

<p style="text-align: center;">COMMISSION OF INQUIRY ON HORMONE RECEPTOR TESTING</p> <p style="text-align: center;">BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER</p> <p style="text-align: center;">July 3, 2008</p> <p>Appearances:</p> <p>Bernard Coffey, Q.C. Commission Co-counsel Sandra Chaytor, Q.C. Commission Co-counsel</p> <p>Rolf Pritchard/Jackie Brazil Her Majesty in Right of NL</p> <p>Peter Browne/Jane Hennebury Doctors Kara Laing et al</p> <p>Daniel Simmons Eastern Regional Integrated Health Authority</p> <p>Chesley Crosbie, Q.C. Members of the Breast Cancer Testing Class Action</p> <p>Mark Pike NL Medical Association Jennifer Newbury Canadian Cancer Society (NL Division) Blair Pritchett. Central, Western and Labrador-Grenfell Regional Integrated Health Authorities</p>	<p style="text-align: center;">LIST OF EXHIBITS</p> <p>EXHIBITS P-2144 THROUGH P-2147 188</p> <p>EXHIBIT P-1893 Pg. 337</p> <p>EXHIBIT P-1898 Pg. 337</p> <p>EXHIBIT P-1889 Pg. 337</p>
<p style="text-align: center;">TABLE OF CONTENTS</p> <p>DR. DONALD COOK - RESUMES THE STAND</p> <p>Examination by Bernard Coffey, Q.C. Pgs. 3 - 337</p> <p>Certificate</p>	<p style="text-align: right;">Page 4</p> <p>1 COMMISSIONER: 2 Q. Mr. Coffey. Oh, sorry. 3 MR. BROWNE: 4 Q. I'd just like to point out, I think Dr. Cook 5 has already made this known to Mr. Coffey, but 6 he has deceased hearing in his left ear. 7 COMMISSIONER: 8 Q. Um-hm. 9 MR. BROWNE: 10 Q. So sometimes he may lean forward, and that's 11 just his ability--or turn his head to hear the 12 question. 13 COMMISSIONER: 14 Q. Okay, yeah. 15 MR. BROWNE: 16 Q. I just wanted to let other counsel know that 17 if they have any questions of Dr. Cook. 18 COMMISSIONER: 19 Q. And, Dr. Cook, if you're not hearing anything 20 clearly, you let us know, as well, so that 21 we'll make sure that you do understand 22 precisely what the question is. 23 DR. COOK: 24 A. I will, Commissioner. 25 COMMISSIONER:</p>

Page 5

1 Q. All right, thank you.
 2 MR. BROWNE:
 3 Q. Thank you.
 4 COMMISSIONER:
 5 Q. Mr. Coffey.
 6 DR. DONALD COOK, EXAMINATION BY BERNARD COFFEY, Q.C.
 7 (CONTINUED)
 8 COFFEY, Q.C.:
 9 Q. Thank you, Commissioner. Dr. Cook, yesterday
 10 you indicated that in--after receiving the
 11 June 19th, 2003 memo from Dr. Ejeckam you did
 12 speak to him about the matter. And you
 13 indicated that he did--well, you had some
 14 discussion about what it was that he had done
 15 in the preceding months?
 16 DR. COOK:
 17 A. That's correct.
 18 COFFEY, Q.C.:
 19 Q. Okay. And what do you recall about what he
 20 told you about that?
 21 DR. COOK:
 22 A. Well, it was general discussion about what had
 23 taken place. I think, if I recollect
 24 properly, we talked about or there was
 25 discussion about changes in the pH and changes

Page 6

1 in the incubation times, this sort of thing
 2 was, basically that sort of general
 3 discussion.
 4 COFFEY, Q.C.:
 5 Q. And at that time, you know, by the end of your
 6 discussion with him did you have any
 7 understanding as to what, if anything, the
 8 possible effect of these changes might be for,
 9 for example, ER and PR stains or the staining
 10 process?
 11 DR. COOK:
 12 A. Not in particular to the ER and PR stains, but
 13 to the overall--those stains that he
 14 identified in general just to improve the
 15 quality of the stains, to make them more
 16 crisp, to make them clearer in intensity, that
 17 sort of thing.
 18 COFFEY, Q.C.:
 19 Q. And, sir, if we could, please, Registrar,
 20 Exhibit P-0113. Now, Doctor, at the time of
 21 the discussion with Dr. Ejeckam in June I take
 22 it by the end of that discussion your level of
 23 knowledge in relation to the ER and PR IHC
 24 process how--your level of knowledge at that
 25 point, how advanced was it then compared to,

Page 7

1 for example, what you learned in the middle of
 2 2005?
 3 DR. COOK:
 4 A. Can you rephrase that?
 5 COFFEY, Q.C.:
 6 Q. Okay, yeah. For the Commissioner, see, I'm
 7 trying to ascertain you having received these
 8 three memos from Dr. Ejeckam in 2003 and then
 9 met with him and your level of knowledge at
 10 the time, by the time your discussion with him
 11 ended in June of 2003, okay, your level of
 12 knowledge about IHC, ER/PR processes, at that
 13 point, compared to your level of knowledge,
 14 for example, by September of 2005?
 15 DR. COOK:
 16 A. Oh, I think by September of 2005 my knowledge
 17 had certainly increased in terms of the
 18 processes and understanding of IHC. At that
 19 particular time, in 2003, I was looking at it
 20 from a point of view of a generalist.
 21 COFFEY, Q.C.:
 22 Q. Okay. And just looking at this on the screen
 23 here, P-0113, page 1, which is a copy of the
 24 April 4th, 2003 Dr. Ejeckam memo. He has
 25 written here in the second and third lines,

Page 8

1 "Most stains have remained unreliable, erratic
 2 and therefore unhelpful for diagnostic
 3 purposes." Now, I take it, Doctor, diagnostic
 4 purposes relates to patient care?
 5 DR. COOK:
 6 A. Diagnostic purposes in that regard relates to
 7 the use of those stains in relation to other
 8 indicators that we use in making an
 9 interpretation.
 10 COFFEY, Q.C.:
 11 Q. And for six of them that is so, but for ER and
 12 PR is that really accurate?
 13 DR. COOK:
 14 A. I mean, I can't say, Mr. Coffey. I certainly
 15 didn't look at it in that regard. Thinking
 16 back from 2003 to what, if anything, had
 17 happened earlier on, I mean, I had no
 18 knowledge, there was no indication, there was
 19 no warning from anywhere to suggest that we
 20 had any problems with the ER/PR issue.
 21 COFFEY, Q.C.:
 22 Q. I appreciate that, before that. But I'm
 23 asking you now about having received a memo,
 24 and it does refer to ER and PR stains as well
 25 as others, but ER and PR stains?

Page 9

1 DR. COOK:
 2 A. Um-hm.
 3 COFFEY, Q.C.:
 4 Q. As being unhelpful for diagnostic purposes.
 5 DR. COOK:
 6 A. I certainly didn't appreciate that at the
 7 time.
 8 COFFEY, Q.C.:
 9 Q. And the idea that might have implications,
 10 possibly, for patient care didn't occur to you
 11 at the time?
 12 DR. COOK:
 13 A. Certainly didn't occur to me.
 14 COFFEY, Q.C.:
 15 Q. When did it first occur to you that this did
 16 have implications for patient care?
 17 DR. COOK:
 18 A. In May of '05.
 19 COFFEY, Q.C.:
 20 Q. So then in the period when you were dealing
 21 with this in 2003 your understanding of the
 22 whole matter kind of by the time you're
 23 meeting with Dr. Ejeckam in June of '03 ended,
 24 your understanding was what as to what had
 25 gone on here?

Page 10

1 DR. COOK:
 2 A. My understand that is he made some adjustments
 3 in the stains in terms of the pHs and
 4 incubation times and whatnot and these were,
 5 you know, minor adjustments, they were all
 6 part of quality assurance in improving the
 7 quality of the stains, the enhancement of the
 8 stains, the crispness of the stains.
 9 COFFEY, Q.C.:
 10 Q. Okay. And so--if we could, please, Exhibit P-
 11 1398? And, Doctor, this is the--these are
 12 your notes of your discussion March 7th, 2006
 13 with Dr. Ejeckam.
 14 DR. COOK:
 15 A. Um-hm.
 16 COFFEY, Q.C.:
 17 Q. About the hold on certain stains in 2003. And
 18 when he explained on March 7, 2006 to you,
 19 when you asked him about what he had meant by
 20 the word "erratic", you note him having said
 21 "It meant some stains worked some days and
 22 didn't work on others."
 23 DR. COOK:
 24 A. That's correct.
 25 COFFEY, Q.C.:

Page 11

1 Q. I take it meaning that you understood then in
 2 March of '06 that for some of those eight
 3 stains Dr. Ejeckam then in '06 was telling you
 4 that times they just didn't work, in '03 I was
 5 telling you that at times they didn't work?
 6 DR. COOK:
 7 A. Well, that message didn't come across in '03.
 8 COFFEY, Q.C.:
 9 Q. Okay. And then you indicate here, you note
 10 here that you did ask Dr. Ejeckam in March of
 11 '06 if e should have recommended a review of
 12 stains back in '03, he replied to you that it
 13 wasn't his place to initiate or recommend a
 14 review?
 15 DR. COOK:
 16 A. That's correct.
 17 COFFEY, Q.C.:
 18 Q. Did you make any response to him about that,
 19 did you take any issue with it?
 20 DR. COOK:
 21 A. I felt if he had seen any indication that
 22 there was a significant problem there and if
 23 it had affected patient care, I would expect
 24 that it would have been his role or certainly,
 25 you know, he should certainly have indicated

Page 12

1 to me a need for a review.
 2 COFFEY, Q.C.:
 3 Q. If we could, please, then, go on to Exhibit P-
 4 1887, please? Doctor, this is letter of
 5 February 17th, 2003. It's addressed to Terry
 6 Gulliver, who is the director of laboratory
 7 medicine program, it's two pages and it's from
 8 Barry Dyer. And in that letter Mr. Dyer
 9 advises Mr. Gulliver as follows, "I am writing
 10 this letter with apprehension, concern to
 11 discuss the treatment of oneself during two
 12 interactions with Dr. Donald Cook. Mr.
 13 Gulliver, being my superior and next line of
 14 communication, it is necessary for you to be
 15 informed in writing. The first interaction
 16 occurred on Wednesday, February 12th, 2003
 17 when I approached Dr. Cook's secretary, Judy
 18 Thomas, to arrange a meeting with Dr. Cook
 19 that afternoon to brief him on changes I plan
 20 to make to anatomical pathology. I discussed
 21 the corporate-wide recall. We would use two
 22 laboratory assistants from the HSC and one
 23 laboratory technician from St. Clare's, as
 24 well as the transfer of a technologist 2 from
 25 St. Clare's to HSC for training with an

Page 13

1 eventual lateral transfer to an upcoming
 2 vacant technologist 2 position. Without
 3 getting into the details, I can", in brackets
 4 he writes "(I can provide documentation upon
 5 request), the debate was slightly uneasy. One
 6 phrase I found quite unsettling was, and I
 7 quote" this is in quotes and caps, bold print,
 8 "HEADS ARE GOING TO ROLE OVER THIS IF THINGS
 9 DO NOT WORK OUT." End quote. "I interpreted
 10 this as a threat to my position as manager of
 11 anatomical pathology. Immediately after the
 12 meeting I verbally informed you, Mr. Gulliver.
 13 The second interaction occurred on Friday,
 14 February 14th, 2003. I was having a staff
 15 meeting with the St. Clare's pathology
 16 department in the laboratory to inform them of
 17 changes pertaining to the corporate-wide
 18 recall and the training and eventual lateral
 19 transfer of the technologist 2 position when
 20 Dr. Cook entered. I was sitting at the back
 21 of the laboratory and he stopped at the front.
 22 He pointed his forefinger directly at me and
 23 said, I quote 'YOU'" is in bold print and in
 24 quotes and caps. "He then pointed to the door
 25 and said, I quote," and this is in caps and in

Page 14

1 quotes and bold print, "'I WANT TO SEE YOU
 2 RIGHT NOW.' I responded 'Sure, Don,' and he
 3 stormed out of the lab. (I can provide
 4 witnesses upon request)." is in brackets. "We
 5 proceeded to my office where another heated
 6 debate occurred. Immediately after the debate
 7 I verbally informed you." That would be Mr.
 8 Gulliver in this context. "This conducted"
 9 "conduct", I'm sorry, "exhibited towards me
 10 was very degrading, disrespectful and
 11 humiliating. All of the staff I manage were
 12 in the laboratory at the time and other staff
 13 from another department. Please investigate
 14 as per the harassment in the workplace policy.
 15 I have worked in health care for 17 years and
 16 have always presented myself in a professional
 17 manner in all types of situations. I have
 18 never been threatened or humiliated. Further
 19 to the point, for any upcoming discussions
 20 concerning the above two changes or the
 21 consolidation of anatomical pathology, for Dr.
 22 Cook to be present I will be involved if
 23 mediation is provided. It is apparent that
 24 Dr. Cook and I have totally different visions
 25 for the anatomical pathology department.

Page 15

1 Also, I request to have a meeting with the St.
 2 Clare's pathology staff, myself and Mr.
 3 Gulliver to discuss the management of
 4 anatomical pathology. Sincerely yours, Barry
 5 Dyer, Manager of Anatomical Pathology." Now,
 6 Dr. Cook, I appreciate this is now more than--
 7 refers to events more than five years ago. Do
 8 you recall these sorts of interactions with
 9 Mr. Dyer?
 10 DR. COOK:
 11 A. I vaguely recall an interaction.
 12 COFFEY, Q.C.:
 13 Q. And what did this all relate to, what
 14 underlying subject matter?
 15 DR. COOK:
 16 A. Well, first of all, Mr. Coffey, this is, I've
 17 only saw this letter about two days ago in
 18 preparation for my testimony, so I'm quite
 19 surprised at the content of that letter. But
 20 this stems back, I believe, to the
 21 centralization of laboratory services and a
 22 lot of issues surrounding that at that
 23 particular time. You have to remember that
 24 the Health Care Corporation of St. John's has
 25 gone through a number of significant changes.

Page 16

1 The first was the creation of the Health Care
 2 Corporation in '95, '96, and that caused
 3 tremendous upheaval in the system, and to this
 4 day we're still trying to stabilize the system
 5 as a result of that significant change. In
 6 '99, 2000 we closed the Grace, which was
 7 another significant blow to the system. We
 8 had to relocate the resources, the laboratory
 9 resources from the Grace to St. Clare's and
 10 the General Hospital. That was a significant
 11 blow in the system. In around March of '02 or
 12 '01 we went through a Hay report and there
 13 were other significant alterations in the
 14 laboratory medicine program which resulted in
 15 a number of significant changes. So the dust
 16 was beginning to settle when we had, you know,
 17 following the transfer of the services from
 18 the Grace to St. Clare's, when we had that
 19 stabilized or finally beginning to stabilize
 20 laboratory medicine here in the city. And
 21 what had happened was the suggestion which was
 22 coming from the management side of the
 23 laboratory medicine program that we should
 24 centralize the technical services at St.
 25 Clare's. Now, that's a long-term goal and I -

Page 17

1 COFFEY, Q.C.:

2 Q. Sorry, where?

3 DR. COOK:

4 A. Centralization of laboratory services at the

5 General Hospital site. And that's a long-term

6 goal which we were, I was certainly prepared

7 to do. I had no problems with the

8 centralization of the laboratory services.

9 What I had a problem with was the timing of

10 the centralization of laboratory services.

11 You must remember that at St. Clare's we have

12 a very strong dynamic surgical service which

13 involves, you know, ENT service, pulmonary

14 services and general surgery. And as a result

15 or what came out of the Hay review was that

16 there was a recommendation to remain--to have

17 both the technical services remain at the St.

18 Clare's and General Hospital sites.

19 COMMISSIONER:

20 Q. I'm sorry, for what kind of services?

21 DR. COOK:

22 A. Both the technical services remain at the

23 General Hospital and St. Clare's sites. So -

24 COMMISSIONER:

25 Q. I'm sorry, I didn't understand, both the

Page 18

1 technical services meaning?

2 DR. COOK:

3 A. All full laboratory services.

4 COMMISSIONER:

5 Q. All full laboratory service?

6 DR. COOK:

7 A. That's right.

8 COMMISSIONER:

9 Q. All right, thank you.

10 DR. COOK:

11 A. And that came out of discussion that I had

12 with Dr. Paul Manley who was a medical advisor

13 to the Hay people at that particular time.

14 And as part of the Hay process, he came over

15 to speak to me in my office and we discussed

16 the possibility of the centralization of

17 laboratory services, entire centralization of

18 laboratory services at the General Hospital

19 site. And he was sort of, I would say, luke

20 warm to that move -

21 COFFEY, Q.C.:

22 Q. Who was this?

23 DR. COOK:

24 A. This is Dr. Paul Manley.

25 COFFEY, Q.C.:

Page 19

1 Q. Okay.

2 DR. COOK:

3 A. And his recommendation to me, and his

4 recommendation in the Hay report is that we

5 should maintain full pathology services at

6 both the General Hospital and St. Clare's

7 site. So this came along and my feeling was,

8 okay, this is the route that we have to go,

9 but this is not now the time. What, I think,

10 at the time, I was quite upset over was the

11 fact that Mr. Dyer was informing our

12 laboratory staff, particularly at the St.

13 Clare's site, that changes were going ahead

14 and he was coming in and actually giving our

15 lab personnel dates upon which the

16 centralization of laboratory services were

17 taking place. This was without my knowledge,

18 nor the knowledge of the vice president of

19 Medical Services at that particular time.

20 Now this had happened on a number of

21 occasions, and it was causing unrest amongst

22 our technical people at the St. Clare's site,

23 and I remember one day, one of our--one of my

24 lab technologists came into my office and said

25 to me, "look, we hear we're going to be moving

Page 20

1 our entire service, our technical service, to

2 the General Hospital in a week's time." Now

3 this was not my knowledge, nor the knowledge -

4 COFFEY, Q.C.:

5 Q. I'm sorry, I can't hear you.

6 DR. COOK:

7 A. Pardon?

8 COFFEY, Q.C.:

9 Q. I just couldn't hear you, I'm sorry. Your

10 voice dropped a bit.

11 DR. COOK:

12 A. Well, this was when one of my laboratory techs

13 came into my office and said "Dr. Cook, I hear

14 we are going to be moving to the General

15 Hospital in a week's time" and I said "where

16 did you hear this from?" "From Mr. Dyer." So

17 this had been going on for quite a number of

18 occasions, quite a number of times, and I

19 phoned Dr. Bob Williams to say "where is this

20 information coming from? Who made this

21 decision?" and no such decision had been made.

22 So I think later on that day or shortly after,

23 I approached Mr. Dyer and I said "I would like

24 for you to come in and have a talk about this"

25 and I can't remember acting the way he said I

Page 21

1 acted in the lab at the time, but we did go to
 2 his office to discuss the situation, and I
 3 said to him, I said "I would appreciate it if
 4 you keep the rhetoric down." I said "this is
 5 having morale problems at the St. Clare's
 6 site," and I said "it's not good for relations
 7 between ourselves and the technologists and
 8 the pathologists." And I remember his reply
 9 to me was that "Dr. Cook, I don't report to
 10 you. I report to the program director." And
 11 that basically, I think, sums up, you know,
 12 much of the issues that we have to deal with,
 13 particularly in our laboratory medicine
 14 program today is the fact that we have a
 15 program that is basically divided into two
 16 arms, two separate arms.
 17 Anyway, to make a long story short, I've
 18 had discussions with the VP of Medical
 19 Services and eventually we had discussions
 20 with the program director and we decided to go
 21 through a quality initiatives review and I
 22 believe there was an engineering review, and
 23 to hold off a move until we were satisfied
 24 that we had the necessary logistics in place.
 25 Now in the meantime, and I had phoned a

Page 22

1 number of labs across Canada to look at the
 2 whole idea of the centralization of laboratory
 3 services. I believe there were about ten labs
 4 that I phoned across Canada at that time. In
 5 some areas, the centralization worked well.
 6 In some areas, it was a failure, and in some
 7 areas, it had to be reversed. Now this was an
 8 issue that I brought to clinical chiefs and
 9 the Medical Advisory Committee at that
 10 particular time, and there was a much broader
 11 issue associated with this, and the issue that
 12 I wanted addressed was where was the Health
 13 Care Corporation going in terms of vision and
 14 a strategic plan in the next four to five
 15 years. What was going to be the configuration
 16 of St. Clare's? Were we going to remain--were
 17 we going to have St. Clare's remain as a
 18 viable acute care operation? Would it be
 19 downgraded into an ambulatory care centre?
 20 Because if so, we needed to know that
 21 information to be able to plan effectively in
 22 the future how we were going to relocate our
 23 resources. And this was a major point of
 24 concern, a major issue that was brought up and
 25 discussed at Medical Advisory Committee, and

Page 23

1 as a result of that, a committee was formed,
 2 and I believe headed up by Dr. Bob Williams,
 3 to look at this whole area of vision,
 4 strategic planning for the next four or five
 5 years, and there were individuals sent off, I
 6 remember, to Kingston to have a look at their
 7 arrangement and configuration in regards to
 8 how laboratory services were configured in
 9 that particular area.
 10 Now eventually, I did agree to the
 11 centralization of technical services, and that
 12 has happened and that happened in May of '05
 13 where they were relocated and transferred to
 14 the General Hospital site.
 15 COFFEY, Q.C.:
 16 Q. Now that, were they actually relocated in May
 17 of '05 or was the decision made in May of '05?
 18 DR. COOK:
 19 A. Well, I think the decision was made earlier.
 20 We actually relocated sometime in the spring
 21 of '05.
 22 COFFEY, Q.C.:
 23 Q. And why did you change your mind, Doctor?
 24 DR. COOK:
 25 A. Well, we had a quality initiatives review

Page 24

1 which looked at the safety issues surrounding
 2 that.
 3 COFFEY, Q.C.:
 4 Q. And that concluded what?
 5 DR. COOK:
 6 A. That concluded that we can safely transfer the
 7 technical services to the General Hospital
 8 site. Don't forget now -
 9 THE COMMISSIONER:
 10 Q. What do you mean by safely?
 11 DR. COOK:
 12 A. Well, Commissioner, I had a concern about the-
 13 -you know, the logistics of setting up this
 14 move. If you look at what's happening at the
 15 St. Clare's site, we have about 9,000
 16 surgicals that we generate each year which
 17 produces roughly 30,000 paraffin blocks and
 18 that produces roughly 50,000 slides. Now
 19 that's about 80,000 pieces of tissues and
 20 items that are being transferred from one site
 21 to another site over a year. So I wanted to
 22 make sure there was a logistics process in
 23 place that would safely ensure that all items
 24 would be safely carried from one hospital to
 25 another and no loss of specimens. Once I was

Page 25

1 assured of that, then I agreed to the
 2 centralization of technical services.
 3 And the other piece of information that
 4 was important was the introduction of new
 5 technology. Mr. Gulliver, at that time,
 6 brought in an automated processor call the
 7 Tech Express which he assured me that that
 8 would result in the--with marked improvement
 9 of turnaround times, of our histological
 10 slides. So once these logistics were in place
 11 and the safety issues were concerned, I agreed
 12 to the centralization of technical services.
 13 COFFEY, Q.C.:
 14 Q. So Doctor, it would be fair to say then that
 15 there was a--the differences of opinion
 16 concerning centralization of services
 17 occasioned a certain amount of hostile
 18 exchanges over a period of years, in fact?
 19 DR. COOK:
 20 A. It wasn't--it was just, as far as I was
 21 concerned, a very minor issue in terms of my
 22 relationship with the technical individuals.
 23 I mean, for most of those years, while I was
 24 clinical chief, we had good relationships
 25 between our medical and technical staff. But

Page 26

1 this was a very sensitive issue and there were
 2 implications to this.
 3 COFFEY, Q.C.:
 4 Q. So the Commissioner can get some sense of who
 5 was on which side of the issue, who was
 6 reluctant to have the services centralized,
 7 which group or groups?
 8 DR. COOK:
 9 A. Well, the pathologists at St. Clare's were
 10 concerned about that, one of the reasons being
 11 there was always close liaison and
 12 communication between our technologists and
 13 pathologists. There was always communication
 14 between those two groups every day. There was
 15 concern amongst our pathologists that if there
 16 was a centralization of technical services
 17 that that line of communication would be
 18 hampered.
 19 COFFEY, Q.C.:
 20 Q. I'm sorry, would be what?
 21 DR. COOK:
 22 A. Hampered.
 23 COFFEY, Q.C.:
 24 Q. Why was that?
 25 DR. COOK:

Page 27

1 A. Well, you wouldn't have your technologists on
 2 site. If there was an issue that came up,
 3 say, with an orientation of a particular block
 4 or a problem with a particular tissue, we did
 5 have our pathologists go speak directly to our
 6 technologists and that issue would be
 7 rectified quite quickly.
 8 COFFEY, Q.C.:
 9 Q. So this was a centralization of the
 10 technologists in the General Hospital site,
 11 and not the pathologists?
 12 DR. COOK:
 13 A. That's correct.
 14 COFFEY, Q.C.:
 15 Q. When did the idea of moving the pathologists
 16 to the General Hospital site, all the
 17 pathologists offices to the General Hospital
 18 site first come up?
 19 DR. COOK:
 20 A. Well, that came up, I would say, after the
 21 ER/PR issue, when we looked at the need to
 22 have subspecialization.
 23 COFFEY, Q.C.:
 24 Q. So that had not ever--can't recall that ever
 25 having arisen before?

Page 28

1 DR. COOK:
 2 A. The centralization of pathology services?
 3 COFFEY, Q.C.:
 4 Q. The idea of--yes.
 5 DR. COOK:
 6 A. It was one of our long-term plans and
 7 thinking, but it certainly wasn't actively
 8 considered until after the ER/PR issue.
 9 THE COMMISSIONER:
 10 Q. And you seem to connect that and
 11 specialization.
 12 DR. COOK:
 13 A. Commissioner, yeah, we came to the conclusion
 14 that if we can then centralize all our
 15 pathology services at one site, we may be able
 16 to subspecialize and effectively subspecialize
 17 and maintain that, providing of course we had
 18 stability in our manpower levels.
 19 THE COMMISSIONER:
 20 Q. Okay. So the idea being that if all the
 21 pathologists were at the one site, it would be
 22 easier to divert certain kinds of cases to one
 23 or two individuals?
 24 DR. COOK:
 25 A. Well, it would be easier to form subspecialty

Page 29

1 groups and it would be easier, I would think,
 2 to promote communication and liaison amongst
 3 the pathologists. It would be easier in terms
 4 of organizations, organization of your
 5 pathology staff, and ensuring a more efficient
 6 and stable running of the organization.
 7 COFFEY, Q.C.:
 8 Q. So Doctor, you have your meeting with Dr.
 9 Ejeckam in June of 2003 and other than the
 10 reference or two in minutes of meetings we
 11 looked at yesterday concerning estrogen
 12 receptor and progesterone receptor staining
 13 and, I believe it was September of '04 or
 14 thereabouts there was a reference in one of
 15 the minutes to that being of concern to at
 16 least somebody. September? No, I apologize,
 17 perhaps March of '04. But--March or April of
 18 '04, but other than that, Doctor, when did
 19 estrogen receptors and progesterone receptors
 20 next come to your attention?
 21 DR. COOK:
 22 A. You mean following the Ejeckam memos of '03?
 23 COFFEY, Q.C.:
 24 Q. Yes.
 25 DR. COOK:

Page 30

1 A. Well, it came to my attention--well, there was
 2 a phone call from Dr. Joy McCarthy about
 3 pathologists occasionally forgetting to order
 4 ERs and PRs.
 5 COFFEY, Q.C.:
 6 Q. I'm sorry, what?
 7 DR. COOK:
 8 A. About pathologists occasionally forgetting to
 9 order ERs and PRs.
 10 COFFEY, Q.C.:
 11 Q. Okay.
 12 DR. COOK:
 13 A. I mean, we saw that in the presentation
 14 yesterday in one of the exhibits. Apart from
 15 that, I mean, the major event that had to deal
 16 with the ER and PR was the phone call I
 17 received from Dr. Joy McCarthy in May of '05.
 18 COFFEY, Q.C.:
 19 Q. Could you tell us, please, about that?
 20 DR. COOK:
 21 A. Well, it was around, I think, around 2:00 in
 22 the afternoon when I received a call from Dr.
 23 McCarthy advising me of a patient who was
 24 originally diagnosed with an infiltrating
 25 lobular carcinoma in 2002. She was initially

Page 31

1 reported as receptor status ER/PR negative.
 2 Her condition gradually deteriorated over a
 3 course of time. There was a conversation with
 4 an American oncologist to assess whether there
 5 could be any further treatment or any further
 6 course of action that can be done to improve
 7 her condition. The case was discussed between
 8 one of our local oncologists and the American
 9 oncologist when the issue of the ER/PR status
 10 came up. When it was reported to the American
 11 oncologist that the ER and PR status in this
 12 particular patient was negative, he felt that
 13 this was unusual and that the case should be
 14 retested, considering that the patient was
 15 diagnosed as an infiltrating lobular
 16 carcinoma.
 17 The paraffin block, the original paraffin
 18 block, I understand, was retested and it was
 19 retested under the Ventana system. Those
 20 slides were then forwarded to the original
 21 pathologist who reported a change in the
 22 receptor status from negative to positive. So
 23 I was concerned upon hearing that.
 24 COFFEY, Q.C.:
 25 Q. So Dr. McCarthy is telling you this on the

Page 32

1 phone?
 2 DR. COOK:
 3 A. That's correct.
 4 COFFEY, Q.C.:
 5 Q. I mean, was she using the patient's name?
 6 DR. COOK:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. Okay. Did she tell you who the pathologist
 10 was?
 11 DR. COOK:
 12 A. No.
 13 COFFEY, Q.C.:
 14 Q. Okay. Go ahead.
 15 DR. COOK:
 16 A. I asked her were there any other concerns that
 17 she had about any other patients, and she said
 18 there were about three or four she said she
 19 had concerns about, and upon hearing that
 20 information, I was also quite concerned. I
 21 asked her if she could forward the names of
 22 those patients on to Bev Carter and if Dr.
 23 Carter--to Dr. Carter for Dr. Carter to assess
 24 this issue further. I said "I will keep"--in
 25 regards to Dr. McCarthy, I said "I will keep

Page 33

1 you updated." So I spoke to Dr. Carter about
 2 the issue and asked her would she participate
 3 in the retesting of these particular patients.
 4 Dr. Carter agreed and I believe there was
 5 discussion between Dr. Carter and Dr. McCarthy
 6 regarding these cases in regards to the
 7 particular names of the patients involved. So
 8 the process began from there.
 9 COFFEY, Q.C.:
 10 Q. Now do you know Ford Elms?
 11 DR. COOK:
 12 A. I do.
 13 COFFEY, Q.C.:
 14 Q. He's a physician?
 15 DR. COOK:
 16 A. That's correct.
 17 COFFEY, Q.C.:
 18 Q. Pathologist located where, what site?
 19 DR. COOK:
 20 A. He's located at St. Clare's.
 21 COFFEY, Q.C.:
 22 Q. And the patient, this initial patient whose
 23 test on retesting results changed, the ER
 24 results changed, when did you first become
 25 aware of that patient's name?

