that or  
 24 maybe Mr. Gulliver. I just had lost my copy  
 25 and I wanted to refer back to it for some

1 COFFEY, Q.C.:  
 2 Q. Did you ever make any inquiries throughout  
 3 this as to where Dr. Khalifa was then, like  
 4 currently in 2005?  
 5 DR. WILLIAMS:  
 6 A. I knew he was somewhere in Ontario or Quebec,  
 7 but I'm not sure exactly where he was.  
 8 COFFEY, Q.C.:  
 9 Q. Did you ever think to make any inquiries to  
 10 try and locate him and to speak to him about  
 11 it?  
 12 DR. WILLIAMS:  
 13 A. No, I did not, I saw how he set it up. He  
 14 left shortly after that and we were going to  
 15 bring in some outside consultants, we were  
 16 well on our way to retesting.  
 17 COFFEY, Q.C.:  
 18 Q. Exhibit P-0490, please. Now sir, do you  
 19 recognize whose handwriting this is?  
 20 DR. WILLIAMS:  
 21 A. I can't be sure; I'd only be guessing.  
 22 COFFEY, Q.C.:  
 23 Q. Okay. It says "update Bob, June 3, 2005".  
 24 DR. WILLIAMS:  
 25 A. Okay.

1 reason, so that's why I asked Mr. Baker.  
 2 COFFEY, Q.C.:  
 3 Q. Okay, so in that context--by that memo of Dr.  
 4 Khalifa's, you would only have first obtained  
 5 a copy of that from either Mr. Gulliver or Dr.  
 6 Cook.  
 7 DR. WILLIAMS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. In May of '05 or June of '05.  
 11 DR. WILLIAMS:  
 12 A. Or June of '05. Sometime around that because  
 13 I wanted to find out a little bit about how  
 14 this is started up, that's why. But like I  
 15 say, I had it and read it, but had lost it.  
 16 For some reason I wanted to read it again.  
 17 COFFEY, Q.C.:  
 18 Q. Your purpose in making such an inquiry as to  
 19 how it started up was what?  
 20 DR. WILLIAMS:  
 21 A. Just to see because this looked like it was a  
 22 problem going back and I wanted to see in the  
 23 first place how it was set up, so I was  
 24 provided with that memo that pretty well  
 25 detailed how it was set up.

1 COFFEY, Q.C.:  
 2 Q. Can you see that? It's very faint, but it's  
 3 right there.  
 4 DR. WILLIAMS:  
 5 A. Okay.  
 6 COFFEY, Q.C.:  
 7 Q. Now, you've indicated that there were a number  
 8 of meetings and conversations you would have  
 9 had with Dr. Cook following May 24, 2005,  
 10 following that letter.  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. Yes, and over the following weeks, I take it.  
 15 Did you keep any notes on those meetings or  
 16 conversations?  
 17 DR. WILLIAMS:  
 18 A. I have notes starting on July 8.  
 19 COFFEY, Q.C.:  
 20 Q. July 8, okay.  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. But in between, between May 24, 25, say 25  
 25 when this letter arrived in your office and

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1 July 8, did you ever keep any notes concerning  
 2 -  
 3 DR. WILLIAMS:  
 4 A. No, I did not. There was phone conversations  
 5 with Dr. Cook and I had the letters from Dr.  
 6 Cook.  
 7 COFFEY, Q.C.:  
 8 Q. And how many such meetings do you think might  
 9 have occurred or phone conversations might  
 10 have occurred between May 25, 2005 and July 8?  
 11 DR. WILLIAMS:  
 12 A. I could not be sure, Mr. Coffey. I would have  
 13 suspected that I was talking to Dr. Cook on  
 14 the phone. I remember one conversation with  
 15 Dr. Cook on the phone in mid to late June  
 16 before he left on vacation. Because I  
 17 remember we had to decide if he could go on  
 18 vacation or not. He'd planned a vacation with  
 19 his family for two weeks and I had discussions  
 20 with him about where we were with the  
 21 retesting and what they'd found and where they  
 22 were. And I remember being advised that they  
 23 had uncovered a number of other cases, but  
 24 even him going would not impact upon the  
 25 process because Dr. Carter, he put her in

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1 charge and he had confidence in her and that  
 2 she would follow up and when she got any  
 3 additional information, I would be informed.  
 4 COFFEY, Q.C.:  
 5 Q. Okay.  
 6 DR. WILLIAMS:  
 7 A. So, I remember that was certainly one phone  
 8 conversation. I'm not sure if it was a face-  
 9 to-face meeting, but I certainly did discuss  
 10 it with them.  
 11 COFFEY, Q.C.:  
 12 Q. Now this--in terms of the ER/PR matter, in  
 13 May, particularly in June and up to July 8 of  
 14 2005, if you were being briefed on the ER/PR  
 15 matter, the briefing would have had to come  
 16 from whom?  
 17 DR. WILLIAMS:  
 18 A. It would come from Dr. Cook, at that time.  
 19 COFFEY, Q.C.:  
 20 Q. How about Mr. Gulliver, Terry Gulliver?  
 21 DR. WILLIAMS:  
 22 A. I was looking to Dr. Cook on this particular  
 23 issue at that time.  
 24 COFFEY, Q.C.:  
 25 Q. So, it would have come from Dr. Cook.

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1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. This appears to say 2002, it's handwritten,  
 5 "160 cases as HCCSJ, 80 are negative, 50  
 6 percent, Bob"--that's probably problems--  
 7 "seems to have started some time around, after  
 8 June 24, 2002, not too bad when compared to 60  
 9 percent positive and 40 percent negative, need  
 10 to" -  
 11 DR. WILLIAMS:  
 12 A. That looks familiar, that seems to be captured  
 13 in a letter he might have sent subsequently,  
 14 by the looks of it.  
 15 COFFEY, Q.C.:  
 16 Q. Yes, "need to correlate that"--the next word  
 17 is difficult, probably that something--"with  
 18 population may have a large number of young  
 19 women who are young with high grade lesions  
 20 who would be ER negative, need to send letter  
 21 to"--something--"cases from outside HCCSJ and  
 22 north MAC"?  
 23 DR. WILLIAMS:  
 24 A. I don't -  
 25 MR. BROWNE:

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1 Q. Notify -  
 2 COFFEY, Q.C.:  
 3 Q. I apologize, notify, thank you, "notify MAC".  
 4 THE COMMISSIONER:  
 5 Q. What a challenge you have, Mr. Browne.  
 6 MR. BROWNE:  
 7 Q. Comes from years of experience, Commissioner.  
 8 COFFEY, Q.C.:  
 9 Q. I suspect this is one of his clients'  
 10 handwriting too, so, that might have assisted.  
 11 And you're certainly correct, Doctor, there is  
 12 another--and we'll be looking at a letter in a  
 13 moment. The reason I've gone through this is  
 14 this, is this is dated, appears to be dated  
 15 June 23, 2005?  
 16 DR. WILLIAMS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. Do you know if, early in June, if it says,  
 20 "updated to Bob", is it possible that in early  
 21 2005 you were being apprised verbally of this  
 22 sort of information?  
 23 DR. WILLIAMS:  
 24 A. It could very well be, yes, that the numbers  
 25 of cases that we would have to retest, sure.

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1 I know I had discussions with Dr. Cook,  
 2 unfortunately I didn't write any notes at that  
 3 time.  
 4 COFFEY, Q.C.:  
 5 Q. So, if he was going to retest, as he told you  
 6 on May 224, 2005, all the negatives from 2002.  
 7 DR. WILLIAMS:  
 8 A. Um-hm.  
 9 COFFEY, Q.C.:  
 10 Q. If this reflects communication in early June,  
 11 2005 with you, there's certainly 80 tests here  
 12 in St. John's that were going to be retested.  
 13 DR. WILLIAMS:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. If we could please, Exhibit P-0491 and this is  
 17 a copy of a memo to all laboratory directors.  
 18 It's dated June 13, 2005, it's "re estrogen  
 19 and progesterone receptors", it's from Dr.  
 20 Donald M. Cook. If we could bring up, please,  
 21 Exhibit P-0492 because that appears to be a  
 22 file copy. Just a second, please, if you  
 23 would. There's a check mark on it. Bring up  
 24 Exhibit P-0492, please. This is a memo on  
 25 Health Care Corporation of St. John's

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1 letterhead to all laboratory directors, Dr. D.  
 2 Fontaine HCS which Dr. Fontaine was the site  
 3 chief?  
 4 DR. WILLIAMS:  
 5 A. I would say the site chief at the -  
 6 COFFEY, Q.C.:  
 7 Q. General Hospital?  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. Dr. G. Baker would be the pathologist in  
 12 Carbonear.  
 13 DR. WILLIAMS:  
 14 A. Yes.  
 15 COFFEY, Q.C.:  
 16 Q. Dr. S. Anwar, G.B. Cross Memorial?  
 17 DR. WILLIAMS:  
 18 A. um-hm.  
 19 COFFEY, Q.C.:  
 20 Q. Where was that?  
 21 DR. WILLIAMS:  
 22 A. That was in Clarenville.  
 23 COFFEY, Q.C.:  
 24 Q. And you would have understood he was a  
 25 pathologist?

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1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Dr. F. Gallager, James Paton Memorial.  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. He was a pathologist.  
 9 DR. WILLIAMS:  
 10 A. Yes. These would be the directors of the lab  
 11 out there. Don Cook's counterparts, basically.  
 12 COFFEY, Q.C.:  
 13 Q. Okay. Dr. Maurice Dalton in central  
 14 Newfoundland -  
 15 DR. WILLIAMS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. - Hospital, Dr. P.--that would be Paul Neil.  
 19 DR. WILLIAMS:  
 20 A. Paul Neil.  
 21 COFFEY, Q.C.:  
 22 Q. Western Memorial and Dr. Dankwa of St.  
 23 Anthony.  
 24 DR. WILLIAMS:  
 25 A. Yes.

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1 COFFEY, Q.C.:  
 2 Q. It's dated June 14, 2005 and it says, "we are  
 3 aware of a number of negative estrogen and  
 4 progesterone receptors that have converted on  
 5 repeat testing with our new Ventana  
 6 benchmarking immunoperoxidase testing. This  
 7 new Ventana system is fully automated and is  
 8 much more sensitive than the immunoperoxidase  
 9 technique under the previous DAKO method.  
 10 Most of these false negatives have occurred  
 11 during the year 2002. Presently we are in the  
 12 process of testing all negative ERS and PRs  
 13 for that particular year. I'm requesting that  
 14 you forward all negative ER and PR cases for  
 15 the year 2002 to Mr. Barry Dyer at the General  
 16 Hospital site. I would ask that you submit  
 17 the reports, original ER and PR slides  
 18 including controls as well as H & E slides  
 19 and paraffin blocks of the tumor. We will  
 20 repeat all ER and PR receptors with the  
 21 Ventana system and forward the results to  
 22 you. I will keep you updated regarding  
 23 additional information. If you have any  
 24 concerns or questions regarding this, please  
 25 feel free to contact me".

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1 Now sir, were you aware that this letter  
 2 was going out?  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. And would you have received a copy of the  
 7 letter itself?  
 8 DR. WILLIAMS:  
 9 A. Yes. In fact, before it went out, I would  
 10 have seen it.  
 11 COFFEY, Q.C.:  
 12 Q. Sure. And why would Dr. Cook have sent it to  
 13 you before sending it out?  
 14 DR. WILLIAMS:  
 15 A. Because he was going outside our organization  
 16 and he wanted to see if this was the right  
 17 approach, I guess.  
 18 COFFEY, Q.C.:  
 19 Q. You understood the necessity for going outside  
 20 the organization in circumstances was what?  
 21 DR. WILLIAMS:  
 22 A. That we wanted to make sure that if we were  
 23 testing people from 2002 that we tested all  
 24 the people from 2002, not just the ones from  
 25 St. John's.

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1 COFFEY, Q.C.:  
 2 Q. At the time that he was proposing to send out  
 3 this communication, I take it you approved of  
 4 him doing so?  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Did you have any understanding at that point,  
 9 for example, in relation to the year 2002, how  
 10 many breast cancer patients would have been  
 11 dealt with by the old Health Care Corporation  
 12 annually compared to the rest of the province?  
 13 DR. WILLIAMS:  
 14 A. At some time I did, but by this time, I may  
 15 have had it by this time, it was 60/40 at--  
 16 that's my recollection, 60 percent inside -  
 17 COFFEY, Q.C.:  
 18 Q. The Health Care Corporation?  
 19 DR. WILLIAMS:  
 20 A. - the St. John's area, yes, and 40 percent  
 21 outside. So it was important to, if you're  
 22 going to retest to see what problems you have,  
 23 you make sure that you do that. The other  
 24 thing is, of course, the slides were read  
 25 there rather than read in St. John's, so there

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1 was different pathologists out there reading  
 2 the slides.  
 3 COFFEY, Q.C.:  
 4 Q. And at that point in time, in the middle of  
 5 June, did you have any understanding as to  
 6 whether or not, by then, as to whether or not  
 7 it was Dr. Cook viewed it as an interpretation  
 8 issue or a processing of slide issue or  
 9 processing of tissue issue or did you know?  
 10 DR. WILLIAMS:  
 11 A. We hadn't, I don't think he reached any  
 12 conclusions at the time.  
 13 COFFEY, Q.C.:  
 14 Q. This is early days, I take it?  
 15 DR. WILLIAMS:  
 16 A. Yes. And whether there may have been some  
 17 discussion about that. But I don't--I think  
 18 we were just at the stage, to be honest with  
 19 you, to try to define how much of a problem we  
 20 had, was it temporally related to 2002,  
 21 because if it was temporally related in 2002,  
 22 then that may be a confined problem. But as  
 23 you see later, there was some--we talk about  
 24 that, there was some cases that were not in  
 25 2002 which lead me to the conclusion very soon

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1 after this time that this was a systemic  
 2 problem and not a temporally related problem  
 3 around a certain time frame.  
 4 COFFEY, Q.C.:  
 5 Q. So, well, if it was a systemic problem, it  
 6 could have been just a systemic problem in  
 7 2002, as well, couldn't it?  
 8 DR. WILLIAMS:  
 9 A. It could, but, no, 2002, I think, was a  
 10 problem related to something that happened in  
 11 2002.  
 12 COFFEY, Q.C.:  
 13 Q. Okay.  
 14 DR. WILLIAMS:  
 15 A. I would say temporally related. Systemic  
 16 means that it could have occurred in a number  
 17 of other years, it could be right across the  
 18 system, so that's a concern I had when I had  
 19 the additional information.  
 20 COFFEY, Q.C.:  
 21 Q. If we could look, please, at Exhibit P-0493?  
 22 This is a letter of June 14th, 2005. It's  
 23 titled "Confidential." It's got a date stamp,  
 24 June 22nd -  
 25 DR. WILLIAMS:

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1 A. June 22nd, yes.  
 2 COFFEY, Q.C.:  
 3 Q. - 2005. Yourself, it's your office's vice  
 4 presidential stamp -  
 5 DR. WILLIAMS:  
 6 A. Yes, correct.  
 7 COFFEY, Q.C.:  
 8 Q. There's something handwritten here.  
 9 DR. WILLIAMS:  
 10 A. "KIV July," some date in July. Because I knew  
 11 Dr.--I put a "KIV" on it just in case I didn't  
 12 get anything more on it, this letter would  
 13 automatically come back to me.  
 14 COFFEY, Q.C.:  
 15 Q. What does "KIV" mean?  
 16 DR. WILLIAMS:  
 17 A. Means keep in view.  
 18 COFFEY, Q.C.:  
 19 Q. And what system did you have in place for that  
 20 other than noting it here, what happened after  
 21 you wrote that?  
 22 DR. WILLIAMS:  
 23 A. Well, Denise would take it once I was finished  
 24 with it, put it in the file and every day  
 25 she'd go through that file. And if it was a

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1 certain date and there was something in the  
 2 KIV file, she'd pick it out and automatically  
 3 bring it in to me. So I put it there, I would  
 4 do that if it was something that I wanted to  
 5 make sure was followed up on and it would come  
 6 back to me to see if it was followed up on.  
 7 COFFEY, Q.C.:  
 8 Q. Sure. And this system that you've just  
 9 described utilizing a bring forward system,  
 10 keep in view system, how long had you been  
 11 utilizing that?  
 12 DR. WILLIAMS:  
 13 A. Ever since I came--I learned that in the  
 14 department.  
 15 COFFEY, Q.C.:  
 16 Q. In the Department of Health.  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Went back years ago.  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. This is, again it's entitled confidential. By  
 25 this point in time, mid June, after you read

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1 this letter, how widely known within the  
 2 organization, Eastern Health, was existence of  
 3 this investigation?  
 4 DR. WILLIAMS:  
 5 A. Our oncologist, our leadership in oncology.  
 6 COFFEY, Q.C.:  
 7 Q. That would be Doctors McCarthy and Laing, I  
 8 take it?  
 9 DR. WILLIAMS:  
 10 A. Yes. And our leadership in the lab. Quality  
 11 would have been involved in it. And that  
 12 would be the extent at that point in time.  
 13 COFFEY, Q.C.:  
 14 Q. What about the general staff of pathologists,  
 15 in the General Hospital or at St. Clare's?  
 16 And I appreciate Dr. Carter is involved.  
 17 DR. WILLIAMS:  
 18 A. Yes, I can't answer that question although the  
 19 two site chiefs, Dr. Cook and Dr. Fontaine  
 20 were involved. So, I would presume they may  
 21 have told the staff pathologists at the time.  
 22 I didn't ask that question at the time. I was  
 23 really focused in on how much of a problem  
 24 have we got here and what are we going to do  
 25 about it.

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1 COFFEY, Q.C.:  
 2 Q. How about the technologists themselves, IHC  
 3 technologists, the technologists who did the  
 4 IHC work, did you know whether or not they had  
 5 been, by this point, informed of this?  
 6 DR. WILLIAMS:  
 7 A. No, I do not. I know Mr. Dyer, the manager,  
 8 and Mr. Gulliver, obviously, were involved in  
 9 this, yes.  
 10 COFFEY, Q.C.:  
 11 Q. But whether or not they'd actually informed  
 12 that -  
 13 DR. WILLIAMS:  
 14 A. I'm not sure.  
 15 COFFEY, Q.C.:  
 16 Q. At that point, mid June 2005, was there any  
 17 effort being taken to kind of keep it within a  
 18 confined group?  
 19 DR. WILLIAMS:  
 20 A. No. My understanding was that once the tests  
 21 came back, that it was our obligation to  
 22 inform the patients.  
 23 COFFEY, Q.C.:  
 24 Q. The patients.  
 25 DR. WILLIAMS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. I'm talking about, with group within the  
 4 institution is what I'm -  
 5 DR. WILLIAMS:  
 6 A. No, I wasn't making any attempts to confide it  
 7 to one group.  
 8 COFFEY, Q.C.:  
 9 Q. Oh no, I'm not suggesting--I'm just asking you  
 10 whether or not you--what your understanding  
 11 was at the time.  
 12 DR. WILLIAMS:  
 13 A. What we did at the time in the middle June  
 14 when--I wouldn't have got this memo until the  
 15 22nd, but I'm sure that I was talking to Dr.  
 16 Cook on a regular basis. And what we were  
 17 doing at the time was to try to see what the  
 18 extent of this issue was. I talked to Dr.  
 19 Cook about his vacation time and what Dr.  
 20 Carter was doing. I got the report,  
 21 additional testing from Dr. Carter, on the  
 22 30th of June.  
 23 COFFEY, Q.C.:  
 24 Q. Yes, I'll be getting into that in a moment,  
 25 yes.

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1 DR. WILLIAMS:  
 2 A. And I'll tell you what--about that, sure.  
 3 COFFEY, Q.C.:  
 4 Q. Sure. And because I had asked you yesterday  
 5 about the May 24 memo which also had the  
 6 heading "confidential".  
 7 DR. WILLIAMS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. This is confidential.  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. The mail system travelling from Dr. Cook to  
 15 you.  
 16 DR. WILLIAMS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. From St. Clare's to your office at the General  
 20 Hospital. Would this come, like, in an  
 21 envelope marked "confidential" or -  
 22 DR. WILLIAMS:  
 23 A. I would say if it's confidential, it would be  
 24 "confidential" marked on the envelope,  
 25 usually.

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1 COFFEY, Q.C.:  
 2 Q. And how was that handled compared to other  
 3 mail within your office.  
 4 DR. WILLIAMS:  
 5 A. Confidential would usually mean it would  
 6 probably be brought in to me unopened and I  
 7 would open it and depending on it, I'd get it  
 8 stamped then.  
 9 COFFEY, Q.C.:  
 10 Q. With the date stamp?  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. And if you wanted to send any communication  
 15 yourself to somebody in relation to this and  
 16 didn't want it opened by anybody except the  
 17 person you addressed it to -  
 18 DR. WILLIAMS:  
 19 A. We'd mark "confidential" on the envelope.  
 20 COFFEY, Q.C.:  
 21 Q. With the expectation -  
 22 DR. WILLIAMS:  
 23 A. That it would be opened by the addressee only.  
 24 COFFEY, Q.C.:  
 25 Q. Okay. Now, here in this communication,

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1 Doctor, in the middle of June, Dr. Cook writes  
 2 "further to my letter of May 24, 2005, we  
 3 reviewed reports of the estrogen and  
 4 progesterone receptors in 160 breast cancer  
 5 patients that originated from the division of  
 6 anatomical pathology, lab medicine program at  
 7 the Health Care Corporation of St. John's.  
 8 These 160 cases are also confined to patients  
 9 and attending surgeons within the Health Care  
 10 Corporation of St. John's. Of the 160 cases  
 11 that have estrogen and progesterone receptors,  
 12 50 percent of these are reported as ER/PR  
 13 negative. This is following a preliminary  
 14 review of the pathology reports. It also  
 15 seems that most of the negative ER/PR results  
 16 started some time around June 24, 2002. We  
 17 are in the process of retesting all negative  
 18 ER/PR cases with our newer more sensitive  
 19 Ventana benchmarking immunoperoxidase method  
 20 for the year 2002. We also need to retest  
 21 cases that are outside the confines of the  
 22 Health Care Corporation of St. John's and I've  
 23 recently a memo to all lab directors across  
 24 the province asking them to refer ER/PR  
 25 negative 2002 cases back to the division for

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1 retesting. On the surface, a negative rate of  
 2 50 percent, though not the greatest, is not  
 3 too bad when you compare a 60 percent positive  
 4 and 40 percent negative rate according to  
 5 figures provided by Dr. Joy McCarthy. We also  
 6 need to correlate these figures more with our  
 7 population. There may very well be a large  
 8 number of women who have high grade lesions  
 9 who would normally be negative for estrogen  
 10 and progesterone receptors. We also have  
 11 cases that are ER/PR negative for 1999 and  
 12 2000 and have converted falling testing with  
 13 the new Ventana system. These are specific  
 14 cases that are identified and are requested  
 15 for retesting by the oncologists. If the  
 16 receptors have converted on retesting, the  
 17 referring oncologist is notified and an  
 18 addendum report is issued. In regards to the  
 19 large number of cases for the year 2002, a  
 20 list of patients who have converted with the  
 21 newer methodology are forwarded to Dr. Joy  
 22 McCarthy. I had informed Dr. Gardiner of the  
 23 situation on May 25, 2005 and updated him on  
 24 June 8, 2005. There is also significant  
 25 communication between ourselves and the

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1 oncologists regarding this issue. I will keep  
 2 you updated as more information becomes  
 3 available. Sincerely, Don Cook".  
 4 Now, Doctor, who is Dr. Gardiner?  
 5 DR. WILLIAMS:  
 6 A. Dr. Gardiner was the medical director of the  
 7 Cancer Clinic.  
 8 COFFEY, Q.C.:  
 9 Q. And what's first name?  
 10 DR. WILLIAMS:  
 11 A. Paul.  
 12 COFFEY, Q.C.:  
 13 Q. And did you have any conversations with Dr.  
 14 Gardiner around this time about this?  
 15 DR. WILLIAMS:  
 16 A. No, I did not. Dr. Gardiner was invited to  
 17 attend meetings subsequent -  
 18 COFFEY, Q.C.:  
 19 Q. Subsequent.  
 20 DR. WILLIAMS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. Okay. Now, in regards to the large number of  
 24 cases for the year 2002, a list of patients  
 25 who have converted with the newer methodology

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1 are forwarded to Dr. Joy McCarthy?  
 2 DR. WILLIAMS:  
 3 A. Um-hm.  
 4 COFFEY, Q.C.:  
 5 Q. Where had that idea originated?  
 6 DR. WILLIAMS:  
 7 A. I guess that would have originated with Dr.  
 8 Cook and Dr. McCarthy, so to make sure that  
 9 one person, I expect, from oncology is dealing  
 10 with one person in the lab basically or  
 11 probably two in the lab because I think Dr.  
 12 Carter would have been the major participant.  
 13 And I know she was a major participant in it.  
 14 COFFEY, Q.C.:  
 15 Q. And in the middle of the second paragraph on  
 16 the first page, he's written to you, "we also  
 17 have cases that are ER/PR negative for 1999  
 18 and 2000".  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. That's the reference you made earlier that  
 23 early on you -  
 24 DR. WILLIAMS:  
 25 A. Well, some time around this time.

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1 COFFEY, Q.C.:  
 2 Q. In June?  
 3 DR. WILLIAMS:  
 4 A. Yes, in June -  
 5 COFFEY, Q.C.:  
 6 Q. You understood from Dr. Cook that this  
 7 involved some patients from years other than  
 8 2002?  
 9 DR. WILLIAMS:  
 10 A. Yes, I would say it was around when I talked  
 11 to him on the phone before he left, probably  
 12 mid June. At that time too, we were expecting  
 13 a--Dr. Carter was involved in retesting a  
 14 large sample from 2002 when Dr. Cook was  
 15 leaving and I understood the results would be  
 16 available shortly.  
 17 COFFEY, Q.C.:  
 18 Q. And the reference to "these are"--that is  
 19 these, I presume, are the 1999/2000 cases  
 20 there -  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. - referred to--"are specific cases that are  
 25 identified and are requested for retesting by

1 the oncologists".

2 DR. WILLIAMS:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. What was your understanding about what was

6 going on there?

7 DR. WILLIAMS:

8 A. My understanding was that the oncologists were

9 looking at certain types of cancers that had a

10 high probability of being positive and they

11 just selected those, just for retesting, a

12 small number.

13 COFFEY, Q.C.:

14 Q. And they were identifying such patients from

15 years other than '02?

16 DR. WILLIAMS:

17 A. Yes.

18 COFFEY, Q.C.:

19 Q. And when you became aware that there were such

20 patients converting in other years, you

21 concluded what?

22 DR. WILLIAMS:

23 A. Well, I started to get alarmed that this was

24 probably a systemic problem. I had talked to

25 Dr. Cook and I knew that Dr. Carter was in the

1 period you might look and see what happened in

2 those three or four months. It mightn't

3 affect things very widely throughout the

4 system.

5 COFFEY, Q.C.:

6 Q. So, what sorts of things are you thinking

7 about there?

8 DR. WILLIAMS:

9 A. Well, maybe something happened, you know,

10 you'd have to investigate to find out, but it

11 might be just a confined problem that would be

12 limited, but when you take into consideration

13 some other patients then, that's what alarmed

14 me.

15 COFFEY, Q.C.:

16 Q. In the middle of the first paragraph of the

17 June 14 letter to you, it's referenced, the

18 sentence says, "it also seems that most of the

19 negative ER/PR results started some time

20 around June 24, 2002".

21 DR. WILLIAMS:

22 A. Yes.

23 COFFEY, Q.C.:

24 Q. Did you ever ask Dr. Cook about that?

25 DR. WILLIAMS:

1 middle of retesting a larger number of

2 patients. In the meantime, patients were

3 being notified by their oncologists and follow

4 up was taking place. And I wanted to wait

5 until we had a little bit more information

6 before I made a determination of what the next

7 step was.

8 COFFEY, Q.C.:

9 Q. Sir, you've earlier referred to initially

10 thinking about well, maybe it's a temporal

11 problem.

12 DR. WILLIAMS:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. Confined to 2002.

16 DR. WILLIAMS:

17 A. Yes.

18 COFFEY, Q.C.:

19 Q. What, if any, significance might that have?

20 DR. WILLIAMS:

21 A. Well, it might be just related to something

22 that happened in a period of time. The

23 problem might be confined to a short timeframe

24 that something happened. So, you have only

25 conversions says for a three or four month

1 A. Not at the time, but we did follow up and we

2 have documentation in there and I don't know

3 when I asked for that to be followed up, but

4 when we looked at the information, I don't

5 think that proved to be totally correct.

6 COFFEY, Q.C.:

7 Q. At the time you received this you didn't take

8 this up with Dr. Cook as to well, why are you

9 able to say, like, a particular day?

10 DR. WILLIAMS:

11 A. I took it up later.

12 COFFEY, Q.C.:

13 Q. Later, okay.

14 DR. WILLIAMS:

15 A. Okay. And we did go back and relook at 2002

16 because some people were saying that there was

17 no positive tests after a certain point in

18 2002 which was incorrect.

19 COFFEY, Q.C.:

20 Q. Who is the "some people"?

21 DR. WILLIAMS:

22 A. I don't know, I just--I can't tell you, but I

23 had reviewed and looked at.

24 COFFEY, Q.C.:

25 Q. Now, the reference in the end of the first



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1 paragraph, "do we also need to retest cases  
 2 outside the confines of the Health Care  
 3 Corporation" and him having recently sent a  
 4 memo to all lab directors across the province.  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. You, of course, had known about the memo going  
 9 out.  
 10 DR. WILLIAMS:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. Can you tell the Commissioner, please, in  
 14 relation to that, do you know--did you inquire  
 15 of Dr. Cook if he had contacted his  
 16 counterparts directly before sending that  
 17 memo?  
 18 DR. WILLIAMS:  
 19 A. I know Dr. Cook was phoning people during the  
 20 summer of 2005, at certain points, but I'm not  
 21 sure if he phoned them before he sent out the  
 22 letter. I can't answer that question.  
 23 COFFEY, Q.C.:  
 24 Q. So, how about you contacting your counterparts  
 25 in the other health authorities about this,

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1 did you do that at that point?  
 2 DR. WILLIAMS:  
 3 A. No, I did not do that at that point. I felt  
 4 Dr. Cook was dealing with the senior people in  
 5 the lab, at the other points, and I did not do  
 6 it at the time.  
 7 COFFEY, Q.C.:  
 8 Q. When was it you first contacted your  
 9 counterparts?  
 10 DR. WILLIAMS:  
 11 A. Well, we had our first meeting with the  
 12 medical directors in September.  
 13 COFFEY, Q.C.:  
 14 Q. And that would be -  
 15 DR. WILLIAMS:  
 16 A. Late September.  
 17 COFFEY, Q.C.:  
 18 Q. - later September.  
 19 DR. WILLIAMS:  
 20 A. That's the first meeting we had of medical  
 21 directors after we made a decision that this  
 22 was a major--after I had notified Mr. Tilley.  
 23 COFFEY, Q.C.:  
 24 Q. And you notified Mr. Tilley, I believe on July  
 25 8.

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1 DR. WILLIAMS:  
 2 A. June, July 8, sorry, yes.  
 3 COFFEY, Q.C.:  
 4 Q. At least that's what Mr. Tilley has told us.  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. So, are you able to explain to the  
 9 Commissioner, offer any reason why it was only  
 10 at the end of September that you actually  
 11 contacted your fellow counterparts about this?  
 12 DR. WILLIAMS:  
 13 A. I thought -  
 14 COFFEY, Q.C.:  
 15 Q. Why the delay?  
 16 DR. WILLIAMS:  
 17 A. Yes. I knew that Dr. Cook had notified the  
 18 senior people in the lab and had contacted  
 19 them by phone and phoned them because there is  
 20 some notes that he did phone out. Also, after  
 21 June 8, I knew that the CEOs and the Deputy  
 22 Minister would meet every couple of weeks as  
 23 these new organizations were being set up.  
 24 So, maybe I thought that they were doing it.  
 25 And I didn't make a conscious decision not to

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1 phone my counterparts. I just, I guess I  
 2 didn't sit down and say, should I phone my  
 3 counterparts because I don't know if it  
 4 crossed my mind that that needed to be done if  
 5 these other contacts were made.  
 6 COFFEY, Q.C.:  
 7 Q. You don't recall that ever actually crossing  
 8 your mind?  
 9 DR. WILLIAMS:  
 10 A. No, I don't recall it crossing my mind that I  
 11 had should do it. The first meeting face to  
 12 face with them, I did provide a full briefing  
 13 on it.  
 14 COFFEY, Q.C.:  
 15 Q. If we could, please, Exhibit P-0494. Now, is  
 16 a two-page letter, it's on Central West Health  
 17 Corporation letterhead dated June 29, 2005.  
 18 It refers to Dr. Barry Dyer or Mr. Barry Dyer,  
 19 Department of Pathology. It's re: "negative  
 20 ER/PR receptors 2002" and it says, "as per the  
 21 memo from Dr. Don Cook dated June 14, 2005  
 22 enclosed are our negative ER/PR cases for 2002  
 23 on the following patients" and there's a  
 24 number of patients listed there. There are  
 25 numbers there which signify that it is the

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1 year '02, each of those patients. And it  
 2 continues on to the second page. Were you  
 3 notified by anyone within the General Hospital  
 4 that Dr. Dalton had sent in his samples from  
 5 '02?  
 6 DR. WILLIAMS:  
 7 A. At some stage--there's notes in the meetings  
 8 that they were received, my notes.  
 9 COFFEY, Q.C.:  
 10 Q. Yes.  
 11 DR. WILLIAMS:  
 12 A. 2002 received from Grand Falls, there's  
 13 something in there.  
 14 COFFEY, Q.C.:  
 15 Q. Sure.  
 16 DR. WILLIAMS:  
 17 A. Who told me, I'm not sure.  
 18 COFFEY, Q.C.:  
 19 Q. Do you recall when it was that the next round  
 20 of tissue samples came in? Dr. Dalton had his  
 21 in before the end of June.  
 22 DR. WILLIAMS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. Do you recall when the others came in, first

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1 came?  
 2 DR. WILLIAMS:  
 3 A. No, I'd have to look at my notes. I know I  
 4 was phoning Mr. Gulliver and getting updates  
 5 on how our samples were being prepared and  
 6 sent out. He did reference--I'm pretty sure  
 7 there's a reference there to the 2002.  
 8 There's a reference there to other years  
 9 coming in from Carbonear and James Paton  
 10 Memorial Hospital in Gander for years other  
 11 than 2002 which would be the second issue.  
 12 COFFEY, Q.C.:  
 13 Q. Sure. Do you recall whether or not there were  
 14 any--were you made aware of any contact or  
 15 feedback from the other health authorities to  
 16 Dr. Cook's letter to all these lab directors  
 17 of June 14, 2005? I mean, there's a letter  
 18 goes out saying, send us in all your 2002  
 19 samples -  
 20 DR. WILLIAMS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. - and refers to most of these false negatives  
 24 have occurred during the year 2002, in his  
 25 letter to all these other lab directors. Were

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1 you ever advised that there was any feedback  
 2 or questions arising out of the other health  
 3 authorities in June or July or August?  
 4 DR. WILLIAMS:  
 5 A. I may have been, but I didn't write anything  
 6 down. To answer the question, I don't  
 7 recollect anything specific. There may be--I  
 8 think Dr. Cook mentioned he had some  
 9 discussions with Dr. Neil out in Corner Brook,  
 10 but I wouldn't remember what the details were.  
 11 COFFEY, Q.C.:  
 12 Q. If we could, please, Exhibit P-0495, actually-  
 13 -yes, P0495. Now, this is a three-page  
 14 exhibit. The coverpage is a fax transmission  
 15 sheet, June 30, '05. It's from Judy and she's  
 16 got--after, it's for Dr. Bev Carter. It's  
 17 indicated to be--I said three, it's actually  
 18 four pages, the exhibit is. And it just says,  
 19 "as requested".  
 20 DR. WILLIAMS:  
 21 A. Um-hm.  
 22 COFFEY, Q.C.:  
 23 Q. So, had you--and if we look at the second page  
 24 of this, it's a letter dated June 29, 2005  
 25 addressed to Dr. Joy McCarthy, the

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1 Bliss Murphy Cancer Centre. And the text just  
 2 simply says, "as per our previous discussions,  
 3 repeat estrogen receptor and progesterone  
 4 receptors have been carried out on the  
 5 following patients. Initially they identified  
 6 it as estrogen receptor negative. The results  
 7 are as follows", and there is a list of a  
 8 number of patient names, MCP numbers, of  
 9 course the names and MCP numbers are redacted,  
 10 surgical numbers, estrogen receptor status and  
 11 progesterone receptor status and it continues  
 12 on into the third page. And Dr. Carter  
 13 concludes with "thank you for your attention  
 14 in this matter. Yours sincerely". How was it  
 15 you came to request this?  
 16 DR. WILLIAMS:  
 17 A. That's a question I've asked myself, why I  
 18 requested it. Whether, at that time I decided  
 19 I'd follow with Dr. Carter in Dr. Cook's  
 20 absence, I'm not sure why I requested it.  
 21 COFFEY, Q.C.:  
 22 Q. How would you have known that it was even  
 23 being sent on that day or had been sent -  
 24 DR. WILLIAMS:  
 25 A. I'm not sure.

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1 COFFEY, Q.C.:

2 Q. - day that -

3 DR. WILLIAMS:

4 A. Yeah, I'm not sure.

5 COFFEY, Q.C.:

6 Q. If we could look, please, at Exhibit P-0496.

7 And this particular letter is on Health Care

8 Corporation of St. John's letterhead. It is,

9 in effect, I gather the same letter,

10 Commissioner. And you'll note, for the sake

11 of those looking at the screen here that the

12 exhibit is, in fact, page 2 and 3 are

13 reversed. It's the same letter except that

14 here now--rearrange it in my own binder here.

15 If you just look at page, the third page, not-

16 -of the original letter, which is right, it

17 says, "Thank you for your attention in this

18 matter." At the bottom of the page. "Yours

19 sincerely, Dr. Beverley Carter." And then

20 there's a place for--and then Dr. Donald Cook,

21 and both appear to have signed this. See

22 that?

23 DR. WILLIAMS:

24 A. Um-hm.

25 COFFEY, Q.C.:

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1 Q. If we could look back, please, at Exhibit P-

2 0495? And look at the third page of that

3 letter which is unsigned. There's a space for

4 Dr. Carter's signature. There's no reference

5 here to Dr. Cook, is there?

6 DR. WILLIAMS:

7 A. No.

8 COFFEY, Q.C.:

9 Q. No. Do you know, were you aware of how that,

10 Dr. Cook's name got added to the one that

11 actually went out?

12 DR. WILLIAMS:

13 A. Well, sure. Dr. Cook was away at the time

14 when this went out, so he wouldn't have been

15 here to sign it.

16 COFFEY, Q.C.:

17 Q. So -

18 DR. WILLIAMS:

19 A. I guess Dr. Carter wanted him to sign it

20 because it was, you know, significant changes

21 and as clinical chief--I'd have to ask why

22 that was done that way.

23 COFFEY, Q.C.:

24 Q. Okay. Were you made aware that it was being

25 done at the time? I can ask, I will be asking

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1 them about why, but were you made aware at the

2 time?

3 DR. WILLIAMS:

4 A. I'm not sure I have a copy, I'm not sure. At

5 that time I would have acted on the basis of

6 what I had on the 30th of June, to be honest

7 with you.

8 COFFEY, Q.C.:

9 Q. Yes. And that's the one that you had Exhibit

10 P-0495 that you had requested but you can't

11 recall why you did?

12 DR. WILLIAMS:

13 A. I don't recall why I requested it, other than

14 maybe I'd been thinking about it and hadn't

15 got anything and phoned over, found out that

16 there was something released, something

17 available so I got a copy of it. I'm not

18 sure, I can't be sure, Mr. Coffey, about that.

19 COFFEY, Q.C.:

20 Q. Because at that point in time, just on that

21 point, I take it Dr. Cook was away on June

22 29th on vacation?

23 DR. WILLIAMS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. So the exhibit he signed -

2 DR. WILLIAMS:

3 A. Would have been signed later when he got back.

4 COFFEY, Q.C.:

5 Q. 0496 to be sent out. So that, with his

6 signature on it, wouldn't have been available

7 on the 29th?

8 DR. WILLIAMS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. Of June. So in any case, you did get an

12 unsigned copy?

13 DR. WILLIAMS:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. Draft in the name of Dr. Carter?

17 DR. WILLIAMS:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. Now, having received that did you do any

21 calculations at the time as to how many of

22 these had--you would have understood all these

23 were originally negatives?

24 DR. WILLIAMS:

25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. As originally reported. Did you do any

3 calculation as to how many had now converted

4 to positive?

5 DR. WILLIAMS:

6 A. I think it was 16 to 25, that's -

7 COFFEY, Q.C.:

8 Q. Sixteen to twenty-five, yes.

9 DR. WILLIAMS:

10 A. Yes.

11 COFFEY, Q.C.:

12 Q. Which is 64 percent?

13 DR. WILLIAMS:

14 A. Yes. Now, that was a selected, selected

15 cases. Some of those were from different

16 years that were selected on the basis that

17 they probably would be positive.

18 COFFEY, Q.C.:

19 Q. And in terms of -

20 DR. WILLIAMS:

21 A. If we went -

22 COFFEY, Q.C.:

23 Q. Sorry.

24 DR. WILLIAMS:

25 A. - back and checked people who had high-grade

Page 110

1 tumors, we wouldn't expect any of them to turn

2 positive, so you're selecting out a certain

3 group, yes. So that would make a difference

4 in the conclusions you could draw.

5 COFFEY, Q.C.:

6 Q. Sure.

7 DR. WILLIAMS:

8 A. But the conclusions I drew at the time was

9 that we had a problem in 2002, but it looked

10 like we had a problem in other years and that

11 was a systemic issue and that's when I phoned

12 Mr. Tilley and said we have a major problem

13 here.

14 COFFEY, Q.C.:

15 Q. Okay. Now, this, in particular looking at

16 Exhibit P-0495, which you apparently had on

17 June 30th, the first page, six patients'

18 results reported, three of them are '02

19 samples and I gather that three of them are

20 from other years, two from '01 and one from

21 1999?

22 DR. WILLIAMS:

23 A. And I thought at the end of the day there was

24 six or seven of those that were other years.

25 And those 16 conversions encompassed the ones

Page 111

1 Dr. Cook was talking about earlier, so they

2 weren't 16, all 16 new ones, they were the

3 total that had converted at that time except

4 for the sentinel case. That's my

5 understanding. So there would have been 17,

6 really, yes, at the time.