Page 34

1 DR. COOK:
 2 A. It may have been an hour or two or shortly
 3 after my conversation with Dr. Joy McCarthy
 4 that Dr. Elms came in and informed me of a
 5 patient that had converted.
 6 COFFEY, Q.C.:
 7 Q. Okay. So you recall that as being on the same
 8 day that Dr. McCarthy spoke to you?
 9 DR. COOK:
 10 A. I believe so, yes.
 11 COFFEY, Q.C.:
 12 Q. Did you ask Dr. Elms anything further about
 13 this?
 14 DR. COOK:
 15 A. I can't remember if I did or not, Mr. Coffey.
 16 COFFEY, Q.C.:
 17 Q. Like who the patient was, where the slides
 18 were, if he had a possible explanation for it,
 19 anything like that?
 20 DR. COOK:
 21 A. The name of the patient was given to me by Dr.
 22 Elms.
 23 COFFEY, Q.C.:
 24 Q. So he gave you the name of the patient and
 25 that would be Peggy Dean?

Page 35

1 DR. COOK:
 2 A. That's correct.
 3 COFFEY, Q.C.:
 4 Q. And did you ask him when this had occurred,
 5 when this retest had occurred?
 6 DR. COOK:
 7 A. No, all I knew was, and all I was concerned
 8 about was the fact that we had a case that had
 9 converted from a negative to positive result.
 10 COFFEY, Q.C.:
 11 Q. Is it possible that Dr. Elms had spoken to you
 12 about that before Dr. McCarthy called you that
 13 day?
 14 DR. COOK:
 15 A. Not that I can recollect.
 16 COFFEY, Q.C.:
 17 Q. Did you recall anything, any further
 18 discussion with Dr. Elms, even about why he
 19 came to you that day?
 20 DR. COOK:
 21 A. He just kept me updated on a situation that
 22 could have, you know, implications.
 23 COFFEY, Q.C.:
 24 Q. What sort of implications?
 25 DR. COOK:

Page 36

1 A. Well, we had a patient that had converted that
 2 resulted in--could result in treatment change.
 3 That's a significant event.
 4 COFFEY, Q.C.:
 5 Q. Doctor, so Dr. McCarthy, that same day, you
 6 recall, had told you about three or four
 7 patients, other patients?
 8 DR. COOK:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. She had the names of.
 12 DR. COOK:
 13 A. She didn't -
 14 COFFEY, Q.C.:
 15 Q. What was there about those patients? What was
 16 your understanding about why she had those
 17 patients' names?
 18 DR. COOK:
 19 A. Well, I asked her did she have concerns about
 20 the status of any other of ER and PR and any
 21 other cases. She said to me that she did.
 22 Well, I said, that's of concern.
 23 COFFEY, Q.C.:
 24 Q. Did she explain why?
 25 DR. COOK:

Page 37

1 A. No.
 2 COFFEY, Q.C.:
 3 Q. So did she talk in that day about percentages
 4 of lobular carcinomas that would be ER--
 5 expected to be ER positive?
 6 DR. COOK:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. Okay, if we could, please, Exhibit P-0067?
 10 THE COMMISSIONER:
 11 Q. Dr. Cook, do I understand then when you had
 12 the conversation with Dr. McCarthy, she
 13 indicated the number of patients she was
 14 concerned about but no reasoning as to why
 15 those particular patients caused her concern?
 16 DR. COOK:
 17 A. Commissioner, that's correct, and I asked her
 18 to forward the names on to Dr. Carter.
 19 THE COMMISSIONER:
 20 Q. Okay.
 21 COFFEY, Q.C.:
 22 Q. Doctor, did you make any notes of the
 23 conversation you had with Dr. McCarthy that
 24 day?
 25 DR. COOK:

Page 38

1 A. No.
 2 COFFEY, Q.C.:
 3 Q. And what was your understanding as to why she
 4 was calling you?
 5 DR. COOK:
 6 A. Because I'm clinical chief.
 7 COFFEY, Q.C.:
 8 Q. And for what purpose though? So you're
 9 clinical chief, why call you? What did you
 10 understand she wanted of you?
 11 DR. COOK:
 12 A. She wanted me to investigate this further.
 13 COFFEY, Q.C.:
 14 Q. Here, Doctor, in the first paragraph of the
 15 letter of May 24th, 2005, which is authored by
 16 yourself, you write "on May 11th, 2005, I
 17 received a phone call from Dr. Joy McCarthy, a
 18 medical oncologist, informing me of an ER and
 19 PR reported negative in a patient with
 20 infiltrating lobular carcinoma of the breast
 21 diagnosed in 2002. When retested in May of
 22 2005, the ER and PR were reported as strongly
 23 positive. Dr. McCarthy also expressed concern
 24 over what appears to be a high rate of
 25 infiltrating lobular carcinomas that were

Page 39

1 reported as ER and PR negative. She stated
 2 that usually 95 percent of lobular carcinomas
 3 are ER and PR positive, while five percent are
 4 negative. Dr. McCarthy requested that two
 5 other patients with infiltrating lobular
 6 carcinoma that were reported as ER and PR
 7 negative in 2002 also be retested. I
 8 expressed concern over this and suggested that
 9 we meet to discuss this further."
 10 So at least in writing to Dr. Williams on
 11 May 24th, 2005, you refer here to Dr. McCarthy
 12 in her initial phone call as having talked
 13 about percentages.
 14 DR. COOK:
 15 A. Mr. Coffey, I believe those percentages or
 16 that 95 percent came out of the meeting of May
 17 17th.
 18 COFFEY, Q.C.:
 19 Q. Okay, so the reference here, in this first
 20 paragraph, to "she stated that usually 95
 21 percent" and so on, from there, that full
 22 sentence, that should appear in the second
 23 paragraph somewhere?
 24 DR. COOK:
 25 A. It should, yes.

Page 40

1 COFFEY, Q.C.:
 2 Q. And so I'm clear then, Doctor, you get a phone
 3 call from Dr. McCarthy talking about a patient
 4 that's converted. You find out later that
 5 day, from Ford Elms, Dr. Elms, Ford Elms, that
 6 the patient's name is Peggy Dean. Did you
 7 know Ms. Dean?
 8 DR. COOK:
 9 A. I know of her. I don't know her that well.
 10 COFFEY, Q.C.:
 11 Q. Okay. Did you know her husband?
 12 DR. COOK:
 13 A. I know he's a physician, but I don't know -
 14 COFFEY, Q.C.:
 15 Q. You didn't know him personally?
 16 DR. COOK:
 17 A. That's correct.
 18 COFFEY, Q.C.:
 19 Q. Okay. So Dr. McCarthy is calling to express
 20 concern about a conversion, one case, of a
 21 lobular carcinoma, invasive lobular carcinoma?
 22 DR. COOK:
 23 A. That's correct.
 24 COFFEY, Q.C.:
 25 Q. She refers to an earlier, apparently,

Page 41	Page 43
<p>1 conversation between an oncologist in St. 2 John's and one in the United States. You've 3 recounted that. She names two or three other 4 patients. 5 DR. COOK: 6 A. Well, she didn't give me the names. 7 COFFEY, Q.C.: 8 Q. Well, she said she had two or three others, 9 and you referred her on to Bev Carter? 10 DR. COOK: 11 A. That's correct. 12 COFFEY, Q.C.: 13 Q. Okay, and there was nothing in--she didn't 14 identify to you what it was about those two or 15 three patients that was of concern? 16 DR. COOK: 17 A. Just that she had concerns. 18 COFFEY, Q.C.: 19 Q. And the conversation then ended with you 20 referring her to Dr. Carter? 21 DR. COOK: 22 A. That's correct. 23 COFFEY, Q.C.: 24 Q. At that point, when the conversation ended, 25 was there any agreement to meet?</p>	<p>1 Q. And what do you recall of the conversation 2 with Dr. Carter? 3 DR. COOK: 4 A. I told her about the situation, that we had a 5 conversion with a patient. Joy McCarthy 6 expressed to me the concern that she had with 7 other patients and that she would be giving 8 Dr. Carter a call with the names of those 9 patients and I asked Dr. Carter if she would 10 get them retested and evaluate the results. 11 COFFEY, Q.C.: 12 Q. Okay, and what then happened? 13 DR. COOK: 14 A. Well, the - 15 COFFEY, Q.C.: 16 Q. I take it Dr. Elms, your recollection is at 17 some point later that day, Dr. Elms came 18 along? 19 DR. COOK: 20 A. Yes, and he informed me of the case, and I 21 believe I told him at that time that--I 22 thanked him for telling me about the case and 23 that we were going to see where all this is 24 going to lead. 25 COFFEY, Q.C.:</p>
Page 42	Page 44
<p>1 DR. COOK: 2 A. I can't particularly recall, at that point in 3 time, at that telephone conversation, if we 4 decided. I mean, we would have to have a 5 meeting, but I can't recall actually agreeing 6 to meet or agreeing on the date to meet. 7 COFFEY, Q.C.: 8 Q. In that first paragraph, in Exhibit P-0067, 9 the last sentence of the first paragraph, you 10 conclude by saying "I suggested that we meet 11 to discuss this further." 12 DR. COOK: 13 A. Well, we could have. I mean, but I can't 14 remember. It could have come up in the 15 conversation. 16 COFFEY, Q.C.: 17 Q. So did you speak to Dr. Carter about this? 18 DR. COOK: 19 A. I did. 20 COFFEY, Q.C.: 21 Q. And when did you do that? 22 DR. COOK: 23 A. That was immediately after the phone call I 24 had with Dr. McCarthy. 25 COFFEY, Q.C.:</p>	<p>1 Q. What then happened? 2 DR. COOK: 3 A. Well, I believe we got the testing results 4 back. We didn't get them back from all the 5 three patients. I believe there were testing 6 results back just from two, two others, that 7 Dr. Carter reported to me that they had 8 converted, and I can't remember exactly when I 9 got those results. 10 COFFEY, Q.C.: 11 Q. Is it possible that one of those two patients 12 you did yourself? 13 DR. COOK: 14 A. I can't recollect. I didn't know, and I 15 didn't ask who the pathologist was doing those 16 cases. 17 COFFEY, Q.C.: 18 Q. No, no, not the original cases. I'm talking 19 about the retests. 20 DR. COOK: 21 A. The retests? 22 COFFEY, Q.C.: 23 Q. Reporting the retests. 24 DR. COOK: 25 A. Reporting the retests?</p>

Page 45

1 COFFEY, Q.C.:

2 Q. Yes.

3 DR. COOK:

4 A. No, I can't recollect that.

5 COFFEY, Q.C.:

6 Q. And so Doctor, what then happened?

7 DR. COOK:

8 A. Well, when I became aware of the results, I

9 agreed or I may have spoken to Dr. McCarthy

10 and I don't know exactly who, to arrange a

11 meeting or get together to discuss the issue

12 of the conversions that we had, and that would

13 have been agreement to get together on May

14 17th.

15 COFFEY, Q.C.:

16 Q. Doctor, do you know when Peggy Dean's retest

17 occurred?

18 DR. COOK:

19 A. No, I don't.

20 COFFEY, Q.C.:

21 Q. Did you ever make any inquiries in that

22 regard?

23 DR. COOK:

24 A. No, I don't. No, I didn't.

25 COFFEY, Q.C.:

Page 46

1 Q. So for example, if it occurred on or before

2 April 20th 2005, if I was to tell you that,

3 that would be the first time you're hearing

4 that?

5 DR. COOK:

6 A. That's correct.

7 COFFEY, Q.C.:

8 Q. Can you tell the Commissioner, is there any

9 reason why you never made any inquiries in

10 2005 about when the retest for Ms. Dean

11 occurred?

12 DR. COOK:

13 A. Well, the fact that I had a conversion and the

14 fact that it resulted in a treatment change

15 had a significant impact on me, just at the

16 time. I didn't matter when it occurred. It

17 was the fact that we had a treatment

18 conversion, that was all I was particularly

19 worried about.

20 COFFEY, Q.C.:

21 Q. Why wouldn't it matter when it occurred?

22 DR. COOK:

23 A. Well, I assumed it had occurred recently, but

24 the fact that we had a change in result that

25 originated from our lab was of primary

Page 47

1 importance to me.

2 COFFEY, Q.C.:

3 Q. Go ahead, Doctor, what happened then?

4 DR. COOK:

5 A. Well, we got together on the May 17th meeting.

6 COFFEY, Q.C.:

7 Q. Where was that?

8 DR. COOK:

9 A. That was in the conference room of the Cancer

10 Centre, the Bliss Murphy Cancer Centre, and in

11 that meeting or attending that meeting was

12 myself, Dr. Carter, Dr. Laing, Dr. McCarthy

13 and Mr. Dyer.

14 COFFEY, Q.C.:

15 Q. Now why was Dr. Carter there?

16 DR. COOK:

17 A. Dr. Carter was there because she was a breast

18 pathologist, a resource person in breast

19 pathology, and I saw this as being primarily a

20 breast issue.

21 COFFEY, Q.C.:

22 Q. Why is that?

23 DR. COOK:

24 A. You have ERs and PRs affecting breast patients

25 and Dr. Carter, I had great faith in her. She

Page 48

1 was our resource person in breast pathology.

2 She had recently come on stream to our

3 organization and I felt that she had good

4 knowledge in all aspects of breast pathology,

5 including IHC.

6 COFFEY, Q.C.:

7 Q. Why were Doctors Joy McCarthy and Kara Laing

8 there?

9 DR. COOK:

10 A. Well, they were the oncologists involved with

11 the case.

12 COFFEY, Q.C.:

13 Q. The case, these cases or a particular case?

14 DR. COOK:

15 A. Well, I don't know if they were involved with

16 all three cases or not, but they were

17 oncologists involved in breast oncology.

18 COFFEY, Q.C.:

19 Q. And why was Barry Dyer there?

20 DR. COOK:

21 A. He was there to represent the--or to answer

22 any questions regarding the technical aspects

23 of the lab, of the anatomic pathology

24 division.

25 COFFEY, Q.C.:

Page 49

1 Q. Who requested that he be there?
 2 DR. COOK:
 3 A. I requested that he be there.
 4 COFFEY, Q.C.:
 5 Q. And in calling this meeting, what did you
 6 anticipate would happen?
 7 DR. COOK:
 8 A. Well, I'd like to find out more information
 9 surrounding this issue in hand and to generate
 10 discussion as to what we would do next and
 11 where we would go.
 12 COFFEY, Q.C.:
 13 Q. Did you make any notes of the meeting?
 14 DR. COOK:
 15 A. I may have made notes. I'll have to refer to
 16 my records.
 17 COFFEY, Q.C.:
 18 Q. We have--Mr. Browne is shaking his head in the
 19 negative. I'm certainly not aware of any, but
 20 that's not to say that there aren't any.
 21 That's why I'm asking. Anyway, if there are
 22 such notes, perhaps they could be -
 23 MR. BROWNE:
 24 Q. Commissioner, just so we're clear, we've given
 25 the Commission -

Page 50

1 COFFEY, Q.C.:
 2 Q. I appreciate that.
 3 MR. BROWNE:
 4 Q. - everything that Dr. Cook had made
 5 contemporaneously with -
 6 COFFEY, Q.C.:
 7 Q. Yes, and I had understood that, Mr. Browne,
 8 certainly. So if there are--and I take it,
 9 Doctor, then in dealing with the Commission,
 10 dealing with your counsel, I take it that
 11 you've provided what notes relate to this
 12 ER/PR matter to your lawyer. Mr. Browne has
 13 certainly just assured the Commissioner and I
 14 have every reason to believe he's done so, has
 15 provided us with all the notes. So if there
 16 is no note that can be identified with this
 17 meeting, is it possible you didn't take any
 18 notes?
 19 DR. COOK:
 20 A. It's possible I didn't take any notes.
 21 COFFEY, Q.C.:
 22 Q. Doctor, can you tell us then how the meeting
 23 unfolded, what you recall about it?
 24 DR. COOK:
 25 A. Well, I mean, I can't remember the specific

Page 51

1 details. All I can remember is Dr. McCarthy
 2 reiterating the story about this particular
 3 patient being diagnosed an infiltrating
 4 lobular carcinoma, the conversation that the
 5 oncologist had with the American oncologist,
 6 the fact that it was unusual to have
 7 infiltrating lobular carcinomas being reported
 8 as negative, and a lot of concern over the
 9 fact that this patient had converted and there
 10 was also general concern over the issue of
 11 other patients. There was concern about the
 12 status of other patients with ERS and PRs.
 13 COFFEY, Q.C.:
 14 Q. Which other patients?
 15 DR. COOK:
 16 A. Those particularly around 2002, if I remember
 17 correctly.
 18 COFFEY, Q.C.:
 19 Q. Was there any explanation as to why that was
 20 so?
 21 DR. COOK:
 22 A. No, I can't particularly recall any particular
 23 reasoning as to why there was concern around
 24 those patients in 2002.
 25 COFFEY, Q.C.:

Page 52

1 Q. So the identification or the expression of
 2 concern about patients in 2002 didn't
 3 originate with you?
 4 DR. COOK:
 5 A. That's correct.
 6 COFFEY, Q.C.:
 7 Q. It originated with the oncologists?
 8 DR. COOK:
 9 A. It came from the oncologists.
 10 COFFEY, Q.C.:
 11 Q. Do you recall anything else about the meeting?
 12 DR. COOK:
 13 A. I think what--there was a lot of general
 14 discussion over positivity rates for
 15 infiltrating lobular carcinomas. I believe we
 16 discussed the possibility of going to conduct
 17 a review or we needed to be--we needed to have
 18 more information as to what was going on, and
 19 that more patients needed to be tested.
 20 COFFEY, Q.C.:
 21 Q. So well, were there any particular patients,
 22 particular years identified during this
 23 meeting, Doctor? I mean, what -
 24 DR. COOK:
 25 A. Well, we zeroed in on the '02 and there was

Page 53

1 some discussion about the '01 year.
 2 COFFEY, Q.C.:
 3 Q. Doctor, was there any discussion about like
 4 how far or how close to the then present you
 5 should go?
 6 DR. COOK:
 7 A. Excuse me, Mr. Coffey?
 8 COFFEY, Q.C.:
 9 Q. Was there any discussion about any cutoff
 10 point, in terms of how close to the then
 11 present in May of '05? I mean, Doctor, you're
 12 telling us that you showed up at this meeting.
 13 The oncologists started to talk about 2002,
 14 okay. They had concerns. there was some
 15 expression about 2001 maybe.
 16 DR. COOK:
 17 A. Yes.
 18 COFFEY, Q.C.:
 19 Q. Why was that?
 20 DR. COOK:
 21 A. Again, these were observations made by
 22 oncologists.
 23 COFFEY, Q.C.:
 24 Q. What did you understand from them they'd
 25 actually done to that point?

Page 54

1 DR. COOK:
 2 A. They hadn't done much to that particular
 3 point. These were observations they made that
 4 maybe some of the results of the ERs and PRs
 5 that they were observing didn't correlate with
 6 the pathological diagnosis and possibly with
 7 how patients responded in treatment outcomes.
 8 COFFEY, Q.C.:
 9 Q. Was there any--at that meeting, any discussion
 10 about the possible reason for the conversions?
 11 DR. COOK:
 12 A. No, I can't recollect that we discussed the
 13 reason for the conversion.
 14 COMMISSIONER:
 15 Q. Doctor Cook, did I understand you to say that
 16 it was Doctor McCarthy who, at that meeting
 17 once again, told you about the consultation
 18 with an American oncologist by one of the
 19 oncologists from St. John's?
 20 DR. COOK:
 21 A. To the best of my knowledge, Commissioner, I
 22 believe that originated from Doctor McCarthy.
 23 I can't be absolutely sure on that.
 24 COMMISSIONER:
 25 Q. All right, thank you.

Page 55

1 COFFEY, Q.C.:
 2 Q. Is it possible it was Doctor Laing talking
 3 about herself?
 4 DR. COOK:
 5 A. It could be. I mean, you have to remember,
 6 Mr. Coffey, I was quite upset over hearing of
 7 the conversion and the fact that we retested
 8 two other patients. So, I was quite concerned
 9 and upset over that.
 10 COFFEY, Q.C.:
 11 Q. So, by the time this meeting occurred, there
 12 had been two other patients, two further
 13 patients retested?
 14 DR. COOK:
 15 A. I believe. We had the results from two
 16 others.
 17 COFFEY, Q.C.:
 18 Q. And you'd gotten those from?
 19 DR. COOK:
 20 A. Doctor Carter.
 21 COFFEY, Q.C.:
 22 Q. Here in your letter of May 24, Exhibit P-0067,
 23 you begin the--well, the second sentence of
 24 the second paragraph says, "during that
 25 meeting, which is the May 17th meeting, I

Page 56

1 bought forth that a second patient originally
 2 reported as ER and PR negative in 2002, were
 3 now strongly positive for breast receptors on
 4 retesting". So, should that be a second
 5 patient error or "I bought forth that two
 6 patients" -
 7 DR. COOK:
 8 A. I may have brought forth two patients. I
 9 can't be absolutely sure on that.
 10 COFFEY, Q.C.:
 11 Q. Now, Doctor, for you at that time, the idea--
 12 you've indicated that perhaps the reference in
 13 the first paragraph of this letter to "95
 14 percent of lobular carcinomas are ER and PR
 15 positive, while 5 percent are negative". And
 16 the reference in the second paragraph, for
 17 example, it's there, "it is estimated that
 18 approximately 50 - 85 percent of all breast
 19 cancer, particularly infiltrating ductal and
 20 lobular carcinomas exhibit estrogen receptors.
 21 Such tumours are commonly found in post-
 22 menopausal women". Doctor, that sort of
 23 information at that meeting, were you aware of
 24 that before the meeting?
 25 DR. COOK:

Page 57

1 A. Those percentages?
 2 COFFEY, Q.C.:
 3 Q. Yes.
 4 DR. COOK:
 5 A. Not in regards to that range, no; before the
 6 meeting, no.
 7 COFFEY, Q.C.:
 8 Q. And who brought that information to the
 9 meeting?
 10 DR. COOK:
 11 A. Well, that information was brought by me just
 12 before the meeting following some review of
 13 the literature.
 14 COFFEY, Q.C.:
 15 Q. So, it was you that brought the -
 16 DR. COOK:
 17 A. The 50 - 85 percent range.
 18 COFFEY, Q.C.:
 19 Q. Okay. And the 95 percent reference?
 20 DR. COOK:
 21 A. Was brought by Doctor McCarthy.
 22 COFFEY, Q.C.:
 23 Q. And why, Doctor, had you gone looking in the
 24 literature just before the meeting -
 25 DR. COOK:

Page 58

1 A. I wanted to get -
 2 COFFEY, Q.C.:
 3 Q. - for percentages?
 4 DR. COOK:
 5 A. I wanted to get an idea of positivity ranges
 6 in breast carcinomas, upon hearing the high
 7 incidents of positivity ranges in lobular
 8 carcinomas, just to get a general idea for my
 9 own information purposes of positivity rates.
 10 COFFEY, Q.C.:
 11 Q. So, when had you first heard of the high
 12 percent of lobular carcinomas that would be ER
 13 positive?
 14 DR. COOK:
 15 A. Well, in regards to 95 percent, that came from
 16 Doctor McCarthy, but in my own general
 17 knowledge, it hovered around 85 - 90 percent.
 18 COFFEY, Q.C.:
 19 Q. So, going into the meeting or even before
 20 Doctor McCarthy ever contacted you in the
 21 first place on May 11, you were aware from
 22 your general knowledge of a range of 85, 90 or
 23 so for lobular -
 24 DR. COOK:
 25 A. Yes, a high incidents of lobular carcinomas

Page 59

1 have ER and PR positivity.
 2 COFFEY, Q.C.:
 3 Q. Now, Doctor, what then happened? You have the
 4 meeting. Can you recall anything else about
 5 the meeting?
 6 DR. COOK:
 7 A. Well, I think we discussed a need to go back
 8 and do a limited review of cases and we
 9 decided -
 10 COFFEY, Q.C.:
 11 Q. Over what period?
 12 DR. COOK:
 13 A. Over the '02 period and possibly a few cases
 14 from the '01 period.
 15 COFFEY, Q.C.:
 16 Q. And the rationale was?
 17 DR. COOK:
 18 A. Well, we needed to get more information and we
 19 needed to know how big this particular issue
 20 was, was it isolated just a few patients or
 21 did we have a much broader problem.
 22 COFFEY, Q.C.:
 23 Q. Is it possible that at that meeting a much
 24 wider range of dates or years was discussed?
 25 DR. COOK:

Page 60

1 A. You mean beyond -
 2 COFFEY, Q.C.:
 3 Q. Beyond '97 through 2003?
 4 DR. COOK:
 5 A. I can't recollect for sure, Mr. Coffey.
 6 COFFEY, Q.C.:
 7 Q. If someone connected or in attendance at the
 8 meeting had notes to that effect, would you be
 9 in a position to contradict them?
 10 DR. COOK:
 11 A. I really can't remember if we made that
 12 discussion or not.
 13 COFFEY, Q.C.:
 14 Q. So, Doctor, did the meeting--at the time the
 15 meeting ended, what was the plan?
 16 DR. COOK:
 17 A. The plan was to go back and do a retest,
 18 select out patients, particularly for the '02
 19 and '01 years and retest these on the Ventana
 20 system.
 21 COFFEY, Q.C.:
 22 Q. And who was to do that selecting and on what
 23 criteria?
 24 DR. COOK:
 25 A. That task was given to Dr. Carter and we

Page 61

1 decided or between myself and Dr. Carter that
 2 we would pick out a relatively small number of
 3 patients, we were looking at about 25
 4 patients. Now, this was being discussed after
 5 the meeting in our offices at St. Clare's. We
 6 were looking at a sample size of approximately
 7 25 with a ten percent cutoff and to zero in on
 8 patients whom we expect to have high
 9 positivity for ER and PR, that is, those with
 10 infiltrating lobular carcinomas, those with
 11 low grade infiltrating ductal carcinomas,
 12 mucinous carcinomas, that sort of thing.
 13 COFFEY, Q.C.:
 14 Q. Generally following the sorts of, for example,
 15 the groupings that Dr. Ejeckam had referred to
 16 in his May 2nd, 2003 memo with the exception
 17 of the invasive lobulars?
 18 DR. COOK:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Now, Doctor, so Dr. Carter had agreed to
 22 undertake this. What then happened?
 23 DR. COOK:
 24 A. Well, over a period of time--well, shortly
 25 after that meeting, May 17th, I informed Dr.

Page 62

1 Williams of the situation and I spoke to him
 2 immediately after I left that meeting.
 3 COFFEY, Q.C.:
 4 Q. So immediately after the May 17th meeting?
 5 DR. COOK:
 6 A. Yeah.
 7 COFFEY, Q.C.:
 8 Q. Why did you call Dr. Williams?
 9 DR. COOK:
 10 A. Well, he was the vice president of medical
 11 services and this was an event that it could
 12 or it may not have implications.
 13 COFFEY, Q.C.:
 14 Q. What sorts of implications?
 15 DR. COOK:
 16 A. Well, we didn't know how widespread the issue
 17 would be or whether we were localized to a few
 18 patients or were we involving a significant
 19 number of patients. And this would--I guess
 20 mainly because of our conversations and
 21 concerns that the oncologists had expressed.
 22 COFFEY, Q.C.:
 23 Q. During the May 17 meeting I take it.
 24 DR. COOK:
 25 A. Yes.

Page 63

1 COFFEY, Q.C.:
 2 Q. Doctor, what was the tone of that meeting?
 3 DR. COOK:
 4 A. It was one of concern, a serious concern, but
 5 we still didn't have any idea of the scope or
 6 breadth of the issue. I stated to Dr.
 7 Williams that we were planning to do a retest
 8 of a certain sample size and that I would keep
 9 him updated on that.
 10 COFFEY, Q.C.:
 11 Q. This expression of concern by the oncologists,
 12 were the oncologists upset during the meeting?
 13 DR. COOK:
 14 A. They were.
 15 COFFEY, Q.C.:
 16 Q. Upset with whom?
 17 DR. COOK:
 18 A. I guess they were upset with the whole
 19 situation, that they had patients that had
 20 converted.
 21 COFFEY, Q.C.:
 22 Q. So, were they upset with you as the clinical
 23 chief?
 24 DR. COOK:
 25 A. It wasn't directed at me, no, I don't believe.

Page 64

1 They were just concerned about the whole
 2 situation.
 3 COFFEY, Q.C.:
 4 Q. Were there any comments directed at Mr. Dyer?
 5 DR. COOK:
 6 A. Comments directed at Mr. Dyer?
 7 COFFEY, Q.C.:
 8 Q. Critical comments directed at Mr. Dyer during
 9 the meeting.
 10 DR. COOK:
 11 A. I can't remember.
 12 COFFEY, Q.C.:
 13 Q. What part, if any, did Dr. Carter play in the
 14 meeting?
 15 DR. COOK:
 16 A. Oh, she initially began, played a significant
 17 role in identifying the patients to be
 18 retested, carrying out the retesting and
 19 correlating -
 20 COFFEY, Q.C.:
 21 Q. During the meeting itself.
 22 DR. COOK:
 23 A. During the meeting itself?
 24 COFFEY, Q.C.:
 25 Q. Yes.

Page 65

1 DR. COOK:
 2 A. I can't recall much of an input from Dr.
 3 Carter at all. She was there listening to the
 4 conversations that was going back and forth.
 5 COFFEY, Q.C.:
 6 Q. So, you've indicated, after the meeting,
 7 agreed with Dr. Carter that you'll initially
 8 identify about, sample about 25. Why 25 or
 9 that have range, why that?
 10 DR. COOK:
 11 A. No particular reason. We figured that would
 12 be a good place to start.
 13 COFFEY, Q.C.:
 14 Q. Okay. What then happened, Doctor?
 15 DR. COOK:
 16 A. Well, these patients were retested over a
 17 period of a couple of weeks. And after that
 18 or during that time, Dr. Carter was recording
 19 these in her log books. And we certainly came
 20 to realize that we had a significant
 21 conversion rate.
 22 COFFEY, Q.C.:
 23 Q. What was the significant conversion rate?
 24 DR. COOK:
 25 A. I think it was 15 or 16 out of 25 that had

Page 66

1 converted.
 2 COFFEY, Q.C.:
 3 Q. And Dr. Carter's review of those 25 or so
 4 patients' tissue samples had been completed by
 5 when, approximately when?
 6 DR. COOK:
 7 A. Oh, approximately by early/mid June, I
 8 believe. I can't be sure of the exact date.
 9 COFFEY, Q.C.:
 10 Q. And your understanding, she was keeping track
 11 of this how?
 12 DR. COOK:
 13 A. By recording the results in her log books.
 14 COFFEY, Q.C.:
 15 Q. And what does a log book look like?
 16 DR. COOK:
 17 A. Well, a log book is very much what we've had
 18 configured for the review. It has the
 19 surgical number, the name of the patient, the
 20 MCP number, the type of carcinoma identified,
 21 the ER and PR result originally reported upon
 22 by the pathologist at the original date or
 23 reporting and the revised ER and PR following
 24 the Ventana testing.
 25 COFFEY, Q.C.:

Page 67

1 Q. So, the log book was, in effect, a
 2 spreadsheet.
 3 DR. COOK:
 4 A. Spreadsheet, I mean, I refer to a spreadsheet
 5 and log book, it's the same thing.
 6 COFFEY, Q.C.:
 7 Q. And now as May went into June of 2005, did you
 8 have occasion to look at the log book or the
 9 spreadsheet results?
 10 DR. COOK:
 11 A. I may have.
 12 COFFEY, Q.C.:
 13 Q. And do you know if Doctor Carter, at that
 14 time, was looking at anything other than the
 15 retest slides? Was she looking at the
 16 original slides, do you know?
 17 DR. COOK:
 18 A. She may have been looking at the original
 19 slides.
 20 COFFEY, Q.C.:
 21 Q. Do you know if she was making any notes as to
 22 her observations?
 23 DR. COOK:
 24 A. Not for sure.
 25 COFFEY, Q.C.:

Page 68

1 Q. If we could please, Exhibit P-0490. Doctor,
 2 do you recognize the handwriting here?
 3 DR. COOK:
 4 A. That's my handwriting.
 5 COFFEY, Q.C.:
 6 Q. Okay. And I think it says "2002 updated Bob
 7 June 3, 2005".
 8 DR. COOK:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. So, this would be a note that you made to
 12 record the fact that you had a conversation
 13 with Dr. Williams?
 14 DR. COOK:
 15 A. That's correct.
 16 COFFEY, Q.C.:
 17 Q. So, by June 3 or on that date, you had advised
 18 or would have advised Dr. Williams of this
 19 information?
 20 DR. COOK:
 21 A. Yeah, this may have been a chart review that
 22 Dr. Carter was also conducting at the same
 23 time. And she was keeping me updated on the
 24 issue at hand.
 25 COFFEY, Q.C.:

Page 69

1 Q. Could you just read out what you have written
 2 there, Doctor?
 3 DR. COOK:
 4 A. "160 cases, Health Care Corporation of St.
 5 John's, 80 are negative, 50 percent, problem
 6 seems to have started some time after June 24,
 7 2002. Not too bad when compare 60 percent
 8 positive and 40 percent negative rate, need to
 9 correlate more with population; may have a
 10 large number of young women who have high
 11 grade lesions who would be ER/Pr negative.
 12 Send letter, cases"--I can't read that
 13 writing--"notify MAC".
 14 COFFEY, Q.C.:
 15 Q. So, need to send letter to--do you know what
 16 word is, the third word in the last line?
 17 DR. COOK:
 18 A. I can't pick that out. "Need to send letter
 19 to" -
 20 COFFEY, Q.C.:
 21 Q. "Cases from outside Health Care Corporation of
 22 St. John's and notify MAC".
 23 DR. COOK:
 24 A. "Notify MAC".
 25 COFFEY, Q.C.:

Page 70

1 Q. So, notify the MAC about what?
 2 DR. COOK:
 3 A. About what was taking place.
 4 COFFEY, Q.C.:
 5 Q. And why would the MAC have to be notified?
 6 DR. COOK:
 7 A. Well, we might have a significant issue; we
 8 may not, but this was involving a patient care
 9 issue.
 10 COFFEY, Q.C.:
 11 Q. And the potential effect on patient care, you
 12 understood, was what?
 13 DR. COOK:
 14 A. Well, a change in treatment regime.
 15 COFFEY, Q.C.:
 16 Q. Or, in fact, that they perhaps should have had
 17 a different treatment regime up to three or
 18 four years before, up to three years before
 19 2002? What, if any, effect or implications
 20 did that have?
 21 DR. COOK:
 22 A. Well, it had significant implications that if
 23 we had patients who were ER and PR negative,
 24 that they should have gotten hormonal
 25 treatment.

Page 71

1 COFFEY, Q.C.:
 2 Q. Your understanding was what at the time, or
 3 the potential implications for individual
 4 patients?
 5 DR. COOK:
 6 A. It could be immense. I mean, it would be
 7 significant that we had, you know, denied
 8 patients hormonal therapy.
 9 COFFEY, Q.C.:
 10 Q. And did you understand that that denial or
 11 such a denial could, in individual cases, have
 12 shortened their life span?
 13 DR. COOK:
 14 A. That's correct.
 15 COFFEY, Q.C.:
 16 Q. Did you have any understanding that whether or
 17 not it had shortened their lifespan, that it
 18 could have negatively affected their quality
 19 of life during their lifespan?
 20 DR. COOK:
 21 A. It could.
 22 COFFEY, Q.C.:
 23 Q. Doctor, would you have been aware of that sort
 24 of, that idea of the fact, you know, the
 25 purpose of and the potential benefits of

Page 72

1 hormonal treatment, would you have been aware
 2 of that before May 2005? You understood what
 3 hormonal treatment was about before Dr.
 4 McCarthy -
 5 DR. COOK:
 6 A. Oh yes, yeah.
 7 COFFEY, Q.C.:
 8 Q. - ever called you?
 9 DR. COOK:
 10 A. Yeah, I would have been aware of that.
 11 COFFEY, Q.C.:
 12 Q. Okay. So, when Dr. McCarthy called you on May
 13 11 and spoke to you about what turned out to
 14 be, I gather, Peggy Dean's case, right from
 15 the beginning then you understood the
 16 potentially serious ramifications?
 17 DR. COOK:
 18 A. Well, not for just that particular patient,
 19 but any other patient.
 20 COFFEY, Q.C.:
 21 Q. Yes. Doctor, you've got a number of
 22 references to percentages.
 23 DR. COOK:
 24 A. Yes.
 25 COFFEY, Q.C.:

Page 73

1 Q. Why the focus on percentages, at this point?
 2 DR. COOK:
 3 A. Well, we were trying to get some sort of
 4 handle on where we were and again, how big a
 5 problem we had. So, the issue was, you know,
 6 where do we stand in our own patient
 7 population in terms of positivity rates with
 8 the general population at hand.
 9 COFFEY, Q.C.:
 10 Q. Why the concern about where we stood and
 11 trying to get a handle on how big the problem
 12 was potentially?
 13 DR. COOK:
 14 A. Well, again, getting back to, you know, the
 15 scope and nature of the problem.
 16 COFFEY, Q.C.:
 17 Q. Now, Doctor, at that point in time did you,
 18 this is June 2, 2005, had you spoken to Dr.
 19 Ejeckam about this?
 20 DR. COOK:
 21 A. No, I hadn't.
 22 COFFEY, Q.C.:
 23 Q. Why not?
 24 DR. COOK:
 25 A. Well, again, I saw this primarily as a breast

Page 74

1 problem. I had an excellent resource person
 2 in terms of Dr. Carter whom she had a sound
 3 knowledge in immunohistochemistry and
 4 relatively a newcomer to the organization.
 5 And I looked at her as being an objective
 6 individual with a sound knowledge base. Her
 7 office was next to mine and I looked at that
 8 as having good lines of communication on the
 9 daily basis with the resource individual.
 10 COFFEY, Q.C.:
 11 Q. I appreciate why then you would have utilized
 12 Dr. Carter's expertise, but why wouldn't you
 13 have spoken to Dr. Ejeckam who you understood
 14 had more than a passing acquaintance with IHC?
 15 DR. COOK:
 16 A. Well, no, I mean, I viewed Dr. Carter as being
 17 a breast resource person, there were good
 18 lines of communication between her and the
 19 oncologists.
 20 COFFEY, Q.C.:
 21 Q. Was there anything about Dr. Ejeckam that
 22 caused you not to consult with him?
 23 DR. COOK:
 24 A. No. I was zeroing in on the fact that this
 25 was a breast issue.

Page 75

1 COFFEY, Q.C.:
 2 Q. Did you realize at the time or recall at the
 3 time that in 2003 Dr. Ejeckam, in particular,
 4 stopped the staining of eight stains including
 5 ER and PR stains, in April 2003? And then had
 6 written a memo to yourself and other in May of
 7 2003 about ER and PR?
 8 DR. COOK:
 9 A. Yes, that had come to mind.
 10 COFFEY, Q.C.:
 11 Q. So, with that in mind, did it even occur to
 12 you to contact Dr. Ejeckam?
 13 DR. COOK:
 14 A. No, I totally focused on Dr. Carter and the
 15 oncologists and what we were finding with the
 16 retesting results.
 17 COFFEY, Q.C.:
 18 Q. Now, Doctor, at this stage, as you've said, it
 19 had crossed your mind or you recall that Dr.
 20 Ejeckam had suspended testing in 2003 of the
 21 ER and PR stains. That being so you would
 22 also recall he suspended the testing of six
 23 other stains?
 24 DR. COOK:
 25 A. Um-hm.

Page 76

1 COFFEY, Q.C.:
 2 Q. Did you make any inquiries at the time as to,
 3 well, what's the status of these other six?
 4 Should we retest any of them?
 5 DR. COOK:
 6 A. No, I did not. My main concern at that
 7 particular time was with the issue at hand.
 8 COFFEY, Q.C.:
 9 Q. I appreciate that, but that was only because
 10 there had been one retest initially.
 11 DR. COOK:
 12 A. Well, we were getting into more -
 13 COFFEY, Q.C.:
 14 Q. If I could, Doctor, on that point, you knew
 15 there was one retest in May. May 11, you knew
 16 there was one retest, one patient, in ER and
 17 PR.
 18 DR. COOK:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. Within two weeks, you knew there were at least
 22 two others, ER and PR patients, or breast
 23 cancer patients whose results had been
 24 retested and changed. So, you're telling the
 25 Commissioner that at no point then did it ever

Page 77

1 cross your mind to think that well these other
 2 six stains--Ejeckam in 2003, ER and PR were
 3 two of the eight, I got a problem with ERs and
 4 PRs, from 2002, and it didn't cross your mind
 5 to think, well, do I have a problem with the
 6 other six potentially--because we haven't
 7 retested any of them yet.
 8 DR. COOK:
 9 A. Mr. Coffey, I was totally focused on this
 10 particular issue.
 11 COFFEY, Q.C.:
 12 Q. Go ahead then, Doctor, what happened then?
 13 You had spoken to Dr. Williams.
 14 DR. COOK:
 15 A. Yes. And I can't remember exactly when I
 16 informed him of the results of the 25
 17 patients, but when I did, there was a lot of
 18 concern that he had expressed and that I had
 19 expressed, yeah, a lot of general concern.
 20 COFFEY, Q.C.:
 21 Q. Okay, you expressed concern, well, what does
 22 that really mean? Can you tell the
 23 Commissioner, expressed concern, well, what
 24 was said?
 25 DR. COOK:

Page 78

1 A. Well, was this a much broader issue or was
 2 this a--I mean, we were concerned about the
 3 extent of the problem.
 4 COFFEY, Q.C.:
 5 Q. Okay. The extent in what way?
 6 DR. COOK:
 7 A. How many -
 8 COFFEY, Q.C.:
 9 Q. Was it limited to breast cancer or what years
 10 or geographically or what?
 11 DR. COOK:
 12 A. The number of, you know, potential breast
 13 cancer patients involved and whether this
 14 involved other years.
 15 COFFEY, Q.C.:
 16 Q. And so you discussed that with Dr. Williams,
 17 and what, if any, instruction did he give you?
 18 DR. COOK:
 19 A. Well, I believe we had a series of meeting at
 20 that time. That probably, we were getting
 21 into--well, this is still in June. We
 22 discussed the possibility of doing another
 23 retest with a larger sample size.
 24 COFFEY, Q.C.:
 25 Q. Whose idea was that?

Page 79

1 DR. COOK:
 2 A. Again, that would have been an idea between
 3 myself and Dr. Carter and maybe the
 4 oncologists.
 5 COFFEY, Q.C.:
 6 Q. In the meantime, for the patients amongst the
 7 first 25 or so who, on retest, converted.
 8 What, if anything, was being done with respect
 9 to them being notified?
 10 DR. COOK:
 11 A. Well, a list was compiled by Dr. Carter,
 12 forwarded to, I believe, Dr. McCarthy, if I
 13 remember, and notification was initiated on
 14 disclosure to these patients.
 15 COFFEY, Q.C.:
 16 Q. Okay. And that occurs at the end of June, we
 17 come across that. But--and that's a formal
 18 list. Did you have any understanding of what
 19 was, in fact, happening like from patient to
 20 patient as new results came in?
 21 DR. COOK:
 22 A. Well, as new results came in, I believe these
 23 were being forwarded to Dr. McCarthy from Dr.
 24 Carter. Now, I can't be absolutely sure on
 25 that, but as sure as these retests and

Page 80

1 treatment changes were identified, that
 2 information was being forwarded and these
 3 patients, their results were being disclosed.
 4 COFFEY, Q.C.:
 5 Q. Did you have any understanding or knowledge as
 6 to what the patients were being told?
 7 DR. COOK:
 8 A. No, I don't.
 9 COFFEY, Q.C.:
 10 Q. Like, in terms of an explanation as to why now
 11 in 2005 their tissue sample was being retested
 12 from 2002?
 13 DR. COOK:
 14 A. I don't know exactly what was being said
 15 between our oncologists and our patients.
 16 COFFEY, Q.C.:
 17 Q. Was what might be said discussed within your
 18 earshot?
 19 DR. COOK:
 20 A. Well, we were wondering around this time was
 21 this a technical problem, was this localized
 22 within the technical aspect of the lab, did it
 23 have to do with one particular technologist or
 24 multiple technologists, was this a concern of
 25 technology because we were retesting from the

Page 81

1 original DAKO semi-automated to the Ventana
 2 system, so these were various scenarios that
 3 were being tossed around.
 4 COFFEY, Q.C.:
 5 Q. And was there any discussion in June of 2005
 6 that it might involve a pathologist problem?
 7 DR. COOK:
 8 A. I can't recollect that we had any serious or
 9 long-term or discussion regarding that.
 10 COFFEY, Q.C.:
 11 Q. So a technical problem in this context means
 12 what?
 13 DR. COOK:
 14 A. Within the lab itself, the actual staining of
 15 the slide and processing of the slides.
 16 COFFEY, Q.C.:
 17 Q. So and whose idea was it to--like, who
 18 identified that as a possible problem or
 19 source of the problem?
 20 DR. COOK:
 21 A. That may have been between myself and Dr.
 22 Carter when we were considering a number of
 23 possibilities.
 24 COFFEY, Q.C.:
 25 Q. Did you take that up with anyone, at that

Page 82

1 point, in June of 2005?
 2 DR. COOK:
 3 A. I may have taken that up with Dr. Williams.
 4 COFFEY, Q.C.:
 5 Q. And do you know if--do you have any reason to
 6 believe that he took it up with any of the
 7 actual technologists?
 8 DR. COOK:
 9 A. I don't believe.
 10 COFFEY, Q.C.:
 11 Q. When you raised it with Dr. Williams, do you
 12 recall his response or his reaction?
 13 DR. COOK:
 14 A. Well, it's a possibility.
 15 COFFEY, Q.C.:
 16 Q. Pardon me?
 17 DR. COOK:
 18 A. It's a possibility that that's where the
 19 problem originated.
 20 COFFEY, Q.C.:
 21 Q. Can you tell the Commissioner why you didn't
 22 actually take it up with somebody in the lab
 23 itself?
 24 DR. COOK:
 25 A. Well, we did bring it up with Mr. Terry

Page 83

1 Gulliver. I believe it was a meeting that I
 2 had with Dr. Williams around May 27th in his
 3 office, which we discussed the ER/PR issue.
 4 COFFEY, Q.C.:
 5 Q. Okay. What do you recall about the May 27th
 6 meeting?
 7 DR. COOK:
 8 A. Well, we brought forth the issue of the
 9 retesting and whether this was an issue of
 10 improved technology or, if I recollect, an
 11 issue of a problem at the technical aspect of
 12 the lab.
 13 COFFEY, Q.C.:
 14 Q. Well, who said what in that meeting?
 15 DR. COOK:
 16 A. Mr. Coffey, I really can't remember who said
 17 what at that meeting.
 18 COFFEY, Q.C.:
 19 Q. Do you know if there's any written record of
 20 the May 27th meeting?
 21 DR. COOK:
 22 A. There may have been in our notes of the
 23 meeting of the leadership team.
 24 COFFEY, Q.C.:
 25 Q. And if there is no reference recorded there in

Page 84

1 the minutes? If there is, fine, then it was
 2 discussed and other than a cryptic reference,
 3 possibly, do you recall anything else about
 4 what was actually discussed?
 5 DR. COOK:
 6 A. I mean, that there was a lot, again, a lot of
 7 concern where, you know, concerning the scope
 8 of this problem, or was just, was it localized
 9 to a number of years or were we dealing with a
 10 much wide-spread issue.
 11 COFFEY, Q.C.:
 12 Q. If we could look, please, at Exhibit P-0492,
 13 please? Doctor, this is a memo from yourself,
 14 June 14th, 2005 to all laboratory directors.
 15 I take it that would cover all of them within
 16 the province. The subject is estrogen and
 17 progesterone receptors. And you write, "We
 18 are aware of a number of negative estrogen and
 19 progesterone receptors that have converted on
 20 repeat testing with our new Ventana benchmark
 21 immunoperoxidase testing. This new Ventana
 22 system is fully automated and is much more
 23 sensitive than the immunoperoxidase technique
 24 under the previous DAKO method. Most of these
 25 false negatives have occurred during the year

Page 85

1 2002. Presently we are in the process of
 2 retesting all negative ERs and PRs for that
 3 particular year. I'm requesting that you
 4 forward all negative ER and PR cases for the
 5 year 2002 to Barry Dyer at the General
 6 Hospital site. I would ask that you submit
 7 the reports, original ER and PR slides,
 8 including controls, as well as H & E slides
 9 and paraffin blocks of the tumour. We will
 10 repeat all ERs and PR receptors with the
 11 Ventana system and forward the results to you.
 12 I will keep you updated regarding additional
 13 information." Signed, "Donald Cook." Doctor,
 14 did you give anybody a phone call, heads up
 15 about the fact that you were sending this
 16 memo?
 17 DR. COOK:
 18 A. I mean, whom in particular? I mean, the -
 19 COFFEY, Q.C.:
 20 Q. Well, any of the lab directors.
 21 DR. COOK:
 22 A. - laboratory directors? No.
 23 COFFEY, Q.C.:
 24 Q. Did you get any response from the lab
 25 directors after you sent it?

Page 86

1 DR. COOK:
 2 A. I did not.
 3 COFFEY, Q.C.:
 4 Q. When was the first time you did any follow up
 5 on this?
 6 DR. COOK:
 7 A. In terms of follow up, I recollect that we did
 8 get samples from Grand Falls, so I felt
 9 confident that, you know, the lab directors
 10 got this memo. But don't forget now, we were
 11 getting into the summer period, the holiday
 12 period, so there may be a couple of the
 13 directors on vacation.
 14 COFFEY, Q.C.:
 15 Q. So do you recall when it was you actually did
 16 some follow up on this?
 17 DR. COOK:
 18 A. Not on this particular memo. And I can't
 19 recall, I may have, Mr. Coffey, but I can't
 20 recall.
 21 COFFEY, Q.C.:
 22 Q. And, doctor, when you state here, "Most of the
 23 false negatives have occurred during the year
 24 2002," I take it up until June 14 that was
 25 because that's the year you retested, in the

Page 87

1 main?
 2 DR. COOK:
 3 A. If I remember correctly, the batch of 25
 4 included most from the year 2002.
 5 COFFEY, Q.C.:
 6 Q. So the fact that most of it occurred from the
 7 year 2002 really didn't mean a whole lot at
 8 that point because that's the only year you'd
 9 really retested?
 10 DR. COOK:
 11 A. Well, that was the year we were centring on.
 12 COFFEY, Q.C.:
 13 Q. Yes. Doctor, why were you looking for the
 14 original ER and PR slides and controls?
 15 DR. COOK:
 16 A. I was interested in knowing the state of the
 17 slides and looking to do a--or to correlate
 18 the original slides with the performance of
 19 the Ventana system just to compare the
 20 staining on the Ventana with the DAKO
 21 automated on those original slides.
 22 COFFEY, Q.C.:
 23 Q. Okay. And did you ever get involved in
 24 actually doing that?
 25 DR. COOK:

Page 88

1 A. At this particular time period, no.
 2 COFFEY, Q.C.:
 3 Q. Well, ever?
 4 DR. COOK:
 5 A. Well, during the review process I did.
 6 COFFEY, Q.C.:
 7 Q. Okay. When was that?
 8 DR. COOK:
 9 A. When we decided to do a general review, that
 10 would have been sometime in August of '05.
 11 COFFEY, Q.C.:
 12 Q. Did you look at the original ER and PR slides?
 13 DR. COOK:
 14 A. On some of them I did.
 15 COFFEY, Q.C.:
 16 Q. Well, and how, approximately how many?
 17 DR. COOK:
 18 A. I can't give you an exact answer. I really
 19 don't know.
 20 COFFEY, Q.C.:
 21 Q. Well, was it, you know, 3 or 30 or 300, that
 22 kind of range, can you give me a range?
 23 DR. COOK:
 24 A. Probably in the range of maybe 30 to 40.
 25 COFFEY, Q.C.:

Page 89

1 Q. Do you recall what criteria, if any, you used
 2 to choose which ones to look at?
 3 DR. COOK:
 4 A. No. They were randomized.
 5 COFFEY, Q.C.:
 6 Q. And at that time did you make any notes on
 7 your observations?
 8 DR. COOK:
 9 A. At that particular time?
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 DR. COOK:
 13 A. I don't believe I did.
 14 COFFEY, Q.C.:
 15 Q. Do you recall what your observations were
 16 concerning these original ER and PR slides,
 17 what you were seeing?
 18 DR. COOK:
 19 A. Well, the originals, they were varying
 20 quality. Overall the qualities, I felt, was
 21 not as good as what the Ventana system was
 22 producing. There was obviously a decrease in
 23 intensity of the staining of many of the--of
 24 the nuclei. There was, I would say, many
 25 instances where the slides were folded, there

Page 90

1 were a lot of bubbling on the slides. So
 2 overall the quality issue there was, the best
 3 I can recollect, not at the same par with the
 4 Ventana system in terms of the overall
 5 intensity of the stains.
 6 COFFEY, Q.C.:
 7 Q. Now, Doctor, you don't recall, though, kind of
 8 what--why you looked at those 30 or 40 slides
 9 as opposed to another 30 or 40, like, was
 10 there any geographic location, a particular
 11 year, particular pathologist, anything?
 12 DR. COOK:
 13 A. No. It was just trying to get a handle on
 14 what was going on and get a flavour for what
 15 was going on.
 16 COFFEY, Q.C.:
 17 Q. And, doctor, did you ever do or conduct any
 18 such review again after that?
 19 DR. COOK:
 20 A. When we looked at the second batch of 33, I
 21 was handed slides from Dr. Carter.
 22 COFFEY, Q.C.:
 23 Q. So that would have been approximately what
 24 time?
 25 DR. COOK:

Page 91

1 A. Well, we were getting in there around the end
 2 of July, the last week in July.
 3 COFFEY, Q.C.:
 4 Q. 2005?
 5 DR. COOK:
 6 A. Yeah.
 7 COFFEY, Q.C.:
 8 Q. And what did you do with those slides?
 9 DR. COOK:
 10 A. Well, Dr. Carter would bring some slides in to
 11 me and say have a look at this, and I would
 12 look at those slides, and I found that we were
 13 having problems with pathology interpretation
 14 and -
 15 COFFEY, Q.C.:
 16 Q. What does that mean?
 17 DR. COOK:
 18 A. Well, that means that we had cases that were
 19 called negative in which the nuclei were
 20 positive and cases where we had individuals
 21 calling them positive, in fact, where the
 22 slides were negative.
 23 COFFEY, Q.C.:
 24 Q. Do you recall whether any record was made by
 25 yourself or Dr. Carter of those cases?

Page 92

1 DR. COOK:
 2 A. At that time I can't recollect, I can't
 3 remember if we made records of those.
 4 COFFEY, Q.C.:
 5 Q. Do you know if any such record was ever made
 6 at any time?
 7 DR. COOK:
 8 A. I can't--I don't know, Mr. Coffey.
 9 COFFEY, Q.C.:
 10 Q. Any other time that you reviewed the original
 11 ER and PR slides?
 12 DR. COOK:
 13 A. Well, when I was going through the cases that
 14 were forwarded to Mount Sinai.
 15 COFFEY, Q.C.:
 16 Q. Okay. When was that?
 17 DR. COOK:
 18 A. That would have been sometime in August of
 19 '05.
 20 COFFEY, Q.C.:
 21 Q. Oh, that's the August one you started out by
 22 telling me about?
 23 DR. COOK:
 24 A. That's right.
 25 COFFEY, Q.C.:

Page 93

1 Q. Okay, that's that review of 30 or 40 cases?
 2 DR. COOK:
 3 A. As well as we were collecting other cases to
 4 be correlated and sent off to Mount Sinai.
 5 COFFEY, Q.C.:
 6 Q. Any other review by yourself of the original
 7 ER and PR slides?
 8 DR. COOK:
 9 A. Of the original ER and PR slides?
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 DR. COOK:
 13 A. No. Most of that took place around August.
 14 COFFEY, Q.C.:
 15 Q. And so after that, after August of 2005 was
 16 there any subsequent review of the original ER
 17 and PR slides by yourself or anyone else, to
 18 your knowledge?
 19 DR. COOK:
 20 A. Well, Dr. Carter was conducting a review.
 21 COFFEY, Q.C.:
 22 Q. Okay. And when did she conduct that?
 23 DR. COOK:
 24 A. That was around July.
 25 COFFEY, Q.C.:

Page 94

1 Q. Yes, I appreciate that. I'll be talking to
 2 you about that. But, other than that one and
 3 the ones you, yourself, did, were there any
 4 more you, yourself, did that you can recall,
 5 any more reviews of original ER and PR slides?
 6 DR. COOK:
 7 A. Not that I can remember.
 8 COFFEY, Q.C.:
 9 Q. Okay. Were there any other -
 10 COMMISSIONER:
 11 Q. Sorry, but for clarity, I wasn't sure whether
 12 we were talking about two reviews by Dr. Cook
 13 or three.
 14 COFFEY, Q.C.:
 15 Q. I'm in the same position, Commissioner.
 16 COMMISSIONER:
 17 Q. Yeah, when you were recounting, I was
 18 following and about to put in my notes "third
 19 review" and then you seemed to circle back to
 20 your original, so I just wanted to make sure
 21 whether or not you had done two or three, at
 22 least up to your -
 23 DR. COOK:
 24 A. Well, there was at least two.
 25 COMMISSIONER:

Page 95

1 Q. Um-hm.
 2 DR. COOK:
 3 A. And on the second one was mainly around when I
 4 was sending the cases off to Mount Sinai.
 5 COMMISSIONER:
 6 Q. Um-hm.
 7 DR. COOK:
 8 A. And determining the right block with the right
 9 slide. So I was doing the correlation.
 10 COMMISSIONER:
 11 Q. Okay.
 12 DR. COOK:
 13 A. Making sure that when it was agreed upon to
 14 send off the cases to Mount Sinai that we had
 15 the right block to correlate it with the
 16 slide.
 17 COMMISSIONER:
 18 Q. Oh, so when you were choosing the block to go
 19 to Mount Sinai, you were assuring that it was
 20 the block from which the original slide which
 21 had been read here in Newfoundland had come?
 22 DR. COOK:
 23 A. That's right, Commissioner. And around that
 24 time I would also have a look at the original
 25 ER/PR slides.