7 COMMISSIONER:

8 Q. Just to make sure I understand the point

9 you're making, by this date you would have

10 understood that, in fact, 26 people had been

11 retested if you include the index case?

12 DR. WILLIAMS:

13 A. Yes.

14 COMMISSIONER:

15 Q. And 17 people would have been converted?

16 DR. WILLIAMS:

17 A. Yes.

18 COMMISSIONER:

19 Q. If you include the index case?

20 DR. WILLIAMS:

21 A. Yes.

22 COMMISSIONER:

23 Q. While the initial discussion had been in terms

24 of doing people who were within '02?

25 DR. WILLIAMS:

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1 A. Yes, other patients, as well.

2 COMMISSIONER:

3 Q. Other patients had been included on a selected

4 basis because of the nature of the cancer that

5 they had?

6 DR. WILLIAMS:

7 A. Correct.

8 COMMISSIONER:

9 Q. And was it the fact that those people outside

10 of the year '02 had converted that lead you to

11 believe the problem was wider and therefore

12 you had to go further afield?

13 DR. WILLIAMS:

14 A. Yes.

15 COMMISSIONER:

16 Q. Okay.

17 DR. WILLIAMS:

18 A. Because it would be hard to ignore -

19 COMMISSIONER:

20 Q. That number?

21 DR. WILLIAMS:

22 A. - conversions outside that, yes.

23 COMMISSIONER:

24 Q. Okay.

25 COFFEY, Q.C.:

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1 Q. And you mean by it would be hard to ignore,  
 2 you couldn't ignore?  
 3 DR. WILLIAMS:  
 4 A. Well, you couldn't ignore, you couldn't ignore  
 5 it, yes.  
 6 COFFEY, Q.C.:  
 7 Q. As a practical matter.  
 8 DR. WILLIAMS:  
 9 A. Yeah. We shouldn't say, well, it's only a  
 10 problem in 2002. I looked at it, is this a  
 11 systemic problem that was outside that  
 12 temporal time frame and -  
 13 COFFEY, Q.C.:  
 14 Q. You've indicated that having gotten that June,  
 15 the fax of June 30th by Dr.--the draft of Dr.  
 16 Carter's letter?  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. June 29th and looked at the data in it, you  
 21 decided to contact Mr. Tilley about it?  
 22 DR. WILLIAMS:  
 23 A. Yes. Now, I can't say what happened in those  
 24 intervening days.  
 25 COFFEY, Q.C.:

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1 Q. Sure.  
 2 DR. WILLIAMS:  
 3 A. But I did -  
 4 COFFEY, Q.C.:  
 5 Q. Why hadn't you contacted Mr. Tilley about it  
 6 before?  
 7 DR. WILLIAMS:  
 8 A. I didn't think I had enough information to  
 9 tell him, you know, here's how widespread this  
 10 problem is and here's what we have to do. I  
 11 was working with Dr. Cook at the time and  
 12 working with the oncologists to define the  
 13 extent of the problem. There was a lot of  
 14 other things going on in Mr. Tilley's agenda  
 15 and mine and I wanted to make sure we defined  
 16 the problems a bit better. Testing was going  
 17 on, patients were being notified as tests came  
 18 back. And it was a decision I made, I have  
 19 to, you know, take responsibility for that  
 20 decision.  
 21 COFFEY, Q.C.:  
 22 Q. Yeah.  
 23 DR. WILLIAMS:  
 24 A. And I made that determination and notified Mr.  
 25 Tilley.

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1 COFFEY, Q.C.:  
 2 Q. Just so Commissioner is, you know, has a clear  
 3 picture of this, your understanding, I take  
 4 it, had been that certainly the index case  
 5 back in -  
 6 DR. WILLIAMS:  
 7 A. 2002, yes.  
 8 COFFEY, Q.C.:  
 9 Q. - 2002, but back in April of '05 that she had  
 10 been retested in April of '05, did you  
 11 understand -  
 12 DR. WILLIAMS:  
 13 A. No, I thought it was May.  
 14 COFFEY, Q.C.:  
 15 Q. Oh, May, okay. And anyway, in May of '05  
 16 certainly an index case had been retested.  
 17 DR. WILLIAMS:  
 18 A. Um-hm.  
 19 COFFEY, Q.C.:  
 20 Q. Did you understand back in May that she was  
 21 actually told about the retest, the fact of  
 22 the results?  
 23 DR. WILLIAMS:  
 24 A. I understood that that patient, when I was  
 25 told in May, that that patient had been

Page 116

1 notified. That's what my understanding was.  
 2 COFFEY, Q.C.:  
 3 Q. At that point did you know who the patient  
 4 was?  
 5 DR. WILLIAMS:  
 6 A. At some time I knew who the patient was.  
 7 COFFEY, Q.C.:  
 8 Q. Well -  
 9 DR. WILLIAMS:  
 10 A. But I don't know if it was then.  
 11 COFFEY, Q.C.:  
 12 Q. Okay. How early on in this did you learn who  
 13 the index patient was?  
 14 DR. WILLIAMS:  
 15 A. I can't--I didn't make a note on it, so I  
 16 can't recall and I didn't look at it as an  
 17 important issue of who the patient was, it was  
 18 a patient.  
 19 COFFEY, Q.C.:  
 20 Q. Okay.  
 21 DR. WILLIAMS:  
 22 A. Who the patient was wasn't, in my view, an  
 23 important issue. Who the patient was--the  
 24 fact that we had a patient and I wanted--you  
 25 know, that the patient was being followed up

Page 117

1 on appropriately by the oncologists. But I  
 2 knew, at some stage I knew who the patient  
 3 was, yes.  
 4 COFFEY, Q.C.:  
 5 Q. And just while this crosses my mind, when was  
 6 it that you first met with the oncologists,  
 7 face to face with them?  
 8 DR. WILLIAMS:  
 9 A. I think it was when we started to set up the  
 10 series of meetings.  
 11 COFFEY, Q.C.:  
 12 Q. That would be in July?  
 13 DR. WILLIAMS:  
 14 A. Yes, I think.  
 15 COFFEY, Q.C.:  
 16 Q. '05?  
 17 DR. WILLIAMS:  
 18 A. Now, I might have seen Dr. Laing or Dr.  
 19 McCarthy before that, I'm not sure, or talked  
 20 to them on the phone.  
 21 COFFEY, Q.C.:  
 22 Q. Okay.  
 23 DR. WILLIAMS:  
 24 A. But sitting down face to face with all the  
 25 participants would have been July. I had

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1 understood that Dr. Carter and Dr. Cook and  
 2 Dr. McCarthy and Dr. Laing were working  
 3 closely together on this, so that was my  
 4 understanding.  
 5 COFFEY, Q.C.:  
 6 Q. In fact, the May 24th letter refers to such a  
 7 meeting where Doctors Laing and McCarthy were  
 8 there.  
 9 DR. WILLIAMS:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. Can you tell the Commissioner why it was not  
 13 until, really, July that you actually sat down  
 14 and had a face to face with, you know, the  
 15 primary oncologists involved in this?  
 16 DR. WILLIAMS:  
 17 A. Well, because I felt that the people, senior  
 18 people in the lab, the senior people in  
 19 oncology were working together in tandem,  
 20 moving things forward as they felt  
 21 appropriately based on the situation and it  
 22 was then after we notified everybody and we  
 23 looked--we knew by that time we had a much  
 24 wider problem, that we needed to sit down with  
 25 everybody and plan how we were going to deal

Page 119

1 with it.  
 2 COFFEY, Q.C.:  
 3 Q. Now, back in May the index patient, you  
 4 understood had been told, and you understood  
 5 it was me (phonetic) -  
 6 DR. WILLIAMS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. - at the time. May 24 you were advised in  
 10 that letter by Dr. Cook there was a second  
 11 patient that he had retested?  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. And that person had converted. Did you have  
 16 any understanding as to whether or not that  
 17 patient had been informed?  
 18 DR. WILLIAMS:  
 19 A. My understanding was that the oncologists  
 20 would be notified if something--Dr. Cook says  
 21 it in the letter. And my understanding was  
 22 that then the patient would be notified. I  
 23 didn't operate under the presumption that  
 24 people would not be notified. If you're going  
 25 to retest somebody, then you wouldn't retest

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1 them if you weren't going to notify them to  
 2 follow up.  
 3 COFFEY, Q.C.:  
 4 Q. Now, when we look at this, page 2 of Exhibit  
 5 P-0495, as you told us, there are actually 25  
 6 patients listed here, correct?  
 7 DR. WILLIAMS:  
 8 A. Um-hm.  
 9 COFFEY, Q.C.:  
 10 Q. If this letter is reporting by June 29th,  
 11 2005, I take it that would you have understood  
 12 that all, any patient here who converted  
 13 probably was retested sometime in June or back  
 14 in May?  
 15 DR. WILLIAMS:  
 16 A. No, I would have known they were retested in--  
 17 some were retested earlier.  
 18 COFFEY, Q.C.:  
 19 Q. Yes.  
 20 DR. WILLIAMS:  
 21 A. The last number, those 25, would have been  
 22 retested at that time.  
 23 COFFEY, Q.C.:  
 24 Q. What time are we talking about?  
 25 DR. WILLIAMS:

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1 A. I would have thought it was just before the  
 2 reports were released, that's my  
 3 understanding. And that no follow up would  
 4 take place until the oncologists would have a  
 5 copy of the report. So I thought the  
 6 oncologists would take, for the new tests that  
 7 had come back, would take their cue from this  
 8 report.  
 9 COMMISSIONER:  
 10 Q. Sorry, which report?  
 11 DR. WILLIAMS:  
 12 A. The one on the 30th of June.  
 13 COMMISSIONER:  
 14 Q. Oh, okay.  
 15 COFFEY, Q.C.:  
 16 Q. The one that you received then June 30th?  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Dated June 29th. And the actual signed one,  
 21 which is Exhibit P-0496, signed by Doctors  
 22 Carter and Cook you say must have been signed  
 23 sometime later because Dr. Cook wasn't around  
 24 at that -  
 25 DR. WILLIAMS:

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1 A. That's correct.  
 2 COFFEY, Q.C.:  
 3 Q. On June 29th. So just so I'm--you're sitting  
 4 there on June 30th with your--the fax, public  
 5 draft of a letter, actually, the June 29th  
 6 letter. Your understanding at that point was  
 7 what in terms of all the patients listed  
 8 there, 16 who were converted, had they, at  
 9 that point, been notified?  
 10 DR. WILLIAMS:  
 11 A. I didn't think all of them had been notified,  
 12 no.  
 13 COFFEY, Q.C.:  
 14 Q. Did you understand any of them had been  
 15 notified other--because the index patient is  
 16 not amongst those?  
 17 DR. WILLIAMS:  
 18 A. No. I understood that, I would certainly have  
 19 understood that the five or six patients that  
 20 I knew about converted earlier in June had  
 21 been notified or were in the process of being  
 22 notified.  
 23 COFFEY, Q.C.:  
 24 Q. And you understood that was being done through  
 25 their oncologists?

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1 DR. WILLIAMS:  
 2 A. That's my understanding at the time.  
 3 COFFEY, Q.C.:  
 4 Q. And you would have gotten that understanding  
 5 from?  
 6 DR. WILLIAMS:  
 7 A. Oh, from the letters from Dr. Cook and maybe  
 8 some discussion I had with him.  
 9 COFFEY, Q.C.:  
 10 Q. Okay. So then going into early--before you  
 11 contacted Mr. Tilley, I take it that you had  
 12 understood then for four or five weeks -  
 13 DR. WILLIAMS:  
 14 A. That some patients -  
 15 COFFEY, Q.C.:  
 16 Q. Some patients -  
 17 DR. WILLIAMS:  
 18 A. A small number of patients had been notified,  
 19 yes.  
 20 COFFEY, Q.C.:  
 21 Q. Was there ever any concern on your part during  
 22 those four or five weeks that those patients,  
 23 that that might become public knowledge?  
 24 DR. WILLIAMS:  
 25 A. When you notify a patient, it could become

Page 124

1 public knowledge, yes.  
 2 COFFEY, Q.C.:  
 3 Q. But were you aware of that at the time, I  
 4 mean, did it actually cross your mind at the  
 5 time, do you know?  
 6 DR. WILLIAMS:  
 7 A. When I got this second report on June 30th, it  
 8 crossed my mind, yes.  
 9 COFFEY, Q.C.:  
 10 Q. Okay. Certainly at that point when you see so  
 11 many patients listed out?  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. And the oncologists, you certainly understood  
 16 then that there was a large group of--well, 16  
 17 patients?  
 18 DR. WILLIAMS:  
 19 A. Yeah.  
 20 COFFEY, Q.C.:  
 21 Q. Those of the 16 who didn't already know were  
 22 about to be notified?  
 23 DR. WILLIAMS:  
 24 A. Well, I would understand that over the next  
 25 few weeks they'd be, would have--the process

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1 would have been in place to contact them, yes.  
 2 COFFEY, Q.C.:  
 3 Q. And then in that context the idea that it  
 4 might become public because those patients  
 5 were being notified, that prompted you, it was  
 6 one of the considerations prompted you to  
 7 contact Mr. Tilley about it?  
 8 DR. WILLIAMS:  
 9 A. No, the primary reason to contact Mr. Tilley,  
 10 in my mind, was because I felt at that time we  
 11 had a major systemic problem and we needed to  
 12 apply, I guess, all our resources and heads to  
 13 determine how we were going to deal with it.  
 14 At the time I phoned Mr. Tilley, really, I was  
 15 feeling that this is probably going to be the  
 16 biggest kind of challenge that Eastern Health  
 17 is ever going to face or any health  
 18 organization is ever going to face. When you  
 19 have a potential for--because we hadn't  
 20 started the retesting in any great extent then  
 21 beyond 2002.  
 22 COFFEY, Q.C.:  
 23 Q. Okay.  
 24 DR. WILLIAMS:  
 25 A. But with a number of patients converting from

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1 other years, it was my expectation that we  
 2 would have conversions from those other years.  
 3 COFFEY, Q.C.:  
 4 Q. So did the fact that it might inadvertently  
 5 become public knowledge in the sense of some  
 6 patient or their relative might, who had  
 7 converted might have contacted, did that play  
 8 any part in your decision to contact Mr.  
 9 Tilley?  
 10 DR. WILLIAMS:  
 11 A. Would have played some part, sure. The major  
 12 reason I contacted Mr. Tilley was because of  
 13 the significance of it, but the issue of this  
 14 becoming a public knowledge would have played  
 15 a part in it, yes.  
 16 COFFEY, Q.C.:  
 17 Q. Doctor, on this point, because, I mean, you'd  
 18 been carrying around this information  
 19 certainly since your phone call from Dr. Cook  
 20 back in May?  
 21 DR. WILLIAMS:  
 22 A. Um-hm.  
 23 COFFEY, Q.C.:  
 24 Q. Initial one and May 25th when you got his May  
 25 24th letter, I believe you--I understand you

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1 spoke to Mr. Tilley first on July 7th,  
 2 probably, at least that's his -  
 3 DR. WILLIAMS:  
 4 A. Yeah. Mine is July 8th.  
 5 COFFEY, Q.C.:  
 6 Q. Okay, you have a note July 8th?  
 7 DR. WILLIAMS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. And I appreciate that. And he has a telephone  
 11 log of July 7th.  
 12 DR. WILLIAMS:  
 13 A. Well, okay.  
 14 COFFEY, Q.C.:  
 15 Q. But -  
 16 DR. WILLIAMS:  
 17 A. It could have been July 7th, sure.  
 18 COFFEY, Q.C.:  
 19 Q. Doctor, on that point, like in that  
 20 intervening time frame in relation to this  
 21 matter, how did you feel about it at the time  
 22 in the sense of was it a burden to you?  
 23 DR. WILLIAMS:  
 24 A. Yes, you know it was a burden.  
 25 COFFEY, Q.C.:

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1 Q. Right. And this is in terms of if you could  
 2 explain to the Commissioner in terms of, you  
 3 know, as time went on, as best you can recall,  
 4 up to that point when you finally were able to  
 5 tell Mr. Tilley.  
 6 DR. WILLIAMS:  
 7 A. Yeah. It was a burden on me, really, from--I  
 8 was hoping that, you know, probably we'd--it'd  
 9 be confined. When I realized it was certainly  
 10 systematic--it was a burden on me from the  
 11 time we started discussing it in May,  
 12 obviously, and it stayed a burden on me until  
 13 October, early October when it broke in the  
 14 media, personally.  
 15 COFFEY, Q.C.:  
 16 Q. And why is that, when it broke in the media,  
 17 and, I think, to be fair, yesterday, I believe,  
 18 before or during one of the breaks you spoke  
 19 about the fact that this still affects you?  
 20 DR. WILLIAMS:  
 21 A. Yes, sure.  
 22 COFFEY, Q.C.:  
 23 Q. In a conversation. What happened--so I gather  
 24 from a remark you made yesterday, I supposed  
 25 it's a private conversation, but you did say



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1 you're still burdened by this?

2 DR. WILLIAMS:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. What, if anything, then happened in October of

6 '05, it didn't change the burden but

7 something--it went public, I take it?

8 DR. WILLIAMS:

9 A. Yes.

10 COFFEY, Q.C.:

11 Q. And what, if any, relief did you get from

12 that?

13 DR. WILLIAMS:

14 A. Well, I got some personally that it was out

15 and it was public and we could address it in

16 the public sense.

17 COFFEY, Q.C.:

18 Q. Okay.

19 DR. WILLIAMS:

20 A. That's a personal issue for me.

21 COFFEY, Q.C.:

22 Q. Yes, sure.

23 DR. WILLIAMS:

24 A. It's not -

25 COFFEY, Q.C.:

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1 Q. And with respect to the larger underlying

2 issue in terms of the effect on the patients,

3 can you tell the Commissioner now, like, even

4 today, what the effect on you is?

5 DR. WILLIAMS:

6 A. Well, I can never forget it. It just, it's

7 with you all the time. I was ruminating on it

8 after I left the organization and that's why I

9 wrote Dr. Howell in December of 2006 with

10 some--I had given it some thought after I had

11 left and I thought there was another couple of

12 issues, couple of bases that we should have

13 maybe touched and I wanted to make sure that I

14 got those points across again. I had a chance

15 to think about it in more detail and I was

16 really thinking about how we might prevent

17 this ever happening again in the lab or some

18 similar event in another part of the lab.

19 Even though I was confident in my own mind

20 from what I'd been told that we really

21 participated in all things from a quality

22 perspective and had done that for years in the

23 lab, in discussions I had had and in follow up

24 I had had and I had some discussions with the

25 Mount Sinai tech, too, after when she was

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1 here, and talking about the gold standard,

2 even though they participated in the College

3 of American Pathologists she felt that the

4 gold standard was the quality management

5 program that they had for labs in Ontario.

6 And they had it for a specific reason, because

7 there was a lot of private labs in Ontario.

8 So I felt that based upon what you see we done

9 before and followed up with Dr. Richardson

10 before the tech came down and my discussions

11 with Trish Wegrynowski we--she brought forward

12 the standards they had in Ontario and she felt

13 that they were hired in the College of

14 American Pathologists and this type of thing

15 for their labs. So I felt that was a good

16 place to start and that if we got enrolled--

17 I'm not talking about our lab, I'm talking

18 about all the labs in the province would

19 probably benefit from being enrolled in that

20 program.

21 COFFEY, Q.C.:

22 Q. And your interest in that, in fact, I gather,

23 where you wrote a letter in December of '06 to

24 Mr. Tilley, in fact, continued after you -

25 DR. WILLIAMS:

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1 A. To Dr. Howell, I asked Dr. Howell -

2 COFFEY, Q.C.:

3 Q. - I apologize, Dr. Howell -

4 DR. WILLIAMS:

5 A. - if I should send it to Mr. Tilley or himself

6 and if we talk to Mr. Tilley about it and he

7 said send it to him, that Mr. Tilley had a lot

8 of things on his plate and he'd pick the right

9 time to follow up with him on it. So that's

10 why I addressed it to Dr. Howell.

11 COFFEY, Q.C.:

12 Q. But you took it upon yourself to do so even

13 after you had left the organization?

14 DR. WILLIAMS:

15 A. Yes.

16 COFFEY, Q.C.:

17 Q. It followed you out?

18 DR. WILLIAMS:

19 A. Yeah, it followed me out. And I continued on

20 think about it and wanted to sort of make a

21 couple of recommendations. Another

22 recommendation was one that Dr. Banerjee

23 alluded to and I didn't think we fully

24 addressed it and I made a recommendation as to

25 how I thought that should be addressed.

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1 COFFEY, Q.C.:

2 Q. Yes. If we could please, just before, one

3 more exhibit, P--500, please? Doctor, this is

4 again at--a copy of that June 29th, 2005

5 letter to Dr. McCarthy from--when we go to the

6 third page, this is again the listing of

7 patients, of the 25 patients whose, 16 of

8 whom's results had changed on retest. On the

9 third page it says here, "Thank you for your

10 attention in this matter. Yours sincerely,"

11 and signed, "Beverly Carter, MD." And then

12 out to the right-hand side it's, that would be

13 Donald Cook's signature?

14 DR. WILLIAMS:

15 A. Um-hm.

16 COFFEY, Q.C.:

17 Q. Dated July -

18 DR. WILLIAMS:

19 A. Looks like it, yes.

20 COFFEY, Q.C.:

21 Q. July 13th, 2005?

22 DR. WILLIAMS:

23 A. u

24 COFFEY, Q.C.:

25 Q. So this is another version of the same letter.

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1 Is it your understanding that that would be,

2 because it was -

3 DR. WILLIAMS:

4 A. I don't know whether I was copied on those,

5 I'm not sure.

6 COFFEY, Q.C.:

7 Q. Okay. On that point, this is what I -

8 DR. WILLIAMS:

9 A. I don't know if there's any difference.

10 COFFEY, Q.C.:

11 Q. Do you recognize the handwriting here?

12 DR. WILLIAMS:

13 A. That wouldn't be mine.

14 COFFEY, Q.C.:

15 Q. It's not yours. Do you recognize whose

16 handwriting it is?

17 DR. WILLIAMS:

18 A. No.

19 COFFEY, Q.C.:

20 Q. Thank you, Commissioner.

21 COMMISSIONER:

22 Q. Fifteen minutes.

23 (RECESS)

24 COMMISSIONER:

25 Q. Please be seated. Mr. Coffey.

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1 COFFEY, Q.C.:

2 Q. Thank you, Commissioner. If we could, please,

3 Doctor, the first note that you have, I take

4 it, of your own, is July 8th, 2005?

5 DR. WILLIAMS:

6 A. July 8th.

7 COFFEY, Q.C.:

8 Q. Yes. And I pointed out to you before the

9 break that Mr. Tilley has told the

10 Commissioner that was probably July 7th, at

11 least his notes indicate that he first spoke

12 to you about this?

13 DR. WILLIAMS:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. The day before. Do you recall was it a phone

17 call?

18 DR. WILLIAMS:

19 A. A phone call. I would have phoned Mr. Tilley.

20 COFFEY, Q.C.:

21 Q. And do you recall what it was you told him?

22 DR. WILLIAMS:

23 A. Well, I think I told him everything I knew at

24 the time.

25 COFFEY, Q.C.:

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1 Q. Okay.

2 DR. WILLIAMS:

3 A. But I said in my note, "I met earlier in day

4 with Dr. Cook and Mr. Gulliver," but I must

5 have been wrong on that because Dr. Cook

6 wasn't here, wasn't in the province. So I

7 don't--that -

8 COFFEY, Q.C.:

9 Q. That would be July 8th, your note of July 8th.

10 DR. WILLIAMS:

11 A. Yes. He wasn't here.

12 COFFEY, Q.C.:

13 Q. I'm just thinking to ask you--and you don't

14 have any--if you did call him on July 7th, you

15 don't have any -

16 DR. WILLIAMS:

17 A. No.

18 COFFEY, Q.C.:

19 Q. That's Mr. Tilley, you don't have a note of

20 that?

21 DR. WILLIAMS:

22 A. It's either I've got the date wrong or he's

23 got the date wrong. Could be me.

24 COFFEY, Q.C.:

25 Q. You finally decided, of course, to call Mr.

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1 Tilley. Do you recall how long the initial  
 2 phone call was?  
 3 DR. WILLIAMS:  
 4 A. I'm not sure of that. My recollection is that  
 5 I called him in the afternoon, that I would  
 6 have explained to him what we knew at the  
 7 time, that I would have explained to him that  
 8 I was very concerned, I expect, about the  
 9 extent of this and it was a major issue, and -  
 10 COFFEY, Q.C.:  
 11 Q. - that it involved other parts of the  
 12 province, would you have -  
 13 DR. WILLIAMS:  
 14 A. I would probably have told him that as well.  
 15 I would think that I would have told him that,  
 16 and that I felt that this was probably the  
 17 biggest challenge that Eastern Health was  
 18 going to face, and it would be--I don't know  
 19 at that time. I know at certain times I was  
 20 thinking that this would be a national issue.  
 21 Now that was my anticipation at the time and  
 22 that's what I felt, based on the information I  
 23 had at the time, that was going to happen and  
 24 that that's why I raised with Mr. Tilley what  
 25 I felt was the extent of the situation and

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1 that really, at this stage, we should say  
 2 something publicly that probably to the extent  
 3 that we'd uncovered a potential problem here.  
 4 We done some investigations and whatever we  
 5 were doing, we just say it publicly. I  
 6 didn't--I expect at the time I realized that  
 7 it would take some time to identify and do it  
 8 individually, so I was seeking, at that time,  
 9 some kind of a public statement that we had a  
 10 problem, maybe that we'd had some  
 11 investigations done. Some people had  
 12 converted and they were being followed up by  
 13 their doctors, and that we wanted to advise  
 14 people that when we identified who might be  
 15 retested that we'd be following up and  
 16 probably, at some stage, I think it says we  
 17 should have a hotline for people to phone in  
 18 on. That comes up three or four days, four or  
 19 five days later.  
 20 COFFEY, Q.C.:  
 21 Q. So by the time you first contacted Mr. Tilley  
 22 about this, whether it was July 7th or 8th,  
 23 you had given some thought to, from your  
 24 perspective, how this would--perhaps could  
 25 proceed in terms of how Eastern Health might

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1 handle it?  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. In terms of public -  
 6 DR. WILLIAMS:  
 7 A. And I had given a lot of thought to how big a  
 8 problem I perceived this to be and that it was  
 9 not just a provincial issue, but it would  
 10 become a national issue.  
 11 COFFEY, Q.C.:  
 12 Q. I was going to ask you about that. Why is  
 13 that? By that point in time, why did you feel  
 14 that way?  
 15 DR. WILLIAMS:  
 16 A. Because based upon the fact that we had  
 17 conversions from pretty well three or four  
 18 different years, that this was an important  
 19 test, ER/PR test, that people based treatment  
 20 decisions on and that it could affect, you  
 21 know, a number of people, not just 10 or 15 or  
 22 20 people, but I thought probably a hundred or  
 23 so, maybe a couple hundred possibly at the  
 24 time. That's why I felt it was a significant  
 25 issue, a sensitive issue, and that that's the

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1 attention that would be paid to it.  
 2 COFFEY, Q.C.:  
 3 Q. So that it would garner national attention?  
 4 DR. WILLIAMS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. Okay, not that the problem existed elsewhere  
 8 in Canada, but that it would garner -  
 9 DR. WILLIAMS:  
 10 A. Well, no, I wouldn't have thought that maybe I  
 11 knew, at that stage, how much--because it's  
 12 only after we started--even Heather Predham,  
 13 she started getting the literature out, that  
 14 we started to realize that, you know, this  
 15 could be a problem in other jurisdictions  
 16 because they found out it was a problem in the  
 17 United Kingdom and they set up a quality  
 18 program. There was some literature from the  
 19 U.S., especially from the person who was the  
 20 editor of the Journal of Oncology in the U.S.,  
 21 that why hasn't this surfaced in the U.S. as a  
 22 major issue, because the test is problematic.  
 23 COFFEY, Q.C.:  
 24 Q. And you first became aware of that, like the  
 25 European experience and at least some articles

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1 or publications in the U.S. addressing the  
 2 matter, you first became aware of that when?  
 3 Would that have been -  
 4 DR. WILLIAMS:  
 5 A. I would start we were starting to become aware  
 6 of that in mid July, that the articles -  
 7 COFFEY, Q.C.:  
 8 Q. In July.  
 9 DR. WILLIAMS:  
 10 A. - Heather was starting to research the  
 11 literature. Dr. Carter had given me an  
 12 article from the National Institute of Health  
 13 in the U.S. about this particular issue. So I  
 14 started to read those articles.  
 15 COFFEY, Q.C.:  
 16 Q. But at the point where you first spoke to Mr.  
 17 Tilley, your reference to it being a national  
 18 issue, I take it, was from your perspective  
 19 that it would garner national attention?  
 20 DR. WILLIAMS:  
 21 A. Because it was -  
 22 COFFEY, Q.C.:  
 23 Q. Because of the numbers potentially involved?  
 24 DR. WILLIAMS:  
 25 A. Yes. My feeling was that it was a serious

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1 problem.  
 2 COFFEY, Q.C.:  
 3 Q. Did you--and you conveyed that view to Mr.  
 4 Tilley?  
 5 DR. WILLIAMS:  
 6 A. I'm pretty sure, that this was a big problem,  
 7 and it surfaced again anyway, so I don't  
 8 think--if I didn't convey it to that extent  
 9 then, it certainly got conveyed through our  
 10 discussions.  
 11 COFFEY, Q.C.:  
 12 Q. Now having spoken to Mr. Tilley first about  
 13 this, what happened then? Did you meet with  
 14 him?  
 15 DR. WILLIAMS:  
 16 A. I recollect that Dr. Cook and myself, Ms.  
 17 Predham, and Mr. Gulliver, were asked to go to  
 18 a meeting in the corporate office. We went  
 19 out to a meeting in corporate office.  
 20 Normally, if we go out there, it would be to  
 21 meet with Mr. Tilley.  
 22 COFFEY, Q.C.:  
 23 Q. Yes.  
 24 DR. WILLIAMS:  
 25 A. But I'm not sure--certainly, us four were

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1 there and Susan Bonnell was there. I'm not  
 2 sure if Mr. Tilley intended to be there, but  
 3 something happened to prevent his being there,  
 4 but there was a discussion about this issue at  
 5 the time, and I didn't take any notes on that  
 6 meeting, so I can't give you any detail of  
 7 what was discussed, but I guess, the whole  
 8 scenario was discussed. I think the Dr.  
 9 Ejeckam memo surfaced at that meeting. That's  
 10 probably when I first saw them.  
 11 COFFEY, Q.C.:  
 12 Q. And you do have a note dated, I believe, July  
 13 8th, 2005.  
 14 DR. WILLIAMS:  
 15 A. Yes, I do.  
 16 COFFEY, Q.C.:  
 17 Q. And this is Exhibit P-0497, please? Now sir,  
 18 this is your handwritten -  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. - handwriting, and if we just go to -  
 23 DR. WILLIAMS:  
 24 A. Yes, that's the typed version.  
 25 COFFEY, Q.C.:

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1 Q. - page two of the exhibit, yes, and I do want  
 2 to thank you for this. You have provided,  
 3 through Mr. Simmons--I take it you've gone  
 4 through at least certain of your notes?  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. And -  
 9 DR. WILLIAMS:  
 10 A. All of the notes, and got them typed.  
 11 COFFEY, Q.C.:  
 12 Q. - and had them retyped and you're satisfied  
 13 that the typed version accords with what you -  
 14 DR. WILLIAMS:  
 15 A. Pretty well. There's some things that come  
 16 up. What is not correct there is that it  
 17 wouldn't have been Dr. Cook I talked to  
 18 earlier in the day, because he wasn't in the  
 19 province, and I'm not sure who that was, but  
 20 in any event, I phoned Mr. Tilley.  
 21 COFFEY, Q.C.:  
 22 Q. And do you recall--well, first of all, when  
 23 would you have written this note?  
 24 DR. WILLIAMS:  
 25 A. That note?

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1 COFFEY, Q.C.:

2 Q. Yes.

3 DR. WILLIAMS:

4 A. I would say that note was contemporaneously

5 with phoning Mr. Tilley.

6 COFFEY, Q.C.:

7 Q. And are you able to tell the Commissioner why

8 you would have then, if it was the same day,

9 why you would have referred to "met earlier in

10 the day with Dr. Cook and Mr. Gulliver"?

11 DR. WILLIAMS:

12 A. Well, the July 8th is the day, so I would have

13 said I met earlier in July 8th, on that day.

14 COFFEY, Q.C.:

15 Q. That's what I'm--"met earlier -

16 DR. WILLIAMS:

17 A. In the day

18 COFFEY, Q.C.:

19 Q. - in the day with Dr. Cook and Mr. Gulliver."

20 DR. WILLIAMS:

21 A. Yes, so I might have phoned Mr. Tilley at 4:00

22 in the afternoon, because it was late in the

23 afternoon. I might have met with Dr. Cook--I

24 was thinking it was Dr. Cook, and Mr. Gulliver

25 at 2:00 or something.

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1 COFFEY, Q.C.:

2 Q. But Dr. Cook wasn't -

3 DR. WILLIAMS:

4 A. No, so it must have been somebody else. I

5 must have had Dr. Cook on my mind or

6 something. I don't know why I would have said

7 that.

8 COFFEY, Q.C.:

9 Q. And in Dr. Cook's absence, you would have

10 been--the pathologist you would be dealing

11 with at that stage was Dr. Carter?

12 DR. WILLIAMS:

13 A. Would have been Dr. Carter. I don't know if I

14 phoned Dr. Carter or not. I can't be sure of

15 that. I may have, but certainly had the

16 information that her office provided me on the

17 retesting.

18 COFFEY, Q.C.:

19 Q. And here, there's reference to--I gather

20 you've written "met earlier in the day with

21 Dr. Cook and Mr. Gulliver" and you've pointed

22 out Dr. Cook wasn't then at work. "On review

23 of the situation, the problem appears not to

24 be confined to a few negatives that have

25 converted to positives in one batch, but a

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1 larger problem. Have been advised that all

2 runs of tests had control/controls which

3 should be documented. Spoke to Mr. Tilley and

4 advised him of concerns and larger problem and

5 consideration of public rather than case-by-

6 case follow up on test results."

7 DR. WILLIAMS:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. And you've explained that aspect of the matter

11 to the Commissioner. Who would have advised

12 you that all runs of tests had control or

13 controls which should be documented?

14 DR. WILLIAMS:

15 A. It would be Mr. Gulliver probably or Dr. Cook.

16 COFFEY, Q.C.:

17 Q. Had you made or caused any inquiries at that

18 point to be made into whether or not that was

19 so?

20 DR. WILLIAMS:

21 A. Well, I asked the question, I guess, and I was

22 told it was so.

23 COFFEY, Q.C.:

24 Q. Okay, but the idea that they would be

25 documented, did you -

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1 DR. WILLIAMS:

2 A. Well, yeah, I think we later learned that some

3 of them were not documented, but I was

4 assured, even if they weren't documented, that

5 they were still done.

6 COFFEY, Q.C.:

7 Q. And the significance, from your perspective,

8 at that time, you would have understood the

9 significance of them being done was what?

10 DR. WILLIAMS:

11 A. Well, that's a check and balance.

12 COFFEY, Q.C.:

13 Q. And perhaps you -

14 DR. WILLIAMS:

15 A. And it's part of a quality control, if you got

16 some checks and--there's a lot of elements in

17 quality. It starts with hiring people who are

18 qualified to do the job, people who have

19 credentials and this type of thing. It goes

20 then into giving them the facilities and the

21 equipment to do the job properly, and it goes

22 then into what we call internal quality and

23 external quality. Internal quality would be,

24 what we were talking about, having controls

25 that were run so that if there's a problem,

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1 you'd pick it up that way, and external  
 2 quality would mean enrolling in the College of  
 3 American Pathologists or some such  
 4 organizations, proficiency testing program for  
 5 the particular type of thing you're doing.  
 6 COFFEY, Q.C.:  
 7 Q. And the idea of these controls that either Mr.  
 8 Gulliver or Dr. Cook had spoken to you about,  
 9 "all runs of test had control or controls  
 10 which should be documented," that would be--  
 11 your understanding at that time, what was your  
 12 understanding of what those controls were?  
 13 DR. WILLIAMS:  
 14 A. See, it's hard for me to go back and say that  
 15 exactly.  
 16 COFFEY, Q.C.:  
 17 Q. Okay.  
 18 DR. WILLIAMS:  
 19 A. Because since then there's a lot of  
 20 information coming forward from Dr. Banerjee  
 21 and things like that. I think at the time, I  
 22 thought that they had a series of controls  
 23 that were of a known significance, whether a  
 24 control that would stain positive was done  
 25 alongside of an unknown, a new sample that

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1 they were testing. So that would be my--I  
 2 think it was my understanding at that time  
 3 that these were known samples that were known  
 4 to be positive that had been run alongside  
 5 tests.  
 6 COFFEY, Q.C.:  
 7 Q. And whatever may be the nitty gritty of that,  
 8 the intricacies, the technical -  
 9 DR. WILLIAMS:  
 10 A. Yes.  
 11 COFFEY, Q.C.:  
 12 Q. - you understood though, at the time, that  
 13 protocol, good practice required that controls  
 14 be run?  
 15 DR. WILLIAMS:  
 16 A. Yes, I understood that that was--if you were  
 17 going to do this test, you'd run controls as  
 18 part of the test.  
 19 COFFEY, Q.C.:  
 20 Q. And you'd only report the test results, I take  
 21 it, if the controls worked?  
 22 DR. WILLIAMS:  
 23 A. Yes, that would be my understanding.  
 24 COFFEY, Q.C.:  
 25 Q. That was your understanding.