Page 96

1 COMMISSIONER:
 2 Q. Okay.
 3 MR. BROWNE:
 4 Q. Commissioner, may I ask Mr. Coffey, Mr. Coffey
 5 is alluding to any review with Dr. Banerjee or
 6 prior to Dr. Banerjee's evidence.
 7 COFFEY, Q.C.:
 8 Q. Oh, yes, yes.
 9 MR. BROWNE:
 10 Q. Then perhaps you could ask that of Dr. Cook -
 11 DR. COOK:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. And I appreciate when Dr. Banerjee was here,
 15 you were there with him at times when he went
 16 through the slides, at least according to his
 17 report?
 18 DR. COOK:
 19 A. Yes, that's correct.
 20 COFFEY, Q.C.:
 21 Q. Yeah, and I appreciate that. But other than
 22 Dr. Banerjee, and we'll get to him, in the
 23 fall, before that was there any other review
 24 that you can recall?
 25 DR. COOK:

Page 97

1 A. No.
 2 COFFEY, Q.C.:
 3 Q. Okay. And you're aware of Dr. Carter's review
 4 in July?
 5 DR. COOK:
 6 A. That's correct.
 7 COFFEY, Q.C.:
 8 Q. Okay. Are you aware of any other reviews?
 9 There's your own and Dr. Carter's and then Dr.
 10 Banerjee's.
 11 DR. COOK:
 12 A. You mean in regards to review of slides?
 13 COFFEY, Q.C.:
 14 Q. Yes.
 15 DR. COOK:
 16 A. No.
 17 COFFEY, Q.C.:
 18 Q. Okay. Doctor, when you were looking at the
 19 original ER and PR slides, did you notice
 20 whether or not the slides generally contained
 21 internal control tissue, were you looking for
 22 that, to see whether or not they contained
 23 internal control tissue?
 24 DR. COOK:
 25 A. Yes.

Page 98

1 COFFEY, Q.C.:
 2 Q. And what were your observations in that
 3 regard?
 4 DR. COOK:
 5 A. Some did and some didn't.
 6 COFFEY, Q.C.:
 7 Q. Those that did contain internal control
 8 tissue, were you looking to see whether or not
 9 it had stained?
 10 DR. COOK:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. And what were your observations in that
 14 regard?
 15 DR. COOK:
 16 A. Well, most of my observations were that most
 17 of them were staining. Again, the intensity
 18 of the stain was very weak, but if you looked
 19 very hard, there was stain there on most of
 20 the slides.
 21 COFFEY, Q.C.:
 22 Q. And on the normal tissue being used for
 23 internal controls?
 24 DR. COOK:
 25 A. In the small number of tissue, the samples I

Page 99

1 was looking at.
 2 COFFEY, Q.C.:
 3 Q. Okay. And did you notice any indicia of
 4 fixation problems?
 5 DR. COOK:
 6 A. No, not initially, not until I start looking
 7 at the cases that were referred to Mount
 8 Sinai, that's when I started noticing issues
 9 there.
 10 COFFEY, Q.C.:
 11 Q. That would be in August of 2005?
 12 DR. COOK:
 13 A. That was in August.
 14 COFFEY, Q.C.:
 15 Q. And what sorts of fixation problems were you
 16 seeing?
 17 DR. COOK:
 18 A. Well, the fixation problems would vary from
 19 slide to slide and percentage. I mean, there
 20 were some slides there, if you look at the
 21 surface area of the slide, maybe less than
 22 five percent of that surface area was involved
 23 by poor fixation, some slides may have
 24 involved maybe 15 or 20 percent of the surface
 25 area, but most of the slides you were able to

Page 100

1 interpret.
 2 COFFEY, Q.C.:
 3 Q. When you say "able to interpret" I take it
 4 could they have been better fixed, from your
 5 perspective?
 6 DR. COOK:
 7 A. Fixation, as far as I was concerned, was
 8 adequate for well over, you know, for about 80
 9 percent of them.
 10 COFFEY, Q.C.:
 11 Q. Okay. And the other 20 percent?
 12 DR. COOK:
 13 A. Oh, that 20 percent were minor fixation
 14 problems.
 15 COFFEY, Q.C.:
 16 Q. Now, sir, the internal controls, as you
 17 noticed, were staining, you said, it was very
 18 weakly stained?
 19 DR. COOK:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. In some. Did that cause you any concerns?
 23 DR. COOK:
 24 A. Well, if they're very weakly staining, I mean,
 25 they could be, you know, easily missed or not

Page 101

1 picked up by the pathologist.
 2 COFFEY, Q.C.:
 3 Q. Did such weak staining of internal controls
 4 have any other ramification, possibly, about
 5 the process?
 6 DR. COOK:
 7 A. It would mean that there was a problem with
 8 the process, but I mean -
 9 COFFEY, Q.C.:
 10 Q. What might it mean?
 11 DR. COOK:
 12 A. To my mind I was thinking more in the
 13 technical aspect, the antigen retrieval
 14 aspect, antibody concentration aspect.
 15 COFFEY, Q.C.:
 16 Q. Yes. That might have been the immediate cause
 17 of the very weak staining of the internal
 18 control?
 19 DR. COOK:
 20 A. Maybe.
 21 COFFEY, Q.C.:
 22 Q. Might be. But what else might it do, if
 23 anything? What might it indicate to you as a
 24 pathologist?
 25 DR. COOK:

Page 102

1 A. Well, as a pathologist it may indicate that
 2 there's problems with the test.
 3 COFFEY, Q.C.:
 4 Q. And if there's a problem with the test, would
 5 that mean that it should not be reported as
 6 is?
 7 DR. COOK:
 8 A. That's correct.
 9 COFFEY, Q.C.:
 10 Q. And so looking at the slides that you saw, the
 11 internal controls, the original ER and PR
 12 slides with internal controls that were very
 13 weakly stained, should those cases have been
 14 reported?
 15 DR. COOK:
 16 A. Well, you still -
 17 COFFEY, Q.C.:
 18 Q. From your perspective?
 19 DR. COOK:
 20 A. If you can identify staining in the internal
 21 control and you see staining, no matter how
 22 weak or how strong it's there, yes, you should
 23 report it. I mean, you may indicate that
 24 you've got positivity there in the internal
 25 control.

Page 103

1 COFFEY, Q.C.:
 2 Q. Doctor, what, if any, implications might that
 3 have for the whether or not staining in the
 4 tumour tissue -
 5 DR. COOK:
 6 A. Well, they'd be -
 7 COFFEY, Q.C.:
 8 Q. - was actually accurate?
 9 DR. COOK:
 10 A. If you've got a negative internal control, it
 11 may mean that you might get a false negative
 12 result if the tumour is not staining.
 13 COFFEY, Q.C.:
 14 Q. Sorry, you have what, what kind of internal
 15 control? I apologize, I just -
 16 DR. COOK:
 17 A. If you have a negative internal control -
 18 COFFEY, Q.C.:
 19 Q. It is negative or it's very weak?
 20 DR. COOK:
 21 A. Or it's very--well, no, if it's weak, it's
 22 still positive.
 23 COFFEY, Q.C.:
 24 Q. The internal control is positive?
 25 DR. COOK:

Page 104

1 A. That's correct.
 2 COFFEY, Q.C.:
 3 Q. What, if any, implication does that have
 4 though for what you're seeing in the tumour
 5 tissue?
 6 DR. COOK:
 7 A. Well, it could affect the intensity or the
 8 intensity of the signal in the tumour tissue.
 9 COFFEY, Q.C.:
 10 Q. Thereby making it potentially less likely to
 11 be even seen?
 12 DR. COOK:
 13 A. Well, it depends on how intense you look at
 14 it, from a pathology point of view. I mean,
 15 if you see weak staining in the internal
 16 control and you're looking at the tumour, I
 17 mean, you should scrutinize it more.
 18 COFFEY, Q.C.:
 19 Q. Doctor, overall, I mean, and I appreciate it
 20 was a relatively small sample that you looked
 21 at in the summer of 2005, but in terms of the
 22 internal controls, did you have any concern
 23 about what you were seeing concerning the
 24 internal controls, either their absence or the
 25 very weak staining, or in fact, in some cases,

Page 105

1 I'm going to suggest to you, no staining?
 2 DR. COOK:
 3 A. Well, there was starting to become--I was
 4 starting to get aware of a problem with
 5 pathologists interpreting internal controls.
 6 COFFEY, Q.C.:
 7 Q. And the implication of such a problem was
 8 what?
 9 DR. COOK:
 10 A. Well, I mean, if you have a very weak stain,
 11 it could correspond to a weak stain in the
 12 tumour tissue and that, you know, it could be
 13 missed and called negative, if the pathologist
 14 didn't scrutinize it in depth.
 15 COFFEY, Q.C.:
 16 Q. Doctor, that aspect of the matter, you first
 17 became aware of that when?
 18 DR. COOK:
 19 A. I would say probably the last week in July.
 20 COFFEY, Q.C.:
 21 Q. And how did you become aware of it?
 22 DR. COOK:
 23 A. Well, I became aware of it in my conversations
 24 with Dr. Carter and she forwarded me over
 25 various slides of concerns that she had.

Page 106

1 COFFEY, Q.C.:
 2 Q. Doctor, prior to that, I take it, you had not
 3 been, as a general pathologist, aware of this
 4 as a potential problem, as something to be
 5 looking out for?
 6 DR. COOK:
 7 A. I mean, overall, no, not until that time.
 8 COFFEY, Q.C.:
 9 Q. Bearing that in mind, Doctor, from your
 10 perspective now, should you have been
 11 reporting ER and PR before that time?
 12 DR. COOK:
 13 A. Should I be reporting ER -
 14 COFFEY, Q.C.:
 15 Q. ER and PR.
 16 DR. COOK:
 17 A. Myself personally?
 18 COFFEY, Q.C.:
 19 Q. Yes. Bearing in mind the amount you learned
 20 at the end of--during July of '05 and looking
 21 back, your state of knowledge in July of '05,
 22 by the time July ended, compared to your state
 23 of knowledge in the earlier months, years
 24 before that, from your perspective, should you
 25 have been reporting ER and PR?

Page 107

1 DR. COOK:
 2 A. Well, I mean, I have a general knowledge. I
 3 mean, I have a general knowledge of the
 4 internal controls, external controls. I mean,
 5 I would always look very closely and indepthly
 6 at the tumour.
 7 COFFEY, Q.C.:
 8 Q. I understand, appreciate that, Doctor, but--
 9 and I'm just asking you, bearing in mind what
 10 you learned about internal controls and their
 11 significance potentially in this area of ER/PR
 12 in July of 2005, you hadn't been so aware of
 13 before that.
 14 DR. COOK:
 15 A. Was aware before that, I mean, of the
 16 importance of internal controls.
 17 COFFEY, Q.C.:
 18 Q. Yes. Well, what changed then in July of 2005?
 19 DR. COOK:
 20 A. July of 2005 was the number of cases I was
 21 picking up by other pathologists.
 22 COFFEY, Q.C.:
 23 Q. Okay. So did you, at that time, I mean,
 24 becoming aware of this, Doctor, did you ever
 25 go looking at your own cases, your own old

Page 108

1 cases?
 2 DR. COOK:
 3 A. My old -
 4 COFFEY, Q.C.:
 5 Q. ER/PR, original ER/PR cases yourself?
 6 DR. COOK:
 7 A. No.
 8 COFFEY, Q.C.:
 9 Q. Okay. Any reason why not?
 10 DR. COOK:
 11 A. If I was going to do that, that would be part
 12 of a general review and handled by another
 13 pathologist.
 14 THE COMMISSIONER:
 15 Q. Mr. Coffey, wherever you can find a spot,
 16 we'll take the morning break.
 17 COFFEY, Q.C.:
 18 Q. Yes, thank you, Commissioner. If we could,
 19 before we break, Exhibit P-0493? Now Doctor,
 20 this is a letter, again of June 14th, 2005.
 21 The letter that you'd sent the same day to all
 22 the pathologists across--or lab directors, I'm
 23 sorry, across Newfoundland, Doctor, had you
 24 told Dr. Williams you were going to send that?
 25 DR. COOK:

Page 109

1 A. The memo?

2 COFFEY, Q.C.:

3 Q. Yes, the one, the memo looking for all the

4 2002 cases.

5 DR. COOK:

6 A. I'm sure I would have, yes.

7 COFFEY, Q.C.:

8 Q. Okay, and here, on June 14th, what was the

9 purpose of writing this letter?

10 DR. COOK:

11 A. To update Dr. Williams on what we found so

12 far.

13 COFFEY, Q.C.:

14 Q. Now had you had any communication with him by

15 phone or by meetings in the meantime?

16 DR. COOK:

17 A. With Dr. Williams?

18 COFFEY, Q.C.:

19 Q. Yes.

20 DR. COOK:

21 A. Yeah, I was communicating on a daily basis

22 with him, probably at least once every two

23 days.

24 COFFEY, Q.C.:

25 Q. So then why write a letter?

Page 110

1 DR. COOK:

2 A. Well, I mean, this probably would have been a

3 request from Dr. Williams to update him on it

4 and to document this in writing.

5 COFFEY, Q.C.:

6 Q. Okay. Doctor, the information contained in

7 the first paragraph of that letter generally

8 accords with your handwritten note of June

9 3rd, doesn't it?

10 DR. COOK:

11 A. Generally.

12 COFFEY, Q.C.:

13 Q. The 160 cases, about half were negative, and

14 so on, and you do add a reference to the memo

15 to all lab directors that you had just sent

16 the same day. You go on to say, Doctor, "on

17 the surface, a negative rate of 50 percent,

18 though not the greatest, is not too bad when

19 you compare a 60 percent positive and 40

20 percent negative rate, according to figures

21 provided by Dr. Joy McCarthy."

22 DR. COOK:

23 A. Um-hm.

24 COFFEY, Q.C.:

25 Q. When were those figures provided by Dr.

Page 111

1 McCarthy?

2 DR. COOK:

3 A. I really can't remember the exact date that

4 that was provided to me, Mr. Coffey.

5 COFFEY, Q.C.:

6 Q. You say "we also need to correlate these

7 figures more with our population." Was that

8 ever done?

9 DR. COOK:

10 A. I think Dr. Carter was in the process of doing

11 that.

12 COFFEY, Q.C.:

13 Q. Do you know if it was ever done?

14 DR. COOK:

15 A. I don't think it was ever done. This was one

16 of the indicators that we were hoping we would

17 get more information out of.

18 COFFEY, Q.C.:

19 Q. You go on here, in the middle of this second

20 paragraph, to say "we also have cases that are

21 ER/PR negative from '99 and 2000 and have

22 converted following testing with the new

23 Ventana." You note here, "if the receptors

24 have converted on retesting, the referring

25 oncologist is notified and an addendum report

Page 112

1 is issued." Who was issuing the addendum

2 report?

3 DR. COOK:

4 A. That may have been Dr. Carter or myself. More

5 likely, at that time, Dr. Carter.

6 COFFEY, Q.C.:

7 Q. There's a reference on this second page to "I

8 had informed Dr. Gardiner of the situation on

9 May 25th, 2005, and updated him on June 8th,

10 2005. There is also significant communication

11 between ourselves and the oncologists

12 regarding this issue." First of all, why did

13 you inform Dr. Gardiner on May 25th? What did

14 you tell him, and what did you tell him on

15 June 8th?

16 DR. COOK:

17 A. Well, Dr. Gardiner, at that time, was the

18 director of the Cancer program and I informed

19 him of the fact that we had a number of

20 conversions and I probably would have informed

21 him as to the number of conversions that we

22 had. In terms of what I've actually stated to

23 him, I probably would have said, at that point

24 in time, I didn't know exactly where the

25 problem was, was it in regards to new

Page 113

1 technology that these samples were being
 2 tested on the Ventana machine, or were we
 3 dealing with a technological problem. So that
 4 we were investigating and we were working
 5 closely with our oncologists.
 6 COFFEY, Q.C.:
 7 Q. And that's what you told him, and as for the
 8 significant communication you're speaking
 9 about to Dr. Williams between yourselves and
 10 the oncologists regarding this issue, what was
 11 going on between yourself and the oncologists?
 12 DR. COOK:
 13 A. Well, that was mainly communication between
 14 Dr. Bev Carter and the oncologists, mainly Dr.
 15 Kara Laing and Joy McCarthy.
 16 COFFEY, Q.C.:
 17 Q. Now Doctor, before we break, I must ask you,
 18 did the pathologists generally, in St. John's,
 19 know about this problem?
 20 DR. COOK:
 21 A. No, not at that point in time.
 22 COFFEY, Q.C.:
 23 Q. Why not?
 24 DR. COOK:
 25 A. Because I still had no idea of the scope or

Page 114

1 the extent of the problem and I was trying to
 2 find out many things myself. So I was still
 3 trying to gather information and look at the--
 4 again, the scope of the problem.
 5 COFFEY, Q.C.:
 6 Q. So on June 14th, you wrote a memo to the lab
 7 directors across the province, which I gather
 8 would probably mean within a matter of a
 9 couple of days every pathologist outside St.
 10 John's would be aware of this?
 11 DR. COOK:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. But within St. John's itself, you knew that
 15 yourself and Dr. Carter knew?
 16 DR. COOK:
 17 A. That's right.
 18 COFFEY, Q.C.:
 19 Q. And Dr. Elms knew about one case.
 20 DR. COOK:
 21 A. Um-hm.
 22 COFFEY, Q.C.:
 23 Q. Anyone else?
 24 DR. COOK:
 25 A. No.

Page 115

1 COFFEY, Q.C.:
 2 Q. And can you tell the Commissioner why you
 3 wouldn't just let it be known generally within
 4 the pathology circles?
 5 DR. COOK:
 6 A. Not at that point in time, until I got a
 7 greater scope of the extent of the problem. I
 8 had--you know, there was every intent to tell
 9 them, but we were working on this on a daily
 10 basis. We really didn't know ourselves what
 11 was going on and until I had more of an idea
 12 of the extent of the problem, you know, I was
 13 prepared to tell them once I had some more
 14 information.
 15 COFFEY, Q.C.:
 16 Q. Doctor, just so the Commissioner is clear on
 17 this, you knew that Dr. Carter, in the main,
 18 for the cases that converted, was actually
 19 issuing an addendum.
 20 DR. COOK:
 21 A. That's right.
 22 COFFEY, Q.C.:
 23 Q. For individual patients' charts.
 24 DR. COOK:
 25 A. I believe so, yes.

Page 116

1 COFFEY, Q.C.:
 2 Q. And the oncologist for that patient was being
 3 told of conversion?
 4 DR. COOK:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Yet the pathologist, whomever he or she might
 8 have been, who originally did the ER and PR
 9 for that patient, was not being made aware
 10 that this was even going on?
 11 DR. COOK:
 12 A. Not at that point in time.
 13 COFFEY, Q.C.:
 14 Q. And do you think that that was wise?
 15 DR. COOK:
 16 A. Well, we were -
 17 COFFEY, Q.C.:
 18 Q. As a professional, from one professional to
 19 another?
 20 DR. COOK:
 21 A. Well, we were trying to get a handle on it,
 22 right, and I really didn't know myself what
 23 was going on and what was the extent of the
 24 problem.
 25 COFFEY, Q.C.:

Page 117

1 Q. And I appreciate that, but what I'm asking
 2 about, as an individual pathologist, if it was
 3 your case and you were not clinical chief and
 4 didn't know about this, would you have been
 5 surprised to learn that Dr. Carter had
 6 reported a retest on a patient and never asked
 7 you about it or told you about it?
 8 DR. COOK:
 9 A. Well, this is a unique situation that we were
 10 getting into, you know, a major problem here,
 11 and that first of all, the patients needed to
 12 be notified and informed, which they were on
 13 that initial 25. Now there was every intent
 14 to inform the pathologists, but that would
 15 take place, and that had taken place, but at
 16 that particular time, we were focused on
 17 trying to identify the extent of the problem.
 18 COFFEY, Q.C.:
 19 Q. And therefore, with that in mind, they were--
 20 it was a conscious decision not to tell them?
 21 DR. COOK:
 22 A. I wouldn't say it was a conscious decision not
 23 to tell them. I mean, my mind was focused on
 24 this retest and the implications for the
 25 patients.

Page 118

1 COFFEY, Q.C.:
 2 Q. Thank you, Commissioner.
 3 THE COMMISSIONER:
 4 Q. We'll take 15 minutes.
 5 (RECESS)
 6 THE COMMISSIONER:
 7 Q. Please be seated. Mr. Coffey.
 8 COFFEY, Q.C.:
 9 Q. Thank you, Commissioner. Commissioner, there
 10 are several more exhibits. If I could ask,
 11 please, Exhibit P-2144, 2145 and 2146 and 2147
 12 please be entered.
 13 THE COMMISSIONER:
 14 Q. Entered.
 15 EXHIBITS ENTERED AND MARKED P-2144 THROUGH P-2147
 16 COFFEY, Q.C.:
 17 Q. Mr. Browne, they were just--just to let you
 18 know, because your client's on the stand, you
 19 might want to have a look at 2147, Mr. Browne,
 20 and I'll come back to that after.
 21 MR. BROWNE:
 22 Q. (Inaudible).
 23 COFFEY, Q.C.:
 24 Q. Okay, thank you.
 25 THE COMMISSIONER:

Page 119

1 Q. One of those, the Registrar advised me is now
 2 being copied.
 3 REGISTRAR:
 4 Q. Copies will be provided.
 5 COFFEY, Q.C.:
 6 Q. Yes. Now Doctor, if we could look, please,
 7 Registrar, at Exhibit P-0495, please? Now,
 8 Dr. Cook, this is a--well, the first page is a
 9 fax cover sheet, June 30th 2005, to Dr.
 10 Williams. It's from Judy for Dr. Bev Carter
 11 and somebody has written "as requested" and
 12 the second page is a letter dated June 29th,
 13 2005, addressed to Dr. Joy McCarthy and she
 14 begins by saying "as per our previous
 15 discussions, repeat estrogen receptor and
 16 progesterone receptors has been carried out on
 17 the following patients initially identified as
 18 estrogen receptor negative. The results are
 19 as follows" and this, Doctor, goes on, and on
 20 the third page, there's space for Dr. Carter's
 21 signature and this, I take it, would be the
 22 first 25 or so patients?
 23 DR. COOK:
 24 A. That looks like it's the first 25, yes.
 25 COFFEY, Q.C.:

Page 120

1 Q. And of these, 16 converted?
 2 DR. COOK:
 3 A. If I remember correctly.
 4 COFFEY, Q.C.:
 5 Q. And in looking at these, Doctor, just go back
 6 to--I take it then that under surgical
 7 numbers, we can tell the years that these
 8 relate to, usually by this the last two-figure
 9 digit, 02, 02, 99, 02, 01, that kind of thing?
 10 DR. COOK:
 11 A. That's correct.
 12 COFFEY, Q.C.:
 13 Q. Signifies the year. If we could bring up,
 14 please, Exhibit P-0496. Doctor, this is a
 15 letter dated June 29th, 2005. It's addressed
 16 to Dr. Joy McCarthy and it is, when one
 17 conducts a comparison with Exhibit P-495, it's
 18 in effect the same letter, except that on the
 19 last page, I apologize, well it's actually
 20 page two of the exhibit because they're--it's
 21 because of the way they were ordered. The
 22 signature page is signed by Dr. Bev Carter but
 23 it's also, you name has been typed in there
 24 and you've signed your name as well?
 25 DR. COOK:

Page 121

1 A. That's correct.

2 COFFEY, Q.C.:

3 Q. Do you recall why it was that Dr. Carter did

4 not send the initial letter?

5 DR. COOK:

6 A. Well I believe Dr. Carter wanted coverage by

7 my signature as clinical chief. My feeling

8 was that she felt more secure in having the

9 second signature there on the document.

10 COFFEY, Q.C.:

11 Q. Do you recall discussing that with her? Why--

12 what her concern was?

13 DR. COOK:

14 A. No, other than the fact that she felt

15 comfortable with having my signature there.

16 COFFEY, Q.C.:

17 Q. She didn't explain it any further?

18 DR. COOK:

19 A. No.

20 COFFEY, Q.C.:

21 Q. Doctor, because we're now up to the end of

22 June, 2005, is there anything that you can

23 recall about the ER/PR matter that we have not

24 covered up to that point?

25 DR. COOK:

Page 122

1 A. Mr. Coffey, I would have to go back and look

2 at my notes and records and there may have

3 been things that I had not covered, but it was

4 quite a difficult time, a lot of issues on the

5 go, not only with ER and PR, but with issues

6 surrounding Eastern Health, the

7 reorganization, this was in the middle of the

8 summer where you had many of our pathologists

9 on holidays. I was still doing my regular

10 service work and punching in 10, 11 hour days,

11 so I, I mean, I'd have to go back and look at

12 my records.

13 COFFEY, Q.C.:

14 Q. Now is there anything else that you can think

15 of, you know, right now?

16 DR. COOK:

17 A. Well, I mean, again, I'd have to go back and

18 look particularly at my records to identify

19 what, you know, this was a major--shaping up

20 to be a major issue. This is where the focus

21 of my attention was being directed at. And

22 don't forget, I was still trying to carry on

23 the functions of clinical chief and deal with

24 the issues of the Laboratory Medicine Program.

25 COFFEY, Q.C.:

Page 123

1 Q. And, Doctor, did you ever complain to anybody

2 about that, about the fact that you're being,

3 in effect, asked to get involved in this and

4 carry on with your regular duties?

5 DR. COOK:

6 A. I saw it as my duty, Mr. Coffey, and who else

7 was going to take over the issue at hand? I

8 mean, simply we just didn't have the personnel

9 in the organization to take this on.

10 COFFEY, Q.C.:

11 Q. I take it the answer then is no?

12 DR. COOK:

13 A. That's correct.

14 COFFEY, Q.C.:

15 Q. Looking at Exhibit P-0067, if I could just for

16 a moment. It's that May 24th letter, Doctor.

17 In the second paragraph, Doctor, there's a

18 reference there to "it is estimated that

19 approximately 50 to 85 percent of all breast

20 cancers" -

21 DR. COOK:

22 A. Correct.

23 COFFEY, Q.C.:

24 Q. We looked at that earlier. You indicated in

25 your testimony that that was something that

Page 124

1 you had, those figures you had ascertained

2 just before the May 17th meeting?

3 DR. COOK:

4 A. I believe so, Mr. Coffey. I mean, I can't be

5 absolutely sure on, you know, when I got

6 various types of information.

7 COFFEY, Q.C.:

8 Q. Would you be able to ascertain or discover now

9 or overnight what the source of that

10 information was?

11 DR. COOK:

12 A. Well that came from page 1115 of the 6th

13 Edition of Robbins and Cotran, "The

14 Pathological Basis of a Disease", paragraph

15 number six.