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1 DR. WILLIAMS:  
 2 A. And as you go along and as I read more through  
 3 July and August, I've seen Dr. Khalifa's menes  
 4 (sic). I've seen Dr. Banerjee's report. So  
 5 it's hard for me to say, at this point in  
 6 time, what I knew because we're going back now  
 7 to 2005 and a lot of things happened over the  
 8 next few months and when I learned about  
 9 something, in terms of what a control--are  
 10 there different types of controls, I might  
 11 have learned about that a little later.  
 12 COFFEY, Q.C.:  
 13 Q. In terms of the types of controls?  
 14 DR. WILLIAMS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. But the idea that there should be controls,  
 18 you knew that early on?  
 19 DR. WILLIAMS:  
 20 A. I knew that there was a system of checks and  
 21 balances in place, and I was told that we did  
 22 have this. So I was scratching my head,  
 23 initially, "well how could this happen if we  
 24 have a system of checks and balances?"  
 25 COFFEY, Q.C.:

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1 Q. And you were being assured at that stage that  
 2 those checks and balances had been followed?  
 3 DR. WILLIAMS:  
 4 A. Yes, that was my understanding. You know, how  
 5 much of an understanding I had of what kind of  
 6 controls, I knew there was such a thing as a  
 7 positive control and if the possible control  
 8 didn't stain, well you know, that was a good  
 9 check on your system.  
 10 COFFEY, Q.C.:  
 11 Q. Did you ask either Mr. Gulliver or Dr. Cook,  
 12 or both of them, that very question, which is  
 13 "look, if there are such things as controls  
 14 and you have run them, how could this happen?"  
 15 and if so -  
 16 DR. WILLIAMS:  
 17 A. At some stage, I would have asked that  
 18 question, yes.  
 19 COFFEY, Q.C.:  
 20 Q. Do you recall what the response was? Who you  
 21 asked and what the response was?  
 22 DR. WILLIAMS:  
 23 A. You know, that's hard. I understand that at  
 24 one stage, somebody said well, the control  
 25 might be moderately or--you know, when you

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1 select your controls, you might have had a  
 2 control that showed a moderate degree of  
 3 staining, like 40 to 50 percent, and maybe the  
 4 tissue specimen that you were doing at the  
 5 time, might have only been one or two or five  
 6 percent and maybe that was a factor.  
 7 COFFEY, Q.C.:  
 8 Q. Okay, so kind of the nuances of different  
 9 controls, different types of staining of  
 10 controls and so on -  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. - you became aware of that afterward?  
 15 DR. WILLIAMS:  
 16 A. Yes, at some stage.  
 17 COFFEY, Q.C.:  
 18 Q. And it was explained in that--okay. If we  
 19 could, please, Exhibit P-0498? So just before  
 20 I go on to this, you've spoken to Mr. Tilley.  
 21 You can't recall if you actually met with him  
 22 at that point, like that day or the next?  
 23 DR. WILLIAMS:  
 24 A. I didn't meet with Mr. Tilley that day. I  
 25 phoned him and I'm pretty sure--well, I know I

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1 would have gone through my take on this.  
 2 COFFEY, Q.C.:  
 3 Q. To bring him up to date.  
 4 DR. WILLIAMS:  
 5 A. And that I felt it was a very serious problem.  
 6 COFFEY, Q.C.:  
 7 Q. And was there a meeting then arranged with Mr.  
 8 Tilley?  
 9 DR. WILLIAMS:  
 10 A. There was a meeting arranged, well, we had--we  
 11 went out to corporate office and if you're  
 12 going to corporate office, you're usually  
 13 going out to meet with Mr. Tilley, and I don't  
 14 remember Mr. Tilley partaking in that meeting.  
 15 Susan Bonnell was certainly there at the  
 16 meeting.  
 17 COFFEY, Q.C.:  
 18 Q. Do you recall what was discussed in the  
 19 meeting? I take it you have no notes on it.  
 20 DR. WILLIAMS:  
 21 A. Well, Dr. Ejeckam's memo surfaced at that  
 22 meeting, I'm pretty sure that's when Dr. Cook  
 23 brought them out. So there was some  
 24 discussion about that. I could stand to be  
 25 corrected, but I'm pretty sure that that

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1 happened. But most of the discussion then  
 2 would have ensued around, well, what's going  
 3 on here. How much of a problem have we got?  
 4 And really, with Susan there, I guess, is how  
 5 are we going to handle it, from the public  
 6 perspective, a patient's perspective and how  
 7 we're going to deal with that. That's  
 8 probably what most of the meeting was about.  
 9 COFFEY, Q.C.:  
 10 Q. So would you have explained to Susan Bonnell  
 11 kind of what you knew up to that time?  
 12 DR. WILLIAMS:  
 13 A. Well, I would expect I would, yes, and I think  
 14 that Heather Predham was there, Don Cook was  
 15 there, Terry Gulliver was there, so I think  
 16 she would have got a full flavour of the  
 17 issues.  
 18 COFFEY, Q.C.:  
 19 Q. And so this meeting would have been what,  
 20 probably what date? If you talked to -  
 21 DR. WILLIAMS:  
 22 A. I would say within the first two to three days  
 23 of the next week. My date says July 8th, that  
 24 would be a Friday.  
 25 COFFEY, Q.C.:

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1 Q. Yes.  
 2 DR. WILLIAMS:  
 3 A. Dr. Cook would have got back on that Monday.  
 4 So it was sometime after the Monday. It could  
 5 have been the 12th or 13th.  
 6 COFFEY, Q.C.:  
 7 Q. Okay, 11th, 12th, 13th, in that area.  
 8 DR. WILLIAMS:  
 9 A. I don't think it was the 11th.  
 10 COFFEY, Q.C.:  
 11 Q. But it would be the following week?  
 12 DR. WILLIAMS:  
 13 A. Yes, it would be the 12th or 13th or  
 14 something, yes. Wouldn't be much--wouldn't be  
 15 long after I phoned Mr. Tilley, but again, I  
 16 may be wrong on that, but I expect it was  
 17 before the--if my notes--I expect it was  
 18 before the 14th. It might have been the 12th  
 19 or 13th, because Susan Bonnell was--we were  
 20 meeting with the oncologists and everybody on  
 21 the 14th, so that meeting would have taken  
 22 place before that.  
 23 COFFEY, Q.C.:  
 24 Q. If I could, Exhibit P-0498, please? Now this  
 25 is a print out of, I gather, an internet

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1 posting to VOCM's .dom, that website. The  
 2 heading is "Court gives approval of a class  
 3 action, July 8th 2005" and the source is  
 4 indicated, source from the perspective of it  
 5 came to the Commission in Volume 10, page 186  
 6 from Eastern Health, the source, Susan  
 7 Bonnell. And it reads "the Provincial Supreme  
 8 Court has given the go-ahead for a class  
 9 action law suit against Health Labrador  
 10 Corporation. In his decision, Justice David  
 11 Russell ruled that class action law suit can  
 12 be launched on behalf of all patients at the  
 13 gynecological clinic at Captain William  
 14 Jackman Memorial Hospital between October 2001  
 15 and March 2003, including those who have  
 16 contracted" and there's a list of diseases,  
 17 and he goes on to say "Health Labrador has  
 18 admitted that staff of the clinic, at that  
 19 time, failed to properly sterilize medical  
 20 instruments used in gynecological exams. The  
 21 law suits claims that as many as 333 women and  
 22 their spouses were put at risk for various  
 23 diseases. Justice David Russell says the  
 24 class action law suit will try to determine if  
 25 Health Labrador breached the duties of care

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1 during examinations and in following up with  
 2 the patients and will also determine what, if  
 3 any, damages the patients are entitled to,  
 4 including any punitive damages."  
 5 And if we could, please, bring up Exhibit  
 6 P-0499? This is, again, a story posted on the  
 7 same website, dated July 9th 2005, entitled  
 8 "law suit given go ahead" and it says "the  
 9 lawyer representing women in a class action  
 10 law suit against Health Labrador Corporation  
 11 says his clients are thrilled the case has  
 12 been given the go ahead by the Provincial  
 13 Supreme Court. Ches Crosbie says as many as  
 14 33e women could be involved in the law suit  
 15 launched by women who were examined with  
 16 improperly sterilized equipment at the Captain  
 17 William Jackman Memorial Hospital in Lab City.  
 18 The incidents occurred at the gynecological  
 19 clinic between October 2001 and March 2003.  
 20 Crosbie says there's a chance the law suit  
 21 could be settled out of Court."  
 22 Now sir, on July 8th, 9th, 10th, did you  
 23 become aware or were you aware of that  
 24 proceeding?  
 25 DR. WILLIAMS:

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1 A. I'm not sure, Mr. Coffey. It doesn't ring any  
 2 bells with me. That issue came up sometime  
 3 later, from my perspective, when there was a  
 4 document done to look at the pros and cons of  
 5 how we might disclose and which was the  
 6 appropriate way. I understand that there was  
 7 some concerns with this particular situation  
 8 of how the disclosure took place. I think  
 9 there was some kind of letter sent out or  
 10 registered letters. I'm not quite sure of  
 11 that, but it came up. It was an issue that  
 12 came up and it's documented somewhere in here.  
 13 I'm not sure if I--I wasn't much into, you  
 14 know, looking at the media and getting that  
 15 issue. I'm not sure if I would have known  
 16 that at the time or subsequently it came up as  
 17 part of the thinking process and decision  
 18 making process, what actually happened here.  
 19 COFFEY, Q.C.:  
 20 Q. In this first meeting that you had which Susan  
 21 Bonnell was there for, do you recall if the  
 22 topic came up or was raised then?  
 23 DR. WILLIAMS:  
 24 A. I don't recall it being raised. That doesn't  
 25 mean it wasn't raised. I just didn't do any

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1 notes, so I don't recall it being raised.  
 2 COFFEY, Q.C.:  
 3 Q. If we could, Exhibit P-501, please? Now this  
 4 is--the exhibit is three pages. Your  
 5 handwritten--these are your handwritten notes?  
 6 DR. WILLIAMS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. I take it for July 12th 2005?  
 10 DR. WILLIAMS:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. And are you aware of any discrepancy between  
 14 the typed version and the handwritten ones  
 15 here?  
 16 DR. WILLIAMS:  
 17 A. I don't--I think I would have read it at some  
 18 past date, so I think it's all right.  
 19 COFFEY, Q.C.:  
 20 Q. Okay.  
 21 DR. WILLIAMS:  
 22 A. If we go through it and I see anything, I'll  
 23 certainly let you know.  
 24 COFFEY, Q.C.:  
 25 Q. And this, if we could go to page three,



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1 please, this might--it says, and this is typed  
 2 version of the notes, July 12th 2005,  
 3 attendees: Dr. Cook, Ms. Predham, Mr. Gulliver  
 4 and Dr. Williams. This would have been a  
 5 Tuesday. The 8th is a Friday, this is a  
 6 Tuesday.  
 7 DR. WILLIAMS:  
 8 A. Yes, okay.  
 9 COFFEY, Q.C.:  
 10 Q. Dr. Cook obviously is back to work. Do you  
 11 recall this meeting, where this meeting  
 12 occurred?  
 13 DR. WILLIAMS:  
 14 A. I would say it occurred in my office, but just  
 15 by the number of--the people that are there.  
 16 COFFEY, Q.C.:  
 17 Q. And it says "follow up on status of IP testing  
 18 for ER/PR receptors."  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. And immuno--IP is immunoperoxidase?  
 23 DR. WILLIAMS:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

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1 Q. "Prior to 2004, semi-automated, semi-manual  
 2 DAKO testing procedure for testing for ER/PR  
 3 receptors. Complicated procedure to unmask  
 4 the antigens in the test, which include  
 5 boiling of tissue." Third bullet, "there was  
 6 a system of positive controls." Fourth  
 7 bullet, "October 2003, the laboratory medicine  
 8 program visited Ventana system at the Montreal  
 9 Jewish Hospital." Next bullet, "January 2004,  
 10 Ventana system purchased training--purchased"  
 11 I'm sorry, "training commenced late March,  
 12 early April and new system fully operational  
 13 here, full automated, company says ten times  
 14 more sensitive."  
 15 DR. WILLIAMS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. "We have pulled all the cases in September  
 19 2001 to review findings and retest. There was  
 20 an issue of erratic staining in early 2003.  
 21 Testing pulled for six weeks. Titration times  
 22 and staining times were adjusted. Tests sent  
 23 out for six weeks to other labs."  
 24 DR. WILLIAMS:  
 25 A. I now know that that's not correct.

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1 COFFEY, Q.C.:  
 2 Q. Yeah, you know now.  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. This is, I take it at the time--and I'll ask  
 7 you about that in a moment. It goes on "For  
 8 breast tissue samples, should be formalin for  
 9 48 to 72 hours, controls are"--and then  
 10 there's something blank here, "are in  
 11 formalin, perhaps for optimal time.  
 12 DR. WILLIAMS:  
 13 A. Yeah.  
 14 COFFEY, Q.C.:  
 15 Q. "IP testing in place since late 1990s before  
 16 this was done in biochemistry. We can go back  
 17 and retest because we have the samples. We  
 18 first alerted when patient was seen in the  
 19 USA, an oncologist there felt patient testing  
 20 should have been positive for ER/PR. On  
 21 retesting here it was, Ventana system takes  
 22 the human factor out of the equation." And  
 23 then having decision, "One, test all samples  
 24 of living patients. Two, what are our  
 25 positive rates for infiltrating lobular and

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1 ductal cancer; three, look at our rate of  
 2 positivity by year; four, check out procedure  
 3 verses DAKO standards; five, set a process to  
 4 inform oncologists in the cancer care program;  
 5 six, check with Dr. Ejeckam re: process in  
 6 2003; seven, implement recommendations of May  
 7 24th, 2005 correspondence and identify."  
 8 DR. WILLIAMS:  
 9 A. That would have been, I think, with respect to  
 10 the quality aspect of Dr. Cook's memo, that  
 11 last number seven.  
 12 COFFEY, Q.C.:  
 13 Q. Yes, those four recommendations he had.  
 14 DR. WILLIAMS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. Now, sir, the people in attendance here are  
 18 Dr. Cook, Ms. Predham, Mr. Gulliver and  
 19 yourself?  
 20 DR. WILLIAMS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. By this point, by July 12th, 2005--do you know  
 24 if by this point you had actually met with Mr.  
 25 Tilley?

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1 DR. WILLIAMS:  
 2 A. No, I can't be sure, I think our meeting that  
 3 we went out to the corporate office was to  
 4 meet with Mr. Tilley. That's my recollection,  
 5 but he wasn't there.  
 6 COFFEY, Q.C.:  
 7 Q. Okay. So -  
 8 THE COMMISSIONER:  
 9 Q. So you really don't think you had not really  
 10 met with him?  
 11 DR. WILLIAMS:  
 12 A. No, I discussed it with him on the phone.  
 13 THE COMMISSIONER:  
 14 Q. Yeah, but hadn't actually -  
 15 DR. WILLIAMS:  
 16 A. Recall the corporate office, I seem to think  
 17 and my memory may not be quite right that if  
 18 we were going to corporate office, it was  
 19 contemplated that Mr. Tilley would be meeting  
 20 with us. That would be my -  
 21 THE COMMISSIONER:  
 22 Q. But he wasn't able to be there for some  
 23 reason.  
 24 DR. WILLIAMS:  
 25 A. Well I may be wrong on that, but I think if we

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1 went out to corporate office, it would  
 2 probably be to meet with Mr. Tilley.  
 3 COFFEY, Q.C.:  
 4 Q. And, sir, in terms of the group then, on July  
 5 12th, 2005, these four individuals, including  
 6 yourself, at that point in time your  
 7 understanding was in whose hands was the  
 8 responsibility for addressing this problem?  
 9 DR. WILLIAMS:  
 10 A. Well I would be working on the laboratory side  
 11 getting all the testing redone and responding  
 12 to what we felt was a problem, that on the  
 13 communication side, communications would take  
 14 the lead role and I would have input into  
 15 that, but communications would take a lot of  
 16 their directions and cues from Mr. Tilley  
 17 because I think this is a big issue, I didn't  
 18 see my role as directing communications, I  
 19 don't have--but I would see my role as  
 20 providing input when asked and doing  
 21 interviews when asked, but not, you know,  
 22 overall responsibility for communications  
 23 aspect, but to be involved in that. And I  
 24 felt my main role at this point was to really  
 25 get the ball rolling and get things going with

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1 the retesting and working with quality to make  
 2 sure that we had patients identified and this  
 3 type of thing.  
 4 COFFEY, Q.C.:  
 5 Q. And in terms of identifying recruiting members  
 6 of the group to deal with the technical  
 7 clinical end of the matter which you  
 8 understood, you would have felt responsible  
 9 for organizing.  
 10 DR. WILLIAMS:  
 11 A. Yes, we would organize in the lab getting -  
 12 COFFEY, Q.C.:  
 13 Q. The make up of that group was whose decision?  
 14 DR. WILLIAMS:  
 15 A. The make up of what group for -  
 16 COFFEY, Q.C.:  
 17 Q. Of that group to handle it.  
 18 DR. WILLIAMS:  
 19 A. To handle the retesting and this type of  
 20 thing?  
 21 COFFEY, Q.C.:  
 22 Q. Yes.  
 23 DR. WILLIAMS:  
 24 A. That would have been my responsibility to deal  
 25 with that, yes.

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1 COFFEY, Q.C.:  
 2 Q. So what I'm getting at here is this, there are  
 3 four people here, Dr. Cook, Ms. Predham, Mr.  
 4 Gulliver and yourself.  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. If there was to be anyone else involved in  
 9 that group or to be added to the group, that  
 10 would be your decision?  
 11 DR. WILLIAMS:  
 12 A. Yes, if somebody in that group thought they  
 13 should be added in, to check with me, sure.  
 14 THE COMMISSIONER:  
 15 Q. Do I get the view that this was decision day  
 16 in the sense of--should I read more into this  
 17 that by the time--can we just scroll down to  
 18 the bottom there, decision to test all samples  
 19 of living patients, now had you actually made  
 20 that decision at any point before and you were  
 21 now recording it or was this the day when you  
 22 finally said we've been talking about it, but  
 23 now we've got to do it.  
 24 DR. WILLIAMS:  
 25 A. I think is the day we had probably been

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1 talking about it, but we just documented that  
 2 that's the thing we're going--we're going to  
 3 be retesting. I may have alluded to that in  
 4 my discussion with Mr. Tilley, that that's  
 5 what I thought we should do.  
 6 COFFEY, Q.C.:  
 7 Q. But in terms of actually recording it in  
 8 writing, like have a plan of action -  
 9 DR. WILLIAMS:  
 10 A. That was probably the first time it was  
 11 recorded in action, yes.  
 12 COFFEY, Q.C.:  
 13 Q. At the time, Doctor, did you have any sense at  
 14 that point as to how long this might take at  
 15 that time?  
 16 DR. WILLIAMS:  
 17 A. Well at that time we were contemplating using  
 18 our Ventana system, so I think we had some  
 19 control over how quick that could be done,  
 20 recognizing that you had other things to do  
 21 too, so you'd have to balance that off.  
 22 COFFEY, Q.C.:  
 23 Q. Did you have any sense at that time as to how  
 24 long?  
 25 DR. WILLIAMS:

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1 A. I don't think we sat down and discussed about  
 2 a timeframe, but I think we had a sense that  
 3 we had some control over that.  
 4 COFFEY, Q.C.:  
 5 Q. Now, so test all samples of living patients,  
 6 all samples for what years? Was there -  
 7 DR. WILLIAMS:  
 8 A. Every year.  
 9 COFFEY, Q.C.:  
 10 Q. Every year, okay.  
 11 DR. WILLIAMS:  
 12 A. That's my -  
 13 COFFEY, Q.C.:  
 14 Q. And your understanding was that every year,  
 15 would that include the Ventana years at that  
 16 point?  
 17 DR. WILLIAMS:  
 18 A. I thought we were going to test from '97 right  
 19 up to a current date, that's my understanding,  
 20 but it may not--it may be just testing up  
 21 until we started the Ventana, so I'm not sure,  
 22 I'd have to be--I'd have to look through my  
 23 notes and see when that changed.  
 24 COFFEY, Q.C.:  
 25 Q. Because at this point in time -

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1 DR. WILLIAMS:  
 2 A. Because if we were going to retest with the  
 3 Ventana, I presume we wouldn't retest, so it  
 4 would probably be 1997 to up to when the  
 5 Ventana came in, that's probably what we were  
 6 thinking about at the time.  
 7 COFFEY, Q.C.:  
 8 Q. And in terms of, what was your understanding  
 9 about how those patients were to be  
 10 identified?  
 11 DR. WILLIAMS:  
 12 A. Well at some stage I knew that we had an order  
 13 entry system in St. John's.  
 14 THE COMMISSIONER:  
 15 Q. I'm sorry, a what?  
 16 DR. WILLIAMS:  
 17 A. An order entry, a computerized order entry  
 18 system, on the Meditech, so that any of these  
 19 ER/PR tests that were ordered, would be  
 20 entered into the Meditech system and could be  
 21 pulled off that system, except for the Grace  
 22 Hospital for a year or two, I understood from  
 23 Mr. Gulliver, that that would have to be done  
 24 manually and I forget the details of it, but I  
 25 think there was a small manual part, but most

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1 of it was on the Meditech computerized order  
 2 entry system. And obviously that--and if you  
 3 were going to go forward and test, there'd be  
 4 some contact made outside St. John's to, in  
 5 addition to now getting into 2002, let's get  
 6 into other years as well.  
 7 COFFEY, Q.C.:  
 8 Q. Sure.  
 9 DR. WILLIAMS:  
 10 A. But at that time we hadn't established the  
 11 parameters around what the, what the factors  
 12 would be and the consideration of who would be  
 13 retested. So early on in, I think at that  
 14 time we had identified that we were going to  
 15 retest, but then we had to get the parameters  
 16 around, you know, what would the markers be or  
 17 what would be use to retest, like would we  
 18 retest people who are ten percent or thirty  
 19 percent; that hadn't been decided yet, that  
 20 level of detail.  
 21 COFFEY, Q.C.:  
 22 Q. So prior to this, who had been making the  
 23 decisions as to which patients to retest, your  
 24 understanding of -  
 25 DR. WILLIAMS:

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1 A. My understanding it was Dr. Carter and Dr.  
 2 Cook in consultation with the oncologists.  
 3 COFFEY, Q.C.:  
 4 Q. Okay, and whatever criteria they were using,  
 5 they weren't really keeping, you were leaving  
 6 it up to them at that point.  
 7 DR. WILLIAMS:  
 8 A. I didn't know there was a certain criteria set  
 9 out, but if we're going to retest, we'd have  
 10 to, if you're going to do a massive retesting,  
 11 then you'd set out the criteria.  
 12 COFFEY, Q.C.:  
 13 Q. Sure. The reference to "what are positivity  
 14 rates for infiltrating lobular and ductal  
 15 cancer", who is going to ascertain that and  
 16 why?  
 17 DR. WILLIAMS:  
 18 A. Well just compare it with what we did after, I  
 19 think we got to that level, we just got our  
 20 rates for different years, positivity rates  
 21 for different years. If you're going to do it  
 22 for infiltrating lobular, you would want to  
 23 see if your rates were up around 85, 90  
 24 percent or were they different. That would  
 25 tell you if you had a problem.

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1 COFFEY, Q.C.:  
 2 Q. So whose idea was this?  
 3 DR. WILLIAMS:  
 4 A. I would expect it would probably come from Dr.  
 5 Cook, you know, it wouldn't come from me.  
 6 COFFEY, Q.C.:  
 7 Q. It didn't come from you and it probably not  
 8 Ms. Predham or Mr. Gulliver.  
 9 DR. WILLIAMS:  
 10 A. No, I would suspect it would come from Dr.  
 11 Cook, maybe, in some of the discussions he  
 12 had. Ductal cancer, I don't know what that  
 13 refers to, I'd have, you know, we'd have to  
 14 ask somebody -  
 15 COFFEY, Q.C.:  
 16 Q. Yes. Or even now, do you have any knowledge  
 17 of lobular and ductal are just two different  
 18 forms of -  
 19 DR. WILLIAMS:  
 20 A. They are two different forms, I have some  
 21 knowledge now, there's five or six different  
 22 types of breast cancer. The commonest type  
 23 would be ductal, infiltrating ductal, but the  
 24 others, there was mucoid would be another  
 25 kind, so yes, there were five or six different

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1 types and some of these types would have a  
 2 higher ER/PR positivity rate than other types.  
 3 And then the grade of the tumor, if it's a  
 4 high grade tumor, you would expect that their  
 5 ER and PR status would be negative.  
 6 COFFEY, Q.C.:  
 7 Q. Sir, so the identifying then of all samples of  
 8 living patients as of July 12th, whose  
 9 responsibility, in a practical way, was that  
 10 going to be?  
 11 DR. WILLIAMS:  
 12 A. That was going to be really Mr. Gulliver's and  
 13 Mr. Dyer's first to get the list out and then  
 14 to try to -  
 15 COFFEY, Q.C.:  
 16 Q. That would be of all the patients who had had  
 17 the test?  
 18 DR. WILLIAMS:  
 19 A. Yes, and then it would be some linkage--I  
 20 think Ms. Predham was going to be involved in  
 21 trying to find out who was alive and this type  
 22 of thing.  
 23 COFFEY, Q.C.:  
 24 Q. The third one is "look at our rate of  
 25 positivity by year"?

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1 DR. WILLIAMS:  
 2 A. That would be Mr. Gulliver, he was going to  
 3 get that for us.  
 4 COFFEY, Q.C.:  
 5 Q. And how did you understand he was going to do  
 6 that?  
 7 DR. WILLIAMS:  
 8 A. He was going to be able to go in and get the  
 9 order entry system and review it on a  
 10 computerized basis and then he, in some of  
 11 them, he would have to go through the reports  
 12 just to get that.  
 13 COFFEY, Q.C.:  
 14 Q. And in terms of that, do you recall at that  
 15 point was he being given any criteria as to  
 16 what was positive at that time?  
 17 DR. WILLIAMS:  
 18 A. No, I think it was just if there was any  
 19 degree of positivity recorded.  
 20 COFFEY, Q.C.:  
 21 Q. Okay, and why was he asked to discover that?  
 22 DR. WILLIAMS:  
 23 A. Oh because we wanted to see if there was any  
 24 particular years that was worse than any other  
 25 years. If we were going to go back to '97,

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1 something we would like to know, what's the  
 2 positivity rate in '97. I still think given  
 3 that we had conversions in a number of years,  
 4 it probably still wouldn't deter us from  
 5 retesting.  
 6 COFFEY, Q.C.:  
 7 Q. What's what I'm curious about, what difference  
 8 did it make whether in '98 or '99 -  
 9 DR. WILLIAMS:  
 10 A. Well, it would be helpful to see what our  
 11 rates were, to see if there was a difference  
 12 between one year and another.  
 13 COFFEY, Q.C.:  
 14 Q. But if you were going to do all the retesting,  
 15 what difference would that make?  
 16 DR. WILLIAMS:  
 17 A. Well we would want to see and to see if there  
 18 was any change over time. It might help us if  
 19 we're going to do an investigation later on,  
 20 to see where we put our resources to  
 21 investigate. So I think it's important  
 22 information to have, that would be my view, so  
 23 that's why I asked for it.  
 24 COFFEY, Q.C.:  
 25 Q. And why would it be important information to

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1 have?  
 2 DR. WILLIAMS:  
 3 A. Again because I'd want to see if, what the  
 4 changes were over time of one year compared to  
 5 the other.  
 6 COFFEY, Q.C.:  
 7 Q. And what significance would that have,  
 8 possibly?  
 9 DR. WILLIAMS:  
 10 A. Overall to see if we were going to do an  
 11 investigation later on, you know, it might  
 12 lead us in some direction, that's all.  
 13 COFFEY, Q.C.:  
 14 Q. Okay, what sort of investigation?  
 15 DR. WILLIAMS:  
 16 A. Well just to see what happened.  
 17 COFFEY, Q.C.:  
 18 Q. I take it to try and figure out why it had  
 19 happened--if it had happened -  
 20 DR. WILLIAMS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. Because at this point, it was only -  
 24 DR. WILLIAMS:  
 25 A. I just thought it was good information to have

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1 available and there may have been some  
 2 discussion then, there might be some national  
 3 data rates that we could compare it with as  
 4 well. So I didn't see why we shouldn't go  
 5 ahead and get it. I expect if we didn't have  
 6 it, somebody would ask me, well what were your  
 7 rates in 1998, if I didn't have it.  
 8 THE COMMISSIONER:  
 9 Q. So I'm thinking if you discovered, for  
 10 example, that your rates were higher in 1999  
 11 then you'd be concentrating on what if  
 12 anything you were doing differently in 1999?  
 13 DR. WILLIAMS:  
 14 A. Yeah, you might be doing that, sure. It might  
 15 help you in the end and I expect, Mr. Coffey,  
 16 that if we didn't do it, that somebody might  
 17 be asking me why we didn't do it.  
 18 COFFEY, Q.C.:  
 19 Q. I appreciate that.  
 20 THE COMMISSIONER:  
 21 Q. I guarantee you Mr. Coffey would be.  
 22 COFFEY, Q.C.:  
 23 Q. Now you've indicated that, you know, by this  
 24 point, by mid July, you recognized, as you  
 25 told Mr. Tilley about earlier in the month

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1 that this is, as you describe it, the biggest  
 2 challenge perhaps Eastern Health -  
 3 DR. WILLIAMS:  
 4 A. Or any health organization would face.  
 5 COFFEY, Q.C.:  
 6 Q. - had faced. At that time, did you have any  
 7 consideration to going outside the  
 8 organization to consult with anybody about how  
 9 one might approach this?  
 10 DR. WILLIAMS:  
 11 A. I don't recall it coming up, Mr. Coffey, of  
 12 the going outside. Mr. Tilley, obviously as  
 13 our CEO, went outside the organization in  
 14 terms of contacting some of his counterparts,  
 15 contacting the persons, the executive director  
 16 for the quality council at the national level.  
 17 COFFEY, Q.C.:  
 18 Q. He did that in the fall of '05?  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. But in terms of at this point, in the summer  
 23 of '05, you, by the middle of July, you  
 24 realized the magnitude potentially of it?  
 25 DR. WILLIAMS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. And I take it, did it occur to you and you  
 4 discounted it or it just didn't occur to you?  
 5 DR. WILLIAMS:  
 6 A. It just didn't occur--we were really focused  
 7 on let's get on with this as quick as we can,  
 8 get the testing done and get any patients  
 9 notified and treatment changed if necessary, I  
 10 mean, that was our focus. Now, again, Dr.  
 11 Cook made some contacts with other laboratory  
 12 directors, Dr. O'Brien in New Brunswick, Dr.  
 13 Dogan in the Mayo Clinic, just to see what  
 14 their perspective was on it, but that was from  
 15 the perspective of do we have any problems.  
 16 When we contacted the Mayo Clinic, I think by  
 17 that time we were thinking about sending out  
 18 the testing. We didn't send them there  
 19 because they had problems.  
 20 COFFEY, Q.C.:  
 21 Q. And I'll be going through that with you, I  
 22 appreciate that. So and I appreciate that at  
 23 the pathologist level, certainly Dr. Cook,  
 24 clinical chief, he did consult other people  
 25 outside, he did go outside the organization.

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1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. And from time to time, he would have made you  
 5 aware of that.  
 6 DR. WILLIAMS:  
 7 A. And Dr. Carter was having some discussions  
 8 with her counterpart and so on, I'm pretty  
 9 sure at the time.  
 10 COFFEY, Q.C.:  
 11 Q. At the level of organizing the retesting  
 12 investigation or the investigation and the  
 13 retesting, at your level, there was no  
 14 consultation outside from your perspective -  
 15 DR. WILLIAMS:  
 16 A. No.  
 17 COFFEY, Q.C.:  
 18 Q. Or your counterparts elsewhere.  
 19 DR. WILLIAMS:  
 20 A. No, and I doubt if from what I read, now  
 21 there's a lot in the literature since about  
 22 retesting, but at that time, I don't think  
 23 there was much large scale testing going on in  
 24 our country.  
 25 COFFEY, Q.C.:

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1 Q. The reference in No. 5 here to "set up a  
 2 process to inform the oncologists in a cancer  
 3 care program." What was that about?  
 4 DR. WILLIAMS:  
 5 A. Well we wanted to make sure, we had been  
 6 discussing it with Dr. Laing and Dr. McCarthy,  
 7 but we were contemplating getting together a  
 8 large group of people to sit down, people,  
 9 surgeons and oncologists and make sure there  
 10 was a forum for dialogue and people were  
 11 informed about that and probably have some  
 12 discussion, I guess, with the two lead  
 13 oncologists that there colleagues were into,  
 14 and of course bring Dr. Gardiner into the  
 15 picture too as the medical director in the  
 16 Cancer Clinic.  
 17 COFFEY, Q.C.:  
 18 Q. Well what about informing, like physicians  
 19 throughout Newfoundland? Was there any  
 20 discussion at that time?  
 21 DR. WILLIAMS:  
 22 A. At that time, no. There was discussion a  
 23 little later on and the letter went out to  
 24 physicians, but that was a little later.  
 25 COFFEY, Q.C.:

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1 Q. Yeah, that was in fact the fall?  
 2 DR. WILLIAMS:  
 3 A. In October, yes.  
 4 COFFEY, Q.C.:  
 5 Q. So that was after it became public?  
 6 DR. WILLIAMS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. So up until that time, after October 2nd, was  
 10 there any thought given amongst the group or  
 11 by yourself that you were aware--amongst the  
 12 group that you were aware of by yourself of  
 13 letting physicians throughout the province  
 14 know this?  
 15 DR. WILLIAMS:  
 16 A. No, I don't remember it coming up as a  
 17 discussion.  
 18 COFFEY, Q.C.:  
 19 Q. Do the know if the NLMA was apprised of this  
 20 during July of 2005? Were you aware of  
 21 whether or not Mr. Ritter was aware of it?  
 22 DR. WILLIAMS:  
 23 A. I think Mr. Ritter was aware of it, yes.  
 24 COFFEY, Q.C.:  
 25 Q. But, as executive director, do your knowledge

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1 he was aware of it, but the idea of letting  
 2 all physicians know -  
 3 DR. WILLIAMS:  
 4 A. No, that hadn't been discussed. I think we  
 5 were focused on getting the testing done and  
 6 then we had to decide how we were going to  
 7 provide information to the public and to the  
 8 patients and at that time, I suspect probably  
 9 you would talk about getting the information  
 10 out to physicians too.  
 11 COFFEY, Q.C.:  
 12 Q. What about at this point, July 12th or so,  
 13 you've internally made the decision to test  
 14 all samples of living patients. What about  
 15 contacting the other health authorities,  
 16 because you're going to go back to '97 up to  
 17 probably the beginning of '04 when the Ventana  
 18 started, was any thought given in the middle  
 19 of July to through the beginning of August to  
 20 contacting the other health authorities and  
 21 asking for their samples of '97, '98, '99,  
 22 2000, 2001 and 2003?  
 23 DR. WILLIAMS:  
 24 A. It's my understanding that Dr. Cook was making  
 25 some phone calls during July and August to

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1 other directors at the labs.  
 2 COFFEY, Q.C.:  
 3 Q. What about actually--because you knew that  
 4 there had been a formal letter gone out back  
 5 in June 14th.  
 6 DR. WILLIAMS:  
 7 A. Yes, that's right.  
 8 COFFEY, Q.C.:  
 9 Q. What about a similar letter, was there any  
 10 thought given to sending a similar letter,  
 11 except changing the years to be covered in it?  
 12 Was that discussed at that time?  
 13 DR. WILLIAMS:  
 14 A. I can't remember really any discussion of  
 15 that, but I know Dr. Cook was phoning out and  
 16 then there was a letter went out a little  
 17 later.  
 18 COFFEY, Q.C.:  
 19 Q. And that would be in September.  
 20 DR. WILLIAMS:  
 21 A. Early September. And that was to lay out, in  
 22 addition to any calls he might have made, the  
 23 criteria for what would be retested based upon  
 24 the criteria that he developed with Dr. Laing  
 25 and the oncologist.

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1 COFFEY, Q.C.:  
 2 Q. So back on June 14th, 2005, Dr. Cook's letter  
 3 requesting all the 2002 samples -  
 4 DR. WILLIAMS:  
 5 A. Uh-hm.  
 6 COFFEY, Q.C.:  
 7 Q. He just said "negative ER/PR", there's no  
 8 clarification or qualification of what  
 9 negative means.  
 10 DR. WILLIAMS:  
 11 A. No.  
 12 COFFEY, Q.C.:  
 13 Q. Back in the middle of June, did you have any  
 14 understanding of what negative meant?  
 15 DR. WILLIAMS:  
 16 A. Well I thought at that time negative meant no  
 17 -  
 18 COFFEY, Q.C.:  
 19 Q. Like zero.  
 20 DR. WILLIAMS:  
 21 A. Zero, yes, but that changed subsequently in  
 22 terms of criteria.  
 23 COFFEY, Q.C.:  
 24 Q. And are you able to--if the first such contact  
 25 with the pathologists elsewhere by Dr. Cook

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1 wasn't until late August and then a letter in  
 2 September, are you able to tell the  
 3 Commissioner why the delay from, the decision  
 4 July 12th until late in August?  
 5 DR. WILLIAMS:  
 6 A. I think Dr. Cook had phoned out some of the--  
 7 was attempting to phone them on the phone over  
 8 July and August with respect to getting other  
 9 samples in, then he followed up with a letter  
 10 in July--sorry, in September on it. That's my  
 11 understanding.  
 12 COFFEY, Q.C.:  
 13 Q. Number six says, "Check with Dr. Ejeckam, re:  
 14 process in 2003"?  
 15 DR. WILLIAMS:  
 16 A. That was Dr. Cook to do that.  
 17 COFFEY, Q.C.:  
 18 Q. And you've already, I take it, told the  
 19 Commissioner earlier this morning as to what  
 20 he then reported to you about his contact.  
 21 DR. WILLIAMS:  
 22 A. Yes, we already talked about that.  
 23 COFFEY, Q.C.:  
 24 Q. In terms of this and I ask you, I'll canvass  
 25 this with you one more time, by this point in

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1 time, by the middle of July, well actually  
 2 we'll go to it, perhaps exhibit P-0503. Now  
 3 this is a, well it's a typed document, the way  
 4 it came to us is described as documents  
 5 collected by the VP Medical and Diagnostic  
 6 Services, which would be your office, I take  
 7 it, at that time.  
 8 DR. WILLIAMS:  
 9 A. Uh-hm.  
 10 COFFEY, Q.C.:  
 11 Q. "Meeting notes, July 14th, 2005, Laboratory  
 12 Medicine. Present, Ms. Heather Predham, Dr.  
 13 Donald Cook, Dr. Bob Williams and Mr. Terry  
 14 Gulliver. Issue discussed: ER/PR receptor  
 15 results and priorities. One, identify all  
 16 people who had ER and PR receptors; two, ones  
 17 who are negative for ER and PR receptors,  
 18 recheck receptors with new methodology; three,  
 19 meet with surgeons and oncologists; four,  
 20 assess current testing standards, cross-  
 21 referencing with another laboratory; five,  
 22 advise the public; six, assess the quality of  
 23 the service of the laboratory level once we  
 24 have information on the magnitude of the  
 25 problem and relevant timeframes, this will

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1 involve external technical consultation." Are  
 2 these notes that you had prepared afterward?  
 3 DR. WILLIAMS:  
 4 A. These are probably notes I had prepared  
 5 afterwards, yes, that's just laying out some  
 6 of the things we're going to do.  
 7 COFFEY, Q.C.:  
 8 Q. Would you have distributed those notes to the  
 9 people afterward?  
 10 DR. WILLIAMS:  
 11 A. I may not, no, a lot of my notes are just  
 12 notes to, so I knew what decisions were made  
 13 and where we were going. So I would say I may  
 14 not have distributed all of the notes. Some  
 15 of them I may, I may have made a copy of. The  
 16 ones that were typed, they probably would have  
 17 got a copy; the ones that were written, I  
 18 don't think there would be any benefit, the  
 19 writing wasn't very good. It was just trying  
 20 to capture some of the things.  
 21 COFFEY, Q.C.:  
 22 Q. Sure. If you look at exhibit P-0504 please?  
 23 Now sir, this is the same or another copy of  
 24 the same typed version of those notes.  
 25 DR. WILLIAMS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. But number five says, "Advise the public" and  
 4 there's a dash, "set up hotline for public to  
 5 call".  
 6 DR. WILLIAMS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. Is that your handwriting?  
 10 DR. WILLIAMS:  
 11 A. That's my handwriting, yes.  
 12 COFFEY, Q.C.:  
 13 Q. So when you got the notes typed by your  
 14 assistant -  
 15 DR. WILLIAMS:  
 16 A. Yes, typed them up and rather than have her  
 17 retype them again, I just wrote that down.  
 18 COFFEY, Q.C.:  
 19 Q. Wrote that on it.  
 20 DR. WILLIAMS:  
 21 A. Yes. I wasn't sending this out to some  
 22 outside organization or something, so writing  
 23 in my hand would be enough. This is the kind  
 24 of things we were thinking about at the time.  
 25 COFFEY, Q.C.:

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1 Q. Sure. Now looking at this, "identify all  
 2 people who had ER and PR receptors", so I take  
 3 it that that was identify everybody who had  
 4 been tested for ER and PR?  
 5 DR. WILLIAMS:  
 6 A. Yes, that's right.  
 7 COFFEY, Q.C.:  
 8 Q. And that was, amongst the group here, who was  
 9 responsible for doing that?  
 10 DR. WILLIAMS:  
 11 A. That would be Mr. Gulliver.  
 12 COFFEY, Q.C.:  
 13 Q. And why Mr. Gulliver?  
 14 DR. WILLIAMS:  
 15 A. Because him and Mr. Dyer could look up the  
 16 system, I had, you know, to get the  
 17 pathologists involved in cutting the box and  
 18 doing that we were under a lot of pressure in  
 19 pathology then with service coverage issues,  
 20 so I left that to Mr. Gulliver and Mr. Dyer  
 21 to do that. It was an issue that I think they  
 22 were fairly familiar with the system and they  
 23 could do it.  
 24 COFFEY, Q.C.:  
 25 Q. And that was familiar with the Meditech



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1 system?  
 2 DR. WILLIAMS:  
 3 A. Meditech. And I think Mr. Gulliver may have  
 4 said, "look, I can do that", he probably  
 5 volunteered to take that on.  
 6 COFFEY, Q.C.:  
 7 Q. Now was any thought, and I gather that Mr.  
 8 Gulliver did undertake that challenge and Mr.  
 9 Dyer.  
 10 DR. WILLIAMS:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. Were you ever made aware of any problems that  
 14 they encountered?  
 15 DR. WILLIAMS:  
 16 A. No, I would have been made aware, I told you  
 17 earlier that they felt comfortable that they  
 18 had an order entry system that should work, it  
 19 was computerized, it was under Meditech which  
 20 was the leading provide of health information  
 21 systems, certainly in North America and that  
 22 they would meet a problem at the Grace because  
 23 they would have to do that manually for a  
 24 couple of years, not a large number, but -  
 25 COFFEY, Q.C.:

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1 Q. Did they ever indicate to you or did it ever  
 2 come to your attention that there were  
 3 potential problems with searching, like  
 4 electronically searching within that database?  
 5 DR. WILLIAMS:  
 6 A. No, it only came to my attention much later,  
 7 maybe after I left, that if somebody didn't  
 8 enter that it was ER/PR, they were asking for,  
 9 but they should have entered it, you're asking  
 10 for a test that should be entered.  
 11 COFFEY, Q.C.:  
 12 Q. Yes, but the recognition that at times it had  
 13 not been so entered, like in -  
 14 DR. WILLIAMS:  
 15 A. That was much later, I don't even know if I  
 16 was in the organization at the time, that  
 17 might have surfaced later.  
 18 COFFEY, Q.C.:  
 19 Q. So if that happened, it wasn't brought to your  
 20 attention?  
 21 DR. WILLIAMS:  
 22 A. Not at the time, no. And I don't think they  
 23 wouldn't have known, I don't think.  
 24 COFFEY, Q.C.:  
 25 Q. Doctor, was there any thought in the summer of

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1 2005 given to actually retaining a person with  
 2 IT, information technology expertise?  
 3 DR. WILLIAMS:  
 4 A. No, it wasn't discussed, it's not like it was  
 5 discussed, it was rejected, it wasn't  
 6 discussed, it wasn't brought up as far as I  
 7 know. What I think we did here was probably  
 8 captured in the notes, most of the discussion-  
 9 -not all of it, but most of it.  
 10 COFFEY, Q.C.:  
 11 Q. And so ones who are negative ER/PR receptors,  
 12 recheck receptors with new methodology, which  
 13 I take it was to use the Ventana?  
 14 DR. WILLIAMS:  
 15 A. The Ventana, yes, that was our thought at the  
 16 time.  
 17 COFFEY, Q.C.:  
 18 Q. "Meet with surgeons and oncologists."  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. What was the purpose of doing that?  
 23 DR. WILLIAMS:  
 24 A. Well let's get everybody in the room and put  
 25 our heads together and see how we're going to

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1 approach that, is there any other ideas that  
 2 we should consider, this type of thing.  
 3 COFFEY, Q.C.:  
 4 Q. Why--I appreciate the oncologists because  
 5 they're the ones who actually uses the  
 6 pathology results to formulate a treatment for  
 7 their patients, why the surgeons?  
 8 DR. WILLIAMS:  
 9 A. Because the surgeons are the ones that really  
 10 are in the front lines, in terms of breast  
 11 cancer, they are the ones who make the  
 12 diagnosis in the first place.  
 13 COFFEY, Q.C.:  
 14 Q. And it would be useful to get their  
 15 perspective.  
 16 COFFEY, Q.C.:  
 17 Q. Who makes the diagnosis in the first place?  
 18 DR. WILLIAMS:  
 19 A. It's the surgeons usually because that's a  
 20 surgical diagnosis, breast cancer.  
 21 COFFEY, Q.C.:  
 22 Q. Well the surgeons would certainly, you know,  
 23 presumably find reason to operate -  
 24 DR. WILLIAMS:  
 25 A. Yes, but the report would go back to the

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1 surgeons.  
 2 COFFEY, Q.C.:  
 3 Q. The report from the -  
 4 DR. WILLIAMS:  
 5 A. Yeah, you can't make a diagnosis of breast  
 6 cancer unless you have a pathology report.  
 7 And the pathology report is gotten by--the  
 8 specimen is gotten by a surgeon.  
 9 COFFEY, Q.C.:  
 10 Q. Oh yes.  
 11 DR. WILLIAMS:  
 12 A. So that's why the surgeons--and as well, so  
 13 they were sort of leaders and they were  
 14 intimately involved in the diagnosis of  
 15 treatment of breast cancer and one of our  
 16 surgeons, leading surgeons, Dr. Kwan, of  
 17 course was a surgical oncologist as well, so  
 18 he had a little bit more expertise than most  
 19 surgeons in the oncology area and he was a  
 20 person who was in his early sixties, he spent  
 21 years here in our province. He was actually  
 22 the former medical director of the  
 23 Newfoundland Cancer Treatment and Research  
 24 Foundation on a part-time basis in the '80s.  
 25 So we thought that he would lend a lot of

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1 expertise and commonsense to it.  
 2 COFFEY, Q.C.:  
 3 Q. Sure. What about meeting with the  
 4 pathologists?  
 5 DR. WILLIAMS:  
 6 A. I left that to Dr. Cook to meet with the  
 7 pathologists.  
 8 COFFEY, Q.C.:  
 9 Q. At this point, mid July, do you know whether  
 10 or not he did in mid July?  
 11 DR. WILLIAMS:  
 12 A. I can't tell you, I would presume that he  
 13 would talk to the pathologists, but I'm not  
 14 sure about that, you would have to ask him in  
 15 our organization.  
 16 COFFEY, Q.C.:  
 17 Q. Did you in fact ask him at the time, mid July  
 18 to ensure, follow up with him and ensure,  
 19 look, have you spoken to the pathologists  
 20 about this?  
 21 DR. WILLIAMS:  
 22 A. No, I didn't think of asking him. I presume  
 23 he would contact the pathologists as he felt  
 24 was reasonable--obviously he had involved Dr.  
 25 Carter in the process.

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1 COFFEY, Q.C.:  
 2 Q. "Assess current testing standards cross-  
 3 referencing with another laboratory." Whose  
 4 idea was that?  
 5 DR. WILLIAMS:  
 6 A. Again, I can't be sure, I would expect that  
 7 idea would probably come from Dr. Cook. I  
 8 doubt if I would have enough knowledge to  
 9 bring that forward, but I'm not sure. I  
 10 suspect it was Dr. Cook.  
 11 COFFEY, Q.C.:  
 12 Q. Advise the public was your -  
 13 DR. WILLIAMS:  
 14 A. That was my initial thought on that.  
 15 COFFEY, Q.C.:  
 16 Q. You told Mr. Tilley that right from the  
 17 beginning.  
 18 DR. WILLIAMS:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. And "Assess the quality of the service of the  
 22 laboratory level once we have information on  
 23 the magnitude of the problem and relevant  
 24 timeframes and involve external technical  
 25 consultation." Whose idea was that?

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1 DR. WILLIAMS:  
 2 A. It may have been mine, you know, for me to say  
 3 and take ownership of that, I can't be sure.  
 4 I expect I would have had some ownership or  
 5 some input into that, yes.  
 6 COFFEY, Q.C.:  
 7 Q. If we could, please, the same--at the bottom  
 8 of the page here, sorry, I'll just go back, I  
 9 apologize, P-0503, at the bottom of the page  
 10 there's some handwriting, is that your  
 11 handwriting?  
 12 DR. WILLIAMS:  
 13 A. No, that's not mine.  
 14 MR. BROWNE:  
 15 Q. Dr. Cook.  
 16 COFFEY, Q.C.:  
 17 Q. Okay, that's fine. No, Dr. Cook. And at the  
 18 bottom of the page, it does say--there's a  
 19 date, see that, July 14th?  
 20 DR. WILLIAMS:  
 21 A. July 14th, yes.  
 22 COFFEY, Q.C.:  
 23 Q. 2005, and it appears to read, "met with  
 24 Doctors Kwan, Felix, Cook, Williams, McCarthy,  
 25 Laing, Gardiner, Heather Predham and Susan

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1 Bonnell."  
 2 DR. WILLIAMS:  
 3 A. Yes, and that's captured in my notes of July  
 4 14th.  
 5 COFFEY, Q.C.:  
 6 Q. So that would be, I take it, a follow up view  
 7 to meeting with the surgeons and oncologists?  
 8 DR. WILLIAMS:  
 9 A. Yeah, that would be--we made the decision to  
 10 do that and that would be the meeting, the  
 11 first meeting with that larger group. It  
 12 occurred two days later obviously.  
 13 COFFEY, Q.C.:  
 14 Q. And that's because the--well, the meeting  
 15 notes above that say "meet with the surgeons  
 16 and oncologists too," see that?  
 17 DR. WILLIAMS:  
 18 A. Yes, that's right. The meeting on the 14th is  
 19 that, carrying out that issue.  
 20 COFFEY, Q.C.:  
 21 Q. Do you know this, there's a reference in this,  
 22 appears to be 2.5 FTE, full-time equivalents?  
 23 DR. WILLIAMS:  
 24 A. No, I don't know what that--you'd have to ask  
 25 -

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1 COFFEY, Q.C.:  
 2 Q. Okay, I'll ask Dr. Cook about that.  
 3 DR. WILLIAMS:  
 4 A. I can't answer that. Dr. Cook says in the  
 5 note, "phone all lab directors to send all  
 6 negative cases to HSC" at that time.  
 7 COFFEY, Q.C.:  
 8 Q. Yes, and if we could look at, please, Exhibit  
 9 P-505? Now these are your notes for the  
 10 meeting of July 14th, 2005?  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. I believe it says five p.m. probably at the  
 15 top?  
 16 DR. WILLIAMS:  
 17 A. Yes, correct.  
 18 COFFEY, Q.C.:  
 19 Q. Now one thing that's--I don't think it's  
 20 captured on the typed version, near the top of  
 21 the page, top right-hand side.  
 22 DR. WILLIAMS:  
 23 A. 350 tests per year.  
 24 COFFEY, Q.C.:  
 25 Q. And so does that suggest that that was

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1 mentioned at that meeting?  
 2 DR. WILLIAMS:  
 3 A. Well, it suggests that I knew it.  
 4 COFFEY, Q.C.:  
 5 Q. Sure.  
 6 DR. WILLIAMS:  
 7 A. And that we had--it may be that we were  
 8 starting to get the information back on the  
 9 number of positive and negative tests or it  
 10 may have been that it was mentioned that we,  
 11 on average, did 350 tests per year.  
 12 COFFEY, Q.C.:  
 13 Q. And here, Doctors McCarthy, Laing, Felix,  
 14 Cook, Gardiner, Kwan are listed as attendees,  
 15 Ms. Predham, Ms. Bonnell, Ms. Thomas and  
 16 yourself. Who's Ms. Thomas?  
 17 DR. WILLIAMS:  
 18 A. She is a communications expert working for--  
 19 she reports to Susan Bonnell.  
 20 COFFEY, Q.C.:  
 21 Q. And it indicates general background was given  
 22 by yourself. I take it you made some kind of  
 23 a talk.  
 24 DR. WILLIAMS:  
 25 A. Yes, introduction and then left the specifics

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1 to Dr. Cook, obviously.  
 2 COFFEY, Q.C.:  
 3 Q. And it goes on to say "issue of the results  
 4 specifically in 2002." So he would have  
 5 talked about those and what was known about  
 6 those up to that point?  
 7 DR. WILLIAMS:  
 8 A. Yes, and he probably would have talked about  
 9 others that we had too as well.  
 10 COFFEY, Q.C.:  
 11 Q. And the change in 1997 to IP testing,  
 12 immunoperoxidase testing, semi-automated,  
 13 switched to Ventana late March, early April  
 14 2004. Started January 2004 training,  
 15 etcetera. So he was giving them an overview  
 16 of -  
 17 DR. WILLIAMS:  
 18 A. Yes, I was just a very--just my notes here  
 19 would be just a little bit of that, right. It  
 20 was much more extensive, I suspect, than my  
 21 notes indicate.  
 22 COFFEY, Q.C.:  
 23 Q. Now here, there's a note here, Dr. Laing.  
 24 DR. WILLIAMS:  
 25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. And there's various bullets. One is "new

3 information, lobular CAS," which would be

4 carcinomas, "should be all"--I'm sorry,

5 "should all be ER/PR positive."

6 DR. WILLIAMS:

7 A. Yes.

8 COFFEY, Q.C.:

9 Q. Second bullet, "at Sloan-Kettering went from

10 75 percent to 100 percent positive. Dr. Laing

11 requested retesting and strongly positive

12 results." The next bullet, "as a result asked

13 to retest some patients." Next bullet,

14 "followed up on a lot of patients from 2002."

15 Next bullet, "16 out of 25 on retesting are

16 positive." Next bullet, "doing another 38

17 patients in a process." Next bullet, "farm

18 out testing outside the province" and then

19 there's a final note, "Dr. Cook to get info on

20 who to follow up." Okay?

21 DR. WILLIAMS:

22 A. Yes.

23 COFFEY, Q.C.:

24 Q. Now first of all, I'll just deal with that

25 last bullet. What was that about?

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1 DR. WILLIAMS:

2 A. I'm not sure. It's a note that I made in

3 2005. I'd have to think about it and -

4 COFFEY, Q.C.:

5 Q. Follow up, you don't--okay.

6 DR. WILLIAMS:

7 A. No, I'm not sure. I'm not sure.

8 COFFEY, Q.C.:

9 Q. Now looking at Dr. Laing, I take it these--you

10 were attributing these remarks to--which of

11 these remarks -

12 DR. WILLIAMS:

13 A. Yes, I was attributing to--that's what I'm

14 attributing that--and it's consistent with

15 what we heard earlier, that lobular cancers

16 are -

17 COFFEY, Q.C.:

18 Q. So, the bullet "as a result asked to retest

19 some patients"

20 DR. WILLIAMS:

21 A. Yes.

22 COFFEY, Q.C.:

23 Q. Is that attributed to Dr. Laing as well?

24 DR. WILLIAMS:

25 A. Yes.

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1 COFFEY, Q.C.:

2 Q. Okay, and all the ones down to the "farm out

3 testing"

4 DR. WILLIAMS:

5 A. Yes.

6 COFFEY, Q.C.:

7 Q. Now here, the information provided here -

8 DR. WILLIAMS:

9 A. I think it might--and I'm not sure if it's 38

10 or 33. I'm looking at my writing and it may

11 be 33 rather than 38 patients, when it got

12 typed.

13 COFFEY, Q.C.:

14 Q. Yes, it's actually "doing another 33 patients"

15 in -

16 DR. WILLIAMS:

17 A. Yes, so the 38 when it got typed is -

18 COFFEY, Q.C.:

19 Q. It's a typo.

20 DR. WILLIAMS:

21 A. - my written notes--it's not a typo. It's my

22 bad handwriting.

23 COFFEY, Q.C.:

24 Q. Yes, but your actual handwriting is 33, and in

25 fact, we'll look, we'll see a letter, I

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1 believe, afterward referring to those 33

2 patients. Just to give the Commissioner some

3 sense now, this is actually the middle of

4 July.

5 DR. WILLIAMS:

6 A. Yes.

7 COFFEY, Q.C.:

8 Q. And you've got surgeons, oncologists,

9 pathologists, communications personnel,

10 quality personnel and yourself in a room.

11 This would be at the Health Sciences Centre?

12 DR. WILLIAMS:

13 A. Yes.

14 COFFEY, Q.C.:

15 Q. And what was the purpose of this meeting?

16 DR. WILLIAMS:

17 A. I think just to get everybody together and see

18 if there was any different--it's the first

19 time we'd have had everybody together and so

20 just to start to meet and start to use the

21 expertise of people throughout our

22 organization into how we might approach and

23 tackle this. I mean, I don't know of any--

24 we're seeing a lot more of it in the last

25 year, but I don't know, up to this time, if

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1 anybody had ever been put in this position  
 2 that we could go to to tackle such an issue  
 3 such as this. So you get all the expertise  
 4 around the table, from a clinical perspective,  
 5 and also from a common sense perspective.  
 6 Like you get Dr. Felix who's been a surgeon  
 7 here for 30 years, Dr. Kwan, expertise, try to  
 8 bring them together. Let's see what we can  
 9 come up with. Is there any advice they can  
 10 give us how might we proceed? This kind of  
 11 thing.  
 12 COFFEY, Q.C.:  
 13 Q. So the purpose of the meeting was to get them  
 14 all together -  
 15 DR. WILLIAMS:  
 16 A. And start -  
 17 COFFEY, Q.C.:  
 18 Q. - tell them what you had done or propose to  
 19 do.  
 20 DR. WILLIAMS:  
 21 A. Yes, and start to build a process of dialogue  
 22 and consultation as to how--as we proceeded.  
 23 COFFEY, Q.C.:  
 24 Q. Now I notice that Minister (sic.) Tilley is  
 25 not there.

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1 DR. WILLIAMS:  
 2 A. No.  
 3 COFFEY, Q.C.:  
 4 Q. And is there any reason why he's not there?  
 5 DR. WILLIAMS:  
 6 A. I don't know any specific reason. He may have  
 7 been invited and maybe not able to attend.  
 8 Other meetings, he did attend. I thought I  
 9 would have advised his office we were having a  
 10 meeting, but I can't be 100 percent sure of  
 11 that.  
 12 COFFEY, Q.C.:  
 13 Q. Now Mr. Gulliver and Mr. Dyer, neither of them  
 14 is there either.  
 15 DR. WILLIAMS:  
 16 A. I don't see their names there, and I'm not  
 17 sure why. They may have been, at that time,  
 18 busy starting to do what they were doing. I  
 19 can't be sure.  
 20 COFFEY, Q.C.:  
 21 Q. In terms of getting a technologist's  
 22 perspective on it though -  
 23 DR. WILLIAMS:  
 24 A. They were--they appeared, Mr. Gulliver and Mr.  
 25 Dyer, at other meetings and they gave their

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1 perspective. Not everybody agreed with it,  
 2 but they gave their perspective, yes.  
 3 COFFEY, Q.C.:  
 4 Q. And Dr. Ejeckam, now by this point in time,  
 5 you understood this was an IHC matter?  
 6 DR. WILLIAMS:  
 7 A. Yes.  
 8 COFFEY, Q.C.:  
 9 Q. And Dr. Ejeckam, he's not listed here either.  
 10 Is there any reason why he didn't attend any  
 11 of these meetings afterward or was he ever  
 12 invited to any of them?  
 13 DR. WILLIAMS:  
 14 A. No, I don't think he was invited. I think we  
 15 were dealing with the oncologists and Dr.  
 16 Carter, as being a breast pathologist, was  
 17 dealing with this issue with Dr. Cook. That's  
 18 who was advising him on this issue. Thinking  
 19 back on it, it didn't come up as a thought,  
 20 let's not invite Dr. Ejeckam. No, that's  
 21 wasn't an issue.  
 22 COFFEY, Q.C.:  
 23 Q. But looking back on it, you know, knowing what  
 24 you do now, do you find it somewhat remarkable  
 25 that -

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1 DR. WILLIAMS:  
 2 A. Well, you can look at it in a retrospectoscope  
 3 and this type of thing and look it. At the  
 4 time, again, Mr. Coffey, you need to look at  
 5 the milieu that some of us were working in at  
 6 that time. We had Eastern Health trying to  
 7 come together. I was probably at a lot of  
 8 other meetings and fitting this meeting in  
 9 around that, and in retrospect, it might have  
 10 been wise for somebody to--you can always look  
 11 at this type of thing, who had more time and  
 12 could free up more time to take this on. But  
 13 I was trying to do this and also do a job  
 14 that, in itself, would be challenging and  
 15 that's try to bring and be involved in  
 16 bringing Eastern Health together. So it may  
 17 be that that was, you know, when one looks at  
 18 it, he may have added some benefit to this,  
 19 but we'd already decided to retest, this type  
 20 of thing. We were getting a lot of advice  
 21 from Dr. Carter who had breast pathology  
 22 training and that was -  
 23 COFFEY, Q.C.:  
 24 Q. You also had already thought about using  
 25 external consultants yourself, and you

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1 understood that Dr. Ejeckam, in fact, was very  
 2 knowledgeable -  
 3 DR. WILLIAMS:  
 4 A. Yeah, we were thinking about doing an external  
 5 consultant in the sense of maybe getting them  
 6 to come in and review the lab.  
 7 COFFEY, Q.C.:  
 8 Q. I appreciate that.  
 9 DR. WILLIAMS:  
 10 A. Yeah.  
 11 COFFEY, Q.C.:  
 12 Q. But in terms of expertise in IHC, if there was  
 13 anyone around with it, you understood that it  
 14 was him?  
 15 DR. WILLIAMS:  
 16 A. Yes, he had a level of interest. Again -  
 17 COFFEY, Q.C.:  
 18 Q. Okay, on that point, I'm just--because I  
 19 wanted to explore with you that. What were  
 20 you given to understand, if anything, about  
 21 his level of expertise or perceived level of  
 22 expertise in IHC? Because you would have  
 23 talked to, well, primarily Doctors Cook and  
 24 Carter about it?  
 25 DR. WILLIAMS:

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1 A. Yeah.  
 2 COFFEY, Q.C.:  
 3 Q. What did they you about Dr. Ejeckam's or their  
 4 perception of his level of knowledge?  
 5 DR. WILLIAMS:  
 6 A. That he, when he was at the Grace, he had some  
 7 little involvement in immunohistochemistry,  
 8 had an interest in it -  
 9 COFFEY, Q.C.:  
 10 Q. That would be back in the '80s?  
 11 DR. WILLIAMS:  
 12 A. Yes.  
 13 COFFEY, Q.C.:  
 14 Q. Yeah, go ahead.  
 15 DR. WILLIAMS:  
 16 A. Yeah, that would been in its infancy, yes.  
 17 And I wasn't aware that when he came here  
 18 after he was here for a number of months he  
 19 expressed an interest and volunteered to take  
 20 on some responsibilities in that area.  
 21 COFFEY, Q.C.:  
 22 Q. And did Dr. Cook or Carter tell you about--  
 23 what, if anything, did they tell you about his  
 24 level of knowledge?  
 25 DR. WILLIAMS:

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1 A. I can't remember them telling me anything  
 2 about his level of knowledge, to be honest  
 3 with you, in terms of that area.  
 4 COFFEY, Q.C.:  
 5 Q. Okay. So the reference we saw earlier to  
 6 point person or point man.  
 7 DR. WILLIAMS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. You interpreted that to be what?  
 11 DR. WILLIAMS:  
 12 A. In interpreted that he had an interest and  
 13 some knowledge in that area, yes.  
 14 COFFEY, Q.C.:  
 15 Q. But how much knowledge he might have had, you  
 16 didn't go to him--it didn't cross your mind to  
 17 go to him and ask, well, how much do you  
 18 really know about this or do you know  
 19 something and can you help us?  
 20 DR. WILLIAMS:  
 21 A. No, I didn't. And again, I'm trying to put it  
 22 in perspective of everything that was going on  
 23 at the time outside ER and PR.  
 24 COFFEY, Q.C.:  
 25 Q. Yeah. Because Dr. Carter was there, I take

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1 it, because she was recognized as a breast  
 2 pathologist?  
 3 DR. WILLIAMS:  
 4 A. Yes. She had an extra year of training in  
 5 Vanderbilt on that particular area, yes.  
 6 COFFEY, Q.C.:  
 7 Q. Now, here, Doctor, the references, the comment  
 8 you attributed to Dr. Laing in your notes,  
 9 "New information, lobular carcinoma should all  
 10 be ER/PR positive." What was that about?  
 11 DR. WILLIAMS:  
 12 A. Well, my understanding was that -  
 13 COFFEY, Q.C.:  
 14 Q. How did she explain it to you?  
 15 DR. WILLIAMS:  
 16 A. That when a colleague was consulted at Sloan  
 17 Kettering, they done some research and found  
 18 out that all lobular cancers were ER and PR  
 19 positive. That's my recollection.  
 20 COFFEY, Q.C.:  
 21 Q. Of which she said to the group?  
 22 DR. WILLIAMS:  
 23 A. Yes. That's what I've got down here.  
 24 Whether, you know--I didn't send these out as  
 25 minutes, so that's just my notes.

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1 COFFEY, Q.C.:

2 Q. Sure. And then there's a reference to "At

3 Sloan Kettering went from 75 percent to 100

4 percent positive."

5 DR. WILLIAMS:

6 A. Yeah. I'm not--that was my notes, but I'm

7 not--you'd have to ask her that, if I got that

8 right.

9 COFFEY, Q.C.:

10 Q. I certainly will be asking her about it in

11 terms of that, I mean.

12 DR. WILLIAMS:

13 A. Yeah, sure.

14 COFFEY, Q.C.:

15 Q. But your understanding at the time was -

16 DR. WILLIAMS:

17 A. Was lobular, people with lobular CA should be

18 positive.

19 COFFEY, Q.C.:

20 Q. And your understanding was that she had been

21 advised by someone at Sloan Kettering?

22 DR. WILLIAMS:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. That upon a reexamination at Sloan Kettering?

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1 DR. WILLIAMS:

2 A. Yes.

3 COFFEY, Q.C.:

4 Q. Of -

5 DR. WILLIAMS:

6 A. They did some analysis of the results and

7 that's what I understood.

8 COFFEY, Q.C.:

9 Q. Yes.

10 DR. WILLIAMS:

11 A. Now I later understood from Dr. Banerjee that

12 it was around 93 or 94 percent.

13 COFFEY, Q.C.:

14 Q. And I'll get to that later. But at the time

15 in the meeting on July 14th you had

16 understood, at least your interpretation of

17 what you were being told verbally -

18 DR. WILLIAMS:

19 A. Yeah, that's what my notes say, yes.

20 COFFEY, Q.C.:

21 Q. Sure. Was that there had been some sort of

22 reanalysis or analysis at Sloan Kettering -

23 DR. WILLIAMS:

24 A. Or they did some research or something.

25 COFFEY, Q.C.:

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1 Q. Some research?

2 DR. WILLIAMS:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. And the lobular invasive carcinomas had gone

6 from positivity, overall positivity of 75 -

7 DR. WILLIAMS:

8 A. Yes, to 100 percent.

9 COFFEY, Q.C.:

10 Q. - up to 100 percent?

11 DR. WILLIAMS:

12 A. That's my understanding. That's the notes I

13 took.

14 COFFEY, Q.C.:

15 Q. And now it says here, "Dr. Laing requested

16 retesting" and "strongly positive results."

17 That, I take it, is -

18 DR. WILLIAMS:

19 A. Yes, she requested retesting on that patient

20 and the results were strongly positive.

21 COFFEY, Q.C.:

22 Q. Okay. And that's the index patient?

23 DR. WILLIAMS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. And then you recorded her as reporting to the

2 meeting that as a result she asked to have

3 other patients retested?

4 DR. WILLIAMS:

5 A. Correct.

6 COFFEY, Q.C.:

7 Q. I take it did you understand that these were

8 patients who fell into the same sort of

9 category, like invasive lobulars?

10 DR. WILLIAMS:

11 A. I was under that understanding that we

12 retested the patients from 2002 but we also

13 retested some other patients from other years

14 who were lobular cancers and that's the

15 criteria they used, that was my understanding

16 at the time.

17 COFFEY, Q.C.:

18 Q. Sure.

19 COMMISSIONER:

20 Q. So 2002 no matter what kind of breast cancer?

21 DR. WILLIAMS:

22 A. I think they just retested -

23 COMMISSIONER:

24 Q. Other years on the basis of -

25 DR. WILLIAMS:

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1 A. I think there was, yeah, was about six or  
 2 seven that they retested that converted from  
 3 other years. I think they were on the basis  
 4 of the type of cancer they had. That was my  
 5 understanding.  
 6 COFFEY, Q.C.:  
 7 Q. She's reporting, there's a note here, your  
 8 note here, reporting to your meeting here,  
 9 "Sixteen of 25 on retesting are positive"  
 10 which would be that June 29th letter, I take  
 11 it?  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. That listing of patients?  
 16 DR. WILLIAMS:  
 17 A. That's correct.  
 18 COFFEY, Q.C.:  
 19 Q. Doing another--it's 33 patients?  
 20 DR. WILLIAMS:  
 21 A. Thirty-three, yes.  
 22 COFFEY, Q.C.:  
 23 Q. In the process. And farm out testing outside  
 24 the province. Was she suggesting that the -  
 25 DR. WILLIAMS:

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1 A. No, I think maybe it was the concern that we  
 2 can't do the retesting here, we're not able to  
 3 do it and maybe we could look at farming some  
 4 of it out.  
 5 COFFEY, Q.C.:  
 6 Q. See, because looking at your handwritten  
 7 version of this -  
 8 DR. WILLIAMS:  
 9 A. Yes. "Farm out testing outside the province."  
 10 COFFEY, Q.C.:  
 11 Q. Is that necessarily attributed to Dr. Laing  
 12 here or -  
 13 DR. WILLIAMS:  
 14 A. No, that may not be.  
 15 COFFEY, Q.C.:  
 16 Q. That may be just -  
 17 DR. WILLIAMS:  
 18 A. Because it's a separate bullet.  
 19 COFFEY, Q.C.:  
 20 Q. Yeah.  
 21 DR. WILLIAMS:  
 22 A. And it looks like a little bit bigger bullet,  
 23 so you might have to move over, yes.  
 24 COFFEY, Q.C.:  
 25 Q. And she, in terms of Dr. Laing, where the

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1 retesting occurred, would Dr. Laing really be  
 2 involved in determining that?  
 3 DR. WILLIAMS:  
 4 A. No. So it was something else that maybe that  
 5 somebody else brought up. But it was typed in  
 6 under her, but when you look at it now under  
 7 the handwritten version, it looks like that's  
 8 a big slash there, so it may be something else  
 9 that came up in the meeting by somebody else.  
 10 COMMISSIONER:  
 11 Q. Wherever you can find a convenient place.  
 12 COFFEY, Q.C.:  
 13 Q. Thank you, Commissioner. If we could, please-  
 14 -yeah. If we could look, please, at Exhibit P-  
 15 0069? Now this is a letter on Health Care  
 16 Corporation of St. John's letterhead July  
 17 14th, 2005, addressed to Dr. Cook. It's  
 18 signed by Bev?  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. Beverley Carter. And it's copied to yourself?  
 23 DR. WILLIAMS:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

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1 Q. You would have received a copy of this letter?  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. Back at that time. And the handwriting up  
 6 here is whose?  
 7 DR. WILLIAMS:  
 8 A. Dr. Cook.  
 9 COFFEY, Q.C.:  
 10 Q. Dr. Cook.  
 11 DR. WILLIAMS:  
 12 A. I have to say it's not mine.  
 13 COFFEY, Q.C.:  
 14 Q. It's not yours?  
 15 DR. WILLIAMS:  
 16 A. No.  
 17 COFFEY, Q.C.:  
 18 Q. I just want to ascertain that.  
 19 DR. WILLIAMS:  
 20 A. "Discussed with Dr. Carter" it says, yes.  
 21 COFFEY, Q.C.:  
 22 Q. On July 16th, 2005. So you would have  
 23 received this letter, if not on the 14th,  
 24 probably the 15th or 16th or 17th, around that  
 25 time?



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1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Right. If we could, please, Commissioner, I'd  
 5 like to come back to this after lunch, okay.  
 6 COMMISSIONER:  
 7 Q. All right, then. 2:05, thank you.  
 8 (LUNCH BREAK)  
 9 COMMISSIONER:  
 10 Q. Mr. Coffey.  
 11 COFFEY, Q.C.:  
 12 Q. Thank you, Commissioner. Dr. Williams we  
 13 were, just before lunch started to look at  
 14 this July 14th, 2005 letter from Dr. Carter to  
 15 Dr. Cook but it was copied to yourself. Now,  
 16 before you even got this letter, sir, were  
 17 you--had you been aware of the--of an approach  
 18 that is outlined here, that this was planned?  
 19 DR. WILLIAMS:  
 20 A. No, I don't think so.  
 21 COFFEY, Q.C.:  
 22 Q. Okay.  
 23 DR. WILLIAMS:  
 24 A. I'd have to look back at the notes to be sure,  
 25 but I don't think so.

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1 COFFEY, Q.C.:  
 2 Q. And because Dr. Carter writes, opens with  
 3 this, "Per our many recent discussions."  
 4 DR. WILLIAMS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. And that would be hers, presumably, with Dr.  
 8 Cook?  
 9 DR. WILLIAMS:  
 10 A. Yeah.  
 11 COFFEY, Q.C.:  
 12 Q. "I agree with you that our estrogen receptor  
 13 status reports prior to 2003 require immediate  
 14 investigation."  
 15 DR. WILLIAMS:  
 16 A. Um-hm.  
 17 COFFEY, Q.C.:  
 18 Q. And she refers to this recent example of 16  
 19 patients converting is quite concerning. I'm  
 20 just paraphrasing this. Factors identified in  
 21 those slides--actually, what she actual  
 22 explicitly says, "Factors identified on those  
 23 slides clearly show problems with the  
 24 technique of estrogen receptor testing and the  
 25 interpretation of same." See that?

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1 DR. WILLIAMS:  
 2 A. What paragraph is that in?  
 3 COFFEY, Q.C.:  
 4 Q. I'm sorry, I'll just show you. It's right in  
 5 the beginning. Just a second now. Right  
 6 there.  
 7 DR. WILLIAMS:  
 8 A. Okay.  
 9 COFFEY, Q.C.:  
 10 Q. See that, it's the third--fourth line.  
 11 DR. WILLIAMS:  
 12 A. Okay.  
 13 COFFEY, Q.C.:  
 14 Q. Third sentence in the first paragraph. So  
 15 factors identified on those slides, that would  
 16 be, presumably, the 16 slides, or slides for  
 17 those 16 patients, "clearly show problems with  
 18 the technique of estrogen receptor testing and  
 19 the interpretation of same." Did you ever  
 20 speak to Dr. Carter about that?  
 21 DR. WILLIAMS:  
 22 A. I don't recall speaking to Dr. Carter about  
 23 that particular issue.  
 24 COFFEY, Q.C.:  
 25 Q. Does that suggest to you perhaps she had

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1 identified the nature of what had caused the  
 2 problems from her perspective in those 16  
 3 cases?  
 4 DR. WILLIAMS:  
 5 A. When you look at it, she seems to have reached  
 6 some conclusions, yes, or reached some  
 7 hypothesis, yes -  
 8 COFFEY, Q.C.:  
 9 Q. Hypothesis.  
 10 DR. WILLIAMS:  
 11 A. - that she needed to follow up on.  
 12 COFFEY, Q.C.:  
 13 Q. And in relation to Dr. Carter, because we will  
 14 see a letter she wrote on August 2nd, 2005  
 15 where she withdraws from this effort, did you  
 16 ever actually speak to Dr. Carter about what  
 17 she was finding as she went through her  
 18 investigation?  
 19 DR. WILLIAMS:  
 20 A. No. When--I did have a lot of discussions  
 21 with her and Dr. Cook, I know we met on a  
 22 couple of occasions, Dr. Cook, Dr. Carter and  
 23 myself to look at the issues. I can't--and I  
 24 don't have detailed notes on those, I have  
 25 some notes on those, as we'll get to those.

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1 But I asked Dr. Cook should I speak to her  
 2 when she sent her letter of August 1st in and  
 3 he told me, no, he would speak to her and it  
 4 wasn't any point in me speaking to her to try  
 5 to convince her to do other than as she  
 6 suggested in her letter of August 1st.  
 7 COFFEY, Q.C.:  
 8 Q. Okay. And that's the letter where she  
 9 withdraws?  
 10 DR. WILLIAMS:  
 11 A. Yes.  
 12 COFFEY, Q.C.:  
 13 Q. Okay. I believe it's actually August, it's  
 14 dated August 2nd. Was it your understanding  
 15 in July of 2005 as to who was actually  
 16 reviewing the old slides or the original  
 17 slides?  
 18 DR. WILLIAMS:  
 19 A. It was my understanding that certainly up  
 20 until, when Dr.--up until Dr. Cook got back  
 21 that Dr. Carter was doing it, especially in  
 22 his absence, yes.  
 23 COFFEY, Q.C.:  
 24 Q. So but Dr. Carter would have been looking at -  
 25 DR. WILLIAMS:

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1 A. The retest -  
 2 COFFEY, Q.C.:  
 3 Q. - while he was gone, the retest results?  
 4 DR. WILLIAMS:  
 5 A. Yes, that's correct.  
 6 COFFEY, Q.C.:  
 7 Q. The retest slides. But how about like the  
 8 original slides for those patients?  
 9 DR. WILLIAMS:  
 10 A. I wouldn't have been aware that Dr. Carter was  
 11 doing that.  
 12 COFFEY, Q.C.:  
 13 Q. Okay.  
 14 DR. WILLIAMS:  
 15 A. My knowledge was that we were doing some  
 16 retesting, Dr. Carter and Dr. Cook were  
 17 involved in that and when Dr. Cook was away,  
 18 Dr. Carter did all the reading.  
 19 COFFEY, Q.C.:  
 20 Q. Of current retests?  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. Okay. Now, because looking at this Dr. Carter  
 25 does go on to say, "I've been unable to review

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1 paperwork from 1997-2003 with regards to  
 2 protocols, quality practice and controls. I  
 3 am therefore eager to review the estrogen  
 4 receptor status of all patients seen in our  
 5 laboratory from May, 1997 when  
 6 immunohistochemical staining for estrogen  
 7 receptor status first became available up  
 8 until March, 2004 when analysis and  
 9 readjustment of the estrogen receptor status  
 10 protocol was carried out by Dr. G. Ejeckam. I  
 11 think that it is vital that we expediently  
 12 review these cases and let patients know as  
 13 quickly as possible of any change in their  
 14 estrogen receptor status. As quickly as  
 15 possible I would like to know the estrogen  
 16 receptor status of every patient tested in our  
 17 laboratory between 1997 and 2004. From that  
 18 information I would also like an estimate of  
 19 the total of positive cases given out per  
 20 year. I would need all the reports pulled  
 21 from the computer for review. Patient  
 22 demographics, including name, age and MCP  
 23 number should be included along with their  
 24 surgical number, their histological type of  
 25 cancer and the histologic grade. All of the

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1 slides from these cases, including the  
 2 estrogen receptor slides, need to be pulled  
 3 and organized. All slides then need to be  
 4 reviewed by me, both estrogen receptor  
 5 negative and estrogen receptor positive  
 6 patients. Estrogen receptor negative patients  
 7 should be given priority. Blocks will be  
 8 pulled from these cases and estrogen receptor,  
 9 progesterone receptor status reordered. This  
 10 test should be carried out as quickly as  
 11 possible. Ten percent of the cases should be  
 12 randomly selected for outside quality  
 13 assurance consultation. Dr. Frances O'Malley  
 14 of Mount Sinai Hospital has agreed to act in  
 15 this capacity. Problematic cases defined by a  
 16 multiplicity of reasons should also be sent  
 17 for outside testing."  
 18 DR. WILLIAMS:  
 19 A. Um-hm.  
 20 COFFEY, Q.C.:  
 21 Q. and she concludes with "It will be necessary  
 22 to have a computerized database for this  
 23 project. This database should include the  
 24 patient's name, MCP number, surgical number,  
 25 hospital of origin. Please remember, these

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1 patients are--were treated in all hospitals in  
 2 Newfoundland. Results of original estrogen  
 3 receptor, progesterone receptor testing,  
 4 presence of control tissues, results of new  
 5 testing and any comments about the case. Also  
 6 included in these computerized report should  
 7 be the histologic type of cancer as well as  
 8 the grade of cancer. As we have discussed, in  
 9 my opinion, the above suggestion should be  
 10 carried out as quickly as possible. Yours  
 11 sincerely," signed, "Bev." Now, Doctor, was  
 12 it your understanding that--what was your  
 13 understanding in terms of whether or not--Dr.  
 14 Carter, I take it, was located in St. Clare's?  
 15 DR. WILLIAMS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. As was Dr. Cook?  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. So they were actually colleagues with offices  
 23 probably near or next to each other?  
 24 DR. WILLIAMS:  
 25 A. They were right together there, yes.

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1 COFFEY, Q.C.:  
 2 Q. Right next to each other. Now, you received  
 3 this sometime, you know, July 14th or a day or  
 4 two or three after?  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. What, if anything, did you do with it and the  
 9 information contained in it?  
 10 DR. WILLIAMS:  
 11 A. I discussed it with Dr. Cook.  
 12 COFFEY, Q.C.:  
 13 Q. y  
 14 DR. WILLIAMS:  
 15 A. And we later, I thought, if I can recollect,  
 16 had a meeting with Mr. Gulliver and asked that  
 17 those resources be made available and we start  
 18 the process. That's my recollection. There  
 19 may be some notes here of that.  
 20 COFFEY, Q.C.:  
 21 Q. And we will be--yes, there are, and we'll be  
 22 looking at that. So, you pursued the matter  
 23 of actually identifying the patients and  
 24 identifying the blocks and original slides?  
 25 DR. WILLIAMS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. By utilizing Mr. Gulliver and his staff?  
 4 DR. WILLIAMS:  
 5 A. Yes, because they would have to go into the  
 6 computers and get all that information.  
 7 COFFEY, Q.C.:  
 8 Q. Sure.  
 9 DR. WILLIAMS:  
 10 A. That's my recollection.  
 11 COFFEY, Q.C.:  
 12 Q. Okay.  
 13 DR. WILLIAMS:  
 14 A. And Dr. Cook and Mr. Gulliver and myself would  
 15 have met to--and the thing would have been to  
 16 ensure that Dr. Carter, we assisted Dr. Carter  
 17 in getting what she wanted.  
 18 COFFEY, Q.C.:  
 19 Q. And did you understand that--I take it then  
 20 you agreed that she should get what she  
 21 wanted?  
 22 DR. WILLIAMS:  
 23 A. Yes, we supported her. I talked to Dr. Cook.  
 24 COFFEY, Q.C.:  
 25 Q. And you understood he conveyed what to her?

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1 DR. WILLIAMS:  
 2 A. That we were supporting her doing that.  
 3 That's my understanding.  
 4 COFFEY, Q.C.:  
 5 Q. Well, sir, on the top, if we could, on the top  
 6 of the second page, "It will be necessary to  
 7 have a computerized database for this  
 8 project." Was there ever such a computerized  
 9 database created, do you know?  
 10 DR. WILLIAMS:  
 11 A. No, I--when I read that, I thought that that  
 12 meant the Meditech database that we already  
 13 had in place.  
 14 COFFEY, Q.C.:  
 15 Q. It goes on to talk about patient's name, MCP  
 16 number, surgical number, hospital of origin.  
 17 It talks about a number of -  
 18 DR. WILLIAMS:  
 19 A. In our database in our Meditech I thought we  
 20 would have had the MCP number, the surgical  
 21 number and this type of thing.  
 22 COFFEY, Q.C.:  
 23 Q. So you interpreted this as just a reference to  
 24 Meditech?  
 25 DR. WILLIAMS:

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1 A. That's what at the time, and I don't remember  
 2 anybody telling me it wasn't, how we got to  
 3 get a new database together.  
 4 COFFEY, Q.C.:  
 5 Q. Well, the idea, for example, using, this maybe  
 6 suggests a spreadsheet. You know, you're  
 7 familiar with the idea of a spreadsheet?  
 8 DR. WILLIAMS:  
 9 A. Well, we had, we did get the information from  
 10 year-by-year basis, yes.  
 11 COFFEY, Q.C.:  
 12 Q. What about like a spreadsheet with all the  
 13 patient's names, their MCP numbers, the grade  
 14 of cancer and histologic type of cancer, the  
 15 grade and all that, that kind of a  
 16 spreadsheet, do you know if anything like that  
 17 was ever created, computerized?  
 18 DR. WILLIAMS:  
 19 A. I'm not sure. I don't recollect. We did have  
 20 a list of MCP numbers and this type of thing,  
 21 but I don't know if it had all the other  
 22 things on it. And, of course, then this came  
 23 to a halt before we got too far with it  
 24 because Dr. Carter withdrew.  
 25 COFFEY, Q.C.:

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1 Q. So I take it then that there was no  
 2 computerized database created that you -  
 3 DR. WILLIAMS:  
 4 A. That I can remember, no. But we did support  
 5 and Dr. Cook conveyed our support for Dr.  
 6 Carter and that's why we had the meeting on  
 7 the 16th, to start dealing with that.  
 8 COFFEY, Q.C.:  
 9 Q. If there was to be a spreadsheet containing  
 10 those sorts of information, like a patient's  
 11 name and then a row with all of that  
 12 information per patient, which is a  
 13 spreadsheet.  
 14 DR. WILLIAMS:  
 15 A. Um-hm.  
 16 COFFEY, Q.C.:  
 17 Q. If there are a number of patients, who within  
 18 your organization would you have gone to for  
 19 that sort of, for assistance in terms of  
 20 creating such a database?  
 21 DR. WILLIAMS:  
 22 A. Well, I thought we'd use--you know, again, we  
 23 didn't get into any detailed discussion on  
 24 that. Use the Meditech and maybe Mr. Gulliver  
 25 or Mr. Dyer trying to get that information off

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1 the system.  
 2 COFFEY, Q.C.:  
 3 Q. Oh, no, I appreciate bringing it out, but once  
 4 you had it out, I'm asking you what would you  
 5 do--she's suggesting creating a database.  
 6 DR. WILLIAMS:  
 7 A. I think she wanted, she wanted it to review  
 8 and utilize it for her purposes.  
 9 COFFEY, Q.C.:  
 10 Q. And you understood it was to be given to her  
 11 in what format?  
 12 DR. WILLIAMS:  
 13 A. Well, I didn't get into that detail on it,  
 14 yes.  
 15 COFFEY, Q.C.:  
 16 Q. Okay. So the idea of utilizing or perhaps  
 17 utilizing IT personnel to assist here didn't -  
 18 DR. WILLIAMS:  
 19 A. That didn't come up at the time. We met and  
 20 wanted to make sure that Dr. Carter got the  
 21 resources she wanted, so we started that  
 22 process.  
 23 COFFEY, Q.C.:  
 24 Q. And looking back, if we could, at--she does,  
 25 midway through the second paragraph, say "All

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1 of the slides from the cases, including the  
 2 estrogen receptor slides, need to be pulled  
 3 and organized. All slides then need to be  
 4 reviewed by me," she says, "both estrogen  
 5 receptor negative and estrogen receptor  
 6 positive patients. Estrogen receptor negative  
 7 patients should be given priority." Did you  
 8 ever ask why that was so?  
 9 DR. WILLIAMS:  
 10 A. Estrogen negative patients should be given  
 11 priority?  
 12 COFFEY, Q.C.:  
 13 Q. Should be given priority.  
 14 DR. WILLIAMS:  
 15 A. I didn't--I expect that it's because the  
 16 people who are negative are the people that  
 17 are going to benefit from the treatment and  
 18 you need to get on with those patients.  
 19 COFFEY, Q.C.:  
 20 Q. And -  
 21 DR. WILLIAMS:  
 22 A. That's what I would have--that would be my  
 23 conclusion.  
 24 COFFEY, Q.C.:  
 25 Q. And the reference to "Blocks will be pulled

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1 from those cases and estrogen receptor,  
 2 progesterone receptor status reordered." So,  
 3 the blocks to be pulled here were the estrogen  
 4 receptor negative patients?  
 5 DR. WILLIAMS:  
 6 A. That's what I would understand.  
 7 COFFEY, Q.C.:  
 8 Q. Understand.  
 9 DR. WILLIAMS:  
 10 A. It's the same process we followed, I would  
 11 think, when we sent the blocks -  
 12 COFFEY, Q.C.:  
 13 Q. Ultimately?  
 14 DR. WILLIAMS:  
 15 A. Sent the blocks ultimately out for testing.  
 16 COFFEY, Q.C.:  
 17 Q. What was the reference to "Ten percent of  
 18 cases should be randomly selected for outside  
 19 quality assurance consultation" what was that  
 20 about?  
 21 DR. WILLIAMS:  
 22 A. I can't recall that level of detail. I  
 23 suspect what she wanted to do was match those  
 24 up with the results we got here in a 10  
 25 percent sample.