16 COFFEY, Q.C.:

17 Q. So, Doctor, that citation you've just given

18 me, you carry that around in your head since

19 May of '05?

20 DR. COOK:

21 A. No. It is something that I thought would

22 pertain to this particular Commission

23 THE COMMISSIONER:

24 Q. Robbins and what was the second -

25 DR. COOK:

Page 125

1 A. Robbins and Cotran, 6th Edition.
 2 THE COMMISSIONER:
 3 Q. Thank you.
 4 COFFEY, Q.C.:
 5 Q. What year was that published, do you know?
 6 DR. COOK:
 7 A. That was published around '99, 2000.
 8 COFFEY, Q.C.:
 9 Q. And Commissioner, do you need further--is that
 10 enough for the citation?
 11 THE COMMISSIONER:
 12 Q. I think that will do it.
 13 COFFEY, Q.C.:
 14 Q. Okay. And so in preparation to come here to
 15 testify, you went back and actually looked up
 16 the citation?
 17 DR. COOK:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. Any other citations that you want to provide
 21 to the Commission that you think would be
 22 relevant?
 23 DR. COOK:
 24 A. No.
 25 COFFEY, Q.C.:

Page 126

1 Q. Okay. In looking at that citation, did you
 2 make any effort to ascertain what years the
 3 studies were conducted that gave rise to those
 4 figures?
 5 DR. COOK:
 6 A. Well they were going back as far as, I believe
 7 '93, '94.
 8 COFFEY, Q.C.:
 9 Q. And what geographic areas?
 10 DR. COOK:
 11 A. Mainly confined in North America.
 12 COFFEY, Q.C.:
 13 Q. And, Doctor, in relation to the idea of, like
 14 looking at literature or text books or
 15 journals, to your knowledge certainly since
 16 May of 2005, has there ever been a journal
 17 review or literature review conducted in
 18 relation to ER/PR that you are aware of, by
 19 Eastern Health?
 20 DR. COOK:
 21 A. Yes, well I did my own personal review.
 22 COFFEY, Q.C.:
 23 Q. When was that?
 24 DR. COOK:
 25 A. Again, around the time of the ER/PR issue,

Page 127

1 there were reviews done by individuals, Dr.
 2 Carter I'm sure did her own literature search,
 3 the oncologists, and I'm sure our
 4 administrative people were conducting
 5 literature reviews.
 6 COFFEY, Q.C.:
 7 Q. Now, Doctor, did you ever have any discussion
 8 with Dr. Williams about whether or not he
 9 should tell Mr. Tilley about this?
 10 DR. COOK:
 11 A. No.
 12 COFFEY, Q.C.:
 13 Q. And, Doctor, can you tell the Commission,
 14 please, when to your knowledge the
 15 technologists were first advised that this
 16 investigation was going on in 2005?
 17 DR. COOK:
 18 A. Well around August 8th by me, now they may
 19 have been advised by their program director
 20 and divisional manager, but I spoke to them on
 21 August 8th.
 22 COFFEY, Q.C.:
 23 Q. And why hadn't you spoken to them before?
 24 DR. COOK:
 25 A. Well simply, Mr. Coffey, I was just working

Page 128

1 extremely hard with the issue at hand trying
 2 to get as much information as I can of what
 3 was going on and trying to organize what was
 4 going to be a major review, which was
 5 unprecedented in this province.
 6 COFFEY, Q.C.:
 7 Q. If we could, please, Exhibit--before I go to
 8 that, when was it the pathologists were told?
 9 DR. COOK:
 10 A. Well I had a meeting with five pathologists on
 11 August 1st and it was a second meeting, I
 12 believe, on August 5th.,
 13 COFFEY, Q.C.:
 14 Q. Okay, and I'll come to those shortly. Exhibit
 15 P-0500 please? Now, Doctor, this is another
 16 copy of that June 29th, 2005 letter from Dr.
 17 Carter to Dr. McCarthy, the first, I believe,
 18 25 patients were retested. Doctor, here on
 19 the third page of the exhibit, Dr. Carter has
 20 signed, this particular copy does not have
 21 your name typed, but it has your name--I take
 22 it that's your initials and name right there?
 23 DR. COOK:
 24 A. That's right.
 25 COFFEY, Q.C.:

Page 129

1 Q. To the right-hand side of Dr. Carter's, and
 2 there's a date, July 13th, 2005?
 3 DR. COOK:
 4 A. Uh-hm.
 5 COFFEY, Q.C.:
 6 Q. So although this letter is dated June 29th,
 7 2005, this particular version of it at P-0500,
 8 you signed it July 13th, 2005.
 9 DR. COOK:
 10 A. Uh-hm.
 11 COFFEY, Q.C.:
 12 Q. At Dr. Carter's request.
 13 DR. COOK:
 14 A. Uh-hm.
 15 COFFEY, Q.C.:
 16 Q. And I take it then that--was that then retyped
 17 and it gives us Exhibit P-0496?
 18 DR. COOK:
 19 A. Possibly, Mr. Coffey.
 20 COFFEY, Q.C.:
 21 Q. Now, what are the other possibilities then,
 22 Doctor?
 23 DR. COOK:
 24 A. Well, I mean, I had no other -
 25 COFFEY, Q.C.:

Page 130

1 Q. So that although the letter was actually dated
 2 June 29th, it's more likely than not that it
 3 was either sent July 13th, 2005 or some date
 4 subsequent thereto?
 5 DR. COOK:
 6 A. Well, I don't know if the original copy--Dr.
 7 Carter's original copy of June 29th was
 8 forwarded, but it certainly would have been
 9 forwarded by July 13th.
 10 COFFEY, Q.C.:
 11 Q. In your understanding of the purpose of such a
 12 letter and the formality of your signature and
 13 your job description, that is your job title,
 14 was what? Why formalize this in this way to
 15 Dr. McCarthy?
 16 DR. COOK:
 17 A. Do you mean in terms of having my signature on
 18 it?
 19 COFFEY, Q.C.:
 20 Q. And having all this spelled out in a letter
 21 format?
 22 DR. COOK:
 23 A. It was to provide her with the information she
 24 needed. I mean, if it was felt that there was
 25 a need to update her on what was happening in

Page 131

1 the lab, this was the formal document to do
 2 that.
 3 COFFEY, Q.C.:
 4 Q. Had she requested it, such a letter?
 5 DR. COOK:
 6 A. I can't recall that.
 7 COFFEY, Q.C.:
 8 Q. Doctor, having signed such a letter, who did
 9 you understand was then the responsibility of
 10 to pass that information on to the individual
 11 patients and their treating physicians?
 12 DR. COOK:
 13 A. My understanding would be the oncologist.
 14 COFFEY, Q.C.:
 15 Q. The oncologist as in Joy McCarthy?
 16 DR. COOK:
 17 A. Or the attending oncologist to each of the
 18 patients.
 19 COFFEY, Q.C.:
 20 Q. Who was to pass it on to the attending
 21 oncologist?
 22 DR. COOK:
 23 A. Well that would be Dr. McCarthy or Dr. Laing.
 24 COFFEY, Q.C.:
 25 Q. If we can look, please, at Exhibit P-0497?

Page 132

1 And here, Doctor, these are handwritten notes
 2 of Dr. Williams but he's been good enough to
 3 provide us with a typed version of his
 4 handwriting. This is a note dated July 8th,
 5 2005, it indicates here "Met earlier in the
 6 day with Dr. Cook and Mr. Gulliver."
 7 DR. COOK:
 8 A. Uh-hm.
 9 COFFEY, Q.C.:
 10 Q. And on review, he's written here, "On review
 11 of the situation, the problem appears not to
 12 be confined to a few negatives that have
 13 converted to positives in one batch, but a
 14 larger problem. I've been advised that all
 15 runs of test had control/controls but should
 16 be documented. Spoke to Mr. Tilley and
 17 advised him of concerns and larger problem,
 18 consideration of public, rather than case by
 19 case follow up on test results." So that day--
 20 well first of all, do you recall a meeting
 21 with Dr. Williams on July 8th?
 22 DR. COOK:
 23 A. There were so many meetings, Mr. Coffey, I
 24 mean, I can't state, you know, particularly
 25 what went on on that particular one.

Page 133

1 COFFEY, Q.C.:

2 Q. Well then, Doctor, by what point in time did

3 you realize that, to use Dr. Williams' words,

4 "the problem appears not to be confined to a

5 few negatives could have converted to

6 positives in one batch, but a larger problem"?

7 I take it you would have known that before the

8 end of June, 2005, would you?

9 DR. COOK:

10 A. Well I certainly became aware that we had a

11 major problem certainly by the end of July.

12 COFFEY, Q.C.:

13 Q. I'm asking you at what point did you first

14 realize that?

15 DR. COOK:

16 A. Well I guess when we got back the first batch

17 of 25.

18 COFFEY, Q.C.:

19 Q. Which would be on or before June 29th, 2005?

20 DR. COOK:

21 A. I believe so.

22 COFFEY, Q.C.:

23 Q. Because looking at that letter and I'll just,

24 if we could bring up version P-0500 of it.

25 Doctor, just looking at this, the first page

Page 134

1 refers to cases in 2002, 1999, 2001. The

2 second page is all 2002 cases and the third

3 page is 2000, 2005 and there's a reference to

4 2003, another case in 2000, 2001, 2005 with a

5 cross reference to 2002, and a 2003 case. So,

6 by the end of June, you would have realized, I

7 take it, that this was not a just only 2002,

8 but span a number of years going back into the

9 90's.

10 DR. COOK:

11 A. Yes, I would have.

12 COFFEY, Q.C.:

13 Q. If we could look, please, at Exhibit P-0501.

14 Doctor, these are handwritten notes with a

15 typed version of them of Dr. Williams.

16 They're dated July 12th, 2005, concerning a

17 meeting involving yourself, Ms. Predham, Mr.

18 Gulliver and Dr. Williams. Now, Doctor, by

19 this point in time, as July 12th, from your

20 perspective who was responsible for what in

21 dealing with this matter?

22 DR. COOK:

23 A. I guess Dr. Williams would be responsible for

24 the overall issue of ER and PR. Ms. Predham

25 was looking at it from a quality initiatives

Page 135

1 point of view and I was looking at it in terms

2 of trying to ascertain what was going on and

3 getting specimens, various tissue samples

4 reviewed. Mr. Gulliver would have been

5 looking at it from his role trying to

6 ascertain what was going on, so there were a

7 number of people in there who were looking at

8 the issue from different perspectives.

9 COFFEY, Q.C.:

10 Q. What did you understand was the role of

11 quality initiatives?

12 DR. COOK:

13 A. Well there was a risk management issue. They

14 were brought in to help us with the situation

15 and to eventually provide logistics as best as

16 they can.

17 COFFEY, Q.C.:

18 Q. And risk management is another way of saying

19 potential legal liability issues?

20 DR. COOK:

21 A. I guess so.

22 COFFEY, Q.C.:

23 Q. Doctor, here in the notes -

24 THE COMMISSIONER:

25 Q. Excuse me, Mr. Coffey, before we go on. Dr.

Page 136

1 Cook, who, if anybody, was co-ordinating this?

2 DR. COOK:

3 A. Commissioner, there was no one person co-

4 ordinating the whole operation.

5 COFFEY, Q.C.:

6 Q. Doctor, on that point, so there's no one co-

7 ordinating. I take it Dr. Williams if at the

8 time you had been asked, do you think you

9 would have identified Dr. Williams as being in

10 charge, as a senior person involved?

11 DR. COOK:

12 A. He would be the most likely person, but he was

13 carrying on his other regular duties as well.

14 COFFEY, Q.C.:

15 Q. But at the time, I take it he was the most

16 senior person involved?

17 DR. COOK:

18 A. That's correct.

19 COFFEY, Q.C.:

20 Q. From your perspective at the time, who was

21 responsible for deciding how to approach the

22 problem?

23 DR. COOK:

24 A. I mean, in what way, Mr. Coffey?

25 COFFEY, Q.C.:

Page 137

1 Q. In the sense of, you know, deciding which
 2 cases to look at, what years to look at, cases
 3 from where to look at, who should retest them?
 4 DR. COOK:
 5 A. That would have been, I guess between
 6 pathologists and oncologists.
 7 COFFEY, Q.C.:
 8 Q. So that would involve, as a clinical chief
 9 then, that would involve yourself and who from
 10 the oncologists?
 11 DR. COOK:
 12 A. Dr. Laing and Dr. McCarthy were the people
 13 there.
 14 COFFEY, Q.C.:
 15 Q. In terms of the overall investigation of this
 16 matter, the role of Mr. Gulliver compared to
 17 your role was what?
 18 DR. COOK:
 19 A. Well I was taking the primary role there, Mr.
 20 Gulliver was there in a supporting role making
 21 sure that he was providing the logistics in
 22 terms of lab aides or secretarial assistance
 23 or any assistance that we need to accumulate
 24 the various blocks and slides for retesting
 25 and review.

Page 138

1 COFFEY, Q.C.:
 2 Q. So why would you be taking the primary role
 3 compared to Mr. Gulliver?
 4 DR. COOK:
 5 A. Well that was a role that was delegated to me
 6 by Dr. Williams.
 7 COFFEY, Q.C.:
 8 Q. So was that actually discussed by yourself and
 9 Dr. Williams and Mr. Gulliver?
 10 DR. COOK:
 11 A. I can't remember any direct discussions
 12 regarding that, I think Dr. Williams was
 13 looking more towards me for various guidance.
 14 COFFEY, Q.C.:
 15 Q. Now in terms of the technological end of it,
 16 how much, if anything, did you already know
 17 about the technological end of this by mid
 18 July, 2005?
 19 DR. COOK:
 20 A. Well the technology end of it, I mean, would
 21 have been under Mr. Gulliver in terms of the
 22 actual knowledge of it, I mean, that's Mr.
 23 Gulliver's domain.
 24 COFFEY, Q.C.:
 25 Q. Do you know if Mr. Gulliver or anybody within

Page 139

1 his technologist group was ever asked to
 2 actually conduct an investigation into the
 3 technological aspects of this matter?
 4 DR. COOK:
 5 A. I can't recall that.
 6 COFFEY, Q.C.:
 7 Q. And what I'm getting at was do you recall
 8 whether or not Mr. Gulliver or Mr. Dyer or
 9 anybody working for Mr. Gulliver or directly
 10 in the chain of command, was ever asked, well,
 11 you know, Terry, can you perhaps provide an
 12 explanation or possible explanations for why
 13 we got this problem?
 14 DR. COOK:
 15 A. Again, Mr. Coffey, there was so much on the
 16 go, so many meetings. I mean, I can't
 17 identify a particular point in time if Mr.
 18 Gulliver was asked that. I mean, he may have
 19 been, he may have not.
 20 COFFEY, Q.C.:
 21 Q. Okay. There's a reference here to "we have
 22 pulled all the cases in September, 2001, to
 23 review findings and retest." Do you recall
 24 what that was about?
 25 DR. COOK:

Page 140

1 A. Not particularly.
 2 COFFEY, Q.C.:
 3 Q. Okay. Now the next bullet says, "There was an
 4 issue of erratic staining in early 2003 and
 5 testing pulled for six weeks, titration times
 6 and staining times were adjusted, tests sent
 7 out for six weeks to other labs." Now, the
 8 source of that information amongst the group
 9 there would have been whom?
 10 DR. COOK:
 11 A. Well that could have been either myself or Mr.
 12 Gulliver.
 13 COFFEY, Q.C.:
 14 Q. There's a reference then to "breast tissue
 15 sample should be in formalin for 48 to 72
 16 hours, controls are in formalin for optimal
 17 time."
 18 DR. COOK:
 19 A. Yes.
 20 COFFEY, Q.C.:
 21 Q. Who would have provided that information?
 22 DR. COOK:
 23 A. That's hard to say, I mean, I don't know if
 24 that information was provided by me or Mr.
 25 Gulliver. The number of hours are a little

Page 141

1 bit off. I don't know where the 48 to 72
 2 hours came in.
 3 COFFEY, Q.C.:
 4 Q. Now there's a decision noted here, it says
 5 "test all samples of living patients, what are
 6 positive rates for infiltrating lobular and
 7 ductal cancer." Who wanted to know the answer
 8 to that?
 9 DR. COOK:
 10 A. Which in particular, the positivity rate?
 11 COFFEY, Q.C.:
 12 Q. Number two, yes.
 13 DR. COOK:
 14 A. Again, it could have been myself, Dr.
 15 Williams.
 16 COFFEY, Q.C.:
 17 Q. And do you recall why--if you decided to test
 18 all samples of living patients, do you recall
 19 what years they were talking about?
 20 DR. COOK:
 21 A. I guess we would have been at that time
 22 talking about '97 up to 2005.
 23 COFFEY, Q.C.:
 24 Q. Now if you're going to retest samples of all
 25 living patients, what relevance would the

Page 142

1 positivity rates have?
 2 DR. COOK:
 3 A. Well we're trying to identify where we had a
 4 major problem, what years did we have a major
 5 problem, looking back to see if we, you know,
 6 trying to identify where we had the problem
 7 and what particular year.
 8 COFFEY, Q.C.:
 9 Q. And I'm just trying to get some sense of, if
 10 you're going to retest all patient samples
 11 anyway -
 12 DR. COOK:
 13 A. Uh-hm.
 14 COFFEY, Q.C.:
 15 Q. Why would it matter whether in any particular
 16 year the figure was 60, 70 or 80?
 17 DR. COOK:
 18 A. Well this was just another piece of
 19 information that we were trying to get
 20 together to figure out what was going on.
 21 COFFEY, Q.C.:
 22 Q. Who wanted the percentages? Was it you or Dr.
 23 Williams?
 24 DR. COOK:
 25 A. I mean, I was interested in percentages as

Page 143

1 well as Dr. Williams, so I mean, it's--it
 2 probably would have come from me.
 3 COFFEY, Q.C.:
 4 Q. Number six here says, "Check with Dr. Ejeckam
 5 re: process in 2003"?
 6 DR. COOK:
 7 A. That's correct.
 8 COFFEY, Q.C.:
 9 Q. Who was to do that?
 10 DR. COOK:
 11 A. I was to do that.
 12 COFFEY, Q.C.:
 13 Q. And did you do that?
 14 DR. COOK:
 15 A. Yes, I did.
 16 COFFEY, Q.C.:
 17 Q. And what did you find or when did you do it
 18 and where and what were you told?
 19 DR. COOK:
 20 A. Well that was during the week of July 11th. I
 21 would say maybe either the day of July 12th or
 22 13th that I spoke to him in his office at the
 23 General Hospital site and that was probably
 24 around mid day or so that I spoke to him and
 25 this was just prior to our meeting with Mr.

Page 144

1 Gulliver and Dr. Williams and Heather Predham
 2 regarding the--his memos.
 3 COFFEY, Q.C.:
 4 Q. Go ahead.
 5 DR. COOK:
 6 A. So I spoke to him in his office and just
 7 wanted to get another update on what exactly
 8 he had done in 2003, we talked about the
 9 change in titrations and antibody
 10 concentrations and incubation times and
 11 whatnot, and it was at that time I was talking
 12 to him about, that we were looking at doing a
 13 review and this was going to be pretty
 14 extensive and that we had tested a number of
 15 patients and that they had converted. I'm not
 16 sure if I gave him any figures at that
 17 particular time, but we were heading down a
 18 road of a review.
 19 COFFEY, Q.C.:
 20 Q. Was there anything else said?
 21 DR. COOK:
 22 A. Well Dr. Ejeckam, I believe expressed the
 23 opinion that he thought that a review was
 24 unnecessary, he thought that the issue in hand
 25 was being blown out of proportion and didn't

Page 145

1 really see a need for a review. But I said to
 2 him, I said we've got a number of cases here
 3 now that have converted and we've got to go
 4 and look at this at a wider scope.
 5 COFFEY, Q.C.:
 6 Q. Did you make--was anything else said first of
 7 all?
 8 DR. COOK:
 9 A. That was about it. I remember at that time
 10 and I had my folder that I had two of the
 11 three memos and I asked him to photocopy one
 12 of the memos and that I was going to submit
 13 those to the corporate team or a leadership
 14 team which would have been Dr. Williams. So
 15 he got me the copy of the memo which I put in
 16 my folder for submission.
 17 COFFEY, Q.C.:
 18 Q. Which memos are they?
 19 DR. COOK:
 20 A. Those were the memos of April, May and June of
 21 '03.
 22 COFFEY, Q.C.:
 23 Q. Did you make any notes of this meeting?
 24 DR. COOK:
 25 A. No, I did not.

Page 146

1 COFFEY, Q.C.:
 2 Q. Any reason you didn't?
 3 DR. COOK:
 4 A. Well, usually when I make notes, I usually
 5 have them in my binders. Within my binders, I
 6 had a variety of information, my notes would
 7 capture about 80 to 85 percent of actually
 8 what went on during that time period, so even
 9 in my office there were times which I made
 10 notes or I may not have made notes, it
 11 depended on what was going on at the time, the
 12 mindset at the time, what I was focused on.
 13 So whenever possible, I tried to make notes,
 14 but there were days that I didn't and like I
 15 said, within the notes that I took, it covered
 16 about 80 or 85 percent of what went on at that
 17 time period.
 18 COFFEY, Q.C.:
 19 Q. So this meeting with Dr. Ejeckam, I take it
 20 would have been after the July 12th, 2005
 21 meeting referred to here?
 22 DR. COOK:
 23 A. I would say.
 24 COFFEY, Q.C.:
 25 Q. Because the decision is "check with Dr.

Page 147

1 Ejeckam, re: process in 2003."
 2 DR. COOK:
 3 A. Yeah, so it probably would have been on that
 4 day or July 13th.
 5 COFFEY, Q.C.:
 6 Q. And did you ever report to anybody about what
 7 Dr. Ejeckam had told you?
 8 DR. COOK:
 9 A. Not in regard for his need not to go ahead and
 10 do review, but in regards to what he did in
 11 June or April of '03 regarding the changes in
 12 titration and titres and that sort of thing.
 13 That was reported to Dr. Williams.
 14 COFFEY, Q.C.:
 15 Q. Do you recall when you reported that to Dr.
 16 Williams?
 17 DR. COOK:
 18 A. Well that was either on the same day of the
 19 13th or the 14th of the week of July 11th,
 20 that was, again, immediately after my
 21 discussion with Dr. Ejeckam that I met with
 22 Dr. Williams and Mr. Gulliver, I think it was
 23 Susan Bonnell, I'm not sure if Heather Predham
 24 was there, but that took place in the
 25 corporate office at corporate headquarters in

Page 148

1 the conference room.
 2 COFFEY, Q.C.:
 3 Q. Do you know if that's recorded anywhere, that
 4 references you reporting on the conversation
 5 you had had with Dr. Ejeckam about titration
 6 times, antigen retrieval--I'm sorry,
 7 titration, antigen retrieval times?
 8 DR. COOK:
 9 A. I'm not--I didn't record it, I'm not aware if
 10 it's been recorded in any of Dr. Williams'
 11 notes or Ms. Predham's notes.
 12 COFFEY, Q.C.:
 13 Q. Doctor, we have already seen that on March
 14 7th, 2006, you in effect, well you again
 15 approached Dr. Ejeckam and asked him about why
 16 he hadn't recommended a review in 2003.
 17 DR. COOK:
 18 A. Uh-hm.
 19 COFFEY, Q.C.:
 20 Q. Bearing in mind what you can recall about this
 21 meeting in July, 2005 with Dr. Ejeckam, why
 22 did you approach him again in '06?
 23 DR. COOK:
 24 A. Again, going back and thinking, you know, was
 25 there something there in 2003 really that we

Page 149

1 should have picked up and--something there
 2 that really indicated that we should have gone
 3 back and done a review at that time.
 4 COFFEY, Q.C.:
 5 Q. When you say "we", who is the we in this
 6 context? Are you talking about yourself or
 7 Dr. Ejeckam?
 8 DR. COOK:
 9 A. Well, myself and Dr. Ejeckam, Dr. Robb, you
 10 know, the individuals to whom those memos were
 11 addressed to and cc'd.
 12 COFFEY, Q.C.:
 13 Q. If we could, please, Exhibit P-0503? Here,
 14 Doctor, these are meeting notes, July 14th,
 15 2005, Laboratory Medicine. Ms. Predham,
 16 yourself, Dr. Williams and Mr. Gulliver are
 17 present. Issue discussed is ER/PR receptor
 18 results. Do you recognize the handwriting at
 19 the bottom?
 20 DR. COOK:
 21 A. That looks like mine.
 22 COFFEY, Q.C.:
 23 Q. And there's a, at the very bottom it says
 24 "July 14th, 2005, met with Drs. Kwan, Felix
 25 Cook, Williams, McCarthy, Laing, Gardiner,

Page 150

1 Heather Predham, Susan Bonnell."
 2 DR. COOK:
 3 A. That's right.
 4 COFFEY, Q.C.:
 5 Q. And where did this meeting occur and what was
 6 the purpose and what happened?
 7 DR. COOK:
 8 A. I mean, that would have occurred, I guess, at
 9 the main conference room on the first floor of
 10 the General Hospital and I suppose it's in
 11 relation to finding out--or trying to
 12 formulate a plan of action.
 13 COFFEY, Q.C.:
 14 Q. Go ahead.
 15 DR. COOK:
 16 A. From what I see in my notes there, it says,
 17 "Phone all lab directors to send out negative
 18 cases to General Hospital. Find another lab,"
 19 it looks like, "to handle all these cases very
 20 quickly. Cancer Registry has list of every
 21 breast cancer. Find out how quickly we can
 22 pull out all their names," I guess find out
 23 how quickly we can identify what patients we
 24 need to retest. So it seems to be formulating
 25 a plan of action and we seem to be making

Page 151

1 discussions about sending these cases out for
 2 review by another lab.
 3 COFFEY, Q.C.:
 4 Q. This is by July 14th, 2005. Had the decision
 5 already been made to have the samples
 6 retested, these tissue samples retested
 7 elsewhere?
 8 DR. COOK:
 9 A. Well, we were certainly considering it. I'm
 10 not sure if the decision was firm, but that
 11 was certainly the road we were heading.
 12 COFFEY, Q.C.:
 13 Q. And whose idea was that?
 14 DR. COOK:
 15 A. I guess it may originated from Dr. Williams
 16 and probably myself.
 17 COFFEY, Q.C.:
 18 Q. So why would you be going to another lab at
 19 that point?
 20 DR. COOK:
 21 A. Well, if you're going to do a review of this
 22 magnitude--well, I think around this
 23 particular time we may have been raising, and
 24 I'm not sure if this is the particular point
 25 in time, questions about the Ventana system.

Page 152

1 COFFEY, Q.C.:
 2 Q. That's certainly, there's certainly
 3 documentation to that effect later.
 4 DR. COOK:
 5 A. Yeah. But -
 6 COFFEY, Q.C.:
 7 Q. I'm just asking about -
 8 DR. COOK:
 9 A. - I'm not sure if we were raising questions
 10 about that at that particular time.
 11 COFFEY, Q.C.:
 12 Q. So if it wasn't being raised at that
 13 particular point in time, why would you be
 14 considering going elsewhere?
 15 DR. COOK:
 16 A. Well, I can't be absolutely sure on that, Mr.
 17 Coffey, but, you know, we were--there was
 18 quite a number of things going on at that
 19 particular time and I can't be sure of the
 20 sequence of events and thought process on
 21 particular issues at that time.
 22 COFFEY, Q.C.:
 23 Q. If we could, please, Exhibit P-0069? This is a
 24 letter of July 14th, 2005 addressed to
 25 yourself as clinical chief, it's from Dr.

Page 153	Page 155
<p>1 Carter, it's copied to Dr. Bob Williams. The 2 top right-hand side here says, "Discussed with 3 Dr. Carter July 16th, 2005." Do you know whose 4 handwriting that is? 5 DR. COOK: 6 A. That's my handwriting. 7 COFFEY, Q.C.: 8 Q. And so suggests that by July 16th, on or 9 before that day, you received this letter? 10 DR. COOK: 11 A. Um-hm. 12 COFFEY, Q.C.: 13 Q. From Dr. Carter. She says, "As per many 14 recent discussions I agree with you that our 15 estrogen receptor status reports prior to 2003 16 require immediate investigation." 17 DR. COOK: 18 A. Um-hm. 19 COFFEY, Q.C.: 20 Q. Why--well, first of all, whose idea was this 21 letter? 22 DR. COOK: 23 A. This would have been Dr. Carter's. 24 COFFEY, Q.C.: 25 Q. So this wasn't a letter you, in effect, both</p>	<p>1 third sentence of the letter. "Factors 2 identified on those slides," which is the 3 slides of the 16 patients who converted out of 4 the first 25 retested, "30 show problems with 5 the technique of estrogen receptor testing and 6 the interpretation of same." I take it that 7 she had the office next to your and at times 8 would call you over or ask you to come into 9 her office to look at slides? 10 DR. COOK: 11 A. That's correct. 12 COFFEY, Q.C.: 13 Q. That this letter was not the first you'd heard 14 of this? 15 DR. COOK: 16 A. Oh, no. We would have, get in a number of 17 discussions on what she thought was going on 18 so there was a fair number of discussions 19 going back and forth. 20 COFFEY, Q.C.: 21 Q. She concludes the paragraph by making 22 reference to being "eager to review the 23 estrogen receptor status of all patients seen 24 from May '97." 25 DR. COOK:</p>
<p>Page 154</p> <p>1 agreed she should write to you and she penned 2 it? 3 DR. COOK: 4 A. No. She took this initiative herself. 5 COFFEY, Q.C.: 6 Q. Okay. The reference here then to "Our 7 estrogen"--"I agree with you," suggesting that 8 you, Dr. Cook, thought that the estrogen 9 receptor status reports prior to 2003 would 10 require immediate investigation? 11 DR. COOK: 12 A. Um-hm. 13 COFFEY, Q.C.: 14 Q. So why at that point were you thinking about 15 prior to 2003? 16 DR. COOK: 17 A. Well, we had done the batch of the 25 which 18 included a number of years, not only from '02, 19 but from '01, I believe, and '99 and, you 20 know, again, a number of other issues going on 21 that we were identifying with the slides, not 22 only the technical aspect but she was finding 23 issues regarding the interpretations. 24 COFFEY, Q.C.: 25 Q. Yes, because that's the next, or actually the</p>	<p>Page 156</p> <p>1 A. Um-hm. 2 COFFEY, Q.C.: 3 Q. "When the immunohistochemical staining for 4 estrogen receptor status first became 5 available, up until March, 2004 when analysis 6 and readjustment of the estrogen receptor 7 status protocol was carried out by Dr. G. 8 Ejeckam." The reference to March, 2004 and 9 that analysis and readjustment carried out by 10 Dr. Ejeckam, what was that about, do you know, 11 what did that relate to? 12 DR. COOK: 13 A. Well, it related to his intervention at that 14 time. 15 COFFEY, Q.C.: 16 Q. He had intervened in '03. 17 DR. COOK: 18 A. Intervened in '03. I just can't recollect 19 what that particular statement was regarding 20 to. 21 COFFEY, Q.C.: 22 Q. Do you recall the Ventana benchmark system 23 having come on line, as it were, in early 24 2004? 25 DR. COOK:</p>

Page 157

1 A. Well, it came on line in April of 2004.
 2 COFFEY, Q.C.:
 3 Q. Which is the next month?
 4 DR. COOK:
 5 A. So -
 6 COFFEY, Q.C.:
 7 Q. From March, '04, and April '04 is the next
 8 month. And I'm just asking you, at the time
 9 you got this, this letter is directed to you?
 10 DR. COOK:
 11 A. Yes.
 12 COFFEY, Q.C.:
 13 Q. What did you understand at the time was the
 14 basis for this March, 2004 reference?
 15 DR. COOK:
 16 A. Well, the DAKO system.
 17 COFFEY, Q.C.:
 18 Q. Okay. So in effect you wanted to retest
 19 anything done on the DAKO?
 20 DR. COOK:
 21 A. That's what I believe we were looking at at
 22 that time.
 23 COFFEY, Q.C.:
 24 Q. The reference to "Estrogen receptor status
 25 protocol" what was that? "Readjustment of the

Page 158

1 estrogen receptor status protocol carried out
 2 by Dr. G. Ejeckam."
 3 DR. COOK:
 4 A. I guess it was looking at the technical aspect
 5 of it, again, the various times and titration,
 6 I mean, that's what I glean from that.
 7 COFFEY, Q.C.:
 8 Q. Did you ever discuss with Dr. Ejeckam the
 9 details of what actually went on in 2003 or
 10 2004 for that matter, when the Ventana came
 11 along, did you ever actually speak to him in
 12 detail about what had been done?
 13 DR. COOK:
 14 A. You mean in terms of the Ventana machine
 15 coming on line?
 16 COFFEY, Q.C.:
 17 Q. Well, before we get to the Ventana, the 2003
 18 period?
 19 DR. COOK:
 20 A. Only in general discussions in regards to the
 21 adjustment of the various pHs and titration
 22 and incubation times.
 23 COFFEY, Q.C.:
 24 Q. I take it that was a general statement. The
 25 actual details of what he did?

Page 159

1 DR. COOK:
 2 A. No, we didn't get -
 3 COFFEY, Q.C.:
 4 Q. What caused to be done -
 5 DR. COOK:
 6 A. Didn't get to that level.
 7 COFFEY, Q.C.:
 8 Q. And in terms then in relation to when the
 9 Ventana benchmark machine was brought on or
 10 brought into the lab, did you speak to him
 11 about what, if anything, was done at that time
 12 concerning estrogen receptor status protocols?
 13 DR. COOK:
 14 A. At that time, in April -
 15 COFFEY, Q.C.:
 16 Q. In '05.
 17 DR. COOK:
 18 A. - of '04?
 19 COFFEY, Q.C.:
 20 Q. Have you ever spoken to Dr. Ejeckam about
 21 what, if anything, was done when the Ventana
 22 benchmark was brought on line?
 23 DR. COOK:
 24 A. No, I haven't.
 25 COFFEY, Q.C.:

Page 160

1 Q. Have you see anything written about that?
 2 DR. COOK:
 3 A. No.
 4 COFFEY, Q.C.:
 5 Q. Okay. Now, in the second paragraph having
 6 bracketed the time frame, 1997 to 2004, Dr.
 7 Carter wrote to you saying, "All of the slides
 8 from the cases, including the estrogen
 9 receptor slides need to be pulled and
 10 organized."
 11 DR. COOK:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. "All slides then need to be reviewed by me,
 15 both estrogen receptor negative and estrogen
 16 receptor positive patients."
 17 DR. COOK:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. She says, "The estrogen receptor negative
 21 patients should be given priority." Now,
 22 Doctor, what did you understand Dr. Carter
 23 planned to do here?
 24 DR. COOK:
 25 A. Oh, she was going to do an overall review of

Page 161

1 the ER and PR issue, she was going to review
 2 the slides and kind of make an assessment.
 3 COFFEY, Q.C.:
 4 Q. And she goes on to write, "Blocks will be
 5 pulled from those cases and estrogen receptor,
 6 progesterone receptor status reordered. It
 7 should be carried out as quickly as possible.
 8 Ten percent of cases should be randomly
 9 selected for outside quality assurance
 10 consultation. Dr. Frances O'Malley has agreed
 11 to act in this capacity." And she also notes,
 12 "Problematic cases as defined by a
 13 multiplicity of reasons should also be sent
 14 for outside testing." So, Doctor, this
 15 receptor status being reordered, that
 16 reordered test was to be done in which
 17 machines, which machine?
 18 DR. COOK:
 19 A. At that time we most likely would have been on
 20 the Ventana system.
 21 COFFEY, Q.C.:
 22 Q. I take it up to this point then that would
 23 suggest that there was no concern about the
 24 Ventana over calling?
 25 DR. COOK:

Page 162

1 A. This was--what is the letter dated?
 2 COFFEY, Q.C.:
 3 Q. This is July 14th it's dated, and you spoke to
 4 her on July 16th.
 5 DR. COOK:
 6 A. Yeah, I would think at that point we weren't--
 7 again, it's difficult to recollect the time
 8 sequences, but I think we still had no major
 9 discussions about the issue of the Ventana
 10 machine.
 11 COFFEY, Q.C.:
 12 Q. Doctor, here she goes on to say, "It will be
 13 necessary to have a computerized database for
 14 this project." And she specifies what types
 15 of information she'd like.
 16 DR. COOK:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. Doctor, was there ever a computerized
 20 database?
 21 DR. COOK:
 22 A. No, there wasn't.
 23 COFFEY, Q.C.:
 24 Q. To your knowledge were any efforts ever made
 25 to create one?

Page 163

1 DR. COOK:
 2 A. Well, I mean, we were trying to do the best we
 3 can with the Meditec system that we had, but
 4 we certainly didn't have the hospital
 5 information capacity to be able to generate
 6 such a database.
 7 COFFEY, Q.C.:
 8 Q. Well, here she says "The database should
 9 include the patient's name."
 10 DR. COOK:
 11 A. Um-hm.
 12 COFFEY, Q.C.:
 13 Q. "MCP number, surgical number, hospital of
 14 origin and results of the original ER and PR
 15 testing, presence of control tissues, results
 16 of new testing and any comments about the
 17 case."
 18 DR. COOK:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. That's, in effect, a spreadsheet?
 22 DR. COOK:
 23 A. Yes. Which she did manually.
 24 COFFEY, Q.C.:
 25 Q. She did manually, didn't she?

Page 164

1 DR. COOK:
 2 A. Um-hm.
 3 COFFEY, Q.C.:
 4 Q. She started and you saw the spreadsheets that
 5 she created?
 6 DR. COOK:
 7 A. That's correct.
 8 COFFEY, Q.C.:
 9 Q. Manually. Did you ever go looking for any
 10 expertise to turn the manual spreadsheets into
 11 a computerized spreadsheet?
 12 DR. COOK:
 13 A. Well, we discussed the need of resources with
 14 Dr. Williams and we discussed the need to have
 15 resources in terms of lab aids and whatnot,
 16 but in terms of expertise in databases, no,
 17 not in particular.
 18 COFFEY, Q.C.:
 19 Q. So you never did ask Dr. Williams or anyone
 20 else for actual computer help?
 21 DR. COOK:
 22 A. I can't remember, Mr. Coffey, I mean, I
 23 really, I really can't.
 24 COFFEY, Q.C.:
 25 Q. This, and when you discussed this with Dr.

Page 165

1 Carter on July 16th, did you agree with her
 2 suggestion and her plan?
 3 DR. COOK:
 4 A. Yes.
 5 COFFEY, Q.C.:
 6 Q. And what then, if anything, was done in that
 7 regard?
 8 DR. COOK:
 9 A. Well, I believe we had a meeting, myself and
 10 Mr. Gulliver, with Bob Williams to arrange
 11 someone to be available to pull the various
 12 slides and blocks.
 13 COFFEY, Q.C.:
 14 Q. Okay. And was that done?
 15 DR. COOK:
 16 A. And that was done.
 17 COFFEY, Q.C.:
 18 Q. What then happened? Okay, the slides and the
 19 blocks show up, what happened then?
 20 DR. COOK:
 21 A. Well she -
 22 COFFEY, Q.C.:
 23 Q. In terms of the review?
 24 DR. COOK:
 25 A. She began her review, she began the review of

Page 166

1 the histology and the review of the receptors.
 2 COFFEY, Q.C.:
 3 Q. Go ahead, what happened then?
 4 DR. COOK:
 5 A. And then there were troubles, I think, trying
 6 to get all the necessary material in order.
 7 There was an issue regarding not having the
 8 lab aid available to her. The lab aid was
 9 apparently pulled from her to commence other
 10 duties in the lab, I believe, so there was
 11 issues of having that particular individual
 12 there to do the work under the direction of
 13 Dr. Carter.
 14 COFFEY, Q.C.:
 15 Q. Who was that?
 16 DR. COOK:
 17 A. I believe that's Judy Quinlan.
 18 COFFEY, Q.C.:
 19 Q. Okay. And did you take that up with anybody?
 20 DR. COOK:
 21 A. I took that up with Dr. Williams.
 22 COFFEY, Q.C.:
 23 Q. What became of that?
 24 DR. COOK:
 25 A. I think he spoke to Mr. Gulliver to make sure

Page 167

1 that whatever resources and personnel that Dr.
 2 Carter needed would be made available to her.
 3 COFFEY, Q.C.:
 4 Q. What happened in that regard then?
 5 DR. COOK:
 6 A. I'm not sure if that was--if that individual
 7 was put entirely under Dr. Carter's control.
 8 COFFEY, Q.C.:
 9 Q. What then happened with Dr. Carter's review?
 10 What do you recall about that review, just
 11 take us through it?
 12 DR. COOK:
 13 A. Well, the review was going ahead and that
 14 review was until we hit a meeting of August
 15 the 1st.
 16 COFFEY, Q.C.:
 17 Q. Okay. Now, before the meeting of August 1st
 18 what, if anything, did you know about the
 19 results of the review?
 20 DR. COOK:
 21 A. Well, she was indicating to me that we were
 22 having problems with pathology interpretation.
 23 COFFEY, Q.C.:
 24 Q. Did she elaborate on that?
 25 DR. COOK:

Page 168

1 A. That, again, showing me cases and slides where
 2 some cases were being misinterpreted by
 3 pathologists.
 4 COFFEY, Q.C.:
 5 Q. What does that mean, "misinterpreted"?
 6 DR. COOK:
 7 A. Well, some cases called positive in which they
 8 were negative and cases negative which were
 9 called positive and vice versa and the issue
 10 of internal controls came about in the
 11 discussion.
 12 COFFEY, Q.C.:
 13 Q. What did she say about that?
 14 DR. COOK:
 15 A. Well, that pathologists are reporting cases
 16 that had negative internal controls.
 17 COFFEY, Q.C.:
 18 Q. And that was of concern to her?
 19 DR. COOK:
 20 A. That was of concern.
 21 COFFEY, Q.C.:
 22 Q. Why?
 23 DR. COOK:
 24 A. Well, I mean, it meant that the test shouldn't
 25 have been reported if there was a negative

Page 169

1 internal control.
 2 COFFEY, Q.C.:
 3 Q. Okay. And did she have anything else to say
 4 about internal controls?
 5 DR. COOK:
 6 A. We both recognized the importance of internal
 7 controls.
 8 COFFEY, Q.C.:
 9 Q. Anything else about her review that you can
 10 recall?
 11 DR. COOK:
 12 A. I can't recollect anything more, Mr. Coffey.
 13 COFFEY, Q.C.:
 14 Q. Did you pass that information on to anyone or
 15 discuss it with anyone else?
 16 DR. COOK:
 17 A. Well, I spoke to Dr. Williams, I suppose
 18 probably around July the 28th, 29th, the last
 19 week in July and informed him that we not only
 20 had technical problem, but there was cross
 21 over into the pathology area where there was
 22 issues of pathology interpretation, that we
 23 would have a number of cases that were--that I
 24 identified and Dr. Carter identified which
 25 were negative which were, in fact, called

Page 170

1 positive and vice versa. I spoke to him about
 2 the issue internal controls and what that
 3 would mean and the issue of the reliability
 4 and the interpretation pathologists. So I
 5 said we are--this issue is starting to expand
 6 and starting to broaden and it's a horizon.
 7 COFFEY, Q.C.:
 8 Q. What did you tell Dr. Williams that that would
 9 mean?
 10 DR. COOK:
 11 A. The issue of what?
 12 COFFEY, Q.C.:
 13 Q. The internal controls, you're about -
 14 DR. COOK:
 15 A. I can't remember if I expounded anything
 16 further on that other than the issue of
 17 internal controls and that was all lumped
 18 together in terms of a general conversation
 19 about concern over pathology interpretations.
 20 COFFEY, Q.C.:
 21 Q. Okay. You've told him that, you tell him
 22 about it. What, if anything, was his
 23 reaction?
 24 DR. COOK:
 25 A. Oh, he was concerned. I mean, this was a--the

Page 171

1 issue was broadening and we were getting more
 2 into a systemic process whereby we have
 3 identified issues with the technology and now
 4 we were getting issues of pathology
 5 interpretation, so this thing was broadening.
 6 COFFEY, Q.C.:
 7 Q. What issues involving technology?
 8 DR. COOK:
 9 A. Well, was the technology performed properly
 10 and was the slides interpreted properly.
 11 COFFEY, Q.C.:
 12 Q. Interpretation, I take it, would be the
 13 pathologists' end of it?
 14 DR. COOK:
 15 A. Yes.
 16 COFFEY, Q.C.:
 17 Q. What, if anything, had been brought to your
 18 attention at that point concerning the
 19 technology part of it?
 20 DR. COOK:
 21 A. Just that we knew there was--we anticipated
 22 that or knew that there may be issues within
 23 the technological performance of the
 24 processing and staining issues of the slides.
 25 COFFEY, Q.C.:

Page 172

1 Q. And those issues related to what, what are
 2 they?
 3 DR. COOK:
 4 A. Well, what happened in technical would
 5 influence the interpretive.
 6 COFFEY, Q.C.:
 7 Q. Well, I want to concentrate for now on the
 8 technical, what did you understand then about
 9 the technical, what aspects of the technical?
 10 DR. COOK:
 11 A. Were there problems at the antigen retrieval
 12 level; were there problems with antibody
 13 concentrations; were there problems with the
 14 actual machines doing the testing, the DAKO
 15 system. So there were a number of things
 16 being raised around at that particular period
 17 of time.
 18 COFFEY, Q.C.:
 19 Q. Did you inquire further in that regard of any
 20 of the technologists?
 21 DR. COOK:
 22 A. No.
 23 COFFEY, Q.C.:
 24 Q. And can you tell the Commissioner then why
 25 not?

Page 173

1 DR. COOK:
 2 A. Well, I was zeroed in mainly on the pathology
 3 aspect of it, the interpretation aspect, and
 4 by that time, Mr. Gulliver was involved in
 5 discussions, but I didn't speak directly to
 6 any of the technologists.
 7 COFFEY, Q.C.:
 8 Q. Well, when I'm--in this context, I'm talking--
 9 I'm including in technologists, Mr. Gulliver
 10 and Mr. Dyer, in this context, okay, so did
 11 you speak to Mr. Gulliver or Mr. Dyer or any
 12 of their subordinates concerning these
 13 potential technological reasons for problems?
 14 DR. COOK:
 15 A. If anyone I spoke to, it would be Mr.
 16 Gulliver, but I mean, I may have spoken to him
 17 or may not. I mean, I just really can't
 18 remember if I spoke directly to him. If I did
 19 speak to him, it would be in the presence of
 20 Dr. Williams when we were having discussions
 21 or trying to find out what was going on.
 22 COFFEY, Q.C.:
 23 Q. And Doctor, did you ask of him, like are there
 24 any protocols written down? I mean, how was
 25 this stuff all being processed back in 2001,

Page 174

1 2002?
 2 DR. COOK:
 3 A. Mr. Gulliver?
 4 COFFEY, Q.C.:
 5 Q. Did you ask Mr. Gulliver or Mr. Dyer, anyone?
 6 DR. COOK:
 7 A. I believe I asked Mr. Gulliver to provide that
 8 information to Dr. Carter.
 9 COFFEY, Q.C.:
 10 Q. Okay, and do you know if that was provided?
 11 DR. COOK:
 12 A. I don't think it was. I'm not sure.
 13 COFFEY, Q.C.:
 14 Q. Now Doctor, having raised the matter of the
 15 pathologists involvement in this with Dr.
 16 Williams, or potential involvement in this
 17 matter with Dr. Williams, and you indicated he
 18 expressed concern about it, did he do anything
 19 other than express concern? Did he tell you
 20 to do anything?
 21 DR. COOK:
 22 A. We had discussions about what, you know,
 23 contributed to that. I mean, we had, I guess,
 24 discussions in terms of our manpower
 25 situation, the turnover, the general assign

Page 175

1 out.
 2 COFFEY, Q.C.:
 3 Q. I'm sorry, what?
 4 DR. COOK:
 5 A. General assign out.
 6 COFFEY, Q.C.:
 7 Q. What does that mean?
 8 DR. COOK:
 9 A. That means where we have large numbers of
 10 pathologists signing out the ER and PR cases,
 11 and again, I can't be absolutely sure of the
 12 time period, but we would have probably been
 13 talking about, at this time, the need to
 14 subspecialize.
 15 COFFEY, Q.C.:
 16 Q. Anything else that you can recall?
 17 DR. COOK:
 18 A. Not offhand, Mr. Coffey.
 19 COFFEY, Q.C.:
 20 Q. Exhibit P-0076, please? Now Doctor, this is a
 21 Health Care Corporation of St. John's memo to
 22 all pathologists, pathology residents,
 23 Department of Pathology, St. John's hospitals,
 24 Eastern Health, July 28th, 2005. It's from
 25 Dr. Cook, yourself, and Dr. Carter, and the

Page 176

1 subject is "optimal assessment and reporting
 2 of estrogen receptor status in infiltrating
 3 carcinoma."
 4 DR. COOK:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. And there are nine numbered sentences or
 8 paragraphs with the opening statement "when
 9 ordering and reporting ER/PR status on
 10 infiltrating carcinoma of the breast:" and
 11 there's one through nine. There's a space for
 12 yourself and Dr. Carter's signatures.
 13 DR. COOK:
 14 A. Um-hm.
 15 COFFEY, Q.C.:
 16 Q. Doctor, was this letter ever sent, do you
 17 know?
 18 DR. COOK:
 19 A. I believe it was.
 20 COFFEY, Q.C.:
 21 Q. And whose idea was the draft, you know, the
 22 formulation of the letter?
 23 DR. COOK:
 24 A. Well, it probably would have come from Dr.
 25 Carter to myself and would have been

Page 177

1 observations identified in her review.
 2 COFFEY, Q.C.:
 3 Q. And in this context, meaning what?
 4 Observations of the shortcomings or
 5 deficiencies?
 6 DR. COOK:
 7 A. In terms of identifying internal controls.
 8 COFFEY, Q.C.:
 9 Q. And the purpose then of the memo is to do
 10 what?
 11 DR. COOK:
 12 A. To remind pathologists of what to look for
 13 when they're reading the ERs and PRs.
 14 COFFEY, Q.C.:
 15 Q. Why St. John's pathologists? Because it's
 16 limited to them.
 17 DR. COOK:
 18 A. Well because, at the time, when we were doing
 19 the review, all we were doing was the review
 20 of the St. John's hospitals.
 21 COFFEY, Q.C.:
 22 Q. And the review in this context was Dr.
 23 Carter's July 2005 review?
 24 DR. COOK:
 25 A. Excuse me?

Page 178

1 COFFEY, Q.C.:
 2 Q. The review in this context was Dr. Carter's
 3 review of the St. John's ER/PR cases?
 4 DR. COOK:
 5 A. Yes.
 6 COFFEY, Q.C.:
 7 Q. Okay, because other than some cases from 2002
 8 from Doctor -
 9 DR. COOK:
 10 A. Dalton.
 11 COFFEY, Q.C.:
 12 Q. - Dalton, in Grand Falls, other than those
 13 cases, you had not yet received any others
 14 from outside St. John's?
 15 DR. COOK:
 16 A. No.
 17 COFFEY, Q.C.:
 18 Q. At the time, Doctor, as of July 28th, 2005,
 19 did you have any reason to believe that the
 20 problems or deficiencies that Dr. Carter was
 21 noting were limited to St. John's?
 22 DR. COOK:
 23 A. Well, I mean, couldn't be sure. I mean, if we
 24 identify those in St. John's, it's possible we
 25 could have, you know, could have been

Page 179

1 happening outside of St. John's, but we
 2 concentrated on the St. John's area.
 3 COFFEY, Q.C.:
 4 Q. And some of those 25 were--those initial 25
 5 cases were not from St. John's actually.
 6 DR. COOK:
 7 A. The initial 25?
 8 COFFEY, Q.C.:
 9 Q. Yes, if we look -
 10 DR. COOK:
 11 A. Which ones are you talking about, in June?
 12 COFFEY, Q.C.:
 13 Q. Yes, June 29th. They're identified as being--
 14 some of them, one or two of them I think are
 15 Western Memorial and one's Carbonear, I
 16 believe, when I look back on it.
 17 DR. COOK:
 18 A. Yes. I mean, I can't -
 19 COFFEY, Q.C.:
 20 Q. So Doctor, in that regard, really what I'm
 21 asking is why wouldn't you have--why didn't
 22 you contact your counterparts elsewhere in the
 23 other health authorities about this in the end
 24 of July 2005?
 25 DR. COOK:

Page 180

1 A. Again, Mr. Coffey, I was just focused on what
 2 was happening in the St. John's situation and
 3 trying to get to the bottom of what happened
 4 in our lab. So I was just strictly focused on
 5 the St. John's hospitals at that time.
 6 COFFEY, Q.C.:
 7 Q. Now Doctor, the information contained in this
 8 July 28th memo, first of all, do you have--
 9 would there be any way of you now ascertaining
 10 whether this was ever actually sent, signed
 11 and sent?
 12 DR. COOK:
 13 A. Unless we contacted other pathologists to see
 14 if they got it.
 15 COFFEY, Q.C.:
 16 Q. Okay, well, the information contained in this,
 17 and it's very detailed, I'm going to suggest
 18 to you, relating to ER/PR status of
 19 infiltrating carcinoma and the various matters
 20 involving controls. The information contained
 21 in this came from whom?
 22 DR. COOK:
 23 A. Dr. Carter would be the primary source.
 24 COFFEY, Q.C.:
 25 Q. Had you been aware of most of this before July

Page 181

1 2005?

2 DR. COOK:

3 A. Yes. Well, aware of the importance of

4 internal controls and checking those controls.

5 COFFEY, Q.C.:

6 Q. And what about, for example, number six,

7 "internal breast epithelium should show some

8 positivity (but not diffuse)"

9 DR. COOK:

10 A. Well, I wouldn't know about the diffuse aspect

11 of it, but I would be looking for positivity.

12 COFFEY, Q.C.:

13 Q. Number three, the idea that "the external

14 positive controls should show some variability

15 of staining throughout the tissue section."

16 Had you been aware of that?

17 DR. COOK:

18 A. I wouldn't say I would be overly aware of

19 that.

20 COFFEY, Q.C.:

21 Q. So Doctor then, in deciding or agreeing with

22 Dr. Carter to send such a memo at the end of

23 July 2005, was the purpose then to ensure that

24 the doctors who reported to you, in fact, that

25 this sort of information was brought to their

Page 182

1 attention in case they did not know it?

2 DR. COOK:

3 A. Well, I mean, I assume this was sent out. I

4 mean, and forwarded to them.

5 COFFEY, Q.C.:

6 Q. And the purpose in doing so was to ensure that

7 they were at least apprised of this -

8 DR. COOK:

9 A. Yeah, and -

10 COFFEY, Q.C.:

11 Q. - if they didn't know about it?

12 DR. COOK:

13 A. - and reading the internal controls.

14 COFFEY, Q.C.:

15 Q. Doctor, did you ever ask--well, firstly, you

16 have referred to the fact that you met with

17 two groups of pathologists.

18 DR. COOK:

19 A. Yeah.

20 COFFEY, Q.C.:

21 Q. Can you tell the Commissioner about that? Who

22 did you first meet with and when and where and

23 what happened?

24 DR. COOK:

25 A. Well, August the 1st, I met with a group of

Page 183

1 four or five pathologists and their names are

2 in my notes, which I apprised them of the

3 situation and that we were going ahead and

4 conducting a review and I apprised them of the

5 fact that we had found a significant number of

6 conversions in the testing that we had done so

7 far.

8 COFFEY, Q.C.:

9 Q. Okay, and these pathologists were from which

10 institution, do you recall?

11 DR. COOK:

12 A. They were primarily from the General Hospital.

13 COFFEY, Q.C.:

14 Q. And what was their reaction?

15 DR. COOK:

16 A. I think they were--well, they were obviously

17 concerned that this was taking place. There

18 was obviously concern how this would involved

19 each and every one of them individually.

20 COFFEY, Q.C.:

21 Q. What did they say about that?

22 DR. COOK:

23 A. Well, they wanted to know had we identified

24 individual pathologists who had cases that had

25 converted.

Page 184

1 COFFEY, Q.C.:

2 Q. And what were they told in that regard?

3 DR. COOK:

4 A. Well, I told them that, at that time, I said I

5 was not looking at individual pathologists,

6 but at the group as a whole.

7 COFFEY, Q.C.:

8 Q. Okay, and at that time, did you know whether--

9 would you have been able to, yourself,

10 ascertain which doctors were involved in the

11 conversions?

12 DR. COOK:

13 A. Not individual ones, no. I mean, the

14 information that I got from Dr. Carter was

15 that this didn't involve just one or two

16 pathologists, but this was right across the

17 board.

18 COFFEY, Q.C.:

19 Q. So you advised the doctors that you met with

20 on August 1st that it involved, in effect,

21 everyone who had done an ER/PR potentially?

22 DR. COOK:

23 A. That was the type of information that I was

24 getting out to them.

25 COFFEY, Q.C.:

Page 185

1 Q. Did they say anything?
 2 DR. COOK:
 3 A. I mean, I can't--I mean, I know they were
 4 concerned. I mean, and some of them were
 5 stressed, but I can't remember any specific
 6 comments or details.
 7 COFFEY, Q.C.:
 8 Q. Now looking back on it, at the time, did it
 9 appear that this was their first time that
 10 they'd become aware that this was going on?
 11 DR. COOK:
 12 A. The August 1st meeting?
 13 COFFEY, Q.C.:
 14 Q. Yes.
 15 DR. COOK:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. And were they told the parameters of the
 19 review, in terms of the years?
 20 DR. COOK:
 21 A. I can't remember, Mr. Coffey. I mean, if they
 22 had questions, they could have asked me. I
 23 mean, there was discussion back and forth. I
 24 mean, I can't remember the exact specifics of
 25 the conversation, but I was open for their

Page 186

1 questions and try to answer them as best as I
 2 could.
 3 COFFEY, Q.C.:
 4 Q. Well, Doctor, do you recall whether or not
 5 there was discussion about the idea of peer
 6 review, that sort of thing?
 7 DR. COOK:
 8 A. Possibly. Again, I can't specifically
 9 recollect that.
 10 COFFEY, Q.C.:
 11 Q. Do you recall--so what was the outcome then of
 12 that meeting?
 13 DR. COOK:
 14 A. The outcome of that meeting was I try to keep
 15 them appraised as much as possible with events
 16 as they developed.
 17 COFFEY, Q.C.:
 18 Q. Doctor, at that time, did you tell them about
 19 the results of what you knew of Dr. Carter's
 20 review up to that point?
 21 DR. COOK:
 22 A. I can't remember if I did or not, Mr. Coffey.
 23 COFFEY, Q.C.:
 24 Q. In other words, the problems she had told you
 25 about in terms of lack of internal controls,

Page 187

1 internal controls not staining properly?
 2 DR. COOK:
 3 A. I can't recall specifically. I said there
 4 were issues with interpretations and I don't
 5 know if I expounded on that or whether they
 6 asked me to expound on that. I mean, I just
 7 can't recollect the specific conversation.
 8 COFFEY, Q.C.:
 9 Q. Okay.
 10 THE COMMISSIONER:
 11 Q. Mr. Coffey, wherever you can find a spot.
 12 COFFEY, Q.C.:
 13 Q. Yes. If we could, Exhibit P-0555? Doctor, I
 14 take it there was a second meeting?
 15 DR. COOK:
 16 A. That's correct.
 17 COFFEY, Q.C.:
 18 Q. And there's some notes here of a meeting of
 19 August 5, 2005, three p.m.
 20 DR. COOK:
 21 A. Um-hm.
 22 COFFEY, Q.C.:
 23 Q. Is this the second meeting?
 24 DR. COOK:
 25 A. That's the second meeting.