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1 COFFEY, Q.C.:  
 2 Q. And she explicitly refers to Dr. Frances  
 3 O'Malley here has agreed to act in this  
 4 capacity?  
 5 DR. WILLIAMS:  
 6 A. I knew that Dr. Carter was consulting along  
 7 the way with Dr. O'Malley at Mount Sinai  
 8 because they were colleagues.  
 9 COFFEY, Q.C.:  
 10 Q. Okay. So, what, if anything, did you  
 11 understand about who Dr. Frances O'Malley was?  
 12 DR. WILLIAMS:  
 13 A. She was a breast pathologist in Mount Sinai  
 14 who Dr. Carter knew of and had a reputation,  
 15 positive reputation, that she was consulting  
 16 with.  
 17 COFFEY, Q.C.:  
 18 Q. When the reference to "All the slides from the  
 19 cases, including estrogen receptor slides need  
 20 to be pulled and organized. All slides then  
 21 need to be reviewed by me." Did you ever get  
 22 any understanding as to what it was Dr. Carter  
 23 was going to seek to accomplish by reviewing  
 24 those slides, the original slides? Did you  
 25 ever ask?

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1 DR. WILLIAMS:  
 2 A. I would assume that by reviewing the original  
 3 slides, she would see how--what the true  
 4 status was, what the interpretation was, this  
 5 type of thing.  
 6 COFFEY, Q.C.:  
 7 Q. I'm sorry, could you explain that to the  
 8 Commissioner?  
 9 DR. WILLIAMS:  
 10 A. Well, if you review a previous slide, you'd  
 11 want to see the quality of the staining.  
 12 COFFEY, Q.C.:  
 13 Q. Yes.  
 14 DR. WILLIAMS:  
 15 A. Right. And you'd want to see what the  
 16 estrogen receptor status was and just to  
 17 confirm -  
 18 COFFEY, Q.C.:  
 19 Q. Based upon what she saw through the  
 20 microscope?  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. Okay.  
 25 DR. WILLIAMS:

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1 A. That's what I understood.  
 2 COFFEY, Q.C.:  
 3 Q. And she would compare that to -  
 4 COMMISSIONER:  
 5 Q. This is a review of what was done before -  
 6 DR. WILLIAMS:  
 7 A. It would review -  
 8 COMMISSIONER:  
 9 Q. - the actual slide that was read before?  
 10 DR. WILLIAMS:  
 11 A. Yes. My understanding was she would review  
 12 the slide that was tested before.  
 13 COMMISSIONER:  
 14 Q. Um-hm.  
 15 DR. WILLIAMS:  
 16 A. And read before.  
 17 COMMISSIONER:  
 18 Q. But the slide upon which the report was -  
 19 DR. WILLIAMS:  
 20 A. Was based.  
 21 COMMISSIONER:  
 22 Q. - based?  
 23 DR. WILLIAMS:  
 24 A. That's my understanding.  
 25 COMMISSIONER:

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1 Q. Okay.  
 2 COFFEY, Q.C.:  
 3 Q. The original report was based?  
 4 DR. WILLIAMS:  
 5 A. Yes. That's my understanding, Mr. Coffey.  
 6 COFFEY, Q.C.:  
 7 Q. And all with a view to doing what, to  
 8 accomplishing what?  
 9 DR. WILLIAMS:  
 10 A. Well, one part of this, I looked at it, was a  
 11 view to retesting people and confirming their  
 12 status.  
 13 COFFEY, Q.C.:  
 14 Q. Sure.  
 15 DR. WILLIAMS:  
 16 A. To the things that we did at Mount Sinai.  
 17 COFFEY, Q.C.:  
 18 Q. And -  
 19 DR. WILLIAMS:  
 20 A. Subsequently.  
 21 COFFEY, Q.C.:  
 22 Q. That's one?  
 23 DR. WILLIAMS:  
 24 A. Yeah. And the other one was to look at the  
 25 original test, sort of an audit.

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1 COFFEY, Q.C.:  
 2 Q. With a view to doing what?  
 3 DR. WILLIAMS:  
 4 A. A view to auditing and see, just to see what  
 5 the results were. It's really rechecking the  
 6 previous test.  
 7 COFFEY, Q.C.:  
 8 Q. Well, the results were reported in the written  
 9 reports.  
 10 DR. WILLIAMS:  
 11 A. I know that, but she would re-review those to  
 12 see if there was any change.  
 13 COFFEY, Q.C.:  
 14 Q. Okay. And she had opened, in the third  
 15 sentence of her letter, saying "Factors  
 16 identified on those slides," which would be  
 17 the slides for the original 16, "clearly show  
 18 problems with the technique of estrogen  
 19 receptor testing an the interpretation of  
 20 same." Now, you're referring to  
 21 interpretation, which presumably is, you know,  
 22 is it 60 or 30 when I look through the scope?  
 23 DR. WILLIAMS:  
 24 A. Um-hm.  
 25 COFFEY, Q.C.:

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1 Q. That's, I take it, what you're -  
 2 DR. WILLIAMS:  
 3 A. Well, is it there, is it not there and what  
 4 the percentages are.  
 5 COFFEY, Q.C.:  
 6 Q. Okay. Did you ever ask her or Dr. Cook what  
 7 was meant by problems with the technique of  
 8 estrogen receptor testing?  
 9 DR. WILLIAMS:  
 10 A. I would have assumed that that was with the  
 11 staining side.  
 12 COFFEY, Q.C.:  
 13 Q. Okay.  
 14 DR. WILLIAMS:  
 15 A. But I don't know if we ever discussed it. I  
 16 did talk to Dr. Cook about her letter and  
 17 before he wrote her back we did say that we  
 18 would support what she was proposing to do and  
 19 we'd try to get her the resources to do it.  
 20 COFFEY, Q.C.:  
 21 Q. Did you, at the time, understand that Dr.  
 22 Carter was actually going to try and figure  
 23 out what had happened?  
 24 DR. WILLIAMS:  
 25 A. I thought that was one component, yes.

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1 COFFEY, Q.C.:  
 2 Q. Okay. So that was, one was to recheck -  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. - to see if the original results were now  
 7 through to be correct on retest?  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. And the other component was -  
 12 DR. WILLIAMS:  
 13 A. Find out what happened.  
 14 DR. WILLIAMS:  
 15 A. - to try and find out what happened?  
 16 DR. WILLIAMS:  
 17 A. Correct.  
 18 COFFEY, Q.C.:  
 19 Q. Okay. Which you summarize, I take it, in the  
 20 word "audit"?  
 21 DR. WILLIAMS:  
 22 A. Yes. That's what I would--that's what I think  
 23 an audit means.  
 24 COFFEY, Q.C.:  
 25 Q. If we could, please, Exhibit P-0506, please?

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1 Now, at the time, that you were so apprised  
 2 that Dr. Carter was proposing to embark on  
 3 this endeavour and you spoke to Dr. Cook about  
 4 it before you wrote back to her?  
 5 DR. WILLIAMS:  
 6 A. Um-hm.  
 7 COFFEY, Q.C.:  
 8 Q. Did you have any sense at the time as to how  
 9 large scale an undertaking this was or might  
 10 be?  
 11 DR. WILLIAMS:  
 12 A. No, probably not, Mr. Coffey, probably not.  
 13 But in any event, we decided to support it and  
 14 try to move forward with it.  
 15 COFFEY, Q.C.:  
 16 Q. These notes of July--these are notes of July  
 17 15th, 2005, they're your handwritten notes?  
 18 DR. WILLIAMS:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. And they relate to, there's a reference to  
 22 Terry Gulliver, Don Cook and yourself?  
 23 DR. WILLIAMS:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

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1 Q. I take it this would have been a meeting you  
 2 had that day?  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. Could you perhaps take us through those notes?  
 7 I'll read portions of them and ask you to  
 8 comment upon them, perhaps.  
 9 DR. WILLIAMS:  
 10 A. Well, it just reviews what we discussed the  
 11 previous day at our larger meeting.  
 12 COFFEY, Q.C.:  
 13 Q. Sure.  
 14 DR. WILLIAMS:  
 15 A. Identifying all patients getting tests done as  
 16 soon as possible. So we were going to embark  
 17 on pulling the blocks and getting on with it  
 18 as soon as we could. And pull one or two  
 19 people to start process, assign Mary to be--  
 20 she'd be doing the cutting and testing only,  
 21 that would be Mary Butler, I guess, one of our  
 22 techs in the immunohistochemistry.  
 23 COFFEY, Q.C.:  
 24 Q. So and cutting and testing only, so the  
 25 cutting would be making, cutting off a sliver

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1 of -  
 2 DR. WILLIAMS:  
 3 A. Well, yes, preparing the blocks and this type  
 4 of thing. That's my understanding. Now,  
 5 you'd have to ask somebody else about the  
 6 technical details, but we were going to assign  
 7 Mary to get on with this process.  
 8 COFFEY, Q.C.:  
 9 Q. And to do the technological part of -  
 10 DR. WILLIAMS:  
 11 A. Yes, as -  
 12 COFFEY, Q.C.:  
 13 Q. - technologist's part of it.  
 14 DR. WILLIAMS:  
 15 A. Component of it, yes.  
 16 COFFEY, Q.C.:  
 17 Q. And was there--and this is Mary Butler?  
 18 DR. WILLIAMS:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. Why was Mary chosen for that, do you know?  
 22 DR. WILLIAMS:  
 23 A. I don't--she was the most senior tech.  
 24 COFFEY, Q.C.:  
 25 Q. Okay.

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1 DR. WILLIAMS:  
 2 A. Now, but that decision of who to choose would  
 3 be, I think, Dr. Cook's and Mr. Gulliver.  
 4 COFFEY, Q.C.:  
 5 Q. And go ahead, sir, I'm sorry.  
 6 DR. WILLIAMS:  
 7 A. Then Dr. Cook was going to contact  
 8 pathologists in other centres to get cases  
 9 submitted. "Terry advised that each patient  
 10 slide was processed alongside a control slide  
 11 and the control slides were read and no  
 12 reporting done until control slide read as  
 13 positive." That's what he reported at the  
 14 meeting.  
 15 COFFEY, Q.C.:  
 16 Q. So this was a confirmation of these controls -  
 17 DR. WILLIAMS:  
 18 A. Yes, again, to me, yes.  
 19 COFFEY, Q.C.:  
 20 Q. - control files.  
 21 DR. WILLIAMS:  
 22 A. Dr. Carter checked with Mount Sinai to see if  
 23 changes in sensitivity over time with testing  
 24 they use just to see if anything happened at  
 25 Mount Sinai or what their experience was at

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1 Mount Sinai, I guess, over time, if they had  
 2 any--if they noticed anything changing. And  
 3 Heather Predham was going to, she started to  
 4 check with the Cancer Registry, that's just  
 5 Dr. Cook to see if Dr. Laing can provide Sloan  
 6 Kettering on research and change of the ER/PR  
 7 receptor testing.  
 8 COFFEY, Q.C.:  
 9 Q. So if I could then in relation to some of  
 10 those points, if I can, there's a typed  
 11 version of it on page 2 of the exhibit. Where  
 12 Terry was in the fourth bullet here advising  
 13 you or note as having advised you that each  
 14 patient's slide was processed alongside a  
 15 control slide and the control slides were read  
 16 and no reporting would be done or was done  
 17 until the control read as positive?  
 18 DR. WILLIAMS:  
 19 A. Yes.  
 20 COFFEY, Q.C.:  
 21 Q. What message was Mr. Gulliver, from your  
 22 perspective, conveying to you?  
 23 DR. WILLIAMS:  
 24 A. He was conveying that there was a control  
 25 process on every slide and that that was done.

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1 COFFEY, Q.C.:  
 2 Q. It had all checked out?  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. And did you take up with him or Dr. Cook any  
 7 further as to well, how could that be and then  
 8 have all these reconversions?  
 9 DR. WILLIAMS:  
 10 A. Well, it didn't--you know, when that happened,  
 11 one of the things I was told, because I think  
 12 I asked the question--I'm just trying to dig  
 13 out my memory, that maybe in some of the  
 14 slides we had a--as we talked earlier, a  
 15 control that was -  
 16 COFFEY, Q.C.:  
 17 Q. Weakly stained, I take it, or stained -  
 18 DR. WILLIAMS:  
 19 A. Yeah, that was probably a slide that may be a  
 20 slide that's moderately or strong. They used  
 21 a control that maybe--and maybe the sample  
 22 itself was one that wouldn't stain as much.  
 23 So sometimes a stain would be picked up by the  
 24 control but maybe not by the sample. That was  
 25 the explanation I got from somebody at some

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1 time.  
 2 COFFEY, Q.C.:  
 3 Q. And you don't recall when in this whole -  
 4 DR. WILLIAMS:  
 5 A. No. I mean, it's just, as I said, from  
 6 January 2005 to September 2006, it's sort of a  
 7 blur. There was so much going on. I might  
 8 have left this meeting and went to another  
 9 meeting on a totally different subject.  
 10 That's the problem.  
 11 COFFEY, Q.C.:  
 12 Q. Sir, the next bullet refers to "Dr. Carter to  
 13 check with Mount Sinai to see if any change--  
 14 to see if change in sensitivity over time with  
 15 testing they used." Did she ever report to  
 16 you on that?  
 17 DR. WILLIAMS:  
 18 A. No, I would suspect Dr. Cook brought that up  
 19 and she may have talked to Dr. Cook about  
 20 that.  
 21 COFFEY, Q.C.:  
 22 Q. Did Dr. Cook ever tell you?  
 23 DR. WILLIAMS:  
 24 A. No, he didn't come back to me about that. He  
 25 may have, and it may not have--you know, I

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1 can't say that he didn't. It wasn't--I didn't  
 2 make a note on it, put it that way.  
 3 COFFEY, Q.C.:  
 4 Q. The reference to Ms. Predham advising Terry  
 5 Malone. Who's Terry Malone?  
 6 DR. WILLIAMS:  
 7 A. Well, I would presume--I don't know Terry  
 8 Malone, so I would presume that person works  
 9 in the Cancer Registry.  
 10 COFFEY, Q.C.:  
 11 Q. Okay.  
 12 DR. WILLIAMS:  
 13 A. That's the only presumption I can make.  
 14 COFFEY, Q.C.:  
 15 Q. And "he will have a list of all patients that  
 16 are currently alive and deceased." So what  
 17 did you understand Ms. Predham was doing  
 18 there?  
 19 DR. WILLIAMS:  
 20 A. I think she was going to check maybe our list  
 21 against the Cancer Registry's list.  
 22 COFFEY, Q.C.:  
 23 Q. And why--what was your understanding of why  
 24 that would be necessary?  
 25 DR. WILLIAMS:



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1 A. Just to double check. I didn't--that's my  
 2 understanding at the time. Now I know that--  
 3 and we can talk about the Cancer Registry a  
 4 little later, if you want to.  
 5 COFFEY, Q.C.:  
 6 Q. And was any thought or did the subject matter  
 7 come up relating to the idea of checking  
 8 anywhere else other than the Cancer Registry?  
 9 DR. WILLIAMS:  
 10 A. It could have, but I didn't note it here in my  
 11 notes.  
 12 COFFEY, Q.C.:  
 13 Q. Do you ever recall the idea of checking with  
 14 the mortality, computerized mortality  
 15 database?  
 16 DR. WILLIAMS:  
 17 A. I don't recall that coming up, Mr. Coffey.  
 18 COFFEY, Q.C.:  
 19 Q. Were you aware that there was such a database?  
 20 DR. WILLIAMS:  
 21 A. I would only know that the Vital Statistics  
 22 kept data when I was in government, but that  
 23 didn't come up.  
 24 COFFEY, Q.C.:  
 25 Q. And I take it, it didn't come up at any point

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1 in this, while you were involved?  
 2 DR. WILLIAMS:  
 3 A. Not that I can recollect.  
 4 COFFEY, Q.C.:  
 5 Q. There's a reference--the final bullet is a  
 6 reference to "Dr. Cook to see if Dr. Laing can  
 7 provide an article from Sloan Kettering on  
 8 research and change of ER/PR receptor  
 9 testing." What was that about?  
 10 DR. WILLIAMS:  
 11 A. That was just to just confirm previous  
 12 discussions about some research of Sloan  
 13 Kettering that said 100 percent of patients  
 14 would be ER positive.  
 15 COFFEY, Q.C.:  
 16 Q. Which we referred to before lunch?  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. You had a note on that.  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. Do you know if Doctor--were you ever--first of  
 25 all, did you ever speak to Dr. Laing about

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1 that yourself?  
 2 DR. WILLIAMS:  
 3 A. I'm not sure if I did. I could have, but Dr.  
 4 Cook would have, would have followed up.  
 5 COFFEY, Q.C.:  
 6 Q. Did you ever make any attempt yourself or have  
 7 anybody on your behalf make any attempt to  
 8 locate any such article?  
 9 DR. WILLIAMS:  
 10 A. No, I've left it to Dr. Cook to follow up with  
 11 Dr. Laing, and we never did get an article, as  
 12 far as I know.  
 13 COFFEY, Q.C.:  
 14 Q. And did Dr. Cook ever report back to you as to  
 15 the results of his inquiries with Dr. Laing or  
 16 his inquiries generally in relation to that?  
 17 DR. WILLIAMS:  
 18 A. I think he probably did, but we didn't get any  
 19 document at the end of the day.  
 20 COFFEY, Q.C.:  
 21 Q. Did you ever subsequently speak with Dr. Cook  
 22 about this, after July 15th?  
 23 DR. WILLIAMS:  
 24 A. I can't recollect, Mr. Coffey, if I did. If I  
 25 said I did and I didn't, but I would say that

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1 at some time it came up because I knew that  
 2 nothing was forthcoming in the end.  
 3 COFFEY, Q.C.:  
 4 Q. And so you were, I take it, conscious then, on  
 5 a go-forward basis, kind of looking to see if  
 6 such research was to be -  
 7 DR. WILLIAMS:  
 8 A. Yeah, and it could have been that when Dr.  
 9 Banerjee reported in his report that there was  
 10 93--the rate was 93 percent from the  
 11 literature, that we may have stopped anything  
 12 there, once we got his report.  
 13 COFFEY, Q.C.:  
 14 Q. Did you ever make any inquiries about why any  
 15 publication relating to the Sloan Kettering  
 16 matter was not available? I mean -  
 17 DR. WILLIAMS:  
 18 A. No, we just weren't able to get it. That's  
 19 all I can tell you.  
 20 COFFEY, Q.C.:  
 21 Q. From your own perspective, did you ever  
 22 consider actually just contacting Sloan  
 23 Kettering yourself?  
 24 DR. WILLIAMS:  
 25 A. No, I didn't consider contacting Sloan

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1 Kettering. At some stage, Dr. Cook contacted  
 2 Sloan Kettering to see about getting some--see  
 3 about the results on ER/PR and didn't get very  
 4 far with anything, so I didn't--I didn't do  
 5 that, and I had seen some articles in the  
 6 literature that--I hadn't seen any articles in  
 7 the literature that said 100 percent of this  
 8 particular cancer is that, so I hadn't seen  
 9 any and then Dr. Banerjee -  
 10 COFFEY, Q.C.:  
 11 Q. You had not seen anything?  
 12 DR. WILLIAMS:  
 13 A. No, I had not seen, and then Dr. Banerjee  
 14 reported in his report that it was around 93  
 15 percent. That question may have been asked of  
 16 him, that's why he alluded to it in his  
 17 report, I expect.  
 18 COFFEY, Q.C.:  
 19 Q. Why would it be, from your perspective, were  
 20 you trying to locate such research?  
 21 DR. WILLIAMS:  
 22 A. Just because it was of interest and certainly  
 23 if it's 100 percent, why would you bother to  
 24 test any lobular cancers in the future.  
 25 That's what I would think, but I never did, so

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1 we did continue to test lobular cancer.  
 2 Because if it's 100 percent, what's the point?  
 3 You would be testing and -  
 4 COFFEY, Q.C.:  
 5 Q. Yes, perhaps for others, but if lobular  
 6 invasive carcinoma was at least thought  
 7 clinically, consensus of opinion was it's 100  
 8 percent -  
 9 DR. WILLIAMS:  
 10 A. Yes, organizations wouldn't be testing for  
 11 that. They'd automatically put the patient on  
 12 Tamoxifen. So that's where it ended. I  
 13 suspect Dr. Banerjee made a point of saying 93  
 14 percent or 92 percent or something that in the  
 15 process of him doing his review, somebody must  
 16 have asked that question.  
 17 COFFEY, Q.C.:  
 18 Q. If we could, please, Exhibit P-0508? Now I  
 19 apologize for the faintness of this, but I  
 20 think you can see it on the screen. This is a  
 21 letter dated July 18th 2005 to Dr. Joy  
 22 McCarthy at the Bliss Murphy Cancer Centre.  
 23 The received stamp, with your office--I  
 24 apologize, I cannot read it, but it's sometime  
 25 in July, but other than that, I can't do so.

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1 DR. WILLIAMS:  
 2 A. I think it might be July 25th, but I'm not  
 3 sure.  
 4 COFFEY, Q.C.:  
 5 Q. July, okay.  
 6 DR. WILLIAMS:  
 7 A. And it would be somewhat later than the 18th  
 8 for sure.  
 9 COFFEY, Q.C.:  
 10 Q. And it says, Doctor, "Dear Dr. McCarthy: As  
 11 per our previous discussions, repeat estrogen  
 12 receptor and progesterone receptor has been  
 13 carried out on the following patients  
 14 initially identified as estrogen receptor  
 15 negative. The results are as follows:" and  
 16 there are a number of pages of patients'  
 17 names, surgical numbers, estrogen receptor  
 18 status and progesterone receptor status.  
 19 DR. WILLIAMS:  
 20 A. Sure.  
 21 COFFEY, Q.C.:  
 22 Q. And finally, if I could, looking at the last  
 23 page, it's signed by Dr. Beverley Carter and  
 24 by Dr. Donald Cook.  
 25 DR. WILLIAMS:

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1 A. Yes.  
 2 COFFEY, Q.C.:  
 3 Q. Now sir, you just indicated it would have been  
 4 sometime after July 18th. Would it be like--  
 5 well, you think maybe it was July -  
 6 DR. WILLIAMS:  
 7 A. I'm not--you know, probably it may be a week  
 8 later it would get to my office, because -  
 9 COFFEY, Q.C.:  
 10 Q. I was going to ask you about that. Why is  
 11 that?  
 12 DR. WILLIAMS:  
 13 A. The mail system goes through the university.  
 14 The university does the mail for the Health  
 15 Care Corporation and Eastern Health. So  
 16 that's the way--when they came together at the  
 17 Health Sciences Centre, the medical school--  
 18 initially it was the medical school and the  
 19 General Hospital were built in 1978 at the  
 20 Health Sciences Centre and there was a joint  
 21 services sharing agreement that the medical  
 22 school was responsible for maintenance of the  
 23 building and the medical school was  
 24 responsible for mail, this kind of thing.  
 25 THE COMMISSIONER:

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1 Q. So if somebody in the same building wants to -  
 2 DR. WILLIAMS:  
 3 A. The mail would all go--the mail room was, I  
 4 think, run by the university for our  
 5 organizations.  
 6 THE COMMISSIONER:  
 7 Q. But within your own institution -  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 THE COMMISSIONER:  
 11 Q. - if somebody wants to mail you something, it  
 12 goes to the university -  
 13 DR. WILLIAMS:  
 14 A. Yeah, there's a -  
 15 THE COMMISSIONER:  
 16 Q. - and routes it back again?  
 17 DR. WILLIAMS:  
 18 A. - yeah, they control the mail room.  
 19 THE COMMISSIONER:  
 20 Q. So it could take a week to get down the hall?  
 21 DR. WILLIAMS:  
 22 A. Sometimes it could. That issue came up on a  
 23 number of occasions because the medical school  
 24 has more holidays than the hospital.  
 25 COFFEY, Q.C.:

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1 Q. Okay.  
 2 DR. WILLIAMS:  
 3 A. The hospital has minimum holidays, because  
 4 you're usually opened on a lot of holidays  
 5 that the medical school is closed. So that's  
 6 come up on a couple of occasions, yes. Not in  
 7 terms of this stuff, now but on other venues.  
 8 COFFEY, Q.C.:  
 9 Q. Now here, just looking at this, would you ever  
 10 have received a copy of this letter?  
 11 DR. WILLIAMS:  
 12 A. Normally I wouldn't receive reports like this.  
 13 COFFEY, Q.C.:  
 14 Q. Okay. Normally you wouldn't have. Do you  
 15 know if you received a copy? Well, you did  
 16 receive a copy of this one.  
 17 DR. WILLIAMS:  
 18 A. Yes, because it says I did.  
 19 COFFEY, Q.C.:  
 20 Q. Yes. Do you know how it ended up going to  
 21 you? Because it's not addressed to you, nor  
 22 was it copied to you.  
 23 DR. WILLIAMS:  
 24 A. Oh, then I don't--I wouldn't know how it got  
 25 to me then, if I wasn't--I thought it was

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1 copied to me, but obviously it wasn't.  
 2 COFFEY, Q.C.:  
 3 Q. Just looking at this one, because you had  
 4 gotten the June 29th one on June 30th, at  
 5 least a draft of--an unsigned copy.  
 6 DR. WILLIAMS:  
 7 A. Um-hm.  
 8 COFFEY, Q.C.:  
 9 Q. Here on this one, when we look down through  
 10 it, in terms of the way estrogen receptor  
 11 status is described -  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. - sometime--here there are actually  
 16 percentages used at times.  
 17 DR. WILLIAMS:  
 18 A. Yeah, I can see now, when you go down through  
 19 it, that if you have positive--negative is  
 20 negative, I can understand that.  
 21 COFFEY, Q.C.:  
 22 Q. Well, for example, the first one is 100  
 23 percent strong nuclear positivity.  
 24 DR. WILLIAMS:  
 25 A. Yeah.

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1 COFFEY, Q.C.:  
 2 Q. And 100 percent strong nuclear positivity for  
 3 both estrogen and progesterone.  
 4 DR. WILLIAMS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. The second one is simply positive positive.  
 8 DR. WILLIAMS:  
 9 A. Yeah.  
 10 COFFEY, Q.C.:  
 11 Q. The third one, negative, negative.  
 12 DR. WILLIAMS:  
 13 A. Yeah.  
 14 COFFEY, Q.C.:  
 15 Q. The fourth one moderate nuclear staining in 60  
 16 percent, strong nuclear staining in 80  
 17 percent, and then the next patient is noted to  
 18 be negative and negative and then simply  
 19 positive and positive, and then we go back to  
 20 moderate to strong nuclear positivity in 100  
 21 percent of cells and moderate to strong  
 22 nuclear positivity in 100 percent of cells.  
 23 Did you notice that?  
 24 DR. WILLIAMS:  
 25 A. No, Mr. Coffey, I didn't. I just looked

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1 through it and said we got so many converters,  
 2 I think 25 out of 33, and I would have said  
 3 well that's--that's what I looked at.  
 4 COFFEY, Q.C.:  
 5 Q. That's the significant number.  
 6 DR. WILLIAMS:  
 7 A. Now that you look at this, I guess the  
 8 question you'd have to ask the authors of this  
 9 document, why one was positive and one was in  
 10 percentage terms. That's the first time I've  
 11 really noticed it, that you brought it up,  
 12 yes.  
 13 COFFEY, Q.C.:  
 14 Q. Just even now, looking at it?  
 15 DR. WILLIAMS:  
 16 A. Yes, because I was looking at it, well, how  
 17 many converted, 25 out of 33.  
 18 COFFEY, Q.C.:  
 19 Q. You'd simply count the number of positives?  
 20 DR. WILLIAMS:  
 21 A. Yes, and I wouldn't look at the details, but  
 22 it is a valid thought and point that you'd  
 23 probably -  
 24 COFFEY, Q.C.:  
 25 Q. I'll be asking about it. Thank you.

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1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Doctor, just on that point, Doctor, and I  
 5 just--that page we're looking at, the first  
 6 page, they're all '02s, see that?  
 7 DR. WILLIAMS:  
 8 A. Yes, I do.  
 9 COFFEY, Q.C.:  
 10 Q. And then, if we could, while we're at it, the  
 11 second page are all '02s, aren't they?  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. Third page are all '02s and the fourth page?  
 16 DR. WILLIAMS:  
 17 A. Yes.  
 18 COFFEY, Q.C.:  
 19 Q. So all of these patients reported in July 18th  
 20 were '02, originally tested in '02?  
 21 DR. WILLIAMS:  
 22 A. Yes, because that's what they were  
 23 concentrating on at the time. So I'd expect  
 24 them to be all '02s. If they weren't, then  
 25 I'd be surprised because they were looking at

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1 the '02s, but they also looked at some other  
 2 years.  
 3 COFFEY, Q.C.:  
 4 Q. And they had done that earlier?  
 5 DR. WILLIAMS:  
 6 A. Yes, that's right.  
 7 COFFEY, Q.C.:  
 8 Q. And would afterward too.  
 9 DR. WILLIAMS:  
 10 A. Yeah, but I suspect why they were just doing  
 11 '02s then is they had the blocks pulled for  
 12 the '02s and were prepared, whereas they were  
 13 getting together the--it takes a while to  
 14 prepare retesting.  
 15 COFFEY, Q.C.:  
 16 Q. Sure.  
 17 DR. WILLIAMS:  
 18 A. A lot of time and effort goes into developing--  
 19 you know, doing that. So they would have  
 20 had, I guess, those blocks ready to go, so  
 21 they did it.  
 22 COFFEY, Q.C.:  
 23 Q. On that point, Doctor, you under--like this  
 24 letter, of course, going to Dr. Joy McCarthy.  
 25 It ended up in your office as well. Your

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1 understanding at the time was what would Dr.  
 2 Joy McCarthy do with this, this information?  
 3 DR. WILLIAMS:  
 4 A. Well, I think then they would review it and  
 5 share it with the other oncologists and move  
 6 forward on notifying the patients when they  
 7 got it and had a chance to review it. That  
 8 was my understanding at the time. Now I know  
 9 what happened in this particular case for  
 10 those.  
 11 COFFEY, Q.C.:  
 12 Q. And if we could, just to put it in context,  
 13 because you're familiar with it, the June 29th  
 14 listing of patients you had understood that  
 15 they either had already been notified  
 16 individually -  
 17 DR. WILLIAMS:  
 18 A. Or were in the process of being.  
 19 COFFEY, Q.C.:  
 20 Q. - or were in the process of being.  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. And what is your understanding about the 16 of  
 25 those that converted?

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1 DR. WILLIAMS:  
 2 A. My understanding that at least 10 or 12 of  
 3 them had already been notified. That's my--I  
 4 think 12 at one time, and that the other four  
 5 were under treatment and would, when they were  
 6 coming back for their regular visits, they  
 7 would be told. Now that's what I can  
 8 remember.  
 9 COFFEY, Q.C.:  
 10 Q. Okay.  
 11 DR. WILLIAMS:  
 12 A. I may not be totally accurate on that, but  
 13 that's what my recollection is.  
 14 COFFEY, Q.C.:  
 15 Q. Your memory of the numbers is pretty good,  
 16 based upon the documents.  
 17 DR. WILLIAMS:  
 18 A. Okay. Yeah, but I've reviewed those  
 19 documents.  
 20 COFFEY, Q.C.:  
 21 Q. I appreciate that. But what about this one  
 22 then, what happened with these, the patients?  
 23 There's 33 and I guess 25 -  
 24 DR. WILLIAMS:  
 25 A. Well, yes, I can tell you what happened with

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1 these. By the time the oncologists got the  
 2 reports, signed reports, and were ready to  
 3 move forward, there was a concern introduced  
 4 by Dr. Carter that maybe we had a problem with  
 5 the Ventana system, and because she--you know,  
 6 we valued Dr. Carter's expertise, or obviously  
 7 Dr. Cook wouldn't have involved her so heavily  
 8 in this process. Because she was concerned  
 9 about the Ventana, that there may be a problem  
 10 with that, then the oncologists--that's my  
 11 recollection--were a little concerned. We're  
 12 going out and telling a patient that there's  
 13 been a conversion, which is a very important  
 14 issue, and maybe we're wrong.  
 15 COFFEY, Q.C.:  
 16 Q. So who's saying this, maybe we're wrong?  
 17 DR. WILLIAMS:  
 18 A. The oncologists. Now I don't know if they  
 19 said it to me directly or it came--I know it  
 20 came up--there's some notes here that it comes  
 21 up at the meeting, but I expect they were  
 22 saying it, probably discussing it with Dr.  
 23 Cook and Dr. Carter, if we're not sure of the  
 24 Ventana system, what happened is they asked  
 25 for those 25 cases to be sent to Mount Sinai

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1 and I'm pretty sure they were sent up as  
 2 consults quickly, to retest before they told  
 3 the patients, and they also asked for the--  
 4 that's my recollection again, the previous 16  
 5 to be sent up, just to confirm that what they  
 6 had done, they didn't need to undo.  
 7 COFFEY, Q.C.:  
 8 Q. Now, sent up quickly as consults, perhaps you  
 9 could explain that to the Commissioner. What  
 10 does that mean here, in this context?  
 11 DR. WILLIAMS:  
 12 A. Well, a consult is--I really can't explain  
 13 fully what a--I might do it wrong. I knew  
 14 that--I understood that there would be a quick  
 15 turnaround time and that's my understanding,  
 16 these cases were. The patients they'd already  
 17 informed, based on the Ventana conversions -  
 18 COFFEY, Q.C.:  
 19 Q. The 12 of the -  
 20 DR. WILLIAMS:  
 21 A. Yes, and these patients, before they informed  
 22 them, they wanted confirmation that, in fact,  
 23 the Ventana and it was all right to move  
 24 forward on it.  
 25 COFFEY, Q.C.:

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1 Q. Who informed you that, for example, in respect  
 2 of that matter, that they would send off the  
 3 16 out of the first 25 and then send off--as  
 4 well send off the 25 or so out of 33 as  
 5 consults?  
 6 DR. WILLIAMS:  
 7 A. Gee, I can't be sure whether it came from Dr.  
 8 Cook or whether it came through the  
 9 oncologists. I'm not sure, but my  
 10 understanding is that's what was done, and I  
 11 understand the rationale for them doing it  
 12 because you wouldn't want to--you'd be dealing  
 13 with a patient individually and then you'd go  
 14 to the patient and say that "your test  
 15 changed" from 2002 or whenever it was, "and so  
 16 we're going to put you on Tamoxifen," and then  
 17 next week you go back, two weeks time and say  
 18 "by the way, no, it really didn't change.  
 19 We're going to take you off Tamoxifen." I  
 20 think there was a concern that because Dr.  
 21 Carter raised the concern about the Ventana  
 22 that they better pause, and then you see what  
 23 happened then, there was a decision to retest  
 24 outside the province.  
 25 COFFEY, Q.C.:

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1 Q. Now the -  
 2 THE COMMISSIONER:  
 3 Q. (Inaudible) the decision to test outside the  
 4 province, you mean in respect of the -  
 5 DR. WILLIAMS:  
 6 A. Retest, yes.  
 7 THE COMMISSIONER:  
 8 Q. - the 25 and the 16 or you meant -  
 9 DR. WILLIAMS:  
 10 A. No, all of them.  
 11 THE COMMISSIONER:  
 12 Q. All of them.  
 13 DR. WILLIAMS:  
 14 A. And all new cases as well. In other words,  
 15 they didn't do any more ER/PR testing in the  
 16 province.  
 17 THE COMMISSIONER:  
 18 Q. Internally.  
 19 DR. WILLIAMS:  
 20 A. Internally in our organization.  
 21 THE COMMISSIONER:  
 22 Q. In terms of--okay. But I just want to make  
 23 sure I'm really clear on what happened at this  
 24 point. So the first 16 of the 25 which had  
 25 converted had gone through the process. 12

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1 had been told.  
 2 DR. WILLIAMS:  
 3 A. And four would be told when they were -  
 4 THE COMMISSIONER:  
 5 Q. Four would be told when they came back the  
 6 next time, because they were in active  
 7 treatment?  
 8 DR. WILLIAMS:  
 9 A. Yes. That's my understanding.  
 10 THE COMMISSIONER:  
 11 Q. So Dr. Carter does an extra 35 and then of  
 12 those, 25 convert?  
 13 DR. WILLIAMS:  
 14 A. Yes, extra 33, I think.  
 15 THE COMMISSIONER:  
 16 Q. 33, was it? Sorry. And by then, she's  
 17 beginning to say "is there a problem with the  
 18 Ventana?"  
 19 DR. WILLIAMS:  
 20 A. Correct.  
 21 THE COMMISSIONER:  
 22 Q. And the oncologists are concerned that they  
 23 would either misinform people or have to  
 24 inform people they had already told were  
 25 changed that, guess what, it's changed back

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1 again?  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 THE COMMISSIONER:  
 5 Q. Wanted it all sent off to Mount Sinai on a  
 6 consult basis to resolve whether or not,  
 7 presumably, the Ventana was problematic?  
 8 DR. WILLIAMS:  
 9 A. Yes, that's my understanding.  
 10 THE COMMISSIONER:  
 11 Q. Okay. That seems to be sort of in, say,  
 12 somewhere between 20--the 20th of July and the  
 13 25th or so of July?  
 14 DR. WILLIAMS:  
 15 A. It was late July, yes.  
 16 THE COMMISSIONER:  
 17 Q. Late July?  
 18 DR. WILLIAMS:  
 19 A. Yes.  
 20 THE COMMISSIONER:  
 21 Q. Okay. So how far away is this from the  
 22 decision to send everything to Mount Sinai?  
 23 DR. WILLIAMS:  
 24 A. Looking at my notes, it indicates to me that  
 25 around August the 2nd is when the decision was

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1 made to send everything out. Now that--I'm  
 2 just reviewing my notes.  
 3 THE COMMISSIONER:  
 4 Q. Yes, okay.  
 5 DR. WILLIAMS:  
 6 A. And I think around -  
 7 THE COMMISSIONER:  
 8 Q. Okay, but like it isn't done the same day.  
 9 It's not the same decision.  
 10 DR. WILLIAMS:  
 11 A. Still have some discussions, yes.  
 12 THE COMMISSIONER:  
 13 Q. Okay, all right.  
 14 DR. WILLIAMS:  
 15 A. The other thing is that before you can do that  
 16 with Mount Sinai, you have to go and phone  
 17 them and have some discussion with them and  
 18 make sure that they'll do it.  
 19 THE COMMISSIONER:  
 20 Q. Oh yes. So I presume when you're saying send  
 21 it to them on a consult basis, that Mount  
 22 Sinai has--did Eastern Health have--did they  
 23 have a deal with Mount Sinai, as it were, that  
 24 they would, from time to time, do consults for  
 25 them for particular patients or special

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1 questions or something of that nature?  
 2 DR. WILLIAMS:  
 3 A. I really can't answer the specifics of that.  
 4 I just know they use the word consult  
 5 sometimes and these were--my recollection,  
 6 they were all sent up to Mount Sinai again,  
 7 just to reconfirm before some were notified  
 8 and before some--you know, to give the  
 9 comfort--I can see the oncologists' position  
 10 really. If this issue of Ventana hadn't been  
 11 called into question, they would have gone on  
 12 through and be told and move forward.  
 13 COFFEY, Q.C.:  
 14 Q. Well sir, do you know if there's anything in  
 15 writing that you received at the time that  
 16 confirmed that in fact that's what actually  
 17 happened?  
 18 DR. WILLIAMS:  
 19 A. No.  
 20 COFFEY, Q.C.:  
 21 Q. That 16 -  
 22 DR. WILLIAMS:  
 23 A. No, was my understanding, that was my  
 24 recollection.  
 25 COFFEY, Q.C.:

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1 Q. It was your recollection and understanding at  
 2 the time. Okay.  
 3 DR. WILLIAMS:  
 4 A. But when I went through my notes, I don't have  
 5 anything in writing, that was just my  
 6 recollection that that was going to be done or  
 7 that was done.  
 8 COFFEY, Q.C.:  
 9 Q. Okay. Do you know, your recollection is, your  
 10 understanding is it was to be done and your  
 11 recollection is that it was done. Do you know  
 12 if those same patients' tissue was retested in  
 13 the entire retesting?  
 14 DR. WILLIAMS:  
 15 A. Yes, what happened is and why I think I can  
 16 answer your question with some confidence now,  
 17 you know, we're going back three years, so I'm  
 18 just trying to tell you what I know, as best  
 19 as I can remember it.  
 20 COFFEY, Q.C.:  
 21 Q. Uh-hm.  
 22 DR. WILLIAMS:  
 23 A. That when Mr. Gulliver and Mr. Dyer were  
 24 working, either working in the evenings,  
 25 nights and weekends to get these docs done,

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1 pull them up, get them ready and then they had  
 2 to go to the pathologists, Dr. Fontaine and  
 3 Dr. Cook who had to review the docs they  
 4 picked out to make sure that good blocks went  
 5 up that had the requisite material in them,  
 6 including normal breast tissue and this type  
 7 of thing, because that was--and a sample of  
 8 normal breast tissue and a sample of tumor.  
 9 So that was time consuming, that they didn't  
 10 spend the time to see if some of these cases  
 11 had gone up before on a consult basis, so in  
 12 fact there was some patients that were tested  
 13 twice in this process. That's why I'm pretty  
 14 sure, I'm trying to link this together that  
 15 these patients were done at Mount Sinai as a  
 16 consult and then subsequent to that, they were  
 17 sent up again, in the bigger package.  
 18 COFFEY, Q.C.:  
 19 Q. Sir, now we've got those two letters of June,  
 20 we've looked at June 29th and July 18th  
 21 reporting on the retest results on the  
 22 Ventana, we just looked at those. What was  
 23 your understanding, you know, in June and July  
 24 of 2005 as to what was being done to report  
 25 those results, the new results, onto the

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1 patients' chart on Meditech? Did you have any  
 2 understanding about what was happening there?  
 3 DR. WILLIAMS:  
 4 A. My understanding again, around that time and I  
 5 don't know when I--was that an addendum  
 6 report, at some stage this thing called an  
 7 addendum report came up and that would be put  
 8 in the chart, so I remember Dr. Cook talking  
 9 about that and how they would go about that,  
 10 but I can't give you the details, that's  
 11 something you're probably going to have to ask  
 12 him, but I remember the word addendum report  
 13 being issued on that particular patient. So  
 14 it would get in the record as a change. I  
 15 remember the word "addendum" report, so -  
 16 COFFEY, Q.C.:  
 17 Q. Now in terms of this first group of 25, I'll  
 18 refer to it, the June 29th group, 16  
 19 converted, meaning nine stayed negative.  
 20 DR. WILLIAMS:  
 21 A. Uh-hm.  
 22 COFFEY, Q.C.:  
 23 Q. They were on retest. Do you know if they were  
 24 told?  
 25 DR. WILLIAMS:

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1 A. The nine?  
 2 COFFEY, Q.C.:  
 3 Q. Yes. About the fact that they had been  
 4 retested and -  
 5 DR. WILLIAMS:  
 6 A. I expect not, Mr. Coffey, but I may be wrong,  
 7 I expect not because we didn't--it was a bit  
 8 later we got into talking about phoning the  
 9 people who would be retested.  
 10 COFFEY, Q.C.:  
 11 Q. Well was there, in July of 2005, was there any  
 12 discussion that you recall about telling the  
 13 people who were confirmed negative that they  
 14 had been retested and were negative, was there  
 15 any discussion about it?  
 16 DR. WILLIAMS:  
 17 A. No, there was not, that I can recollect and I  
 18 think farther down the road that, the issue of  
 19 going to people actually and telling them they  
 20 would be retested was a policy we adopted.  
 21 COFFEY, Q.C.:  
 22 Q. And were being retested and in fact, had been  
 23 retested in some instances.  
 24 DR. WILLIAMS:  
 25 A. In some instances, yes, by the time they

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1 phoned the patient, they had been retested and  
 2 the results were back. So, but that policy  
 3 issue was discussed a little later, so I don't  
 4 recall any discussion about informing--all the  
 5 emphasis was on, gee, if somebody converts,  
 6 we've got to make sure we contact them because  
 7 there's going to be a treatment change--or  
 8 could, not necessarily a treatment change, but  
 9 could be a treatment change.  
 10 COFFEY, Q.C.:  
 11 Q. Do you know or did you know at the time how  
 12 many of those, for example the first 12 who  
 13 were told, the patients, how many of them in  
 14 fact involved, the changed result involved the  
 15 treatment change?  
 16 DR. WILLIAMS:  
 17 A. No, I couldn't with any credibility answer  
 18 that question. I'd have to deter to Dr. Laing  
 19 or Dr. McCarthy. The main thing we were  
 20 considering then is to make sure that if the  
 21 test had changed, somebody was following up  
 22 and would do what was the appropriate thing to  
 23 do.  
 24 COFFEY, Q.C.:  
 25 Q. If we could, please, look at exhibit P-0300

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1 please? Now, sir, this is an e-mail from  
 2 Heather Predham of July 18th, 2005, 12:29 p.m.  
 3 to yourself.  
 4 DR. WILLIAMS:  
 5 A. Uh-hm.  
 6 COFFEY, Q.C.:  
 7 Q. It's copied to Denise Dunn, Dr. Cook and Mr.  
 8 Gulliver. The subject is "ER/PR Receptor  
 9 Letter" and the attachment is "Update on  
 10 ER/PR.doc" and Ms. Predham writes, "Hi, Dr.  
 11 Williams, I've heard back from Dr. Cook and  
 12 Terry Gulliver re: the letter and the changes  
 13 have been made. Both agree that it should  
 14 come from you. I was speaking to Deborah  
 15 Thomas today and the Department of Health has  
 16 been notified and is now involved. They would  
 17 like a letter sent to each woman outlining the  
 18 problem and the steps we are taking to address  
 19 it. That draft letter will have to be seen by  
 20 our lawyer first, of course. I guess we'll  
 21 have to decide tomorrow or the next day, re:  
 22 advising the public." Signed Heather. And  
 23 there's a document attached, there's a Word  
 24 document, "Update on ER/PR.doc.". Now in  
 25 relation to this e-mail, which ER/PR receptor

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1 letter are we talking about here and what is  
 2 this about?  
 3 DR. WILLIAMS:  
 4 A. Not having seen the letter, I would think it's  
 5 a letter that would go out to people who were  
 6 going to have their ER/PR retested.  
 7 COFFEY, Q.C.:  
 8 Q. Now when I say--when you say not having seen  
 9 the letter, the letter would have been  
 10 attached, presumably originally.  
 11 DR. WILLIAMS:  
 12 A. Yeah, but I don't have the letter here.  
 13 COFFEY, Q.C.:  
 14 Q. Oh yes, and that's because to the best I know  
 15 it didn't come attached to this?  
 16 DR. WILLIAMS:  
 17 A. No.  
 18 COFFEY, Q.C.:  
 19 Q. Or to us. I stand to be corrected, but the  
 20 best I can tell, it's not there. What letter,  
 21 if any, was being contemplated at the time?  
 22 DR. WILLIAMS:  
 23 A. Well I think we were looking at, if I can  
 24 recollect correctly, we're looking at two  
 25 issues at the time we were going to move



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1 forward on, in terms of disclosure. We had  
 2 been talking about saying something public and  
 3 then it was contemplated maybe we'd send a  
 4 letter to people. So obviously at that stage,  
 5 on July 18th, we didn't have any listing,  
 6 comprehensive listing of people that we would  
 7 send this letter to, so it couldn't be sent  
 8 out in that timeframe.

9 COFFEY, Q.C.:

10 Q. So if I could please, perhaps to help put this  
 11 in context, because that's Monday, July 18th,  
 12 if we could bring up, please, exhibit P-0070.  
 13 Now this is an e-mail from Deborah Thomas to  
 14 Susan Bonnell, Friday, July 15th, 2005 at 2:01  
 15 p.m.. The subject is "Update" this would be  
 16 again before the weekend, and it says, she  
 17 says "Hi, Susan, here's today's update from  
 18 Heather Predham. Nancy is thinking about how  
 19 to implement a hotline, Heather is providing  
 20 an overview/synopsis for George. George wants  
 21 to disclose this info to the Board next week.  
 22 Dr. Williams is trying to talk him out of it.  
 23 The lab has pulled names and numbers and  
 24 thinks they may be able to do retesting in-  
 25 house, completing in about two weeks. Terry

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1 G. says he has documentation that shows  
 2 positive controls were done daily (Heather yet  
 3 to see it). Heather checking other hospitals  
 4 to see if they have any issues pertaining to  
 5 this, hoping this could be just a matter of a  
 6 dramatic improvement in technology (if indeed  
 7 all controls were in place). Thinking we may  
 8 want to release mid-late next week. Have a  
 9 nice weekend." Signed Deborah. So, sir, in  
 10 relation to this, this reference to "George  
 11 wants to disclose this info to the Board next  
 12 week. Dr. Williams is trying to talk him out  
 13 of it." What, if anything, do you recall  
 14 about that subject matter?

15 DR. WILLIAMS:

16 A. I wouldn't try to talk to George disclosing to  
 17 the Board, what I wanted to make sure is that  
 18 the Minister's office was notified in this  
 19 process. You would have to ask the author of  
 20 the e-mail.

21 COFFEY, Q.C.:

22 Q. Okay, and we -

23 DR. WILLIAMS:

24 A. I was concerned that an issue, such as this,  
 25 of such importance, I didn't view this as an

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1 operational issue that the Board would go  
 2 forward with and we would go forward with  
 3 without informing the Minister's office. So  
 4 my concern was that somewhere in this process,  
 5 as we're going forward with all of this,  
 6 talking to all the Board members and this kind  
 7 of thing, that somehow, based upon my  
 8 background in the Health department, this was  
 9 something that the Minister's office would  
 10 want to know.

11 COFFEY, Q.C.:

12 Q. And so in terms of looking at--and we will ask  
 13 the author of this, what, if anything, she  
 14 recalls about it, but is it possible really  
 15 that this might have more accurately said, Dr.  
 16 Williams is trying to talk him out of it  
 17 before the department knows?

18 DR. WILLIAMS:

19 A. Yeah, I wanted the Minister to know--you'd  
 20 have to ask George if I tried to talk him out  
 21 of informing the Board and I would not do  
 22 that.

23 COFFEY, Q.C.:

24 Q. And he's told us no, okay.

25 DR. WILLIAMS:

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1 A. My concern was that if we're going to be doing  
 2 all of this, I thought by this time he had  
 3 informed the Board Chair, I didn't know that  
 4 he had not, but that wouldn't be in my purview  
 5 that when you're going to inform the Board and  
 6 the Board Chair, that the Minister should be  
 7 in that loop along side, given the issue, not  
 8 that the Minister should be involved in  
 9 everything the Board does, but because I was  
 10 concerned with the gravity of this issue, that  
 11 this is something that the Minister should be  
 12 informed about.

13 COFFEY, Q.C.:

14 Q. And why is that?

15 DR. WILLIAMS:

16 A. Because it's much more than just an  
 17 operational issue, it's a major--I thought it  
 18 was a major issue and having been in the  
 19 department for years, I would feel that it was  
 20 something the Minister would want to know  
 21 about, that would be my--that was my view.

22 COFFEY, Q.C.:

23 Q. Having spent upwards of a decade as the Deputy  
 24 Minister?

25 DR. WILLIAMS:

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1 A. Yeah, that's right, yes.  
 2 THE COMMISSIONER:  
 3 Q. (Inaudible) frankly it's a bit vague to me on  
 4 how one figures out what to tell a minister  
 5 and what you don't tell a minister.  
 6 DR. WILLIAMS:  
 7 A. Yes.  
 8 THE COMMISSIONER:  
 9 Q. And it seemed like it's kind of a gut  
 10 reaction.  
 11 DR. WILLIAMS:  
 12 A. Yeah, I don't think there's anything written  
 13 down here, the guidelines to tell a minister,  
 14 from my perspective, having worked in the  
 15 Health department for many years, that I felt  
 16 it was something that the Minister should be  
 17 aware of. I felt that as soon as this became  
 18 a public issue, one of the first things people  
 19 would go to, in addition to maybe going to the  
 20 Board, would be to the Minister's office and  
 21 he would be asked to explain has he been  
 22 involved where--it was a "he" at the time,  
 23 where we were, so it was just my sense that  
 24 this was of such important and gravity that  
 25 the Minister should be aware of it.

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1 THE COMMISSIONER:  
 2 Q. Because people who talked about whether you  
 3 tell a minister or when you tell a minister  
 4 and that kind of thing, say as a matter of  
 5 practice we don't tell him about operational  
 6 stuff, that's the kind of thing he would leave  
 7 to other people, whether it's internally or  
 8 even within the department or within an  
 9 organization and--but there seems to be two  
 10 caveats, the size of the question and whether  
 11 or not it goes public.  
 12 DR. WILLIAMS:  
 13 A. Yes, and the other thing, I would think if  
 14 it's a policy issue, for instance if Eastern  
 15 Health decided we were going to shut down a  
 16 service that maybe--it was the only service  
 17 offered in the province--say we're going to  
 18 shut down our nephrology service, I think  
 19 that's something before we did it -  
 20 THE COMMISSIONER:  
 21 Q. That would be policy and it seems like policy  
 22 seems, everybody accepts that when you get to  
 23 policy level, then that's the kind of thing  
 24 you would talk to the Minister about.  
 25 DR. WILLIAMS:

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1 A. Sure, yes.  
 2 THE COMMISSIONER:  
 3 Q. But on the operational side, the only two  
 4 things that I have thus far seemed to have  
 5 heard about why an issues goes, gets reported  
 6 to the Minister are if it becomes public in  
 7 the sense of the Minister might be asked a  
 8 question about it.  
 9 DR. WILLIAMS:  
 10 A. Yes.  
 11 THE COMMISSIONER:  
 12 Q. Or if it's big enough.  
 13 DR. WILLIAMS:  
 14 A. Yes, and I think on those two criteria -  
 15 THE COMMISSIONER:  
 16 Q. This one probably met both criteria.  
 17 DR. WILLIAMS:  
 18 A. Both criteria, yes.  
 19 THE COMMISSIONER:  
 20 Q. Would there be anything else?  
 21 DR. WILLIAMS:  
 22 A. I think policy, public and the gravity of the  
 23 situation I think would be the three.  
 24 THE COMMISSIONER:  
 25 Q. Okay.

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1 DR. WILLIAMS:  
 2 A. I think you've captured that.  
 3 COFFEY, Q.C.:  
 4 Q. And gravity, you recognized what about the  
 5 gravity of this?  
 6 DR. WILLIAMS:  
 7 A. Well I recognize it's a very serious  
 8 situation.  
 9 COFFEY, Q.C.:  
 10 Q. Why? What about it?  
 11 DR. WILLIAMS:  
 12 A. This is an important test that has a lot of  
 13 implications for a serious disease, people  
 14 with a serious disease.  
 15 COFFEY, Q.C.:  
 16 Q. And if the original test results were wrong or  
 17 were incorrect, your understanding was what  
 18 about what were the implications of that?  
 19 DR. WILLIAMS:  
 20 A. Well that could mean significant issues for  
 21 patients who were treated.  
 22 THE COMMISSIONER:  
 23 Q. Or untreated.  
 24 DR. WILLIAMS:  
 25 A. Or untreated, yes.

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1 COFFEY, Q.C.:

2 Q. Such as what?

3 DR. WILLIAMS:

4 A. Well for instance they wouldn't be getting a

5 drug that would have some benefit for them, in

6 terms of their diagnosis.

7 COFFEY, Q.C.:

8 Q. I take it, it might prolong their life?

9 DR. WILLIAMS:

10 A. Yes.

11 COFFEY, Q.C.:

12 Q. You would have understood that?

13 DR. WILLIAMS:

14 A. Yes. There is a table that Dr. McCarthy

15 eventually showed me that you could plug in

16 things and then get an impact, in certain

17 things you may have to treat a hundred

18 patients with Tamoxifen to get a benefit for

19 one; in another scenario, you may only have to

20 treat 30 patients to get a benefit for 10 or

21 something, it depends. There is an algorithm

22 that you can use, I don't know if you've had

23 it, you probably do.

24 COFFEY, Q.C.:

25 Q. There are references in some of the materials

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1 to it.

2 DR. WILLIAMS:

3 A. So, I mean, I'm just saying that you have a

4 serious disease. We have a test that's

5 important in the treatment of that disease and

6 we have a situation where there were some

7 problems identified in that test. We've not

8 flushed them out and we know they're

9 significant and I think that warranted that

10 kind of reaction.

11 COFFEY, Q.C.:

12 Q. And did you speak to Mr. Tilley about your

13 view that it was necessary like to inform the

14 Minister, like now? Did you speak to Mr.

15 Tilley about that and advise him of your

16 reviews in that regard?

17 DR. WILLIAMS:

18 A. I would think, I didn't write it down, I would

19 think when I talked to Mr. Tilley on the 8th

20 or whether it was the 7th or 8th of July, I'm

21 pretty sure when I talked about the words

22 "public issues" I would have explained to him

23 my concern around that whole issue.

24 COFFEY, Q.C.:

25 Q. And you probably at that point told him or

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1 suggested to him that the Minister should be

2 told, in your view?

3 DR. WILLIAMS:

4 A. I may have, but I didn't write it down -

5 COFFEY, Q.C.:

6 Q. You can't recall, I can appreciate that.

7 DR. WILLIAMS:

8 A. I'm pretty sure that was my thinking all

9 through this.

10 COFFEY, Q.C.:

11 Q. And Doctor, in that regard, you know, looking

12 back on it and from the time Mr. Tilley was

13 first told until I gather the evidence before

14 the Commission is is that the Minister was

15 informed on July 19th, probably, okay?

16 DR. WILLIAMS:

17 A. Uh-hm.

18 COFFEY, Q.C.:

19 Q. Do you ever recall any reasons given by Mr.

20 Tilley as to why he was waiting to tell the

21 Minister?

22 DR. WILLIAMS:

23 A. I don't think we discussed it. To be honest,

24 Mr. Coffey, I didn't know when Mr. Tilley told

25 the Minister, you know, and how that happened.

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1 I just talked to Mr. Tilley, we went out and

2 met with Susan Bonnell. I thought Mr. Tilley

3 was going to be there, but I think he might

4 have been pulled away at the last minute

5 because that's the only reason I can think

6 that we would have went out to corporate

7 office.

8 COFFEY, Q.C.:

9 Q. And in terms of when in fact he had, he did

10 inform Mr. Ottenheimer, he didn't let you know

11 at the time, like Bob, I've told -

12 DR. WILLIAMS:

13 A. I don't see any evidence--but he might have, I

14 can't say because lots of times I would talk

15 to Mr. Tilley on the phone and if I didn't

16 record my phone conversations, I use the phone

17 a lot.

18 COFFEY, Q.C.:

19 Q. Here at P-0070, the reference to "Heather

20 checking other hospitals to see if they have

21 any issues pertaining to this." Do you see

22 that third last bullet?

23 DR. WILLIAMS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. Do you recall what that was about?  
 2 DR. WILLIAMS:  
 3 A. No, I'm sorry. It might be Deborah Thomas'  
 4 take on something that may be totally  
 5 different than what I would think. I don't  
 6 see any reference in this in any of the  
 7 minutes--notes that I took, sorry.  
 8 COFFEY, Q.C.:  
 9 Q. Idea of "hoping this could be just a matter of  
 10 dramatic improvement in technology." That  
 11 idea -  
 12 DR. WILLIAMS:  
 13 A. Some people expressed that idea around the  
 14 table, maybe this technology is much better  
 15 because it removes a lot of the problematic  
 16 steps from the whole procedure. Maybe it's  
 17 just a factor of--and you will see in the  
 18 notes that some people were thinking that--not  
 19 everybody was thinking that, some people might  
 20 have been thinking that.  
 21 COFFEY, Q.C.:  
 22 Q. How about yourself?  
 23 DR. WILLIAMS:  
 24 A. My own view always was that although I felt  
 25 that Ventana, whether it was DAKO or Ventana,

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1 it makes no difference to me, that the  
 2 automated system probably could be more  
 3 reproducible and standardized than a semi-  
 4 automated system where you're boiling tissue  
 5 and this kind of thing. So I would think that  
 6 it would be easier to get a better result on  
 7 an automated system than on a semi-automated  
 8 system, but knowing what I did at the time  
 9 that some labs were getting good results on  
 10 the semi-automated system, but also that a lot  
 11 of labs in Great Britain and U.S., I think I  
 12 was starting to get some of the literature,  
 13 around this time Dr. Carter gave me a document  
 14 from the National Institute of Health, an  
 15 orange paper, when I met with her over at the  
 16 General site, one day I was done in the lab  
 17 and she was there and just handed me the  
 18 document, that I started to get a flavour for  
 19 how problematic this test was, especially with  
 20 the low, what they call low expressors.  
 21 COFFEY, Q.C.:  
 22 Q. Low expressors, yes.  
 23 DR. WILLIAMS:  
 24 A. Now we know that in articles that came out in  
 25 2006, we thought that there was a linear

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1 relationship between testing and there would  
 2 be a variety of samples spread all along, so  
 3 some would be 90 percent, some would be 70,  
 4 some would be 30, some would be 40, some would  
 5 be 20, some would be 10, an equal distribution  
 6 curve. We now know with the newer, what's  
 7 been published in the recent literature in  
 8 2006 that with the newer systems, the curve is  
 9 bimodal, so that 90 percent of tests are  
 10 either negative or strongly positive and  
 11 there's only 10 percent in the negative--you  
 12 know in the sort of weekly positive, that  
 13 means there's a small number down this part of  
 14 the mode, but most of them are up here, which  
 15 is what--when we first started to get the  
 16 Ventana system results, people started to  
 17 notice, gee, the stains, there's an awful lot  
 18 of people staining 90 percent, 80 percent  
 19 here. Before we didn't see that kind of a  
 20 distribution.  
 21 COFFEY, Q.C.:  
 22 Q. And, of course, this information you only  
 23 became aware of -  
 24 DR. WILLIAMS:  
 25 A. In 2006.

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1 COFFEY, Q.C.:  
 2 Q. '06 when you really got into it.  
 3 DR. WILLIAMS:  
 4 A. Well, I think there was an article, it's in  
 5 here somewhere, a letter that I wrote to Peter  
 6 Dawe attaching a lot of documentation on this  
 7 and one of the articles was a 2006 article  
 8 that we wouldn't have known about then, it  
 9 just came out in 2006, started talking about  
 10 it is a bimodal curve now for this--there's  
 11 all kinds of things coming out about this  
 12 particular test over time. Now I don't know  
 13 if that's unique to this test or if I looked  
 14 at any other, a lot of other stuff we'd find  
 15 out too, but it seems like there's some new  
 16 things coming out here and I suspect we'd find  
 17 out that if Dr. Banerjee is right about the  
 18 mouse monoclonal antibody--the rabbit  
 19 monoclonal antibody, that maybe we get over 90  
 20 percent, would we test anybody anyway, or  
 21 would we just assume that maybe we should  
 22 treat--offer people treatment, I don't know,  
 23 that may change, I don't know, it's something  
 24 that probably needs to be pursued with people  
 25 who are much more knowledgeable than me.

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1 COFFEY, Q.C.:

2 Q. I anticipate that that will happen here in due

3 course, but just some sense of your own

4 exposure to it, when you became and so that,

5 that's in 2006 that -

6 DR. WILLIAMS:

7 A. That article, yes, but back here in 2005, I

8 noted there was some, you know, expressed that

9 this was all because of technology change.

10 Now, I could understand that some of it,

11 because it makes it easier, you got a system

12 that you don't have to boil tissue, you don't

13 have to do this, you don't have to mix the

14 alaquats of antibody, it's all done for you,

15 that the system is working like it should,

16 that makes it easier to get the better

17 results, but I didn't attribute this problem

18 to new technology, no, not personally I didn't

19 anyway.

20 COFFEY, Q.C.:

21 Q. You thought that maybe some of the changes

22 might be -

23 DR. WILLIAMS:

24 A. Well improvements were because the system was

25 different, but you still could get good

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1 results from the older system, but it would be

2 harder. Now that's my understanding.

3 COFFEY, Q.C.:

4 Q. Sure. Looking at the last bullet here in this

5 e-mail on P-0070, it says, "Thinking we may

6 want to release mid-late next week." That

7 would be release what?

8 DR. WILLIAMS:

9 A. I would say something, a media release maybe.

10 We really wouldn't be able to go out with any

11 degree of comfort that we have a large number

12 of patients identified. I would say when you

13 go, get our list together and you get all the

14 addresses together and you go out to the other

15 Boards and get everything together, my

16 thinking it would take probably a month or so

17 to get a decent list to notify people

18 individually.

19 COFFEY, Q.C.:

20 Q. That would be to actually notify individuals,

21 so the release here would be in the context of

22 public -

23 DR. WILLIAMS:

24 A. I was thinking that a public release, that's

25 what we could do in a practical sense at this

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1 point in time.

2 COFFEY, Q.C.:

3 Q. Now, Doctor, on that point, so I take it you

4 envisaged a public release and potentially

5 followed up by--well then followed up by

6 individual contact.

7 DR. WILLIAMS:

8 A. Individual contact, yes. That would be my

9 thoughts at the time.

10 COFFEY, Q.C.:

11 Q. And the methodology used for individual

12 patient contact, you envisaged what?

13 DR. WILLIAMS:

14 A. Well I'm a fan of personal contact, so I would

15 probably be more in favour--well I know I

16 would be more in favour of somebody who has a

17 clinical background phoning up and talking to

18 somebody--I mean, I thought about it, you

19 know, and somebody gets a letter, maybe they

20 get it Friday afternoon or maybe they don't

21 get it until Saturday, get this letter, it

22 leaves them asking a lot of questions. Unless

23 you got a good hotline going for them to phone

24 in, people can get aggravated and agitated;

25 whereas if you phone somebody up and tell them

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1 and you got a caring person on the end of the

2 line who has some clinical background,

3 knowledge about this, it may be better and

4 then you can ask them if they want to ask any

5 questions and give them a number to phone back

6 and a contact name and something. Now that's

7 only my own thoughts, I don't have any

8 expertise in communications in terms of mass

9 communications. That's how we communicated

10 with patients, I guess in the office, you

11 know.

12 COFFEY, Q.C.:

13 Q. Now, Doctor, if I could please, exhibit P-

14 0071. Now this, Doctor, is material we

15 received, the Commission received from Deborah

16 Thomas-Pennell and I'm just going to take you,

17 get some sense of it, the pages are, the

18 watermark below it is draft on the back of the

19 page, do you see that?

20 DR. WILLIAMS:

21 A. Uh-hm.

22 COFFEY, Q.C.:

23 Q. And this particular page is briefing note,

24 "ER/PR Receptors Background" and it goes on

25 for two pages and then there's a draft media

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1 release, dated July 18th, 2005, entitled  
 2 "Breast Cancer Test Being Re-examined". At  
 3 page six there's another briefing note, "ER/PR  
 4 Receptors Background" and this is probably  
 5 another draft of the same, similar note.  
 6 DR. WILLIAMS:  
 7 A. Uh-hm.  
 8 COFFEY, Q.C.:  
 9 Q. On page 9 there's a "July XX media, draft  
 10 media release retesting due to improved  
 11 technology", page 11 and a "July XX draft  
 12 media release note--not briefing note, media  
 13 release for Eastern Health reviews, ER and PR  
 14 test results--I'm sorry, I skipped one. And  
 15 then there's key messages, listing at page 12  
 16 and then there's another draft media release,  
 17 July XX entitled "Laboratory testing review to  
 18 be completed by outside consultant." And then  
 19 there's what appears to be page 14, a  
 20 document, it begins "Eastern Health would like  
 21 to advise you of a situation which has lead to  
 22 the retesting of your breast tissue sample.  
 23 This is just an advisory notice. You do not  
 24 have to do anything" and it goes on at some  
 25 length. And it ends with, "If you have any

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1 questions about this process, please call 1-  
 2 800 and leave a message, someone will get back  
 3 to you promptly. Thank you." It appears to  
 4 be a draft letter.  
 5 DR. WILLIAMS:  
 6 A. Uh-hm.  
 7 COFFEY, Q.C.:  
 8 Q. And Doctor, on July 17th, 18th, 19th, 20th,  
 9 were you aware that communications personnel  
 10 had gotten this far?  
 11 DR. WILLIAMS:  
 12 A. I'm not sure. I know they were working--I  
 13 would suspect I knew they were working on it,  
 14 but they may not have been reporting to me on  
 15 it.  
 16 COFFEY, Q.C.:  
 17 Q. If we can go back, please, to P-0300. Now,  
 18 Doctor, just to come back to this July 18th,  
 19 2005 e-mail from Ms. Predham to yourself,  
 20 which letter are we talking about here?  
 21 DR. WILLIAMS:  
 22 A. I'm not sure, I'd have to see the attachment.  
 23 COFFEY, Q.C.:  
 24 Q. Do you know if any letter other than the  
 25 patients' letter?

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1 DR. WILLIAMS:  
 2 A. No, I don't, so it might be what's referenced  
 3 there, I'm not sure.  
 4 COFFEY, Q.C.:  
 5 Q. And "changes have been made, both agree it  
 6 should come from you", so is it your  
 7 recollection that back then the idea of the  
 8 patient, a letter to patients about this might  
 9 have been prepared for your signature?  
 10 DR. WILLIAMS:  
 11 A. It may have, yes. It says in the e-mail, we  
 12 just wouldn't be able to get it out, that's  
 13 another issue.  
 14 COFFEY, Q.C.:  
 15 Q. And I appreciate that, for the reasons you've  
 16 described, you'd need the addresses and so on.  
 17 DR. WILLIAMS:  
 18 A. Yes. I expect our communications people were  
 19 operating on the basis that we were going to  
 20 do something in terms of notification, yes.  
 21 COFFEY, Q.C.:  
 22 Q. Because it was not only apparently a draft  
 23 letter, but as well actually different  
 24 versions of a news release.  
 25 DR. WILLIAMS:

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1 A. Uh-hm.  
 2 COFFEY, Q.C.:  
 3 Q. Were you aware that different versions of a  
 4 news release were being prepared?  
 5 DR. WILLIAMS:  
 6 A. I can't--in all honesty, I can't answer--so  
 7 much going on. I know communications, because  
 8 Susan Bonnell was at her meetings, would be  
 9 working on things like that, but they might  
 10 have been running this by Susan. And you  
 11 know, she may not necessarily contact me all  
 12 the time.  
 13 COFFEY, Q.C.:  
 14 Q. Now, the second paragraph refers to Ms.  
 15 Predham having spoken to Deborah Thomas, that  
 16 would be Deborah Thomas Pennell?  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. And "the Department of Health has been  
 21 notified and is not involved". Up to the time  
 22 you got this e-mail were you aware that the  
 23 Department of Health had been notified and is  
 24 now involved?  
 25 DR. WILLIAMS:

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1 A. Probably not.  
 2 COFFEY, Q.C.:  
 3 Q. Okay.  
 4 DR. WILLIAMS:  
 5 A. Because I don't see any other information on  
 6 that.  
 7 COFFEY, Q.C.:  
 8 Q. You yourself in terms of that, did you  
 9 actually contact the Department of Health?  
 10 DR. WILLIAMS:  
 11 A. No, I thought--that was--I don't--as I said  
 12 earlier, I sought the permission of our CEO to  
 13 phone Mr. Abbott one time on the pathologist  
 14 workload issue. In future I wouldn't take it  
 15 upon myself -  
 16 COFFEY, Q.C.:  
 17 Q. You would -  
 18 DR. WILLIAMS:  
 19 A. No, I think that's an issue that the CEO would  
 20 deal with, the deputy and board chair would  
 21 probably deal with the minister. That's the  
 22 system I came from.  
 23 COFFEY, Q.C.:  
 24 Q. And a reference here to, "they would like a  
 25 letter sent to each woman outlining the

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1 problem and the steps we are taking to address  
 2 it. That draft letter will have to be seen by  
 3 our lawyer first, of course". Now, this is to  
 4 you, this e-mail.  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. Having gotten this, what, if anything did you  
 9 do? There are references here to letters,  
 10 lawyers.  
 11 DR. WILLIAMS:  
 12 A. I might have phoned Heather Predham and had  
 13 some discussion. I'm not sure at the time,  
 14 Mr. Coffey. Things were happening fairly  
 15 quick and we were going to move in and see the  
 16 minister, I think, the next week.  
 17 COFFEY, Q.C.:  
 18 Q. Did you--well, up to that point, this is a  
 19 Monday, July 18, did you have any  
 20 understanding that you would be seeing the  
 21 minister that week?  
 22 DR. WILLIAMS:  
 23 A. I may have, I'm not sure and I may not have.  
 24 COFFEY, Q.C.:  
 25 Q. What was the purpose, from your perspective of

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1 having the draft letter seen by the lawyer?  
 2 DR. WILLIAMS:  
 3 A. I would suspect to make sure that it's a  
 4 balanced letter; there's nothing in it that  
 5 they would have a problem with.  
 6 COFFEY, Q.C.:  
 7 Q. In the context of what?  
 8 DR. WILLIAMS:  
 9 A. Well, you know, there's an issue of, the issue  
 10 of liability here all the time when these  
 11 things happen. So you want to make sure that  
 12 somebody has seen it from that perspective.  
 13 Not that it would deter you from sending it  
 14 out, but -  
 15 COFFEY, Q.C.:  
 16 Q. Well then, what would the purpose be of--I  
 17 take it the lawyer might have you change  
 18 something to avoid an admission of liability.  
 19 That would be the idea.  
 20 DR. WILLIAMS:  
 21 A. Well, there might be something like that yes,  
 22 but still, it wouldn't deter the basic thrust  
 23 of having something go out, if that's the  
 24 decision that we made.  
 25 THE COMMISSIONER:

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1 Q. Wherever you can find a spot -  
 2 COFFEY, Q.C.:  
 3 Q. Okay, thank you.  
 4 THE COMMISSIONER:  
 5 Q. - you can let me know.  
 6 COFFEY, Q.C.:  
 7 Q. If we could, please, Exhibit P-0323 please.  
 8 Now Dr. Williams, this is what appears to be a  
 9 memo to George Tilley from yourself, re:  
 10 update ER/PR receptor testing.  
 11 DR. WILLIAMS:  
 12 A. Um-hm.  
 13 COFFEY, Q.C.:  
 14 Q. It's, I'll show you, undated.  
 15 DR. WILLIAMS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. And it is unsigned, but it begins with "the  
 19 following activity has taken place since the  
 20 memo of Dr. D. Cook to Dr. R. Williams dated  
 21 May 24, 2005 (attached)".  
 22 DR. WILLIAMS:  
 23 A. Um-hm.  
 24 COFFEY, Q.C.:  
 25 Q. So, I take it that that would be the letter

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1 that we looked at earlier, Dr. Cook's May 24  
 2 letter.  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. Do you recall, did you actually send a copy of  
 7 that to Mr. Tilley?  
 8 DR. WILLIAMS:  
 9 A. I'm pretty--if it says here. I've tried to  
 10 determine, looking back, when this was sent  
 11 and I think it was sent around August 14, as  
 12 best I can--sorry, not August, July 14, as  
 13 best I can try to piece it together from my  
 14 notes and where it fitted in.  
 15 COFFEY, Q.C.:  
 16 Q. And that's based upon the contents of the  
 17 letter, in fact, isn't it? Juxta-positioning  
 18 it against other -  
 19 DR. WILLIAMS:  
 20 A. Yeah, I think it's around the 14th.  
 21 COFFEY, Q.C.:  
 22 Q. And you report on the samples collected from  
 23 the 25 women initially tested as negative in  
 24 '02, were retested, 16 of these came back  
 25 positive. Testing is currently being done on

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1 33 more patients.  
 2 DR. WILLIAMS:  
 3 A. Yes, so that's when it would--it would have to  
 4 be before the 18th, probably--yes, that's  
 5 correct.  
 6 COFFEY, Q.C.:  
 7 Q. And you say, "approximately 12 of these  
 8 patients have been informed by their  
 9 oncologists. June 13, 2005 Dr. Cook wrote to  
 10 all laboratory directors to submit all  
 11 negative ER/PR cases for the year 2002 for  
 12 retesting with the new more sensitive Ventana  
 13 system. So far no samples have been received.  
 14 So, Dr. Cook will contact all laboratory  
 15 directors again requesting samples from '97 to  
 16 '04"?  
 17 DR. WILLIAMS:  
 18 A. Um-hm.  
 19 COFFEY, Q.C.:  
 20 Q. That suggests that you weren't aware that Dr.  
 21 Dalton had sent his -  
 22 DR. WILLIAMS:  
 23 A. Yes, it looks like that.  
 24 COFFEY, Q.C.:  
 25 Q. And the third bullet, you talk about the DAKO

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1 system and its history here, replacing the  
 2 bioassay method. You say in the second  
 3 sentence in this bullet, "all samples which  
 4 initially tested as negative from '97 until  
 5 the implementation of the Ventana system in  
 6 April 2004 will be retested". So, that was  
 7 the determination at that point. That was -  
 8 DR. WILLIAMS:  
 9 A. That was before the Ventana system was brought  
 10 into question.  
 11 COFFEY, Q.C.:  
 12 Q. Sure, okay. And here, you say, "as the test  
 13 results can affect future treatment, patients  
 14 that are still living will have their testing  
 15 done first before it is done on those that are  
 16 deceased". And that suggests that, in your  
 17 mind anyway, you were going to do the living  
 18 first and then retest the deceased.  
 19 DR. WILLIAMS:  
 20 A. At that point in time, yeah.  
 21 COFFEY, Q.C.:  
 22 Q. So, you did intend to retest the deceased?  
 23 DR. WILLIAMS:  
 24 A. It was always our intention to retest  
 25 everybody.

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1 COFFEY, Q.C.:  
 2 Q. Why was that? Why would you retest the  
 3 deceased?  
 4 DR. WILLIAMS:  
 5 A. Because we feel or I felt and I guess we feel  
 6 that, you know, people have the right to know,  
 7 if they want to know, that the tests--if  
 8 there's a change in the test, that that's a  
 9 right to know that. I guess I didn't think  
 10 any more it than that. You know, I felt that  
 11 that was an issue that would be a reasonable  
 12 thing to do, if they wanted to.  
 13 COFFEY, Q.C.:  
 14 Q. Yes, I appreciate that. So, what I'm asking  
 15 or I point you to it, Doctor, is this thought  
 16 process that--we'll do the living first and  
 17 then we'll certainly do the deceased and then  
 18 let the relatives know, if they wish.  
 19 DR. WILLIAMS:  
 20 A. Um-hm.  
 21 COFFEY, Q.C.:  
 22 Q. That was something that was your own thought.  
 23 DR. WILLIAMS:  
 24 A. Yes. I think that was my own, but I think  
 25 other than--I'm not sure if it was just my own



1 thought.  
 2 COFFEY, Q.C.:  
 3 Q. Yes.  
 4 DR. WILLIAMS:  
 5 A. I think it was the thoughts of the people who  
 6 were working on this at the time.  
 7 COFFEY, Q.C.:  
 8 Q. Okay. And that's what I'm -  
 9 DR. WILLIAMS:  
 10 A. That's what I'm thinking.  
 11 COFFEY, Q.C.:  
 12 Q. Kind of the consensus view. I would think so,  
 13 that's how we usually operate it.  
 14 THE COMMISSIONER:  
 15 Q. So, are you suggesting a question of whether  
 16 to do the living first was discussed at those  
 17 meetings that you had?  
 18 DR. WILLIAMS:  
 19 A. I can't--if I answered the question, I'm not  
 20 sure, but I suspect it was or it was just a  
 21 generally accepted thing that because the  
 22 people who are living, the test results can  
 23 affect them; let's do them first.  
 24 THE COMMISSIONER:  
 25 Q. I'm not suggesting there isn't great deal of

1 Q. Okay.  
 2 DR. WILLIAMS:  
 3 A. I think the thing here was we were rushing to  
 4 get tests off as soon as we could at the time  
 5 because we felt that there would be a quick  
 6 turnaround time.  
 7 THE COMMISSIONER:  
 8 Q. Yes.  
 9 DR. WILLIAMS:  
 10 A. And if we could get them all up and the  
 11 quicker we got them up, the quicker we'd get a  
 12 whole batch back. And that was probably in,  
 13 we didn't make the right assumption on that,  
 14 that's not what happened.  
 15 COFFEY, Q.C.:  
 16 Q. If we could take a break now, Commissioner.  
 17 THE COMMISSIONER:  
 18 Q. Sure, take 15 minutes.  
 19 (BREAK)  
 20 THE COMMISSIONER:  
 21 Q. Please be seated. Mr. Coffey?  
 22 COFFEY, Q.C.:  
 23 Q. Thank you, Commissioner. Now Doctor, if we  
 24 could please, just looking at this memo to Mr.  
 25 Tilley, the third bullet, it refers to "extra

1 logic in that, but I recall that a few moments  
 2 ago we were talking about the first 25 and  
 3 then 33 having been done and the numbers in  
 4 those that converted and how they got back to  
 5 Mount Sinai.  
 6 DR. WILLIAMS:  
 7 A. Um-hm.  
 8 COFFEY, Q.C.:  
 9 Q. So, when you got to the point where you were  
 10 sending to Mount Sinai, it seemed like you  
 11 weren't checking whether they had already been  
 12 sent to Mount Sinai. So, the checking to see  
 13 whether they were dead might be more  
 14 problematic.  
 15 DR. WILLIAMS:  
 16 A. Yes, we did send up a lot of patients' samples  
 17 of the patients that were dead, we found out  
 18 after. So, we asked Mount Sinai to defer  
 19 testing of those patients until after the  
 20 living were -  
 21 THE COMMISSIONER:  
 22 Q. Yes.  
 23 DR. WILLIAMS:  
 24 A. That comes up a little later.  
 25 THE COMMISSIONER:

1 resources have been identified within the lab  
 2 to undertake identification and retesting".  
 3 Do you recall what extra resources they were?  
 4 DR. WILLIAMS:  
 5 A. Yes, extra resources in this case would mean  
 6 that we didn't bring any additional people in.  
 7 That the extra resources we used were overtime  
 8 on the evenings and weekends to do this  
 9 process. Now, there was some discussion  
 10 around that, but really you wanted to have  
 11 people who had expertise and could do the work  
 12 fairly quicker and had been through the mill.  
 13 So, that's why, I guess, we decided we'd bring  
 14 people in on an overtime basis and after hours  
 15 to get it done because you didn't have to  
 16 train them. If you bring somebody else in,  
 17 you'd probably have to train them, you'd lose  
 18 time in training.  
 19 COFFEY, Q.C.:  
 20 Q. Sure, the extra resources, it means, provision  
 21 to pay the people who knew, or familiar with  
 22 this -  
 23 DR. WILLIAMS:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

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1 Q. - situation, over time -  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. - in order to carry out the tasks. "The list  
 6 of patients will be double checked with the  
 7 names on the cancer registry to ensure none  
 8 have been missed". What did that relate to?  
 9 DR. WILLIAMS:  
 10 A. Again, I think we referenced it in an earlier  
 11 meeting here, July 15.  
 12 COFFEY, Q.C.:  
 13 Q. Yes.  
 14 DR. WILLIAMS:  
 15 A. Heather was going to contact the cancer  
 16 registry to compare our data with their data.  
 17 COFFEY, Q.C.:  
 18 Q. And was there a concern that your data,  
 19 therefore, might not be complete?  
 20 DR. WILLIAMS:  
 21 A. No, I don't think it was--I think it was just,  
 22 this is another check and balance, maybe, to  
 23 make sure. Now, the issue with the cancer  
 24 registry, there were some difficulties there  
 25 in getting the -

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1 COFFEY, Q.C.:  
 2 Q. Perhaps you can tell us about that because -  
 3 DR. WILLIAMS:  
 4 A. Yes. My recollection is that there was some  
 5 difficulties in the cancer registry in getting  
 6 information from the health boards. A few--  
 7 some time around this time or maybe a year or  
 8 two before there was a document sent around by  
 9 Bertha Paulse from the Newfoundland Cancer  
 10 Treatment and Research Foundation that was  
 11 seeing if labs would sign up to transmit all  
 12 their information on cancer cases to the  
 13 Cancer Registry online, something like that,  
 14 try to link in. So, I think our board signed  
 15 up for that. I don't know what time it was,  
 16 but there seemed to be some issues around them  
 17 having all the information. So, -  
 18 COFFEY, Q.C.:  
 19 Q. Or not having it?  
 20 DR. WILLIAMS:  
 21 A. Not having it, yes. The not having it being  
 22 the operative word, yes. So, I think that I  
 23 would have known that in 2005 and so, I  
 24 wouldn't be surprised if the Cancer Registry,  
 25 we had more, maybe some more data than they

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1 did in certain years.  
 2 THE COMMISSIONER:  
 3 Q. What's intended to be on the Cancer Registry?  
 4 DR. WILLIAMS:  
 5 A. That's to be a registry of all cancer in the  
 6 province--any time a case is registered and  
 7 normally, a cancer is diagnosed through the  
 8 laboratory, pathology laboratory. So, if you  
 9 link in and provide them with the results of  
 10 your testing, then they got a record of the  
 11 incidents of cancer in the province, this type  
 12 of thing. That's what the Registry is for.  
 13 THE COMMISSIONER:  
 14 Q. So, it's a statistical vehicle -  
 15 DR. WILLIAMS:  
 16 A. Statistical registry.  
 17 THE COMMISSIONER:  
 18 Q. - used for those kinds of -  
 19 DR. WILLIAMS:  
 20 A. So you can--yes, it's used for planning and  
 21 certainly, if you know your incidents of  
 22 cancer is going up over time, then you might  
 23 know you got a problem and then you start to  
 24 look for it. And then you look at your  
 25 mortality rates from cancer and then you can

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1 match them with your incidents rates and see  
 2 if your mortality is greater in the province  
 3 than other provinces for this particular  
 4 cancer, maybe there's something you should  
 5 look at.  
 6 THE COMMISSIONER:  
 7 Q. Okay.  
 8 COFFEY, Q.C.:  
 9 Q. Doctor, there's a reference here to, one says  
 10 "timelines required to do the retesting  
 11 internally will be determined as soon as  
 12 possible. If it is determined to be too time  
 13 consuming, options to utilize external  
 14 laboratories will be explored". Do you see  
 15 that? That's -  
 16 DR. WILLIAMS:  
 17 A. Yes, I saw that, yes.  
 18 COFFEY, Q.C.:  
 19 Q. What was that all--testing internally makes  
 20 sense, in the sense of figure out how long  
 21 it's going to take.  
 22 DR. WILLIAMS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. And the idea though if it's too time

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1 consuming, you might go to external labs to do  
 2 the retesting.  
 3 DR. WILLIAMS:  
 4 A. That would be, yes, would be my interpretation  
 5 of that. And it's consistent with our July 14  
 6 notes here, when farm out testing outside the  
 7 province, that was--remember we talked about  
 8 that earlier?  
 9 COFFEY, Q.C.:  
 10 Q. Yeah.  
 11 DR. WILLIAMS:  
 12 A. As a separate bullet. So, it seems to be  
 13 consistent with that comment that--you see, we  
 14 only have so much capacity obviously and we  
 15 have a responsibility to ongoing work as well.  
 16 So, we felt we couldn't get this done on a  
 17 timely basis, given our ongoing work as well,  
 18 that we would look to see if there's other  
 19 options.  
 20 COFFEY, Q.C.:  
 21 Q. Now, on this point, okay, because I take it  
 22 the Ventana machine or machines, in fact, were  
 23 used to process the ER stains.  
 24 DR. WILLIAMS:  
 25 A. Um-hm.