Page 188

1 COFFEY, Q.C.:
 2 Q. There's a list of people that participated.
 3 DR. COOK:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. There's Fontaine, Morris-Larkin, M. Parai, I'm
 7 sorry, Doctor -
 8 DR. COOK:
 9 A. Pirzada.
 10 COFFEY, Q.C.:
 11 Q. - Pirzada, I'm sorry. Dr. Barron, Dr. Naghibi
 12 and yourself.
 13 DR. COOK:
 14 A. Dr. Naghibi.
 15 COFFEY, Q.C.:
 16 Q. I'm sorry. And the typed--what's typed here,
 17 who prepared the typed print on this?
 18 DR. COOK:
 19 A. I think that came from either Dr. Larkin or
 20 Dr. Pirzada. I'm not sure.
 21 COFFEY, Q.C.:
 22 Q. So how did the second meeting come about?
 23 DR. COOK:
 24 A. Well, the second meeting came across because I
 25 wanted to get the pathologists together as a

Page 189

1 group. I spoke to Dan Fontaine, told him I
 2 wanted to speak to them as a--get all the
 3 pathologists from the General Hospital
 4 together and I was rounding up pathologists
 5 from St. Clare's. So I wanted to get
 6 everybody together for a meeting to discuss
 7 the developments and what was taking place,
 8 and what was the course of action and what we
 9 were going to be doing.
 10 COFFEY, Q.C.:
 11 Q. Okay. So you've told Dr. Fontaine that. Then
 12 what happened?
 13 DR. COOK:
 14 A. And then I went around St. Clare's and I spoke
 15 to each of the pathologists at St. Clare's and
 16 said "look, we're having a meeting." I think
 17 it was 4:00 that afternoon "at the General
 18 Hospital, and I want you to attend to discuss
 19 the issue of ER and PR." So that was
 20 communicated verbally to them.
 21 COFFEY, Q.C.:
 22 Q. And then what happened?
 23 DR. COOK:
 24 A. We had the meeting that afternoon and the
 25 attendance wasn't great. I don't know if it

Page 190

1 was the time of year where we had a number of
 2 people on vacation, but when I walked in, that
 3 I was handed this document.
 4 COFFEY, Q.C.:
 5 Q. And then what happened?
 6 DR. COOK:
 7 A. Well, I read down through it and I mean, I got
 8 the point that they wanted to be kept up to
 9 date and communicated to, but there was also a
 10 lot of stress and anxiety in the room as for,
 11 in regards to individual pathologists being
 12 named and finger pointed in this review.
 13 COFFEY, Q.C.:
 14 Q. This was a review and it's referred to in the
 15 text here, a third of the way down the page as
 16 an ongoing study. This was a review or
 17 ongoing study by whom?
 18 DR. COOK:
 19 A. I guess at that particular time by Dr. Carter.
 20 COFFEY, Q.C.:
 21 Q. And there's some handwriting here, I'm sorry,
 22 there's text, "persons conducting the study do
 23 not need to know which pathologist signed the
 24 report originally", that is circled.
 25 DR. COOK:

Page 191

1 A. That's correct.
 2 COFFEY, Q.C.:
 3 Q. There's an asterisk and an arrow.
 4 DR. COOK:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. Is that your circling and asterisk?
 8 DR. COOK:
 9 A. Yes, that's mine.
 10 COFFEY, Q.C.:
 11 Q. Why did you do that?
 12 DR. COOK:
 13 A. Well, that was the main point of the meeting.
 14 They didn't want individual pathologists to be
 15 identified and/or singled out. And I tried to
 16 assure them, as best as I could, that that was
 17 not the intent. That we were going ahead and
 18 doing a review and everybody was included in
 19 the review including myself. Once I said
 20 that, that I was being reviewed along with
 21 everybody else, there seemed to be a sense of
 22 relief in the room. The emotions seemed to
 23 die down a bit.
 24 COFFEY, Q.C.:
 25 Q. Now, Doctor, were they given any assurance by

Page 192

1 yourself that the persons conducting the study
 2 would not know which pathologist signed the
 3 report, original?
 4 DR. COOK:
 5 A. I don't know if I gave that assurance. I said
 6 to them, look, I said, we're not here to
 7 single out any particular pathologist, what
 8 we're seeing so far is that this is a
 9 widespread problem and is not localized to any
 10 one individual.
 11 COFFEY, Q.C.:
 12 Q. Did you understand that Dr. Carter was, in
 13 fact, keeping track of who the pathologists
 14 were, the original pathologists?
 15 DR. COOK:
 16 A. I'm not aware of that.
 17 COFFEY, Q.C.:
 18 Q. Doctor, so then by the end of the meeting of
 19 August 5, 2005 with these pathologists, from
 20 your perspective, they would have understood
 21 what about this review?
 22 DR. COOK:
 23 A. That no one individual was going to be singled
 24 out.
 25 COFFEY, Q.C.:

Page 193

1 Q. And why would that be a concern?
 2 DR. COOK:
 3 A. Well, it was creating a lot of stress and
 4 anxiety in the division and was having an
 5 impact on the morale.
 6 COFFEY, Q.C.:
 7 Q. But, for example, how would pathologists--was
 8 it discussed amongst the group of you as to
 9 how any one pathologist was going to know
 10 whether or not in the past their reporting of
 11 cases had been a problem or not for them?
 12 DR. COOK:
 13 A. Well, that would have been, I mean, we would
 14 have been looking at that down the road, but
 15 the major focus of my attention was to review
 16 this situation, start sending cases out for
 17 review at another hospital, get in the results
 18 as quickly as possible and get at treatment
 19 and recommendations or changes. You know, the
 20 patient was first.
 21 COFFEY, Q.C.:
 22 Q. And that's the retesting, but you see by this
 23 point in time Dr. Carter has removed herself.
 24 August 5, she's removed herself.
 25 DR. COOK:

Page 194

1 A. Yes. I think this, again, I mean, there's so
 2 much going on, Mr. Coffey, that it's hard to
 3 keep the facts in mind that again, it's
 4 possible we could have been talking about an
 5 external review. But I tell you, the major
 6 focus was trying to get these samples retested
 7 and look at the impact on the patient.
 8 COFFEY, Q.C.:
 9 Q. And I appreciate that's the major focus, but
 10 by this point in time Doctor Banerjee had
 11 already been retained, August 5, and we'll see
 12 that after lunch.
 13 DR. COOK:
 14 A. Um-hm.
 15 COFFEY, Q.C.:
 16 Q. So, there was going to be a review of at least
 17 some past slides?
 18 DR. COOK:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. Doctor Carter had already reviewed quite a
 22 number of them in 2002, locally.
 23 DR. COOK:
 24 A. Yes.
 25 COFFEY, Q.C.:

Page 195

1 Q. So, I take it then, Doctor, that in order to
 2 avoid morale amongst the pathologists from
 3 getting worse than it already was, that they
 4 approach was going to be that the actual
 5 results for any on pathologist or pathologists
 6 were not going to be kept track of?
 7 DR. COOK:
 8 A. Well, I think that was the general idea. We
 9 certainly had an idea at that particular point
 10 in time that this was why it spread, more than
 11 an individual pathologist. So, I wanted to
 12 reassure them that we weren't going to single
 13 anyone out.
 14 COFFEY, Q.C.:
 15 Q. But how would you be able then to tell if it
 16 involved, like, four of them as opposed to 14.
 17 DR. COOK:
 18 A. No, unless you keep track of the results and
 19 what pathologist's name was associated with
 20 those results, but I mean, I wasn't
 21 particularly interested in that at that
 22 particular period of time. Again, I was
 23 interested in getting the cases sent out for
 24 review by another hospital lab and getting the
 25 results and getting the patients appropriately

Page 196

1 treated.
 2 COFFEY, Q.C.:
 3 Q. Thank you. Commissioner, after lunch. Thank
 4 you.
 5 COMMISSIONER:
 6 Q. 2:15 p.m..
 7 (LUNCH BREAK)
 8 COMMISSIONER:
 9 Q. Please be seated. Mr. Coffey.
 10 COFFEY, Q.C.:
 11 Q. Thank you, Commissioner. Doctor, the meeting
 12 of August 1 with the pathologists, you say
 13 there were about four or five pathologists at
 14 that meeting?
 15 DR. COOK:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. How were they chosen? Why those four or five?
 19 DR. COOK:
 20 A. They weren't chosen. The meeting was for all
 21 pathologists in the St. John's area.
 22 COFFEY, Q.C.:
 23 Q. Okay. So, there was two meetings as it were
 24 for all pathologists, one of August 1st and
 25 one of August 5th?

Page 197

1 DR. COOK:
 2 A. The one of August 5th, I wanted all
 3 pathologists to attend.
 4 COFFEY, Q.C.:
 5 Q. Okay. And the August 1st one?
 6 DR. COOK:
 7 A. That was probably called together very quickly
 8 at the General Hospital to discuss with these
 9 pathologists what was going on.
 10 COFFEY, Q.C.:
 11 Q. Okay, and why at that point, Doctor? Why
 12 August 1st?
 13 DR. COOK:
 14 A. Well, I mean, I had to--I was trying to
 15 communicate as much as I can to various
 16 individuals and people who had an interest in
 17 this, I realized that, you know, I needed to
 18 get and speak to the pathologist on a, you
 19 know, a one-to-one basis, on a personal basis,
 20 so you know, I needed to get together and talk
 21 to them about what was going on.
 22 COFFEY, Q.C.:
 23 Q. And, Doctor, if we could please, in terms of
 24 the meetings with the pathologists, those two
 25 meetings, by the time of the first such

Page 198

1 meeting, the August 1st one -
 2 DR. COOK:
 3 A. Uh-hm
 4 COFFEY, Q.C.:
 5 Q. I take it from your remarks before the lunch
 6 break that you understood from Dr. Carter's
 7 review on what she told you of it, that it was
 8 her view that this was not limited to any one
 9 pathologist or group of pathologists?
 10 DR. COOK:
 11 A. That's correct, it was wide spread.
 12 COFFEY, Q.C.:
 13 Q. And I take it in order for her to have
 14 communicated that to you, she must have
 15 actually been examining who the pathologists
 16 were?
 17 DR. COOK:
 18 A. Oh I imagine she would, although, you know, I
 19 didn't get into that with her.
 20 COFFEY, Q.C.:
 21 Q. Doctor, by August 5th and we'll see some e-
 22 mails between yourself and Dr. Banerjee before
 23 that, by that point, August 5, Dr. Banerjee
 24 had been retained or agreed to come.
 25 DR. COOK:

Page 199

1 A. That's correct.
 2 COFFEY, Q.C.:
 3 Q. To St. John's. What was your reason for
 4 having Dr. Banerjee come in? What was the
 5 purpose in having him conduct a review?
 6 DR. COOK:
 7 A. Well I wanted him to come in and review the
 8 operation from a system's point of view, to
 9 look at trying to identify what went wrong
 10 with the lab, to identify system deficiencies,
 11 weaknesses, to look at our management
 12 structure. I wanted somebody with an outside
 13 objective opinion to come in and to tell us
 14 and tell me, you know, the weaknesses of our
 15 operation.
 16 COFFEY, Q.C.:
 17 Q. And I take it as he was only going to spend a
 18 couple of days that was planned in St. John's?
 19 DR. COOK:
 20 A. Two days, yes.
 21 COFFEY, Q.C.:
 22 Q. Two days. There was no, it wasn't envisaged
 23 that he would conduct a massive review of
 24 original slides or anything like that, like a
 25 comprehensive review?

Page 200

1 DR. COOK:
 2 A. No, that was not the--that was not the
 3 original plan.
 4 COFFEY, Q.C.:
 5 Q. By August 5th, I gather that on August 2nd,
 6 Dr. Carter had written her letter withdrawing,
 7 and we'll see that as well.
 8 DR. COOK:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. Dr. Carter in her July 14th letter had set out
 12 a plan to review effectively all slides.
 13 DR. COOK:
 14 A. Uh-hm.
 15 COFFEY, Q.C.:
 16 Q. Was her plan or anything like it ever
 17 afterward taken up?
 18 DR. COOK:
 19 A. You mean in the same scope that she was doing?
 20 COFFEY, Q.C.:
 21 Q. Yes.
 22 DR. COOK:
 23 A. No.
 24 COFFEY, Q.C.:
 25 Q. What was the widest review that you were aware

Page 201

1 of then that was conducted?
 2 DR. COOK:
 3 A. The widest review would be, well sending the
 4 tissue samples to Mount Sinai and the review
 5 of Dr. Banerjee and Trish Wegrynowski.
 6 COFFEY, Q.C.:
 7 Q. Now, Doctor, throughout this whole matter, has
 8 any pathologist approached you looking for the
 9 results of the retesting in relation to their
 10 own patients?
 11 DR. COOK:
 12 A. No.
 13 COFFEY, Q.C.:
 14 Q. Has the retest results been communicated to
 15 any individual pathologists, in terms of their
 16 own patients?
 17 DR. COOK:
 18 A. No, it hasn't.
 19 COFFEY, Q.C.:
 20 Q. Do you know if any review has been conducted
 21 in relation to individual pathologist retest
 22 results?
 23 DR. COOK:
 24 A. The only one I'm aware of is the NLCHI review,
 25 other than that, I'm not aware.

Page 202

1 THE COMMISSIONER:
 2 Q. Doctor Cook, you were saying that you wanted
 3 Dr. Banerjee to review the operations from a
 4 system's point of view?
 5 DR. COOK:
 6 A. That's correct.
 7 THE COMMISSIONER:
 8 Q. And I've discovered people mean different
 9 things when they say systems, so could you
 10 tell me what it is you mean by that?
 11 DR. COOK:
 12 A. Yes, Commissioner, to come in and review the
 13 organization from a technological aspect of
 14 it, professional aspect of it, management
 15 aspect of it, those are the three major areas
 16 that I'm looking at, as well as looking at
 17 things overall with our manpower situation
 18 here in Newfoundland. So the comment on the
 19 manpower situation, medical technical and
 20 management aspect of the Laboratory Medicine
 21 Program.
 22 THE COMMISSIONER:
 23 Q. Perhaps I should have gone at it the other
 24 way, is there anything they should have left
 25 out? It seems to me that you're covering off

Page 203

1 everything with the possible exception of the
 2 two pieces of machinery.
 3 DR. COOK:
 4 A. You mean the Ventana and the DAKO?
 5 THE COMMISSIONER:
 6 Q. Uh-hm.
 7 DR. COOK:
 8 A. Well that was also--he also briefly looked at
 9 the literature surrounding the DAKO machine,
 10 but my take on it is in terms of machinery
 11 that would have been from Trish Wegrynowski's
 12 point of view, looking firmly into the
 13 technical aspect of the Laboratory Medicine
 14 Program.
 15 THE COMMISSIONER:
 16 Q. Okay.
 17 DR. COOK:
 18 A. Did that answer your question?
 19 THE COMMISSIONER:
 20 Q. I think so, I just wanted to make sure how
 21 broad it is and it seems to me that it's quite
 22 broad in terms of what you're asking Dr.
 23 Banerjee to do.
 24 DR. COOK:
 25 A. Yes, I would say it would have been. I mean,

Page 204

1 had he had decided that he would need more
 2 time to come back and review the operation,
 3 certainly we would have made that, given him
 4 that opportunity.
 5 THE COMMISSIONER:
 6 Q. Uh-hm, okay, thank you.
 7 COFFEY, Q.C.:
 8 Q. So, Doctor, then I take it then to this day,
 9 to your knowledge, at least it hasn't come to
 10 your knowledge that any individual pathologist
 11 or pathologists have inquired as to what or
 12 how they did in terms of the retest results,
 13 the accuracy of their original test compared
 14 to Mount Sinai's retests?
 15 DR. COOK:
 16 A. Not to my knowledge, now, you know, they may
 17 have approached Dr. Denic.
 18 COFFEY, Q.C.:
 19 Q. Yes, I appreciate that and you've been out of
 20 this since March of '06 as clinical chief, I
 21 appreciate that.
 22 DR. COOK:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. Doctor, yourself, have you made any inquiries

Page 205

1 in relation to your own work?

2 DR. COOK:

3 A. I have.

4 COFFEY, Q.C.:

5 Q. And you inquired of whom in that regard?

6 DR. COOK:

7 A. To Dr. Denic.

8 COFFEY, Q.C.:

9 Q. And you understood the database that he had

10 available was which one?

11 DR. COOK:

12 A. The Newfoundland and Labrador Centre for

13 Health Information.

14 COFFEY, Q.C.:

15 Q. Oh, the NLCHI database, the one you just

16 referred to.

17 DR. COOK:

18 A. Yes.

19 COFFEY, Q.C.:

20 Q. And that would have been since the database

21 was created, which I take it would be '07 or

22 sometime in 2008?

23 DR. COOK:

24 A. Something along the lines of that, yes.

25 COFFEY, Q.C.:

Page 206

1 Q. Doctor, did you have any cases, you know,

2 based upon that, that converted?

3 DR. COOK:

4 A. Well, it depends on the definition of

5 conversion, Mr. Coffey. I mean, I've had

6 cases where I had ER zero, PR 80-85 percent,

7 which it's--you have to define what is defined

8 as a conversion and whether that had a

9 treatment impact on the patient. There's

10 numerous cases there where I've had, say, in

11 the low percentages, ER 5 percent, PR 10

12 percent, that were raised higher on retesting.

13 I believe there may be two or three there that

14 I had at zero/zero, and I can't remember the

15 particular years that they were on. So that's

16 basically the scope of my point of interest,

17 when I looked into it.

18 COFFEY, Q.C.:

19 Q. Doctor, I mean, again, because you have made

20 inquiries regarding -

21 DR. COOK:

22 A. Oh, I have made inquiries myself.

23 COFFEY, Q.C.:

24 Q. Your own, in relation to yourself. If there

25 were any problems from an interpretative

Page 207

1 professional perspective, if there were any,

2 involving yours, they would relate to what

3 sort of aspects of your work? Would they be

4 internal control issues or depending on the

5 time frame? I'm just trying to get some sense

6 for the Commissioner of -

7 DR. COOK:

8 A. I mean, the two or three that I had were pre-

9 '99 if I remember correctly.

10 COFFEY, Q.C.:

11 Q. Okay.

12 DR. COOK:

13 A. If I remember correctly. The other one that I

14 would--probably had to do with the intensity

15 of the stain, the calculation of the

16 percentages, and again, whether you would

17 count something like as an ER zero or a PR of

18 85 to 90 percent as a conversion.

19 COFFEY, Q.C.:

20 Q. I'm sorry, I didn't hear you on that, if you -

21 DR. COOK:

22 A. You know, I had one there with an ER zero and

23 a PR about 80 to 85 percent. Now would you

24 count that as a conversion? So -

25 COFFEY, Q.C.:

Page 208

1 Q. An ER zero and a PR say 80 percent.

2 DR. COOK:

3 A. Yes.

4 COFFEY, Q.C.:

5 Q. Original call by yourself.

6 DR. COOK:

7 A. Um-hm.

8 COFFEY, Q.C.:

9 Q. And on retest it would be?

10 DR. COOK:

11 A. ER 80 and PR of 85 percent.

12 COFFEY, Q.C.:

13 Q. Okay, and because, from your perspective, I

14 take it, the PR would have--in the first case

15 and second case, by themselves would determine

16 treatment?

17 DR. COOK:

18 A. They correlated.

19 COFFEY, Q.C.:

20 Q. Correlate, but the ER had gone from, for

21 example, zero to 80.

22 DR. COOK:

23 A. Um-hm.

24 COFFEY, Q.C.:

25 Q. Which would be a conversion of ER?

Page 209

1 DR. COOK:
 2 A. That's right.
 3 COFFEY, Q.C.:
 4 Q. Okay, and you're pointing, saying to the
 5 Commissioner that you'd have to check as to
 6 whether that individual patient had an actual
 7 treatment change as a result, because they may
 8 not -
 9 DR. COOK:
 10 A. That's right, and that's what I was looking at
 11 too, looking at those results and if any had
 12 impact changes.
 13 COFFEY, Q.C.:
 14 Q. Doctor, you made such inquiries why, yourself?
 15 DR. COOK:
 16 A. Well, I was interested in knowing.
 17 COFFEY, Q.C.:
 18 Q. Okay, and I take it from the perspective of
 19 just knowing?
 20 DR. COOK:
 21 A. Um-hm.
 22 COFFEY, Q.C.:
 23 Q. Which is one thing. As well, would it have
 24 been because or relate to the idea of well,
 25 perhaps you could learn from -

Page 210

1 DR. COOK:
 2 A. Oh, absolutely, sure you can.
 3 COFFEY, Q.C.:
 4 Q. Doctor, in that regard, has there been any
 5 discussion to your knowledge amongst the
 6 pathology community in St. John's about the
 7 idea of having it communicated to individual
 8 pathologists in relation to their own work? I
 9 appreciate you had to go--you took it upon
 10 yourself to make your own inquiry. I
 11 appreciate that. But I'm thinking more from
 12 the other end, just to tell people that it's--
 13 you know, it's there, it's available and we'll
 14 give it to you if you want.
 15 DR. COOK:
 16 A. I'm not sure if Dr. Denic communicated that to
 17 individuals. He may have in the St. John's
 18 area that he had the results and it was
 19 available for anyone who wanted to review
 20 them.
 21 COFFEY, Q.C.:
 22 Q. And we can take that up with Dr. Denic.
 23 Doctor, if I could, please, Registrar, Exhibit
 24 P-0505? Doctor, these are again, Dr.
 25 Williams' handwritten notes. Page three of

Page 211

1 the exhibit is the typed version. This is a
 2 meeting of July 14th, 2005, involves a number
 3 of individuals, including yourself. There's
 4 at least a couple of surgeons there, and Ms.
 5 Bonnell, Ms. Thomas, a couple of oncologists,
 6 and Dr. Williams. Doctor, at any of the
 7 meetings in July of 2005 or August of 2005
 8 that you attended, was there ever any--were
 9 there ever any exchanges that you witnessed
 10 between pathologists and oncologists in
 11 relation to who was responsible for this? I
 12 just--I happened to bring up this one. There
 13 are other meetings where there were large
 14 groups of people. I think this is probably
 15 the first such one. Did that subject come up?
 16 DR. COOK:
 17 A. I can't recall specifically, Mr. Coffey.
 18 COFFEY, Q.C.:
 19 Q. Okay. Here, there's some remarks attributed
 20 to Dr. Laing.
 21 DR. COOK:
 22 A. Um-hm.
 23 COFFEY, Q.C.:
 24 Q. "Particular new information lobular CA should
 25 all be ER/PR positive, at Sloan Kettering went

Page 212

1 from 75 percent to 100 percent positive. Dr.
 2 Laing requested retesting and strongly
 3 positive results" which the third bullet here,
 4 I take it, is probably the reference to Ms.
 5 Dean's case, and it goes on to recount what
 6 had happened. "Follow up on a lot of patients
 7 from 2002, 16 of 25 on retesting are positive.
 8 Doing another 38 patients in the process.
 9 Farm out testing outside the province."
 10 DR. COOK:
 11 A. Um-hm.
 12 COFFEY, Q.C.:
 13 Q. So I take it this was Dr. Laing, at that
 14 point, at least floating the idea of going
 15 outside the province?
 16 DR. COOK:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. And it says here, "Dr. Cook to get info on who
 20 to follow up." Do you recall what you were
 21 being asked to do?
 22 DR. COOK:
 23 A. Can't remember that particular task, Mr.
 24 Coffey.
 25 COFFEY, Q.C.:

Page 213

1 Q. Now, Doctor, the reference to Sloan Kettering
 2 here, what do you recall about what Dr. Laing
 3 said about it? I mean, these are notes, but
 4 I'd ask you to bring your mind back to the
 5 time, because I take it, this is not the only
 6 time this came up. There were some follow-up
 7 references to Sloan Kettering in this
 8 material.
 9 DR. COOK:
 10 A. Um-hm.
 11 COFFEY, Q.C.:
 12 Q. And in fact, I think some of it, in fact,
 13 involves a note by yourself, you contacted
 14 Sloan Kettering. This study, new information
 15 on lobular CA should all be ER/PR positive,
 16 what do you recall, Dr. Laing telling you
 17 about that?
 18 DR. COOK:
 19 A. It was a telephone conversation, I believe,
 20 with one of the oncologists at Sloan Kettering
 21 that they had done a study or were in the
 22 process of doing a study whereby they made the
 23 statement that 100 percent or lobular cancer,
 24 all lobular carcinomas of the breast, 100
 25 percent of them should be ER and PR positive,

Page 214

1 and that was a verbal discussion.
 2 COFFEY, Q.C.:
 3 Q. And I take it, at the time that Dr. Laing
 4 recounted that to you, that would have been
 5 new to you? That would be--that sort of an
 6 assertion would be new to you?
 7 DR. COOK:
 8 A. Yes, certainly, because like I said before, I
 9 was in the ballpark of about 85 to 90 percent
 10 or most lobulars being positive, so this was
 11 indeed new information to me.
 12 COFFEY, Q.C.:
 13 Q. Did you ever make any subsequent inquiries in
 14 that regard?
 15 DR. COOK:
 16 A. No, I had not.
 17 COFFEY, Q.C.:
 18 Q. Did you ever ask Dr. Laing afterward about
 19 that study or that review?
 20 DR. COOK:
 21 A. Yeah, I think, I remember asking her a couple
 22 of times was that published, but as far as I
 23 know, it was not published material.
 24 COFFEY, Q.C.:
 25 Q. In fact, if we could, please, Exhibit P-0506?

Page 215

1 These are notes of a meeting involving
 2 yourself, Mr. Gulliver and Dr. Williams of
 3 July 15th, 2005, Doctor, page two of the
 4 exhibit, the typed version, and here, as of
 5 July 15th, in the third bullet, there's a note
 6 "Dr. Cook to contact pathologists in other
 7 centres to get cases submitted."
 8 DR. COOK:
 9 A. Um-hm.
 10 COFFEY, Q.C.:
 11 Q. And there's a reference as well to, in the
 12 last bullet, to "Dr. Cook to see if Dr. Laing
 13 can provide article from Sloan Kettering on
 14 research in change of ER/PR receptor testing."
 15 So having been tasked of that, you believe you
 16 probably did ask her?
 17 DR. COOK:
 18 A. That's correct.
 19 COFFEY, Q.C.:
 20 Q. Doctor, here in the second last bullet,
 21 there's a reference to "Heather Predham
 22 advised Terry Malone of Cancer Registry NCTRF,
 23 he will have a list of patients that are
 24 currently alive and deceased"--"of all
 25 patients," I'm sorry, "that are currently

Page 216

1 alive and deceased."
 2 DR. COOK:
 3 A. Yes.
 4 COFFEY, Q.C.:
 5 Q. Now Doctor, in terms of identifying the
 6 patients whose tissue samples were to be
 7 retested, okay, as a general task -
 8 DR. COOK:
 9 A. Yes.
 10 COFFEY, Q.C.:
 11 Q. - in this whole effort by Eastern Health, who
 12 was tasked with doing that, from your
 13 perspective?
 14 DR. COOK:
 15 A. Heather Predham.
 16 COFFEY, Q.C.:
 17 Q. And who was assisting her in that regard?
 18 DR. COOK:
 19 A. I couldn't tell you. I mean, I know that
 20 Terry and Barry were working with her. There
 21 was lots of communication between Heather and
 22 Terry regarding the pulling out of the blocks
 23 of slides, but I don't know who was assisting
 24 Heather in actually comprising a list of
 25 deceased.

Page 217

1 COFFEY, Q.C.:

2 Q. And in terms of comprising a list, I take it,

3 of all the patients, period, who were breast

4 cancer patients who fell into the time frames,

5 that was up to--identifying the patients was a

6 task that, in your mind, at that time, was

7 Heather's, Terry's and Barry's?

8 DR. COOK:

9 A. That's correct.

10 COFFEY, Q.C.:

11 Q. Okay. Doctor, the second bullet three refers

12 to "plan, pull one to two people to start

13 processing, assign for Mary to be--Mary to be

14 assigned to cutting and testing only." So

15 that would be Mary Butler?

16 DR. COOK:

17 A. I believe, yeah.

18 COFFEY, Q.C.:

19 Q. Okay, and so as of July 15th, I take it the

20 thought process was have all the retesting

21 done in St. John's?

22 DR. COOK:

23 A. That appears to be the case.

24 COFFEY, Q.C.:

25 Q. Exhibit P-0508? I apologize for the poor

Page 218

1 quality of this, Doctor, but that's the way it

2 came to us. This is July, I believe it's 18th

3 2005. It's a letter to Dr. Joy McCarthy and

4 it's a--written to Dr. McCarthy "as per our

5 previous discussions, repeat estrogen receptor

6 and progesterone receptor has been carried out

7 on the following patients initially identified

8 as estrogen receptor negative. The results

9 are as follows:" and then it goes on into a

10 fourth page where Dr. Carter has signed the

11 letter and yourself as clinical chief.

12 DR. COOK:

13 A. Um-hm.

14 COFFEY, Q.C.:

15 Q. And which grouping then of patients is this?

16 DR. COOK:

17 A. I think this is the batch of 33, a second

18 batch, I believe. Can't be absolutely sure on

19 that.

20 COFFEY, Q.C.:

21 Q. And Doctor, at this point, looking at this,

22 the first page, all the patient's surgical

23 numbers are identified as 2002. Second page,

24 all 2002. Third page, all 2002, and the

25 fourth page, 2002. So I take it these were

Page 219

1 all retests of -

2 DR. COOK:

3 A. Primarily on the '02 year.

4 COFFEY, Q.C.:

5 Q. And the Health Care Corporation of St. John's

6 patients at this point?

7 DR. COOK:

8 A. Yes.

9 COFFEY, Q.C.:

10 Q. Do you recall what the conversion rate here

11 was?

12 DR. COOK:

13 A. I think that was 25 out of 33.

14 COFFEY, Q.C.:

15 Q. Doctor, when you learned that, and I take it

16 that these retests and the interpretation of

17 the retest was being done by Dr. Carter?

18 DR. COOK:

19 A. That's correct.

20 COFFEY, Q.C.:

21 Q. What was your response or reaction to being

22 told that about 25 out of 33 of those had

23 converted?

24 DR. COOK:

25 A. Well, I was absolutely devastated. I mean, I

Page 220

1 just couldn't believe that was happening, what

2 was going on, and I mean, it was shock and

3 disbelief, and then I notified Dr. Williams of

4 the matter.

5 COFFEY, Q.C.:

6 Q. And what was Dr. Williams--what did you tell

7 Dr. Williams and what was his reaction?

8 DR. COOK:

9 A. I told him we got the second, the batch of 33

10 in and we have a very high conversion rate and

11 I gave him the number, and I said that we have

12 a serious problem.

13 COFFEY, Q.C.:

14 Q. So you would have done that, I take it, on or

15 before July 18th?

16 DR. COOK:

17 A. I would have -

18 COFFEY, Q.C.:

19 Q. Because by the time this letter--the letter is

20 dated July 18th, so the results would be back

21 before then?

22 DR. COOK:

23 A. Yes, I would have talked to him before that.

24 COFFEY, Q.C.:

25 Q. And so did he have any instructions for you at

Page 221

1 that point?