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1 COFFEY, Q.C.:  
 2 Q. And the PR stains?  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. And did you have any--by this point in time,  
 7 by the middle of July--any understanding as to  
 8 whether or not the Ventana was used for other  
 9 stains.  
 10 DR. WILLIAMS:  
 11 A. Some time around here I've had some  
 12 understanding that there was other things  
 13 involved as well besides ER/PR.  
 14 COFFEY, Q.C.:  
 15 Q. But the IHC stains -  
 16 DR. WILLIAMS:  
 17 A. Yes, and I had some understanding, some time  
 18 in this about type one and type two stains,  
 19 but I can't tell you when I had that  
 20 understanding, Mr. Coffey. And when I got  
 21 that understanding, whether I got that from  
 22 the literature that was provided, whether  
 23 somebody told me about it, but I started to  
 24 learn about other stains.  
 25 COFFEY, Q.C.:

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1 Q. In terms of capacity, I take it that, you  
 2 know, you have hundreds of blocks to be  
 3 retested for ER and Pr.  
 4 DR. WILLIAMS:  
 5 A. Yes.  
 6 COFFEY, Q.C.:  
 7 Q. Well, they're going to take up--so, each one  
 8 will create a slide which will take up one  
 9 slot in a machine.  
 10 DR. WILLIAMS:  
 11 A. Um-hm.  
 12 COFFEY, Q.C.:  
 13 Q. Did you understand that the machine actually  
 14 had a number of different slots for different,  
 15 potentially for slides?  
 16 DR. WILLIAMS:  
 17 A. No, I didn't understand the nitty gritty of  
 18 the machine. The other thing you'd have to  
 19 consider, if you're going to send the testing  
 20 out of the province is all the time and effort  
 21 that goes into packing it up and there's a lot  
 22 of front end work that you wouldn't have to do  
 23 if you were retesting locally. So, you have  
 24 to weigh off all those things.  
 25 COFFEY, Q.C.:

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1 Q. And at least you were turning your mind to it  
 2 at the time in terms of thinking about it the  
 3 pros and cons.  
 4 DR. WILLIAMS:  
 5 A. Yes, we're looking at a timely turnaround as  
 6 best we could.  
 7 COFFEY, Q.C.:  
 8 Q. The last bullet on that page, sir, it says,  
 9 "it has been determined that the positive  
 10 controls were conducted every day as part of  
 11 the quality assurance process within the lab.  
 12 Results were read and documented daily by a  
 13 pathologist. Also the processes used by  
 14 Health Care Corporation of St. John's  
 15 technicians were those outlined in a DAKO  
 16 procedure manual". Now, where did you get  
 17 this information?  
 18 DR. WILLIAMS:  
 19 A. I would say that came from Mr. Gulliver. If  
 20 you're talking about the DAKO procedure  
 21 manual, I suspect that information came from  
 22 him.  
 23 COFFEY, Q.C.:  
 24 Q. And -  
 25 DR. WILLIAMS:

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1 A. I can't be certain, but I would expect.  
 2 COFFEY, Q.C.:  
 3 Q. Sure, yes. And the idea that it has been  
 4 determined the positive controls were  
 5 conducted every day as part of the quality  
 6 assurance process within the lab, you wouldn't  
 7 have known that of your own personal  
 8 knowledge?  
 9 DR. WILLIAMS:  
 10 A. No, I would have asked; somebody would have  
 11 told it.  
 12 COFFEY, Q.C.:  
 13 Q. "And the results were read and documented  
 14 daily by a pathologist". That would be of the  
 15 positive controls?  
 16 DR. WILLIAMS:  
 17 A. That's my understanding, yes.  
 18 COFFEY, Q.C.:  
 19 Q. And do you recall at this point, anyway, this  
 20 would be mid July, as best you can tell, were  
 21 there any reservations expressed to you at  
 22 that time about whether or not they could  
 23 document all those positive controls?  
 24 DR. WILLIAMS:  
 25 A. There were some reservations expressed at some

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1 time down the line that maybe--and it might  
 2 have been--it doesn't seem like it's here, but  
 3 at some time over the summer, there became,  
 4 you know, whether they were documented all the  
 5 time, I was told they were done, but maybe  
 6 they weren't always documented. I think that  
 7 came out later, but I'm not sure.  
 8 COFFEY, Q.C.:  
 9 Q. And if we could please, Commissioner, it's a  
 10 reference at the top of the next page to "the  
 11 current testing standards (Ventana system) are  
 12 being assessed by cross referencing our  
 13 results with another lab".  
 14 DR. WILLIAMS:  
 15 A. I guess this was prepared, we would have  
 16 understood that something was going to be done  
 17 between us and Mount Sinai. I think there was  
 18 a reference earlier to that.  
 19 COFFEY, Q.C.:  
 20 Q. Yes, there was, Doctor O'Malley. So that  
 21 might be a reference to that. "The public  
 22 will have to be informed. Corporate  
 23 communications have been involved and at least  
 24 five patients are aware of this information  
 25 already. Disclosure has to be made quickly.

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1 After meeting with the surgeons and  
 2 oncologists it was decided to wait until we  
 3 were able to get more information regarding  
 4 retesting. The anticipated timelines and a  
 5 support line established. This support line  
 6 for patients will be co-ordinated through QSI.  
 7 Legal counsel will review the proposed media  
 8 release before it is distributed". Now, sir,  
 9 the meeting with the surgeons and oncologists  
 10 would have been around July 14th, I believe we  
 11 looked at?  
 12 DR. WILLIAMS:  
 13 A. The 14th is the first time I think we got  
 14 together, according to my notes.  
 15 COFFEY, Q.C.:  
 16 Q. The large group?  
 17 DR. WILLIAMS:  
 18 A. Yes. So this looks like it's the 14th,  
 19 probably a 15th memo.  
 20 COFFEY, Q.C.:  
 21 Q. And the reference to "As at least five  
 22 patients are aware of this information  
 23 already."  
 24 DR. WILLIAMS:  
 25 A. In retrospect I think more patients were aware

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1 of it by then.  
 2 COFFEY, Q.C.:  
 3 Q. Yes, there would have been more. In the five  
 4 you might have been thinking about the  
 5 original -  
 6 DR. WILLIAMS:  
 7 A. That was the original tests that were done but  
 8 then there was more, there was another 11  
 9 done. That's the original 16, I guess, we're  
 10 talking about, 17, really, to be exact.  
 11 COFFEY, Q.C.:  
 12 Q. And the idea, the note--or the communication  
 13 here is meant to convey to Mr. Tilley that,  
 14 look, if these people know, it could go  
 15 public?  
 16 DR. WILLIAMS:  
 17 A. Well, yeah -  
 18 COFFEY, Q.C.:  
 19 Q. At any point?  
 20 DR. WILLIAMS:  
 21 A. - that was the issue. The more people you  
 22 tell, the more it could become public. Now,  
 23 we wouldn't let that interfere with telling  
 24 people.  
 25 COFFEY, Q.C.:

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1 Q. Sure.  
 2 DR. WILLIAMS:  
 3 A. Once their tests are available and if somebody  
 4 goes public, so be it, then you just tell the  
 5 truth, tell them what you're doing, what  
 6 happened, what you're doing.  
 7 COFFEY, Q.C.:  
 8 Q. You refer in the second-last bullet here,  
 9 "Once the magnitude of the problem and  
 10 relevant time frames has been determined, an  
 11 external technical consultation will need to  
 12 be undertaking to assess standards and quality  
 13 of service."  
 14 DR. WILLIAMS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. I take it that was to bring in some outside -  
 18 DR. WILLIAMS:  
 19 A. Yes. This -  
 20 COFFEY, Q.C.:  
 21 Q. - expertise?  
 22 DR. WILLIAMS:  
 23 A. I'm looking at this briefing note, I suspect  
 24 this is probably prepared with the  
 25 abbreviation QSI, I suspect Heather Predham,

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1 based upon the information, prepared this  
 2 briefing note for me and I sent it on to Mr.  
 3 Tilley.  
 4 COFFEY, Q.C.:  
 5 Q. The final bullet says, "HIROC will be  
 6 contacted to determine if they are aware of  
 7 any other issues with the DAKO testing  
 8 system."  
 9 DR. WILLIAMS:  
 10 A. Yeah, we thought that would be a good source.  
 11 They're covering, they are insurers of  
 12 hospitals in many provinces across the  
 13 country, so they might have some information  
 14 that would help us out.  
 15 COFFEY, Q.C.:  
 16 Q. And so who was to do that?  
 17 DR. WILLIAMS:  
 18 A. That would be Heather, for sure.  
 19 COFFEY, Q.C.:  
 20 Q. I take is she dealt with the insurance  
 21 company?  
 22 DR. WILLIAMS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. And she would have dealt with the insurance

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1 company, you understood, and the insurers'  
 2 lawyers?  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. Exhibit P-0509, please?  
 7 COMMISSIONER:  
 8 Q. Before you move on, can I just ask one  
 9 question on the top bullet there, the "Current  
 10 testing standards being assessed by cross-  
 11 reference."  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. With another laboratory. Was that the  
 16 business of the original plan by Dr. Carter to  
 17 send the -  
 18 DR. WILLIAMS:  
 19 A. Yeah, it was mentioned -  
 20 COMMISSIONER:  
 21 Q. - every tenth one or was that the--when you  
 22 came to the decision that you'd better do the  
 23 consult?  
 24 DR. WILLIAMS:  
 25 A. No, I think what we were going to be doing is

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1 sending some tests out that had been retested  
 2 on the Ventana to an outside lab just to see  
 3 if they could confirm our retest--our testing  
 4 results.  
 5 COMMISSIONER:  
 6 Q. Yeah. The original 16, plus the 25 -  
 7 DR. WILLIAMS:  
 8 A. They were sent up as a consult -  
 9 COFFEY, Q.C.:  
 10 Q. - were sent as a consult. And that's what I'm  
 11 wondering if that -  
 12 DR. WILLIAMS:  
 13 A. They were sent up for a different reason.  
 14 COFFEY, Q.C.:  
 15 Q. It was a different, yeah.  
 16 DR. WILLIAMS:  
 17 A. For a different reason.  
 18 COMMISSIONER:  
 19 Q. Okay.  
 20 COFFEY, Q.C.:  
 21 Q. If I could, Commissioner, on that point?  
 22 COMMISSIONER:  
 23 Q. Yeah, okay.  
 24 COFFEY, Q.C.:  
 25 Q. Because the documents are not here yet.

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1 COMMISSIONER:  
 2 Q. That relates to current testing?  
 3 COFFEY, Q.C.:  
 4 Q. Yeah. Doctor, in terms of that was Montreal  
 5 or hospitals in Montreal ever utilized?  
 6 DR. WILLIAMS:  
 7 A. Yes, that's true, there was Dr. Waters, I  
 8 forgot that. You'll get to it. Dr. Cook knew  
 9 Dr. Waters in Montreal, he knew he had a  
 10 Ventana system up there so we wanted to  
 11 compare our systems, type of thing.  
 12 COFFEY, Q.C.:  
 13 Q. Okay.  
 14 COMMISSIONER:  
 15 Q. So that really has nothing to do with the  
 16 past, it has to do with the ongoing current,  
 17 is it?  
 18 DR. WILLIAMS:  
 19 A. It was something that Dr. Cook was going to do  
 20 just to have our Ventana system checked with  
 21 somebody else's Ventana system in another  
 22 hospital to see if their results and our  
 23 results were the same.  
 24 COMMISSIONER:  
 25 Q. Okay.

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1 COFFEY, Q.C.:  
 2 Q. And there will be more forthcoming on this.  
 3 COMMISSIONER:  
 4 Q. All right. Thank you.  
 5 COFFEY, Q.C.:  
 6 Q. From the actual technical staff.  
 7 DR. WILLIAMS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. And clinical staff involved. And looking at  
 11 P-0509, please? If I could, please, page 2?  
 12 And there's an e-mail here from Heather  
 13 Predham July 19th, 2005 at 8:22 a.m., it's to  
 14 yourself, Dr. Cook, Mr. Gulliver, Susan  
 15 Bonnell and Deborah Thomas, copied to Denise  
 16 Dunn and Patricia Pilgrim. So I take it is  
 17 Ms. Pilgrim now involved at this point? I  
 18 don't -  
 19 DR. WILLIAMS:  
 20 A. It would seem so, yes, it would seem so.  
 21 COFFEY, Q.C.:  
 22 Q. I don't see, I don't recall seeing her name on  
 23 the list of those meetings earlier.  
 24 DR. WILLIAMS:  
 25 A. At that stage I think Ms. Pilgrim would still

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1 be Ms. Predham's person who she would report  
 2 to.  
 3 COFFEY, Q.C.:  
 4 Q. Okay.  
 5 DR. WILLIAMS:  
 6 A. My recollection is that we didn't make the  
 7 transfer of responsibility official until  
 8 probably August, September, Octoberish type of  
 9 time frame. I don't know if it's written down  
 10 anywhere, but that's my understanding.  
 11 COFFEY, Q.C.:  
 12 Q. She writes, "Hi, I had a long conversation  
 13 with the representatives from HIROC yesterday  
 14 evening. As a bit of background, they are  
 15 currently defending a class action lawsuit  
 16 against Health Labrador re the reprocessing of  
 17 equipment. Apparently the aspect of this  
 18 lawsuit in which they are most vulnerable"--  
 19 sorry, "vulnerable, was the method that people  
 20 were informed. Ches Crosbie has alleged in  
 21 the lawsuit that the people suffered  
 22 significant mental anguish from the way they  
 23 were told and that the risk of disease from  
 24 their exposure did not warrant the stress and  
 25 anxiety they suffered by being told. The

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1 organization felt the need to disclose  
 2 publicly, ran it by their legal counsel and  
 3 then wrote letters to every person affected  
 4 and sent out a news release (sound  
 5 familiar)??? Their vulnerability comes from  
 6 the lack of weighing out the risk from the  
 7 exposure versus the anxiety of being told  
 8 about it. In this case the risk from the  
 9 exposure was very small. This leads us to our  
 10 situation. It's not that they don't want us  
 11 to disclose, they just don't want us to  
 12 disclose until we are sure of our facts. I've  
 13 had a quick voice mail from Dan after my chat  
 14 with HIROC, they contacted him after they hung  
 15 up from me reiterating this and that they will  
 16 be in touch again in the morning. So I guess  
 17 we will have to reevaluate where we are before  
 18 we plan to send those letters, etcetera.  
 19 Should we chat about this face to face?"  
 20 Signed "Heather." Now, you would have  
 21 received this on the morning of July 19th?  
 22 DR. WILLIAMS:  
 23 A. Um-hm.  
 24 COFFEY, Q.C.:  
 25 Q. Tuesday. And looking above this, there's an

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1 e-mail from Ms. Bonnell at 8:44 that morning.  
 2 She responds effectively to everybody who got  
 3 the earlier e-mail, including yourself saying,  
 4 "It would be very appropriate for us to  
 5 discuss this as quickly as possible. Can we  
 6 set up a face to face today? I'm going to see  
 7 what I can pull from the Health Labrador  
 8 crisis. I'm not sure how much of this I would  
 9 have kept, but I'll see what I can find." And  
 10 then another e-mail minutes later, at 8:46  
 11 from Ms. Predham to everybody involved. "Do  
 12 you want me to see if I can get Dan there? He  
 13 and I are meeting with a family at 2 p.m. at  
 14 corporate office. Any time before that." And  
 15 then there's an e-mail from Ms. Predham again  
 16 a couple of minutes later. She left a voice  
 17 mail for Mr. Boone to check his availability  
 18 and how available are the rest of you before 2  
 19 p.m. And finally, I'm sorry, at the top of  
 20 the page, there's a reference at 8:59 from  
 21 Susan Bonnell in an e-mail to all of you,  
 22 "This is fine for us. I've got a couple of  
 23 calls out re getting the initial labrador  
 24 reaction. In speaking with Carolyn Chaplin of  
 25 the department, she seems to recall that one

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1 of the main issues in Lab was that the women  
 2 were sent registered letters which destroyed  
 3 their anonymity in small communities.  
 4 Secondary to that key medical spokespeople  
 5 were not out front and had to be coached into  
 6 speaking. The organization simply sent out a  
 7 press release and then sort of refused to talk  
 8 about it. Obviously this is not the approach  
 9 we would take here. It is essential that we  
 10 put forward our key medical people and make an  
 11 oncologist available who will also instill  
 12 confidence and reassure patients. We can talk  
 13 more later. I'll see what--I'll bring in what  
 14 I can." Now, sir, was there a meeting on July  
 15 19th?  
 16 DR. WILLIAMS:  
 17 A. Well, according to my notes there was.  
 18 COFFEY, Q.C.:  
 19 Q. Okay. If we could look, please, at Exhibit P-  
 20 0521?  
 21 DR. WILLIAMS:  
 22 A. Unfortunately, there's not a lot in those  
 23 notes.  
 24 COFFEY, Q.C.:  
 25 Q. Yes.

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1 DR. WILLIAMS:  
 2 A. To reference this issue. But it looks like  
 3 players that we're talking about are around  
 4 the table.  
 5 COFFEY, Q.C.:  
 6 Q. In those e-mails we just looked at?  
 7 DR. WILLIAMS:  
 8 A. Yes.  
 9 COFFEY, Q.C.:  
 10 Q. And this is--this page has a note for two  
 11 days, the 19th and 20th of July. But July  
 12 19th the attendees are Heather Predham, Terry  
 13 Gulliver, Dan Boone, Don Cook, Bob Williams,  
 14 Susan Bonnell and Deborah Thomas. And it  
 15 simply reads, "Background, Dr. Cook, Mr.  
 16 Gulliver, 650 patients, 1997 to 2004, ER/PR  
 17 negative. Total test about 380 per year. 32  
 18 of 2003 reviewed, 24 are positive. 2002" is  
 19 "- results, 2003," and you've got some  
 20 question marks after it. "2001 - may."  
 21 DR. WILLIAMS:  
 22 A. Yes, that's what it says.  
 23 COFFEY, Q.C.:  
 24 Q. Okay. And that's the sum total. Now, about  
 25 this, where was this meeting held, do you

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1 know?  
 2 DR. WILLIAMS:  
 3 A. I would expect it was probably over around my  
 4 office there. I would expect, but I can't be  
 5 sure.  
 6 COFFEY, Q.C.:  
 7 Q. Because the last e-mail from Ms. Bonnell here  
 8 and P-0509, her last comment is, "I'll bring  
 9 in what I can." Suggesting that it was--she  
 10 was coming into the city, in the main part of  
 11 the city.  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. Which I'll refer to it that way with no  
 16 offence to anybody. Maybe tells you something  
 17 about my own background. But she would be  
 18 coming in to the Health Sciences Centre?  
 19 DR. WILLIAMS:  
 20 A. It sounds that way.  
 21 COFFEY, Q.C.:  
 22 Q. Sounds like it?  
 23 DR. WILLIAMS:  
 24 A. Yes. And it sounds, looking at this, that  
 25 what we did, just looking at it, it all seems

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1 to relate to how much--how many tests we'd  
 2 done, how much we knew about the conversions  
 3 at the time seems to fit in with what  
 4 knowledge base do you have about what's  
 5 happened so far.  
 6 COFFEY, Q.C.:  
 7 Q. Sure.  
 8 DR. WILLIAMS:  
 9 A. That's what it seems here, but I didn't take -  
 10 COFFEY, Q.C.:  
 11 Q. Copious notes?  
 12 DR. WILLIAMS:  
 13 A. - good notes, no, at that time. I probably  
 14 was trying to keep up with the conversation  
 15 that was going on.  
 16 COFFEY, Q.C.:  
 17 Q. Now, Doctor, Ms. Predham's e-mail that started  
 18 this chain of e-mails or the series of e-mails  
 19 here at 8:22 that morning when she says, "I  
 20 had a long conversation with representatives  
 21 from HIROC."  
 22 DR. WILLIAMS:  
 23 A. Um-hm.  
 24 COFFEY, Q.C.:  
 25 Q. That would be consistent with the earlier

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1 reference we just looked at to -  
 2 DR. WILLIAMS:  
 3 A. Yes. She was going to try to find out if they  
 4 had any information for us.  
 5 COFFEY, Q.C.:  
 6 Q. And apparently they got off on the  
 7 conversation about the Labrador West issue?  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. In the July 19th meeting what was Mr. Boone  
 12 doing there?  
 13 DR. WILLIAMS:  
 14 A. Well, I was presuming, just again, that he was  
 15 HIROC's representative and lawyer here and we  
 16 were contemplating sending out a letter and  
 17 HIROC said, well, make sure you got enough--  
 18 send out a letter but make sure you got, you  
 19 know, enough information or good information  
 20 before you send it out. So I presume he was  
 21 there from that perspective just to--because it  
 22 was referenced that somebody, I don't know  
 23 who, suggested bringing him along.  
 24 COFFEY, Q.C.:  
 25 Q. Was it your suggestion?

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1 DR. WILLIAMS:  
 2 A. I doubt it.  
 3 COFFEY, Q.C.:  
 4 Q. There's no suggestion in the e-mails that it  
 5 was yours and we just looked at it.  
 6 DR. WILLIAMS:  
 7 A. No, I doubt it.  
 8 COFFEY, Q.C.:  
 9 Q. No. Based upon those who were there at the  
 10 meeting, listed there in your--P-0521, please?  
 11 That list of people, looking at that list,  
 12 from your perspective, if you didn't invite  
 13 Mr. Boone, I take it the person who would have  
 14 most contact with Mr. Boone would be Ms.  
 15 Predham?  
 16 DR. WILLIAMS:  
 17 A. I would suspect, yes.  
 18 COFFEY, Q.C.:  
 19 Q. So was the idea of sending a letter discussed  
 20 at that meeting?  
 21 DR. WILLIAMS:  
 22 A. It doesn't say anything in the minutes, so I  
 23 can't answer your question because I can't  
 24 remember. It looks like we discussed a lot  
 25 about how much we knew and probably the issue

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1 of a letter came up in reference. I don't  
 2 know, though. If I answered your question, I  
 3 wouldn't be able to confirm it, so I can only  
 4 attest to who was there and what the note  
 5 said.  
 6 COFFEY, Q.C.:  
 7 Q. Who was the senior person at that meeting?  
 8 DR. WILLIAMS:  
 9 A. That would be me.  
 10 COFFEY, Q.C.:  
 11 Q. So if there was any decision about letters to  
 12 be made at that point -  
 13 DR. WILLIAMS:  
 14 A. I would have put it down there, I suspect. I  
 15 was trying to capture what we discussed but I  
 16 was trying to capture in most meetings  
 17 decision points so I could refer back to them  
 18 at some later date. I'll have some comments  
 19 as we go along further about--this may become  
 20 a little clearer, I think.  
 21 COFFEY, Q.C.:  
 22 Q. Yes. And certainly then as of July 19th the  
 23 time the meeting--or do you know what the  
 24 meeting was?  
 25 DR. WILLIAMS:



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1 A. No, I wouldn't know that, sorry. A lot of our  
 2 meetings took place late in the afternoon, but  
 3 I don't know if that's true in this case.  
 4 COFFEY, Q.C.:  
 5 Q. Now, coming out of that meeting, do you recall  
 6 if you contacted Mr. Tilley?  
 7 DR. WILLIAMS:  
 8 A. I'm not sure, but his name appears at our  
 9 meeting the next day.  
 10 COFFEY, Q.C.:  
 11 Q. Yes. And if we could, please, though, Exhibit  
 12 P-0329? Now, this is a, it's described as  
 13 being from George Tilley's notes and there's a  
 14 date of July 19th and there's a reference to  
 15 Susan B. And then below that there's 3 p.m.  
 16 DR. WILLIAMS:  
 17 A. Yeah.  
 18 COFFEY, Q.C.:  
 19 Q. Bob W.  
 20 DR. WILLIAMS:  
 21 A. That sounds like me.  
 22 COFFEY, Q.C.:  
 23 Q. And then there's fairly detailed, I'm going to  
 24 suggest fairly detailed notes, "2002, Bev  
 25 Carter, 154 cases. 80 negative. 58 retested.

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1 20 outstanding. 41 positive." And then it's  
 2 written "Legal counsel cautions release  
 3 pending full results. Bev Carter, remaining  
 4 2002, apparent problem. Benchmark 50 to 80  
 5 percent positive for all types cancers. 100  
 6 percent of positive of lobular cancers. '97  
 7 to '04. Partly manual control sample known  
 8 positive." I'm sorry, "heat for 30 minutes to  
 9 separate antigen, lab" something "said process  
 10 followed. File review 380 average cases per  
 11 year, Terry, 2003, interim report 32 cases, 24  
 12 positive, approximately 75 percent positive,  
 13 374 cases (year)" and then "Mary, 2001" Now  
 14 sir, does that help you in any way to recall,  
 15 you know -  
 16 DR. WILLIAMS:  
 17 A. Well, if he says--there's a note there that I  
 18 phoned him, I phoned him. I mean, I just  
 19 can't remember phoning him. It's a lot of  
 20 detail I provided him, by the looks of it,  
 21 right.  
 22 COFFEY, Q.C.:  
 23 Q. Yes.  
 24 DR. WILLIAMS:  
 25 A. So I would have to say that he wrote a note

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1 contiguous with a phone call he received from  
 2 me and it looks like I covered a lot of ground  
 3 in that phone call.  
 4 COFFEY, Q.C.:  
 5 Q. And -  
 6 DR. WILLIAMS:  
 7 A. It looks like what we knew at the time, pretty  
 8 well, because it's consistent with some other  
 9 notes.  
 10 COFFEY, Q.C.:  
 11 Q. And any decision to release the information,  
 12 either publicly or to individual patients, at  
 13 this point, was in whose hands, from your  
 14 perspective?  
 15 DR. WILLIAMS:  
 16 A. I think that was in--I wouldn't go--I would  
 17 consult with the CEO before we did that.  
 18 COFFEY, Q.C.:  
 19 Q. So it was in Mr. Tilley's hands?  
 20 DR. WILLIAMS:  
 21 A. In a sense, the final sign off would be on it,  
 22 yes. I wouldn't go off and send out a letter.  
 23 Well, we weren't in a position to send out a  
 24 letter anyway at that time, but we were in a  
 25 position to make a public announcement. We

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1 could have made a public announcement.  
 2 COFFEY, Q.C.:  
 3 Q. Could have?  
 4 DR. WILLIAMS:  
 5 A. Yes, but we wouldn't have the names of people  
 6 to send out a letter to at that time. It  
 7 would take some time to get the names.  
 8 COFFEY, Q.C.:  
 9 Q. Was the legal counsel cautioning "caution  
 10 release pending for results," was that raised  
 11 in the July 19th meeting? I appreciate you  
 12 don't have a note there, but -  
 13 DR. WILLIAMS:  
 14 A. I don't have a note, no. Sounds like either  
 15 it came from -  
 16 COFFEY, Q.C.:  
 17 Q. During the meeting -  
 18 DR. WILLIAMS:  
 19 A. I think there was an e-mail that might have  
 20 referenced that, I'm not sure, from Heather  
 21 Predham, saying he was--I might have got it  
 22 from the e-mail or it might have come out in  
 23 the July 19th meeting, but it didn't--I  
 24 didn't, for some reason, the notes of the July  
 25 19th meeting are pretty scanty, so I must have

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1        been trying to keep up mentally with what was  
 2        being said.  
 3 COFFEY, Q.C.:  
 4        Q. Now looking at this, it suggests--there's a  
 5        reference here "2002 Bev Carter, 154 cases, 80  
 6        negative, 58 retested" that would be  
 7        presumably "58 retested, 41 positive" and out  
 8        of the 80 that are negative, 20 outstanding,  
 9        and well, the arithmetic would be, and in fact  
 10       that seems to be written over, actually, if  
 11       you look at what's there?  
 12 DR. WILLIAMS:  
 13       A. Yes.  
 14 COFFEY, Q.C.:  
 15       Q. So by this point in July, had you been made  
 16       aware of the results of what Dr. Carter had  
 17       found so far?  
 18 DR. WILLIAMS:  
 19       A. I'd really have to go back and look at the  
 20       record and documents. I can't really answer  
 21       that question. Like I say, there was--days  
 22       were just melding together. Information was  
 23       coming in on a daily basis. I think we just  
 24       have to trace through.  
 25 COFFEY, Q.C.:

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1        Q. At the time, Doctor, who was tasked with  
 2        keeping track of all this? Because as you  
 3        say, there are many people involved. People  
 4        attending some meetings, not attending others  
 5        because they're unavailable and people are  
 6        being added and they come in--they go in and  
 7        out of the documents here. Who, if any--was  
 8        there anyone tasked with actually keeping  
 9        track of it?  
 10 DR. WILLIAMS:  
 11       A. I would expect the lab people would keep track  
 12       of their lab data and lab records, yes, so  
 13       that we could get it when we needed it. And I  
 14       was trying to bring things together, bring  
 15       people together to discuss the main issues,  
 16       but that's one of the things, you know, in  
 17       looking at in retrospect, I have some comments  
 18       about if we had to do it again, how we might  
 19       handle it.  
 20 COFFEY, Q.C.:  
 21       Q. And on that point, while we're on the topic,  
 22       you know, looking back on it, bearing in mind  
 23       the--what lessons have you learned from it?  
 24 DR. WILLIAMS:  
 25       A. The lesson I learned was that if you're going

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1        to try to--this is such a big issue, that you  
 2        almost need to create a task force with the  
 3        only role is to deal with this issue. It's  
 4        almost--it's that big, in retrospect, and so  
 5        you'd have somebody who's at a senior level  
 6        who'd be charged, their only job would be to  
 7        deal with this, putting it together, and then  
 8        other people would probably be freed up a  
 9        little bit of their time to concentrate on  
 10       this area. Whereas, from my perspective, I  
 11       had lots of other things -  
 12 COFFEY, Q.C.:  
 13       Q. Sure.  
 14 DR. WILLIAMS:  
 15       A. - that I had to do, not that I could choose to  
 16       do or not do. I had to do them, and this had  
 17       to be done as well. So that's one lesson. If  
 18       we would have to do this again, we should get  
 19       somebody who would be at a senior level enough  
 20       in the organization, or bring in somebody who  
 21       might have some experience to just--and that's  
 22       the only thing they would do, sit down and  
 23       deal with this on a day-to-day basis as things  
 24       were evolving. That's one lesson I've  
 25       learned, and by the time the end of September

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1        rolled around, early October, I was running  
 2        out of steam on the whole--all the issues we  
 3        were dealing with at the time, unfortunately.  
 4 COFFEY, Q.C.:  
 5        Q. And I'll come to that, but in terms of from an  
 6        organizational perspective, you would need--  
 7        there's certain types of personnel, I take it,  
 8        looking back on it now, that you need people  
 9        with certain administrative skills, perhaps IT  
 10       skills, you know, a whole bunch of different  
 11       skill mixes, depending on the problem, that  
 12       you needed. Doctor, just to help the  
 13       Commissioner put it in perspective, is it  
 14       possible, Doctor, that you were so busy that,  
 15       in fact, you just didn't have time to think  
 16       about how busy you were and the ramifications  
 17       that might have for how organized this would  
 18       be?  
 19 DR. WILLIAMS:  
 20       A. I guess the problem you run into is that  
 21       you're here dealing with this as an important  
 22       issue at one stage and then you know that  
 23       there's somebody outside the door or some  
 24       other issue you got to get onto that day,  
 25       because it's an important issue that you got

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1 to deal with, which would--and it was, I  
 2 guess, more problematic when you're trying to  
 3 bring Eastern Health together, a large multi-  
 4 sited, multi-focused or non--you know, broad  
 5 perspective, all over the Avalon, Burin and  
 6 Bonavista Peninsula, with 700 of the  
 7 province's 1,000 doctors, trying to deal with  
 8 all that, and you had issues such as--I know  
 9 that summer, our hematologist/oncologist who  
 10 was responsible for the transplant program in  
 11 the province for patients with leukemias and  
 12 this type of thing, left to go to Calgary, and  
 13 when you only have five people in the program,  
 14 one of the five who's semi-retired, and the  
 15 other four are working in the program and one  
 16 of those four leaves, and one of those four is  
 17 vital to your transplant program, then you're  
 18 trying to keep that together with the people  
 19 that are left and bring that together.  
 20 There's other issues. I could go through  
 21 them, but there are issues such as that all  
 22 the time coming up and then we had Eastern  
 23 Health, which means that if they had a problem  
 24 in Burin that they couldn't resolve, I'll  
 25 either get a call from the chief operating

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1 officer for Clarenville/Burin or the medical  
 2 person out there to try to work with them. So  
 3 there was new challenges and new issues at the  
 4 same time as the old challenges and old issues  
 5 that you would have with the Health Care  
 6 Corporation. So I'm looking back at that with  
 7 a retrospectoscope now.  
 8 THE COMMISSIONER:  
 9 Q. I'm sorry, but now that we're going down this  
 10 road. Can you look at this in terms of  
 11 lessons learned from two different  
 12 perspectives?  
 13 DR. WILLIAMS:  
 14 A. Um-hm.  
 15 THE COMMISSIONER:  
 16 Q. And one is, if you had not had the merger -  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 THE COMMISSIONER:  
 20 Q. - kind of problem, and you were sort of, say,  
 21 you know, in the situation you would have been  
 22 five or six years into Health Corp -  
 23 DR. WILLIAMS:  
 24 A. Yes.  
 25 THE COMMISSIONER:

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1 Q. - when you would have effectively had your  
 2 policies mapped out, your organization fairly  
 3 well mapped out, and everybody knew what they  
 4 were supposed to do and in what level spot  
 5 they were supposed to do it. It seems to me  
 6 that you still would have had the problem, you  
 7 know, -  
 8 DR. WILLIAMS:  
 9 A. Regardless, maybe -  
 10 THE COMMISSIONER:  
 11 Q. - that because--not you were--because you were  
 12 putting these things together, had no  
 13 influence on how big that problem was going to  
 14 be coming out of that though. I mean, the  
 15 size of the problem -  
 16 DR. WILLIAMS:  
 17 A. No, the size of the problem in the lab  
 18 wouldn't have been any different.  
 19 THE COMMISSIONER:  
 20 Q. Okay, but how, if anyway, would you have  
 21 handled it differently if you had had that--  
 22 you hadn't had to worry about the merger  
 23 issue?  
 24 DR. WILLIAMS:  
 25 A. I may have had more time to deal with it.

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1 THE COMMISSIONER:  
 2 Q. Okay.  
 3 DR. WILLIAMS:  
 4 A. Number one, because I wouldn't have to deal  
 5 with some of the new things we had to deal  
 6 with, and there are issues that you have to  
 7 deal with when you're bringing an organization  
 8 together. Although even with the Health Care  
 9 Corporation of St. John's and the mandate that  
 10 we had and when you're trying to run an  
 11 academic Health Sciences Centre with high  
 12 level specialists and things like that, and  
 13 sometimes low numbers of people, things  
 14 happen, and so we might have still been in the  
 15 same boat, in terms of it would have been  
 16 difficult for the person who's responsible for  
 17 that to manage this major issue as well.  
 18 Maybe not to the degree, but to some degree  
 19 probably.  
 20 THE COMMISSIONER:  
 21 Q. So your suggestion, for example, that you  
 22 might need to create a task force and assign a  
 23 large adverse incident to a person who may  
 24 want to create a team of persons, I assume -  
 25 DR. WILLIAMS:

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1 A. Yes, and that would be -  
 2 THE COMMISSIONER:  
 3 Q. - that would work no matter which of those  
 4 situations you were in?  
 5 DR. WILLIAMS:  
 6 A. Yes, I think, because that person, if you had  
 7 a person at a senior level who you could just  
 8 second into that, without any other  
 9 operational day-to-day responsibilities, they  
 10 could focus on this, think about this and move  
 11 forward on this. So that's one lesson, I  
 12 think, that happened again, that we should  
 13 take note of.  
 14 THE COMMISSIONER:  
 15 Q. All right.  
 16 COFFEY, Q.C.:  
 17 Q. On this point, Doctor, did you ever ask for  
 18 any additional resources?  
 19 DR. WILLIAMS:  
 20 A. The only time I would have broached the  
 21 subject of the issue was when I talked to Mr.  
 22 Tilley late in September and told him that I  
 23 was having trouble doing this and doing  
 24 everything else I had to do.  
 25 COFFEY, Q.C.:

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1 Q. And what happened at that time?  
 2 DR. WILLIAMS:  
 3 A. Well, you know, he talked to me and said  
 4 "look, carry on. You're doing--you know,  
 5 you're doing the best you can. Continue to do  
 6 the best you can" and he was leading by  
 7 example, because he was working--he had to  
 8 work very, very hard, so you just carry on and  
 9 do your best.  
 10 COFFEY, Q.C.:  
 11 Q. Were you ever offered any additional  
 12 resources, whether or not you asked for them?  
 13 DR. WILLIAMS:  
 14 A. Well, we had the people there, Pat Pilgrim was  
 15 helping a lot or became heavily involved and  
 16 other people from the Cancer program were  
 17 helping us too as well.  
 18 COFFEY, Q.C.:  
 19 Q. But other than those who did get involved, and  
 20 I appreciate that?  
 21 DR. WILLIAMS:  
 22 A. No, I don't think it came to that, I said to  
 23 Mr. Tilley "I've got to have somebody else,"  
 24 and you got to replace me or I got to be  
 25 seconded or something, maybe something, in

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1 retrospect, I should have suggested, but I  
 2 didn't go that far.  
 3 COFFEY, Q.C.:  
 4 Q. But by the end of September, certainly, you--  
 5 what was the word you used, you were -  
 6 DR. WILLIAMS:  
 7 A. I felt under a lot of pressure.  
 8 COFFEY, Q.C.:  
 9 Q. Yes. You were running out of steam, I believe  
 10 was the word you used.  
 11 DR. WILLIAMS:  
 12 A. Yes, yeah.  
 13 COFFEY, Q.C.:  
 14 Q. And you recognized that in yourself at the  
 15 time?  
 16 DR. WILLIAMS:  
 17 A. Yes, but you--you know, you sort of bear down  
 18 a bit and carry on.  
 19 COFFEY, Q.C.:  
 20 Q. And you spoke to him about it and he--having  
 21 explained that to him, he didn't--he  
 22 encouraged you to go on, but didn't offer you  
 23 anything else?  
 24 DR. WILLIAMS:  
 25 A. No, I mean, we talked about it and I wasn't

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1 saying to Mr. Tilley, you got to do this, you  
 2 got to do that.  
 3 COFFEY, Q.C.:  
 4 Q. I can't do it.  
 5 DR. WILLIAMS:  
 6 A. I can't do it. I just expressed that I was  
 7 having difficulty meeting the challenges of  
 8 the new job and trying to do this at the same  
 9 time.  
 10 COFFEY, Q.C.:  
 11 Q. If we could, please, Exhibit P-0800? This is  
 12 a--well, actually it's two e-mails. One is on  
 13 July 19th 2005 at 1:57 p.m. from John Abbott  
 14 to Mr. Tilley, and he says "George, we would  
 15 like for you and the appropriate staff to  
 16 brief the Minister on Thursday at 9 a.m.  
 17 respecting the testing issue affecting breast  
 18 cancer patients at Eastern Health. It would  
 19 be appreciated that you forward a briefing  
 20 note to me on Wednesday prior to the briefing.  
 21 Thank you. Please call if you have any  
 22 questions." And then at 2:23 that day, Mr.  
 23 Tilley forwarded this to you with the note,  
 24 "for discussion, George." See that?  
 25 DR. WILLIAMS:

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1 A. Yeah.  
 2 COFFEY, Q.C.:  
 3 Q. Okay. What happened in relation to this?  
 4 This is a Tuesday, you're being told that now  
 5 you're going to get to brief the Minister. Do  
 6 you recall what -  
 7 DR. WILLIAMS:  
 8 A. No, in all honesty, I can't. I know we met  
 9 with Mr. Tilley on the 20th.  
 10 COFFEY, Q.C.:  
 11 Q. Yes.  
 12 DR. WILLIAMS:  
 13 A. Maybe that was in preparation for meeting with  
 14 the Minister.  
 15 COFFEY, Q.C.:  
 16 Q. And that, in fact, I believe--I apologize, one  
 17 minute. If we could, please, Exhibit P-0072?  
 18 And this, Doctor, a letter of July 19th 2005.  
 19 It's a letter from Dr. Cook copied to  
 20 yourself. It's from Dr. Cook to Dr. Carter,  
 21 copied to yourself.  
 22 DR. WILLIAMS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. Acknowledging receipt of her letter of July

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1 14th, which is the one with the action plan,  
 2 as it were.  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. Investigation plan. "Certainly accept" he  
 7 says "what's being stated in your letter and  
 8 will ensure that you obtain the necessary  
 9 resources to carry out your suggestions." So  
 10 Dr. Cook had checked with you before he sent  
 11 this?  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. Did Dr. Carter, at any point, ever bring to  
 16 your attention any concern or complaint that  
 17 she did not receive the necessary resources?  
 18 DR. WILLIAMS:  
 19 A. I don't recall that, Mr. Coffey, no. I would  
 20 suspect that if she had a problem, she would  
 21 go through Dr. Cook, because they had an  
 22 excellent working relationship.  
 23 COFFEY, Q.C.:  
 24 Q. Was that ever brought to your attention at  
 25 all?

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1 DR. WILLIAMS:  
 2 A. No.  
 3 COFFEY, Q.C.:  
 4 Q. I'm not suggesting it was, I'm just -  
 5 DR. WILLIAMS:  
 6 A. No, I'm don't remember it. Because I think  
 7 then -  
 8 COFFEY, Q.C.:  
 9 Q. You would have addressed it in some way, shape  
 10 or form, if she -  
 11 DR. WILLIAMS:  
 12 A. I would have attempted to address it. We  
 13 wanted to support Dr. Carter because we valued  
 14 her input, and she was helping the  
 15 organization, and Dr. Cook in particular, deal  
 16 with this. That's my take on it.  
 17 COFFEY, Q.C.:  
 18 Q. Exhibit P-0521, please? It's already opened.  
 19 This you just referred to, notes of a meeting  
 20 of July 20th. Attendees, Mr. T, which would  
 21 be Tilley, yourself, Dr. W., Mr. Gulliver, Dr.  
 22 Cook, Ms. Predham and Ms. Thomas, and the  
 23 notes are "data from 2000 to 2004/05 review,  
 24 cut off rate decreased from 30 percent to 10  
 25 percent, 1997 -

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1 DR. WILLIAMS:  
 2 A. And that would be -  
 3 COFFEY, Q.C.:  
 4 Q. - to 2002/03.  
 5 DR. WILLIAMS:  
 6 A. I think that would be an error, the 2002/2003.  
 7 COFFEY, Q.C.:  
 8 Q. Okay.  
 9 DR. WILLIAMS:  
 10 A. I'm not--it was December, I think, 2000, but  
 11 around that time. I don't think that's  
 12 important, but it did decrease.  
 13 COFFEY, Q.C.:  
 14 Q. And the third bullet is "many factors go into  
 15 treatment other than ER/PR, example  
 16 metastasis.  
 17 DR. WILLIAMS:  
 18 A. Metastasis, yes.  
 19 COFFEY, Q.C.:  
 20 Q. Size of lesion, etcetera. Now introducing  
 21 issue of Herceptin. No national standards on  
 22 ER/PR receptors. Mount Sinai 75 percent,  
 23 pathology text 52-85 percent. Our  
 24 organization gave reports as they were not  
 25 just negative or positive. Technical

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1 consultant from Mount Sinai coming in on  
 2 September 12th 2005. No issues brought up at  
 3 tumour board rounds." So I take it this was a  
 4 meeting to brief Mr. Tilley or bring him up to  
 5 speed?  
 6 DR. WILLIAMS:  
 7 A. It sounds like that. We were looking at what-  
 8 -you know, what information we had and this  
 9 type of thing, and how this fitted into the  
 10 scheme of things.  
 11 COFFEY, Q.C.:  
 12 Q. And you'd be briefing the Minister the next  
 13 morning?  
 14 DR. WILLIAMS:  
 15 A. Yes.  
 16 COFFEY, Q.C.:  
 17 Q. Who provided the data, do you know?  
 18 DR. WILLIAMS:  
 19 A. What the "no national standards" or the -  
 20 COFFEY, Q.C.:  
 21 Q. Well, the data from 2000 to 2004/05 review.  
 22 See that? It's the first bullet.  
 23 DR. WILLIAMS:  
 24 A. Yes, yeah. If it's what I think it is, I  
 25 would have--Mr. Gulliver was preparing some

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1 sheets which would lay out the number of tests  
 2 each year and the positivity rate.  
 3 COFFEY, Q.C.:  
 4 Q. If we could, Exhibit P-0514?  
 5 DR. WILLIAMS:  
 6 A. Yes.  
 7 COFFEY, Q.C.:  
 8 Q. That's the sheet you're talking about?  
 9 DR. WILLIAMS:  
 10 A. Yes. It looks like--yes, it's dated the same  
 11 day.  
 12 COFFEY, Q.C.:  
 13 Q. It's from Terry Gulliver for Terry Gulliver,  
 14 July 20th 2005, 11:53 a.m.  
 15 DR. WILLIAMS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. And it's a review of ER/PR status from 2000-  
 19 2004/05.  
 20 DR. WILLIAMS:  
 21 A. Um-hm.  
 22 COFFEY, Q.C.:  
 23 Q. Review of ER/PR status from 2000-2004/05, and  
 24 these are then broken by the year, 2000, 2001,  
 25 2002, 2003 and 2004/05, and then there's total

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1 tests, out of town, total HCCSJ tests, number  
 2 of positive, percentage positive, number of  
 3 weak positive, percentage weak positive,  
 4 number of negative, percentage negative, total  
 5 positivity, total percentage positivity and  
 6 total percent negative. What was the purpose  
 7 of this?  
 8 DR. WILLIAMS:  
 9 A. Well, the purpose of this was to get  
 10 information, but the other purpose of it was  
 11 that we were going to retest people and, you  
 12 know, we were going to go back and look and  
 13 get all the data together, in terms of year by  
 14 year and to do that, this is the kind of  
 15 information you'll get out of it anyway. You  
 16 had to go back by name, by date and pull all  
 17 the tests.  
 18 COFFEY, Q.C.:  
 19 Q. Now looking at this, these two total  
 20 positivity, of total positivity, total percent  
 21 positivity and total percent negative -  
 22 DR. WILLIAMS:  
 23 A. Yeah.  
 24 COFFEY, Q.C.:  
 25 Q. - those particular figures, I take it, were

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1 the Health Sciences Centre's figures?  
 2 DR. WILLIAMS:  
 3 A. They were only the figures from St. John's.  
 4 COFFEY, Q.C.:  
 5 Q. St. John's.  
 6 DR. WILLIAMS:  
 7 A. Because we would not know what the other  
 8 centres' rates were, that's correct.  
 9 COFFEY, Q.C.:  
 10 Q. How they had reported them in Grand Falls and  
 11 Gander, at that point?  
 12 DR. WILLIAMS:  
 13 A. Yes, correct.  
 14 COFFEY, Q.C.:  
 15 Q. And if we just look across the years, 2000 is  
 16 reported as percent--total percent positivity  
 17 is 62 percent. 2001 is 77 percent. 2002 is  
 18 68 percent. 2003 is 83 percent, and 2004/05  
 19 is 90 percent.  
 20 DR. WILLIAMS:  
 21 A. Yeah, and the 90 percent changed. It was--it  
 22 included some other ER/PR issues. You'll see  
 23 later on, in some of the documents, that that  
 24 90 percent was really 82.5 percent or  
 25 something.

1 COFFEY, Q.C.:  
 2 Q. 82.5, yes.  
 3 DR. WILLIAMS:  
 4 A. It included about six or seven--what they  
 5 included in there was ER/PRs done for other  
 6 reasons. So the numerator and the denominator  
 7 in those cases would be the same, so you'd  
 8 have 100 percent positivity in those cases,  
 9 because you wouldn't include the true  
 10 denominator. I can explain that to you later,  
 11 if you want to.  
 12 COFFEY, Q.C.:  
 13 Q. But in terms of the 2005/05, at this point,  
 14 because I appreciate this is early on -  
 15 DR. WILLIAMS:  
 16 A. Yes.  
 17 COFFEY, Q.C.:  
 18 Q. - that figure for '04 and part of '05 -  
 19 DR. WILLIAMS:  
 20 A. It was considered high, a little high.  
 21 COFFEY, Q.C.:  
 22 Q. - was considered high, and when it was checked  
 23 subsequently -  
 24 DR. WILLIAMS:  
 25 A. It became 82 percent.

1 DR. WILLIAMS:  
 2 A. It was, yeah. It might have been eight or  
 3 nine months later.  
 4 COFFEY, Q.C.:  
 5 Q. Spring of '06. If we could, please, go back  
 6 to P-0521, please? I believe the second  
 7 bullet here, on July 20th, the reference to 30  
 8 to 10 percent, and I stand to be corrected,  
 9 but this is one of the first references we've  
 10 seen in the documents in time to those  
 11 percentages.  
 12 DR. WILLIAMS:  
 13 A. Okay.  
 14 COFFEY, Q.C.:  
 15 Q. And like the ones we've looked at earlier  
 16 today even, with you, they're not--there's no  
 17 reference to percentages. When did you first  
 18 become aware of this percentage issue?  
 19 DR. WILLIAMS:  
 20 A. Maybe when it was noted here in the minutes.  
 21 I'm not sure.  
 22 COFFEY, Q.C.:  
 23 Q. Okay.  
 24 DR. WILLIAMS:  
 25 A. It could have been then, yes.

1 COFFEY, Q.C.:  
 2 Q. - yes, it included more than breast cancers?  
 3 DR. WILLIAMS:  
 4 A. Yes, which shouldn't have been included.  
 5 COFFEY, Q.C.:  
 6 Q. How about the other figures for the other  
 7 years, were they just breast cancer?  
 8 DR. WILLIAMS:  
 9 A. They were supposed to be just primary breast  
 10 cancer.  
 11 COFFEY, Q.C.:  
 12 Q. Do you recall when it was it became apparent  
 13 that the '04/05 figure was--the 90 percent  
 14 was--I don't like to use the word inflated,  
 15 but it was higher than, in fact, the 82 or 83  
 16 percent subsequently ascertained.  
 17 DR. WILLIAMS:  
 18 A. Well, when we saw those figures, we would have  
 19 said that looks a little bit high, but I don't  
 20 think, at that time, it was checked. In the  
 21 spring of 2006, Mr. Gulliver reviewed it and  
 22 sent a report in that said here's what  
 23 happened in that particular year.  
 24 COFFEY, Q.C.:  
 25 Q. So that was eight or nine months later?

1 COFFEY, Q.C.:  
 2 Q. And in this context, in terms of who's in  
 3 attendance, you certainly wouldn't have been  
 4 bringing that percentage -  
 5 DR. WILLIAMS:  
 6 A. No, I wouldn't have been bringing it to the  
 7 table.  
 8 COFFEY, Q.C.:  
 9 Q. This would be--in the people there, that would  
 10 be Dr. Cook?  
 11 DR. WILLIAMS:  
 12 A. He might have brought it to the table, yes.  
 13 I'm not sure. I would think it would be an  
 14 oncologist brought it to the table, but Don  
 15 Cook was in discussions with the oncologists,  
 16 so he may have got that from them.  
 17 COFFEY, Q.C.:  
 18 Q. Okay, and the reference in the fourth bullet  
 19 to "now introducing issue of Herceptin."  
 20 DR. WILLIAMS:  
 21 A. Yes.  
 22 COFFEY, Q.C.:  
 23 Q. What was that about?  
 24 DR. WILLIAMS:  
 25 A. Well, there was contemplated that Herceptin

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1 was starting to become an issue nationally.  
 2 That was a new protein that you would tend to  
 3 find more commonly in patients whose ER and PR  
 4 status was negative, and it had some  
 5 prognostic significance and there was a drug  
 6 called Rituximab, I think it's Rituximab, that  
 7 may have some benefit in people with Her2/neu.  
 8 It wasn't--my understanding, it wasn't--it was  
 9 something that was going--I think we were  
 10 using a kit or something at one time, but it  
 11 wasn't funded. There was no treatment funded.  
 12 It became, later in the year or in the budget  
 13 or some time, I think the oncologists were  
 14 lobbying government to get that funded. It  
 15 comes up later.  
 16 COFFEY, Q.C.:  
 17 Q. Yes, and it does come up later. So when did  
 18 this, you know, the idea of this as an issue,  
 19 first come to your attention?  
 20 DR. WILLIAMS:  
 21 A. Well, it would be here.  
 22 COFFEY, Q.C.:  
 23 Q. At this time?  
 24 DR. WILLIAMS:  
 25 A. Yeah, that we're going to be--there's going to

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1 be another test being offered. We're going to  
 2 be having to do that test.  
 3 COFFEY, Q.C.:  
 4 Q. Which is the HER2/neu test?  
 5 DR. WILLIAMS:  
 6 A. Yes, and although it's not funded yet, there's  
 7 going to be some lobbying. Now I don't know  
 8 if I was told that at the time.  
 9 COFFEY, Q.C.:  
 10 Q. Amongst the attendees, do you recall who  
 11 raised the issue and now introducing issue of  
 12 Herceptin?  
 13 DR. WILLIAMS:  
 14 A. No, I'm not sure.  
 15 THE COMMISSIONER:  
 16 Q. So Herceptin is raised in the context of  
 17 another test coming down the pipe, which would  
 18 have to be done by the same division?  
 19 DR. WILLIAMS:  
 20 A. That's my recollection of it, yes. It's going  
 21 to be something that--and the oncologists are  
 22 going to try to get it funded. It hadn't--  
 23 it's not funded in Ontario yet.  
 24 COFFEY, Q.C.:  
 25 Q. Was it getting the test funded or the drug

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1 funded?  
 2 DR. WILLIAMS:  
 3 A. No, the drug funded, the drug that's used.  
 4 COFFEY, Q.C.:  
 5 Q. Okay.  
 6 DR. WILLIAMS:  
 7 A. You would have some treatment available to  
 8 people.  
 9 COFFEY, Q.C.:  
 10 Q. The actual test itself, did you know whether  
 11 or not HER2/neu was already being done in the  
 12 lab?  
 13 DR. WILLIAMS:  
 14 A. I'm not sure at that time. I know we had a  
 15 kit and then when we shipped things out, I  
 16 think, to Mount Sinai, Mount Sinai was asked  
 17 to do the test for us. That's my  
 18 understanding.  
 19 COFFEY, Q.C.:  
 20 Q. Okay.  
 21 DR. WILLIAMS:  
 22 A. That would be a question that probably Dr.  
 23 Cook would know better than me.  
 24 COFFEY, Q.C.:  
 25 Q. And amongst those in attendance again here, at

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1 that meeting, Dr. Cook is the one with the--  
 2 would have been, you would expect, the most  
 3 knowledge about that sort of thing?  
 4 DR. WILLIAMS:  
 5 A. I would expect, yes.  
 6 COFFEY, Q.C.:  
 7 Q. Okay. Now the briefing of the Minister on  
 8 July 20th -  
 9 DR. WILLIAMS:  
 10 A. I think it was the 21st.  
 11 COFFEY, Q.C.:  
 12 Q. 21st, I apologize. It was the 21st, yes. Did  
 13 you attend that?  
 14 DR. WILLIAMS:  
 15 A. Yes, I attended that. Unfortunately I didn't  
 16 take any notes at that meeting.  
 17 COFFEY, Q.C.:  
 18 Q. And if we could just look at, please, exhibit  
 19 P-0075. Now this is a briefing, Eastern  
 20 Health briefing note, ER/PR Receptors.  
 21 Somebody has written "meet with Minister, July  
 22 21, '05. Prepared July 20th, 2005." This  
 23 particular document, sir, is three pages long.  
 24 Did you play any part in the preparation of  
 25 this?



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1 DR. WILLIAMS:  
 2 A. I'm not sure if I would have seen it at some  
 3 stage. I would suspect it came from quality,  
 4 I would expect looking at it, but I'm not sure  
 5 or it might have come from communications.  
 6 COFFEY, Q.C.:  
 7 Q. In terms of yourself, do you have any  
 8 recollection of yourself having any input into  
 9 it?  
 10 DR. WILLIAMS:  
 11 A. I don't recollect--I don't remember sitting  
 12 down and writing briefing notes.  
 13 COFFEY, Q.C.:  
 14 Q. And what about in terms of editing it or  
 15 vetting it?  
 16 DR. WILLIAMS:  
 17 A. I may not have, I might have seen it, but I  
 18 may not have done anything with it.  
 19 COFFEY, Q.C.:  
 20 Q. Now the meeting with the Minister occurred, I  
 21 gather, on July 21, 2005, early that morning,  
 22 about 9 a.m., apparently the e-mail -  
 23 THE COMMISSIONER:  
 24 Q. July 22?  
 25 COFFEY, Q.C.:

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1 Q. July 21, I apologize, 2005.  
 2 THE COMMISSIONER:  
 3 Q. No, no, I thought--21, Okay.  
 4 COFFEY, Q.C.:  
 5 Q. July 21, meeting with the Minister. The e-  
 6 mail that John Abbott had sent George Tilley  
 7 had said the 21st, which is July 21, and he  
 8 was suggesting 9 a.m. Where was that meeting  
 9 held, do you know?  
 10 DR. WILLIAMS:  
 11 A. It would be in the Minister's boardroom, I'm  
 12 suspecting in the suite that the Minister has.  
 13 I don't think it was in his office, I think it  
 14 was in the boardroom.  
 15 COFFEY, Q.C.:  
 16 Q. And what, if anything, do you recall about the  
 17 meeting?  
 18 DR. WILLIAMS:  
 19 A. I didn't take any notes of that meeting, so I  
 20 think it was just a--I know Dr. Cook would  
 21 have been there and I would have been there  
 22 just to introduce the subject. Dr. Cook would  
 23 have given probably a detailed presentation  
 24 from the lab perspective. But I didn't take  
 25 any notes on--it would be better for me not to

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1 make any comments other than that I was there  
 2 and I expect that there was a presentation on  
 3 the issues and the discussion and the Minister  
 4 gave his perspective.  
 5 COFFEY, Q.C.:  
 6 Q. Do you recall what the Minister said, his  
 7 perspective on what?  
 8 DR. WILLIAMS:  
 9 A. On the whole situation and what he felt we  
 10 should do. Now I had the Minister's  
 11 perspective in detail when we met in August,  
 12 so if it didn't change, it was probably the  
 13 same perspective as he gave in August.  
 14 COFFEY, Q.C.:  
 15 Q. In terms of your recollection of what it was  
 16 on July 21st, what was he concerned about, do  
 17 you recall?  
 18 DR. WILLIAMS:  
 19 A. Yes, he was concerned about notification,  
 20 disclosure, this type of thing.  
 21 COFFEY, Q.C.:  
 22 Q. Of patients?  
 23 DR. WILLIAMS:  
 24 A. Yes.  
 25 COFFEY, Q.C.:

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1 Q. And do you recall what his position was, his  
 2 view?  
 3 DR. WILLIAMS:  
 4 A. I think he was concerned that we should get  
 5 something out on the issue, yes.  
 6 COFFEY, Q.C.:  
 7 Q. And leaving that meeting, okay, what, if  
 8 anything, was your understanding was to happen  
 9 in that regard?  
 10 DR. WILLIAMS:  
 11 A. We were going to move forward on things that  
 12 we talked about before, about maybe something  
 13 public and maybe some letters. That's my  
 14 understanding, I may have it wrong, but -  
 15 COFFEY, Q.C.:  
 16 Q. Sure. Making something public, which is  
 17 certainly your own view and you expressed that  
 18 some time before to Mr. Tilley.  
 19 DR. WILLIAMS:  
 20 A. Uh-hm.  
 21 COFFEY, Q.C.:  
 22 Q. And perhaps some letters to the patients?  
 23 Because we'd looked at drafts even of a letter  
 24 before and a draft, okay. Exhibit P-0515  
 25 please? Now these are your notes of a meeting

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1 of July 21, '05 at 10:30 a.m.?  
 2 DR. WILLIAMS:  
 3 A. Yes.  
 4 COFFEY, Q.C.:  
 5 Q. Attendees are Bev Carter, Donald Cook and  
 6 yourself, doctors. So I take it the purpose  
 7 of this was for Dr. Carter and Cook to brief  
 8 you?  
 9 DR. WILLIAMS:  
 10 A. Yes, I since have some information that it  
 11 occurred when we went back to Dr. Cook's and  
 12 Dr. Carter's office after the briefing of the  
 13 Minister.  
 14 COFFEY, Q.C.:  
 15 Q. Sure. This would be 10:30--you've noted 10:30  
 16 a.m. in your own handwriting, so -  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. It says, "In past, didn't seem to be a clear  
 21 picture. Sentinel case reviewed all slides,  
 22 program would not always run a control. Clear  
 23 test didn't work. Dr. Carter feels there was  
 24 a problem in 2002, some runs on retrospect  
 25 were not normal, inconsistency from one batch

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1 to another. Current Ventana test is picking  
 2 up too much, have sent out a"--  
 3 DR. WILLIAMS:  
 4 A. Gradation, I suspect, that's probably "a  
 5 gradation of results", I would expect that's  
 6 what it is.  
 7 COFFEY, Q.C.:  
 8 Q. --"and sent to Mount Sinai. Dr. Carter also  
 9 doing some work on quality control and use  
 10 them as controls. Important for Dr. Carter to  
 11 have all reports for ER/PR for each year.  
 12 Techs may need to be retained in  
 13 immunoperoxidase and need controlled access to  
 14 the room. Training of techs in  
 15 immunohistochemistry needs separate service,  
 16 need QA"--which would be quality assurance.  
 17 DR. WILLIAMS:  
 18 A. These are noting what Dr. Cook noted earlier,  
 19 yes.  
 20 COFFEY, Q.C.:  
 21 Q. Yes, and "Proficiency testing, need to have an  
 22 external consultant to come to the lab and do  
 23 QA."  
 24 DR. WILLIAMS:  
 25 A. Yes.

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1 COFFEY, Q.C.:  
 2 Q. Quality assurance. So based upon what we've  
 3 looked at so far, this is one of your first  
 4 face-to-face meetings with Dr. Carter  
 5 involving this.  
 6 DR. WILLIAMS:  
 7 A. Uh-hm.  
 8 COFFEY, Q.C.:  
 9 Q. And she had, up to this point you understood  
 10 actually been doing the nitty gritty of  
 11 looking at the retests and the old slides?  
 12 DR. WILLIAMS:  
 13 A. Yeah, my understanding is she was doing that  
 14 and helping Dr. Cook really in dealing with  
 15 the situation, that's my understanding.  
 16 COFFEY, Q.C.:  
 17 Q. The reference to "Program would not always run  
 18 a control"?  
 19 DR. WILLIAMS:  
 20 A. That's the first time I had heard that, yes.  
 21 COFFEY, Q.C.:  
 22 Q. And who are you hearing that from?  
 23 DR. WILLIAMS:  
 24 A. Who have I heard that from now? I presume I  
 25 heard it from somebody at the meeting.

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1 COFFEY, Q.C.:  
 2 Q. Okay, so that would be Drs. Cook or Carter?  
 3 DR. WILLIAMS:  
 4 A. Or Carter, probably, yes. I would have been  
 5 told that they always run a control, but it  
 6 may not have always been documented by that  
 7 stage. That's when I probably followed up,  
 8 I'm not sure.  
 9 COFFEY, Q.C.:  
 10 Q. And here, though, you've being told program  
 11 would not always run a control.  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. One of these two physicians or both of them  
 16 are telling you that.  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. Did you follow up on that?  
 21 DR. WILLIAMS:  
 22 A. I would have, you know, asked about that again  
 23 and I'd never been told that they never ran a  
 24 control, I was told that maybe sometimes they  
 25 didn't document, but they always ran controls.

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1 COFFEY, Q.C.:

2 Q. Who told you that then?

3 DR. WILLIAMS:

4 A. I would say it was Mr. Gulliver, but I would

5 have, you'd have to maybe ask Dr. Cook in more

6 detail about that, he may know a little bit

7 more about that.

8 COFFEY, Q.C.:

9 Q. It says here, you've noted "clear test didn't

10 work", so I take it Dr. Cook or Carter, both

11 of them are telling you on July 21 -

12 DR. WILLIAMS:

13 A. It was clear that in that year, based upon the

14 retesting, some of the test didn't work, yes.

15 COFFEY, Q.C.:

16 Q. That's the original test?

17 DR. WILLIAMS:

18 A. Yes, we knew we had a problem by that stage.

19 COFFEY, Q.C.:

20 Q. And you've noted here, "Dr. Carter feels there

21 was a problem in 2002".

22 DR. WILLIAMS:

23 A. Yes.

24 COFFEY, Q.C.:

25 Q. You've particularized it to her.

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1 DR. WILLIAMS:

2 A. Yes.

3 COFFEY, Q.C.:

4 Q. "Some runs on retrospect were not normal."

5 What does that mean?

6 DR. WILLIAMS:

7 A. I think it just means that in some batches

8 they didn't get good results. That's what I

9 would take it to mean, Mr. Coffey.

10 COFFEY, Q.C.:

11 Q. Okay, these are notes that you made of what

12 you were being told, I gather, at the time.

13 DR. WILLIAMS:

14 A. Yes.

15 COFFEY, Q.C.:

16 Q. Did you make any inquiries about what that

17 meant?

18 DR. WILLIAMS:

19 A. I think I might have--that's my take on it, so

20 I probably would have asked at the time. I

21 mean, I had the people--I had Dr. Cook there

22 to deal with this, right.

23 COFFEY, Q.C.:

24 Q. And the reference to "current Ventana test is

25 picking up too much"?

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1 DR. WILLIAMS:

2 A. That was Dr. Carter's concern. I knew that at

3 some stage when they were doing the Ventana,

4 they noticed that a lot of the results were

5 not just positive, but strongly positive. It

6 was, I think in that context, was something

7 that they hadn't seen, so many tests being so

8 strongly positive. That's my recollection

9 that in a sense, that how come there's not a

10 gradation of results, most of them are

11 positive. Now we see in the article of 2006

12 that maybe that's a, like a byproduct of some

13 of these newer automated detection systems.

14 At least that's what the articles say. So you

15 don't have the gradation, you have a bimodal,

16 which would have been something new in our

17 experience.

18 COFFEY, Q.C.:

19 Q. And the reference to "Dr. Carter also doing

20 some work on quality control and use them as

21 controls", do you recall what that was about?

22 DR. WILLIAMS:

23 A. I would think that that was just we'd get some

24 results that we knew were this much positive

25 or that much positive and validate those and

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1 then use them in the future for controls when

2 we ran into future tests, that would be my

3 take on that.

4 COFFEY, Q.C.:

5 Q. So then the reference to "techs may need to be

6 retrained in immunoperoxidase and need

7 controlled access to the room and the training

8 of techs in immunohistochemistry" I take it

9 the Drs. Carter and Cook or both were

10 advocating more training for the pathologists?

11 DR. WILLIAMS:

12 A. Yeah, that's consistent with Dr. Cook's

13 document on the 24th of May and it's

14 consistent with the consultant's report.

15 COFFEY, Q.C.:

16 Q. And "needs separate service" that is for IHC,

17 I take it?

18 DR. WILLIAMS:

19 A. Yes.

20 COFFEY, Q.C.:

21 Q. And "external consultant"--well, we talked

22 about that.

23 DR. WILLIAMS:

24 A. Yes.

25 COFFEY, Q.C.:

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1 Q. If we could please, exhibit P-0516, these are  
 2 your notes of July 21, '05.  
 3 DR. WILLIAMS:  
 4 A. Yes.  
 5 COFFEY, Q.C.:  
 6 Q. Meeting at 3:30 p.m. and it's Mr. Gulliver,  
 7 Dr. Cook and yourself.  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. And here--why would you meet with them  
 12 separately? Why wouldn't you meet with all  
 13 four of them together?  
 14 DR. WILLIAMS:  
 15 A. Well we went over -  
 16 COFFEY, Q.C.:  
 17 Q. All three of the others together.  
 18 DR. WILLIAMS:  
 19 A. Yeah, we went over to see Mr. Gulliver to  
 20 make--Don Cook and myself, Dr. Carter was over  
 21 there and she was, I presume busy, so we'd go  
 22 over and talk to Mr. Gulliver and tell him we  
 23 had a meeting with Dr. Carter and here's what  
 24 we need to put in place. It was a follow up,  
 25 I think, to her letter that she wrote earlier.

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1 So the purpose of it was to advise Mr.  
 2 Gulliver and to make sure that this was  
 3 followed up on and the resources were given.  
 4 Now we had some, I guess, discussion here by  
 5 the sound of it, that this is the kind of  
 6 resources we're going to free up for Dr.  
 7 Carter to do her work.  
 8 COFFEY, Q.C.:  
 9 Q. Yes, because you agreed to get Dr. Carter the  
 10 information she needs, which is her July 14th  
 11 letter, I take it.  
 12 DR. WILLIAMS:  
 13 A. Yes.  
 14 COFFEY, Q.C.:  
 15 Q. Dr. Carter to do only this service, you  
 16 advised Mr. Gulliver of this.  
 17 DR. WILLIAMS:  
 18 A. Yes, she wouldn't do her general pathology  
 19 work, and that's more of a decision that Dr.  
 20 Cook would make, it's not--nothing for Mr.  
 21 Gulliver to make any decisions there.  
 22 COFFEY, Q.C.:  
 23 Q. "Mary Butler to report and take direction from  
 24 Dr. Carter." So that would be important to  
 25 Mr. Gulliver to know that.

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1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. She was in effect being seconded to do this?  
 5 DR. WILLIAMS:  
 6 A. Yes. "Judy Quinlan to report to Dr. Carter."  
 7 Who is Judy Quinlan?  
 8 DR. WILLIAMS:  
 9 A. I'm not sure. Judy Quinlan may be somebody  
 10 who was in a secretarial role. I don't think  
 11 she's a technologist, as far as I know.  
 12 COFFEY, Q.C.:  
 13 Q. And there's a note here on the 6th, "we have  
 14 proficiency testing and micro hematology and  
 15 biochemistry need to have proficiency testing  
 16 in QA program for immunopathology." Which is -  
 17 -that's the island you referred to earlier,  
 18 that there was no such QA -  
 19 DR. WILLIAMS:  
 20 A. Yes.  
 21 COFFEY, Q.C.:  
 22 Q. The idea of moving immunohistochemistry into a  
 23 separate space?  
 24 DR. WILLIAMS:  
 25 A. I may be wrong on that, I think it's in its

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1 space, there needs to be, I understand, some  
 2 work to have some new benches and things put  
 3 in, but I--it's in the old hormone assay lab  
 4 space, I think that's where it's intended to  
 5 stay. Now facilities have to do some  
 6 renovations and some work, but that's -  
 7 COFFEY, Q.C.:  
 8 Q. And number nine here refers to "when Barry  
 9 Dyer and Dr. Ejeckam return, they will work  
 10 with Dr. Cook and Mr. Gulliver to develop QA  
 11 and proficiency testing program."  
 12 DR. WILLIAMS:  
 13 A. Uh-hm.  
 14 COFFEY, Q.C.:  
 15 Q. Can you recall what that -  
 16 DR. WILLIAMS:  
 17 A. Well, this is before the consultant came in,  
 18 we were going to start looking at that, but  
 19 then the consultant came in and we, as you  
 20 know, we registered in the Canadian--College  
 21 of American Pathologist's Program and the  
 22 External National Assurance Quality Program in  
 23 Great Britain. The Great Britain program  
 24 would be a program that would deal more with  
 25 the staining, the staining qualities of your

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1 lab and the College of American Pathologists  
 2 would deal with the staining qualities, but  
 3 also deal with the interpretation side as  
 4 well, so you would have to enrol in both to  
 5 have all the bases covered.  
 6 COFFEY, Q.C.:  
 7 Q. Sir, if we could, please, Exhibit P-0304?  
 8 Page 3, please? Now this is a memo July 22nd,  
 9 2005 "Re: ER and PR testing, public  
 10 disclosure." It's to George Tilley, it's  
 11 copied to yourself, it's from Susan Bonnell  
 12 and it's two pages long, single spaced.  
 13 DR. WILLIAMS:  
 14 A. Um-hm.  
 15 COFFEY, Q.C.:  
 16 Q. You would have received this, I take it?  
 17 DR. WILLIAMS:  
 18 A. Yes.  
 19 COFFEY, Q.C.:  
 20 Q. At some point. What, if anything, did you  
 21 understand the purpose was in sending it to  
 22 you?  
 23 DR. WILLIAMS:  
 24 A. Just because I was involved, and keeping me in  
 25 the loop and obviously to see, might be to see

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1 what my perspective was on it, I'm not sure.  
 2 COFFEY, Q.C.:  
 3 Q. Did you offer any input when you received  
 4 this?  
 5 DR. WILLIAMS:  
 6 A. I'm not sure, Mr. Coffey, I'm not sure what  
 7 input I offered. I'm sure there was some  
 8 discussion, but I don't think I have any  
 9 documented minutes of that, any follow up. It  
 10 may have been on the phone with Ms. Bonnell,  
 11 I'm not sure.  
 12 COFFEY, Q.C.:  
 13 Q. And in the main here, just looking at the  
 14 second page of the memo, in the middle of the  
 15 page she says, "A full public disclosure with  
 16 a press conference, a 1-800 information line,  
 17 letters to all impacted patients and  
 18 supportive ministerial comment is not  
 19 recommended. Legal counsel and risk  
 20 management advise against such a disclosure,  
 21 particularly before the impacted patients have  
 22 had the opportunity to hear about this from  
 23 us." Okay?  
 24 DR. WILLIAMS:  
 25 A. Um-hm.

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1 COFFEY, Q.C.:  
 2 Q. So I take it Ms. Bonnell's considered opinion  
 3 here was don't go with a public announcement?  
 4 DR. WILLIAMS:  
 5 A. Um-hm. Yes, that's what it looks like, yes.  
 6 COFFEY, Q.C.:  
 7 Q. Did you agree with her view?  
 8 DR. WILLIAMS:  
 9 A. I mean, I guess my view would probably be,  
 10 because if we're going with anything, it would  
 11 be awhile before we could go out to people, to  
 12 get names, addresses and contact people.  
 13 COFFEY, Q.C.:  
 14 Q. Sure.  
 15 DR. WILLIAMS:  
 16 A. So but, you know, I'm not an expert. That's  
 17 only my, that's only my feelings, right.  
 18 COFFEY, Q.C.:  
 19 Q. Yes. Well, Ms. Bonnell is a communications  
 20 person, too.  
 21 DR. WILLIAMS:  
 22 A. Yes.  
 23 COFFEY, Q.C.:  
 24 Q. But in terms of did you agree with her view  
 25 that "A full public disclosure with a press

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1 conference, 1-800 information line and  
 2 supportive ministerial comment is not  
 3 recommended." I appreciate your caution about  
 4 the letter, you understood that it couldn't go  
 5 out immediately -  
 6 DR. WILLIAMS:  
 7 A. Yeah.  
 8 COFFEY, Q.C.:  
 9 Q. - but did you agree with her advice?  
 10 DR. WILLIAMS:  
 11 A. I'm not sure I strongly expressed anything to  
 12 her, no, but -  
 13 COFFEY, Q.C.:  
 14 Q. Not with her. I'm asking, first of all, did  
 15 you agree with her?  
 16 DR. WILLIAMS:  
 17 A. I had a gut feeling that maybe we needed to do  
 18 something, that was my feeling.  
 19 COFFEY, Q.C.:  
 20 Q. And did you pass that on to anybody, leaving  
 21 aside you don't recall having spoken to her.  
 22 DR. WILLIAMS:  
 23 A. I don't recall if I passed that on to anybody,  
 24 no, Mr. Coffey.  
 25 COFFEY, Q.C.:

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1 Q. In terms of going to Mr. Tilley and saying,  
 2 look, I've read Susan's -  
 3 DR. WILLIAMS:  
 4 A. Yeah. I don't recall doing that for Mr.  
 5 Tilley.  
 6 COFFEY, Q.C.:  
 7 Q. So what she wrote her sat, you read it and  
 8 didn't take it any further with that aspect of  
 9 the matter.  
 10 DR. WILLIAMS:  
 11 A. I don't remember -  
 12 COFFEY, Q.C.:  
 13 Q. That you can recall?  
 14 DR. WILLIAMS:  
 15 A. - taking it any further at the time and then  
 16 some other events -  
 17 COFFEY, Q.C.:  
 18 Q. Sure.  
 19 DR. WILLIAMS:  
 20 A. - came into play that caused us to make a  
 21 consensus decision to go a different route.  
 22 COFFEY, Q.C.:  
 23 Q. Yeah. If we could -  
 24 COMMISSIONER:  
 25 Q. Mr. Coffey, when you're ready, we'll break for

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1 the day.  
 2 COFFEY, Q.C.:  
 3 Q. Sure. If we could, please, Registrar, if I  
 4 could just look at one more document, please,  
 5 Commissioner, today, P-0520, page 3. Now this  
 6 is a meeting of July 24th. I take it, these  
 7 your are notes, first of all?  
 8 DR. WILLIAMS:  
 9 A. Yes.  
 10 COFFEY, Q.C.:  
 11 Q. On the pages before, at page 1 of this  
 12 exhibit, 2 is the actual handwritten notes.  
 13 This is a typed portion you've provided or  
 14 typed account.  
 15 DR. WILLIAMS:  
 16 A. Sure.  
 17 COFFEY, Q.C.:  
 18 Q. You've added your name in brackets at the  
 19 bottom of the attendees. It's Mr. Tilley, Dr.  
 20 Gardiner, Dr. Laing, Dr. Cook, Mr. Gulliver,  
 21 Ms. Bonnell, Dr. Kwan, Ms. Predham, Ms.  
 22 Thomas, Mr. Boone. And here indicates there's  
 23 an update on the current status and what we  
 24 know from other centres. And the testing for

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1 patients for 2002 and there's a breakdown, 16  
 2 of 24, 25 of 32 and 22 or 23 to come. That  
 3 would be the local St. John's negatives.  
 4 DR. WILLIAMS:  
 5 A. Correct.  
 6 COFFEY, Q.C.:  
 7 Q. From '02. "There may be a problem with  
 8 methodology or with the lab." What did that  
 9 mean?  
 10 DR. WILLIAMS:  
 11 A. I expect it's just an expression that the  
 12 testing didn't work, it may have been in--I'd  
 13 be--I guess with the techniques that were used  
 14 or the antigen retrieval just didn't work, I  
 15 expect. I don't know. It's not laid out  
 16 sufficiently for me to say to you.  
 17 COFFEY, Q.C.:  
 18 Q. You can't recall what -  
 19 DR. WILLIAMS:  
 20 A. No.  
 21 COFFEY, Q.C.:  
 22 Q. What the meaning, what it was that you were -  
 23 DR. WILLIAMS:  
 24 A. If I didn't have these notes, I wouldn't  
 25 recall that we had a meeting even, so it's

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1 very difficult to remember.  
 2 COFFEY, Q.C.:  
 3 Q. And in reference to Dr. Laing not being--not  
 4 worried about weakly positives?  
 5 DR. WILLIAMS:  
 6 A. That's W-E-A-K.  
 7 COFFEY, Q.C.:  
 8 Q. It should be E-A-K?  
 9 DR. WILLIAMS:  
 10 A. Yeah, that's right.  
 11 COFFEY, Q.C.:  
 12 Q. What was that about, do you recall?  
 13 DR. WILLIAMS:  
 14 A. No, I'm not sure whether it was in reference  
 15 to we're getting some weakly positive, they're  
 16 not ones that we would treat, anyway. But -  
 17 COFFEY, Q.C.:  
 18 Q. Okay.  
 19 DR. WILLIAMS:  
 20 A. You'd have to ask her.  
 21 COFFEY, Q.C.:  
 22 Q. I'll ask her, okay. So ultimately then there  
 23 is a reference here to Dr. Laing wanting to  
 24 make sure the new system is accurate and not  
 25 overly sensitive.

1 DR. WILLIAMS:  
 2 A. Yes.  
 3 COFFEY, Q.C.:  
 4 Q. Which you referred to earlier.  
 5 DR. WILLIAMS:  
 6 A. That's in follow up to the previous discussion  
 7 we had.  
 8 COFFEY, Q.C.:  
 9 Q. Yes. And the reference to "Pathologist  
 10 reporting is an issue." Was this the first  
 11 you heard of this?  
 12 DR. WILLIAMS:  
 13 A. Yes, I would expect because I noted it there.  
 14 Now, I'm not sure in what context that was but  
 15 it may be in the context--it could be in a  
 16 couple of context. But that would be the  
 17 first I heard of it and I don't know who would  
 18 have brought it up.  
 19 COFFEY, Q.C.:  
 20 Q. And the third-last bullet here does record  
 21 "Need to check new Ventana system out."  
 22 DR. WILLIAMS:  
 23 A. Yes.  
 24 COFFEY, Q.C.:  
 25 Q. And the reference to "Take some of our

1 CERTIFICATE  
 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 15th day of May, A.D., 2008 before the  
 6 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 15th day of May, A.D., 2008  
 13 Judy Moss

1 conversions and send to Montreal General to  
 2 confirm our results."  
 3 DR. WILLIAMS:  
 4 A. Montreal Jewish I should have put there.  
 5 COFFEY, Q.C.:  
 6 Q. Jewish, yeah.  
 7 DR. WILLIAMS:  
 8 A. It's General there, but it's the Montreal  
 9 Jewish, I think, where Dr. Waters worked.  
 10 COFFEY, Q.C.:  
 11 Q. And, Commissioner, thank you, very much.  
 12 COMMISSIONER:  
 13 Q. 9:30 in the morning. Thank you.  
 14 Upon conclusion.

Inquiry on Hormone Receptor Testing

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Inquiry on Hormone Receptor Testing

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