2 DR. COOK:

3 A. Again, so many things on the go at that time,

4 Mr. Coffey, I believe we would probably had to

5 get together with our oncologists and our

6 surgeons, our laboratory people,

7 administrative people, quality initiatives

8 people, to discuss the next course of action.

9 COFFEY, Q.C.:

10 Q. And what then happened, Doctor, do you recall?

11 DR. COOK:

12 A. Well, again, numerous meetings. If you can

13 flick up some of my documentation, Mr. Coffey,

14 I'm sure that would help me.

15 COFFEY, Q.C.:

16 Q. Yes, okay. If we could, please, Exhibit P-

17 0072? Doctor, this is a letter of July 19th,

18 2005 from yourself to Dr. Carter acknowledging

19 her letter of July 14th and you say "I

20 certainly accept what's stated in your letter

21 and will ensure that you obtain the necessary

22 resources to carry out your suggestions." As

23 this is copied to Dr. Williams, I take it that

24 the assurance you were given, Dr. Williams

25 concurred?

Page 222

1 DR. COOK:

2 A. That's correct.

3 COFFEY, Q.C.:

4 Q. Doctor, there is--well, we have notes of

5 various meetings around the period July 19th,

6 July 20th, 2005. If we could look, please, at

7 Exhibit P-0521? These are Dr. Williams' typed

8 version of his notes of July 19th, 2005 and

9 July 20th. You're noted to be present on both

10 occasions. The first one, July 19th,

11 indicates that you gave the background.

12 DR. COOK:

13 A. Um-hm.

14 COFFEY, Q.C.:

15 Q. And Mr. Gulliver provided information

16 concerning--well, the background is from Dr.

17 Cook and Mr. Gulliver, 650 patients between

18 1997 and 2004, ER/PR negative. So I take it

19 by that point in time, there was a rough

20 figure of 650 identified as negatives.

21 DR. COOK:

22 A. Roughly, yes. That would be information

23 provided by Mr. Gulliver.

24 COFFEY, Q.C.:

25 Q. Okay. Now in this context, at that point in

Page 223

1 time, negative was being defined or

2 categorized how?

3 DR. COOK:

4 A. Well, there were two cutoff points that the

5 oncologists were using. Now mind you, if you

6 go back to my original testimony of what we,

7 at St. Clare's, were using and what other

8 pathologists were using, at the end of the

9 day, if you make an interpretation, say, of a

10 certain percentage, it was the oncologists who

11 were deciding, who had their own cutoffs,

12 whether to treat or not. So my understanding,

13 certainly and I got that information from Dr.

14 Laing around early August, early mid August,

15 that from the period of '97 to December 2000,

16 they were using a cutoff of 30 percent and

17 that period following in January of 2000 to

18 present day, they were using--or up until

19 2005, they were using a cutoff at ten percent.

20 COFFEY, Q.C.:

21 Q. Here, Doctor, at least Dr. Williams' notes of

22 July 20th, involves a meeting involving Mr.

23 Tilley, Dr. Williams, Mr. Gulliver, yourself

24 and Ms. Predham and Ms. Thomas, notes in the

25 second bullet, "cutoff rate decreased from 30

Page 224

1 percent to ten percent in '97 to 2002/03" and

2 then in the fourth bullet or the third bullet

3 refers to "now introducing issue of

4 Herceptin." Fourth bullet, "no national

5 standards in ER/PR receptors. Mount Sinai 75

6 percent, pathology text, 52 to 85 percent."

7 Now on July 20th, at this meeting, these sorts

8 of figures, 75 and 52 to 85, they would have

9 come from whom?

10 DR. COOK:

11 A. They would have come from me.

12 COFFEY, Q.C.:

13 Q. And the pathology text in question here?

14 DR. COOK:

15 A. That would have been Robbins.

16 COFFEY, Q.C.:

17 Q. And the Mount Sinai figure?

18 DR. COOK:

19 A. Mount Sinai figure of 75 percent, I don't know

20 where that one particularly came from.

21 COFFEY, Q.C.:

22 Q. Now the reference to "no national standards on

23 ER/PR receptors," what types of national

24 standards? National standards in relation to

25 what?

Page 225	Page 227
<p>1 DR. COOK:</p> <p>2 A. Accrediting standards, proficiency testing,</p> <p>3 inspection, the monitoring of positivity rates</p> <p>4 across the country, the evaluation and</p> <p>5 monitoring of proficiency testing, that sort</p> <p>6 of thing.</p> <p>7 COFFEY, Q.C.:</p> <p>8 Q. In pathology, are there any national standards</p> <p>9 in anything?</p> <p>10 DR. COOK:</p> <p>11 A. In Canada?</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. Yes.</p> <p>14 DR. COOK:</p> <p>15 A. Not from coast to coast.</p> <p>16 COFFEY, Q.C.:</p> <p>17 Q. Okay, well, let's take it then, other than</p> <p>18 coast to coast, within--where are there -</p> <p>19 DR. COOK:</p> <p>20 A. Well, if you look at what standards there are,</p> <p>21 I mean, you could look, say, at the Province</p> <p>22 of Ontario where they have accreditation and</p> <p>23 QMPLS. That may be regarded as a sort of</p> <p>24 standard. Same goes for BC, which they have</p> <p>25 an accreditation program out there.</p>	<p>1 COFFEY, Q.C.:</p> <p>2 Q. So there are no national standards on liver</p> <p>3 cancer, for example, or leukemia or, you know,</p> <p>4 kind of just name them all.</p> <p>5 DR. COOK:</p> <p>6 A. Well, no, there could be, say, standards</p> <p>7 clinically. I mean, the various clinical</p> <p>8 professions might have standards.</p> <p>9 COFFEY, Q.C.:</p> <p>10 Q. No, I appreciate that.</p> <p>11 DR. COOK:</p> <p>12 A. But in terms of pathology, you know, the only</p> <p>13 real standard that we have, say, is the</p> <p>14 licensing examination by the Royal College of</p> <p>15 Physicians and Surgeons of Canada, you know,</p> <p>16 the Medical Council of Canada licensing</p> <p>17 examinations. But in terms of monitoring how</p> <p>18 pathology labs conduct their business, how</p> <p>19 they--are they correct in producing the right</p> <p>20 diagnosis, that sort of stuff, there are no</p> <p>21 national standards that I'm aware of.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. And, Doctor, in that regard, so the</p> <p>24 Commissioner can put, you know, your comment</p> <p>25 in context, the Canadian Association of</p>
Page 226	Page 228
<p>1 COFFEY, Q.C.:</p> <p>2 Q. So the standards in pathology, such as they</p> <p>3 are, would be centred on particular provinces?</p> <p>4 DR. COOK:</p> <p>5 A. I would say, yes.</p> <p>6 COFFEY, Q.C.:</p> <p>7 Q. So that when you're saying not coast to coast,</p> <p>8 it's not even, I take it, not even like from</p> <p>9 Manitoba west or Ontario east. It's -</p> <p>10 DR. COOK:</p> <p>11 A. No single standard.</p> <p>12 COFFEY, Q.C.:</p> <p>13 Q. There's no single standard in pathology. And</p> <p>14 I take it, would that be no national standards</p> <p>15 in any of those subject areas you just</p> <p>16 referred to?</p> <p>17 DR. COOK:</p> <p>18 A. That's correct.</p> <p>19 COFFEY, Q.C.:</p> <p>20 Q. And the fact then that there are no national</p> <p>21 standards on ER/PR receptors, there's nothing</p> <p>22 peculiar or unique about ER/PR receptors in</p> <p>23 that regard?</p> <p>24 DR. COOK:</p> <p>25 A. I would say,</p>	<p>1 Pathologists?</p> <p>2 DR. COOK:</p> <p>3 A. Um-hm.</p> <p>4 COFFEY, Q.C.:</p> <p>5 Q. Is an organization?</p> <p>6 DR. COOK:</p> <p>7 A. That's correct.</p> <p>8 COFFEY, Q.C.:</p> <p>9 Q. That's existed, I take it, since 1940s,</p> <p>10 probably?</p> <p>11 DR. COOK:</p> <p>12 A. 1949, I believe.</p> <p>13 COFFEY, Q.C.:</p> <p>14 Q. Yes. Are you a member of that?</p> <p>15 DR. COOK:</p> <p>16 A. That's correct.</p> <p>17 COFFEY, Q.C.:</p> <p>18 Q. Have you been a member of its executive in the</p> <p>19 past?</p> <p>20 DR. COOK:</p> <p>21 A. Yes.</p> <p>22 COFFEY, Q.C.:</p> <p>23 Q. Have you been a member of the CAP throughout</p> <p>24 your professional career?</p> <p>25 DR. COOK:</p>

Page 229

1 A. Yes.

2 COFFEY, Q.C.:

3 Q. Are there any other national pathologists

4 bodies in Canada?

5 DR. COOK:

6 A. There are various provincial associations, you

7 know, the Ontario Association of Pathologists,

8 the B.C. Association of Pathologists,

9 Newfoundland Association of Pathologists,

10 there are various provincial associations that

11 are present throughout Canada.

12 COFFEY, Q.C.:

13 Q. Yes. And but national ones there's just the

14 CAP?

15 DR. COOK:

16 A. In Canada, yes.

17 COFFEY, Q.C.:

18 Q. Now, Doctor, are there any, in relation to

19 pathology in Canada, are there any guidelines

20 that you're aware of that, you know, purport

21 to be issued by CAP nationally?

22 DR. COOK:

23 A. Not prior to this. I mean, there are

24 guidelines such as retention of tissue

25 specimens and, you know, retention for slides.

Page 230

1 There may be suggestions and policies on

2 ethics, conflict of interest, that sort of

3 stuff, but nothing that I'm aware of on ER and

4 PR.

5 COFFEY, Q.C.:

6 Q. In terms of a clinical nature?

7 DR. COOK:

8 A. In a clinical nature there probably are

9 various clinical practice guidelines on the

10 clinical side of things.

11 COFFEY, Q.C.:

12 Q. For pathologists?

13 DR. COOK:

14 A. No.

15 COFFEY, Q.C.:

16 Q. That's what I'm -

17 DR. COOK:

18 A. On clinicians, yeah. Nothing for

19 pathologists.

20 COFFEY, Q.C.:

21 Q. I appreciate for other clinicians, but for

22 pathologists there's nothing. In a clinical

23 sense, you know, in the clinical work that

24 pathologists does, as far as you know there

25 are no clinical guidelines in Canada for

Page 231

1 pathologists as a group across the country?

2 DR. COOK:

3 A. No, no clinical guidelines or enforcements

4 areas that I'm aware of.

5 COFFEY, Q.C.:

6 Q. And my question relates not only to ER/PR

7 receptors, but wider than that.

8 DR. COOK:

9 A. It's wider than that.

10 COFFEY, Q.C.:

11 Q. Just there's no other for -

12 DR. COOK:

13 A. Not with standards, say, on how we would gross

14 specimens, what sections we would take, how

15 many sections we would take from each block,

16 how many blocks it would take -

17 COFFEY, Q.C.:

18 Q. Yes, that kind of thing.

19 DR. COOK:

20 A. There's no standardization across Canada,

21 across the country on that.

22 COFFEY, Q.C.:

23 Q. And what standardization there is or might be,

24 I take it, would be limited to provincial

25 organizations?

Page 232

1 DR. COOK:

2 A. Usually provincial, yes.

3 COFFEY, Q.C.:

4 Q. There's a reference in the second-last bullet

5 here on July 20th to technical consultant from

6 Mount Sinai coming in on September 12, 2005.

7 DR. COOK:

8 A. Um-hm.

9 COFFEY, Q.C.:

10 Q. I take it by then this was what turned out to

11 be Ms. Wegrynowski?

12 DR. COOK:

13 A. That's correct.

14 COFFEY, Q.C.:

15 Q. Now, the retaining of Ms. Wegrynowski was done

16 by whom, who -

17 DR. COOK:

18 A. Oh, that would have been made initially

19 request from me to Dr. Carter was she aware of

20 any technologist who is certainly has the

21 qualifications and capability to come in and

22 do a review of our labs. Dr. Carter suggested

23 Trish's name. We would have obviously gotten

24 approval from Dr. Williams for that. Bev

25 would have made the initial contact with Trish

Page 233

1 Wegrynowski. I would have followed up with a
 2 phone call and then arrangements, further
 3 arrangements would have been made between
 4 Trish Wegrynowski and either Barry Dyer or
 5 Terry Gulliver.
 6 COFFEY, Q.C.:
 7 Q. And the purpose in having Ms. Wegrynowski come
 8 was?
 9 DR. COOK:
 10 A. Come in and look at the technical aspect of
 11 the laboratory medicine program and do a
 12 review and comment on any deficiencies.
 13 COFFEY, Q.C.:
 14 Q. If we could look at, please, Exhibit P-0075?
 15 Doctor, this is a briefing note, Eastern
 16 Health letterhead, of, it's dated July 20th,
 17 2005.
 18 DR. COOK:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. It's in ER/PR receptors. And we understand
 22 that on July 21st, 2005 there was a meeting
 23 with the minister of health, briefing?
 24 DR. COOK:
 25 A. Yes.

Page 234

1 COFFEY, Q.C.:
 2 Q. Which would be the next day?
 3 DR. COOK:
 4 A. Yeah.
 5 COFFEY, Q.C.:
 6 Q. Did you attend that meeting?
 7 DR. COOK:
 8 A. On July the 21st?
 9 COFFEY, Q.C.:
 10 Q. Yes.
 11 DR. COOK:
 12 A. Yes.
 13 COFFEY, Q.C.:
 14 Q. Thursday. Why did you attend, who asked that
 15 you be there?
 16 DR. COOK:
 17 A. I think Dr. Williams asked me to attend.
 18 COFFEY, Q.C.:
 19 Q. And do you recall what happened at the
 20 meeting?
 21 DR. COOK:
 22 A. There was the minister, myself, Bob Williams,
 23 George Tilley, there were a couple of other
 24 people that I'm not too familiar with, Darrell
 25 Hynes was there, I believe, and I'm not sure

Page 235

1 who else was there, and I couldn't remember
 2 for sure if Susan Bonnell was there. But the
 3 purpose of the meeting was to advise the
 4 minister of what had happened so far in the
 5 lab in regards to ER and PR; the fact that we
 6 were--we had these conversions; the fact that
 7 we were in a process of investigating all of
 8 this; and that more information would be
 9 forthcoming once we had a better take and a
 10 better scope of the problem.
 11 COFFEY, Q.C.:
 12 Q. And did you have any input during the meeting
 13 yourself?
 14 DR. COOK:
 15 A. Basically I probably would have given him or
 16 would have given him update on the false
 17 negatives that we identified. And I think the
 18 minister asked me was this an element of
 19 technology and I would have said at that time
 20 we don't know for sure, it may be or we were
 21 looking at other issues in the lab,
 22 particularly at the technical aspects of the
 23 lab.
 24 COFFEY, Q.C.:
 25 Q. By the time the meeting with the minister on

Page 236

1 July 21st were you aware of the issues
 2 involving pathologists' interpretation by that
 3 point?
 4 DR. COOK:
 5 A. I think I would be more aware of it around
 6 late July.
 7 COFFEY, Q.C.:
 8 Q. Okay, by the end of the month, okay. If we
 9 could, please, Exhibit P-0515? Now, I
 10 apologize, if I could, just one thing I did
 11 want to ask about. 0075 again, please? I
 12 apologize, Commissioner. Sorry, Doctor, page
 13 3. The second-last paragraph refers to
 14 "Eastern Health Vice President, Dr. Robert
 15 Williams, has also asked that an investigation
 16 be conducted into the five-week stoppage of
 17 the immunoperoxidase staining for ER/PR
 18 receptors in 2003 by Dr. Ejeckam."
 19 DR. COOK:
 20 A. Um-hm.
 21 COFFEY, Q.C.:
 22 Q. Do you recall whether that was discussed at
 23 the meeting with the minister?
 24 DR. COOK:
 25 A. I can't say for sure, Mr. Coffey.

Page 237

1 COFFEY, Q.C.:

2 Q. Was this then before, the meeting with the

3 minister before or after your discussion with

4 Dr. Ejeckam in July of -

5 DR. COOK:

6 A. Well, I spoke with Dr. Ejeckam around the 12th

7 or the 13th, so this would have been after

8 that discussion with him.

9 COFFEY, Q.C.:

10 Q. So by this point in time, by the time of July

11 20th and 21st, 2005 you would have told Dr.

12 Williams about the outcome of your meeting Dr.

13 Ejeckam?

14 DR. COOK:

15 A. I told Dr. Williams that same day, that would

16 have been on the 12th or the 13th, because I

17 met with Dr. Ejeckam that morning and

18 following that I had a meeting with Dr.

19 Williams and Mr. Gulliver, Heather Predham and

20 I can't remember if Susan Bonnell was there.

21 COFFEY, Q.C.:

22 Q. Doctor, do you know if there was any--this

23 refers to Dr. Williams having asked that an

24 investigation be conducted into that five-week

25 stoppage in 2003. And I take it by July 20th

Page 238

1 you had already done that investigation?

2 DR. COOK:

3 A. I'd done that investigation in regards to

4 conferring with Dr. Ejeckam and forwarding on

5 the memos to Dr. Williams, of which we had a

6 discussion at the meeting regarding the memos.

7 COFFEY, Q.C.:

8 Q. That's on the 12th or 13th of July, whatever

9 date it was?

10 DR. COOK:

11 A. That's correct.

12 COFFEY, Q.C.:

13 Q. During the meeting with Dr. Williams and at

14 which you had those memorandum--or memos, did

15 Dr. Williams say anything to you about the

16 memos?

17 DR. COOK:

18 A. I can't remember any specific conversation

19 regarding that. What I can remember is that

20 he was a bit upset that Mr. Gulliver didn't

21 reply in writing to Dr. Ejeckam.

22 COFFEY, Q.C.:

23 Q. That's to the June 19th?

24 DR. COOK:

25 A. That's to the June 19th, yeah.

Page 239

1 COFFEY, Q.C.:

2 Q. Did he say why he was upset about that?

3 DR. COOK:

4 A. Well, he would expected him to reply to a memo

5 of that type.

6 COFFEY, Q.C.:

7 Q. And reply in what way?

8 DR. COOK:

9 A. Well, give him a response and either say to

10 Dr. Ejeckam we are, you know, proceeding with

11 your recommendations or at least to

12 acknowledge receipt of his memos.

13 COFFEY, Q.C.:

14 Q. And did you know if Mr. Gulliver had replied

15 to Dr. Ejeckam at all?

16 DR. COOK:

17 A. My understanding is that he didn't. There was

18 no written response. Terry, at the time of

19 the meeting, did mention that he spoke briefly

20 to him, to Dr. Ejeckam in a corridor of the

21 hospital, but that was about it.

22 COFFEY, Q.C.:

23 Q. And you had gotten the memos from where?

24 DR. COOK:

25 A. My memos?

Page 240

1 COFFEY, Q.C.:

2 Q. In 2005. 2005.

3 DR. COOK:

4 A. 2005?

5 COFFEY, Q.C.:

6 Q. Yes.

7 DR. COOK:

8 A. Well, the memos I received from Dr. Ejeckam.

9 COFFEY, Q.C.:

10 Q. Okay. Then you would have gotten them

11 originally in 2003, as well?

12 DR. COOK:

13 A. Right.

14 COFFEY, Q.C.:

15 Q. In 2005 when this matter arose, you went and -

16 DR. COOK:

17 A. Well, there was--when I went to speak to Dr.

18 Ejeckam, there was one memo missing and he

19 photocopied one for me, so there was one memo

20 that I got directly from himself.

21 COFFEY, Q.C.:

22 Q. Do you recall which one that was?

23 DR. COOK:

24 A. I can't say for sure.

25 COFFEY, Q.C.:

Page 241

1 Q. So what, if anything, then remained to be
 2 investigated as of July 20th and 21st in
 3 relation to the 2003 matter?
 4 DR. COOK:
 5 A. There was nothing more that came out of that
 6 meeting. We just gave Dr. Williams an update
 7 of what happened at that time, that the eight
 8 immunoperoxidase stains were discontinued for
 9 a period and then reinstated. We talked, I
 10 may have talked about looking at this out of a
 11 quality assurance perspective, continual
 12 monitoring, improving of the stains, having
 13 Dr. Ejeckam, you know, monitoring the quality
 14 of the stains, that sort of stuff.
 15 COFFEY, Q.C.:
 16 Q. So, I'm sorry, this was quality improvement,
 17 quality assurance, you were having this
 18 discussion when?
 19 DR. COOK:
 20 A. Oh, this was around, like, you know, July 12,
 21 July 13th of '05, at the same meeting.
 22 COFFEY, Q.C.:
 23 Q. And this is the meeting with?
 24 DR. COOK:
 25 A. Bob Williams, Heather Predham, Terry Gulliver,

Page 242

1 Susan Bonnell.
 2 COFFEY, Q.C.:
 3 Q. Okay. So you're characterizing to them in
 4 that meeting in July, 2005, you're
 5 characterizing Dr. Ejeckam's 2003 activities
 6 as possibly having been QA?
 7 DR. COOK:
 8 A. Yeah, that's certainly how I looked at it at
 9 the time.
 10 COFFEY, Q.C.:
 11 Q. And the effect of so characterizing it would
 12 be what?
 13 DR. COOK:
 14 A. Oh, that we were, you know, moving ahead,
 15 trying to implement quality assurance
 16 activities in the division of anatomical
 17 pathology and the laboratory medicine program.
 18 Showing or trying to demonstrate to Bob that
 19 we were working on QA.
 20 COFFEY, Q.C.:
 21 Q. And anything that is characterized as quality
 22 assurance, is that protected somehow in law,
 23 do you know? Or were you aware of that at the
 24 time?
 25 DR. COOK:

Page 243

1 A. I'm not aware of that.
 2 COFFEY, Q.C.:
 3 Q. Okay. I take it then in this context Dr.
 4 Williams was making inquiries of you as to
 5 what, if any, QA efforts had been going on
 6 throughout the years?
 7 DR. COOK:
 8 A. Not at that particular meeting. In regards to
 9 other activities in the anatomical -
 10 COFFEY, Q.C.:
 11 Q. Yes.
 12 DR. COOK:
 13 A. No, not in that meeting.
 14 COFFEY, Q.C.:
 15 Q. Did the subject come up with Dr. Williams at
 16 any point, the idea of how much, if any, QA
 17 was going on in pathology?
 18 DR. COOK:
 19 A. Oh, that would come up in my goals and
 20 objective meetings.
 21 COFFEY, Q.C.:
 22 Q. And in relation to ER/PR, did you have a
 23 discussion with Dr. Williams about that?
 24 DR. COOK:
 25 A. I can't remember any specific discussions on

Page 244

1 that.
 2 COFFEY, Q.C.:
 3 Q. I think, if I recall correctly, and I
 4 apologize if my memory is incorrect on this,
 5 we've heard references to there was QA
 6 activities for most everything except IHC, it
 7 was an island, as it were.
 8 DR. COOK:
 9 A. I may have said that. I can't specifically
 10 remember saying that.
 11 COFFEY, Q.C.:
 12 Q. If someone was or has attributed that sort of
 13 a comment to you, it's possible?
 14 DR. COOK:
 15 A. Well, you see, what we were doing with our QA
 16 activities, I mean, IHC wasn't isolated in the
 17 sense that it was regarded as part of
 18 histology. So if we refer cases out for an
 19 outside opinion, most cases there were IHC
 20 slides included or paraffin blocks for IHC, so
 21 in that way the IHC was incorporated into the
 22 -our quality assurance programs for the
 23 division of anatomical pathology.
 24 COFFEY, Q.C.:
 25 Q. Okay.

Page 245

1 DR. COOK:
 2 A. I mean, I saw, for the most part, IHC as being
 3 a component of anatomical pathology, not
 4 necessarily a separate entity.
 5 COFFEY, Q.C.:
 6 Q. And did that ever change?
 7 DR. COOK:
 8 A. Well, it changed after ER and PR.
 9 COFFEY, Q.C.:
 10 Q. Exhibit P-0515, please? Doctor, these are Dr.
 11 Williams' notes of July 15th, 2005, a 10:30
 12 meeting yourself and Dr. Carter and Dr.
 13 Williams. And he has written here that "In
 14 past didn't seem to be a clear picture.
 15 Sentinel case. Reviewed all slides. Program
 16 would not always run a control. Clear test
 17 didn't work. Dr. Carter feels it was a
 18 problem in 2002. Some runs on retrospect were
 19 not normal. Inconsistency from one batch to
 20 another. Current Ventana tests picking up too
 21 much. Have sent out a" -
 22 COMMISSIONER:
 23 Q. My recollection is that Dr. Williams couldn't
 24 read his own writing on that word.
 25 COFFEY, Q.C.:

Page 246

1 Q. Yes. Something "of results." And "Sent to
 2 Mount Sinai. Dr. Carter also doing some work
 3 on quality control and use them as controls.
 4 Important for Dr. Carter to have all reports
 5 for ER/PR for each year. Techs may need to be
 6 retrained in immunoperoxidase and need control
 7 access to the room. Training of techs in
 8 immunohistochemistry. Needs separate service.
 9 Need QA and proficiency testing. Need to have
 10 an external consultant to come to the lab and
 11 do QA." So, Doctor, I take it then by July
 12 21st, 2005 there was recognition, at least by
 13 yourself, amongst yourself, Dr. Carter and Dr.
 14 Williams that there were significant
 15 deficiencies?
 16 DR. COOK:
 17 A. That's correct.
 18 COFFEY, Q.C.:
 19 Q. Reference to "Need controlled access to the
 20 room," do you recall what that was about?
 21 DR. COOK:
 22 A. I can't specifically recall that.
 23 COFFEY, Q.C.:
 24 Q. Were you ever asked by Dr. Williams, like, how
 25 could this state of affairs have existed, Dr.

Page 247

1 Cook?
 2 DR. COOK:
 3 A. I suppose we talked about it generally in
 4 terms of what has happened in the lab over the
 5 last few years, when you look at the health
 6 care system. For instance, if you go back
 7 '95, '96, you look at St. Clare's for an
 8 example, we had as many as five managers in
 9 that one small hospital. We had a supervisor,
 10 we had managers in each of the divisions and
 11 the managers were the people who basically
 12 were the glue that kept the system together.
 13 You know, they updated the various policies
 14 and procedures, would give it to the
 15 laboratory director to design. They would
 16 monitor various quality control activities in
 17 the lab such as water baths and incubation
 18 periods and all of those things were
 19 monitored. They would keep an eye on their
 20 technologists to make sure they're doing what
 21 they were supposed to be doing. So they were
 22 basically very much an integral part and an
 23 important part of the laboratory medicine
 24 system. Following '95, '96 when we came into
 25 restructuring, I believe we lost over half of

Page 248

1 our managers in the system and yet we were
 2 still expected to maintain the volumes we were
 3 putting through as well as the, you know,
 4 highest possible quality. So what you see
 5 over the years is the effect of budgetary
 6 restraint and resources with loss of
 7 managerial control and the fact, too, that we
 8 had lost technologists over the various years,
 9 so it was much harder to keep things in
 10 balance in terms of the workload and the human
 11 resources picture, so this was sort of the
 12 thing that we were talking about. And the
 13 management structure, the fact that, you know,
 14 we had a system where we had the lab divided
 15 into medical and technical aspects, who was
 16 controlling what, who had authority over what,
 17 so there were many issues of that type that we
 18 were discussing during this time period.
 19 COFFEY, Q.C.:
 20 Q. Now, in particular did he ask you about your
 21 role in this, if any?
 22 DR. COOK:
 23 A. No, he--I can't recollect -
 24 COFFEY, Q.C.:
 25 Q. I say your, I mean, your, as the clinical

Page 249

1 chief is what I'm talking about.
 2 DR. COOK:
 3 A. Yeah.
 4 COFFEY, Q.C.:
 5 Q. And Dr. Haegert, for that matter, before you.
 6 DR. COOK:
 7 A. That role would have been in terms of a
 8 generalized quality assurance program, what we
 9 had in place, and again, that would come in
 10 the goals and objectives. But not so much in
 11 terms specifically of the ER/PR issue.
 12 COFFEY, Q.C.:
 13 Q. Doctor, any shortage of technologist managers,
 14 that sort of a manager, okay.
 15 DR. COOK:
 16 A. Yes.
 17 COFFEY, Q.C.:
 18 Q. Or any reduction in their numbers over the
 19 years or correspondingly a reduction in
 20 numbers and increasing individual's workloads,
 21 okay?
 22 DR. COOK:
 23 A. Uh-hm.
 24 COFFEY, Q.C.:
 25 Q. For technologists, technology managers, would

Page 250

1 that have any effect really at all upon the
 2 problems that were apparent to you by the end
 3 of July in terms of pathologists apparently
 4 not picking up on the internal controls issue?
 5 DR. COOK:
 6 A. I don't know about that, but I think it would
 7 have had an effect on the overall quality of
 8 the slide. Had we had more managers there, I
 9 think they would have been able to monitor
 10 what was going on, on a daily basis. I think
 11 they would have brought in their own quality,
 12 external quality assurance procedures, like
 13 external proficiency testing and whatnot,
 14 which many of our managers in other divisions
 15 of the laboratory medical program do, so I
 16 think there would have been more emphasis on
 17 quality, as opposed to dealing with
 18 administrative issues, such as fiscal
 19 restraint and making sure you're keeping
 20 within your budget. So I think if we had more
 21 managers there, I think there would have been
 22 a better eye on quality and more time spent on
 23 that.
 24 COFFEY, Q.C.:
 25 Q. Yes. And with respect to the matter of

Page 251

1 pathologist's knowledge or a relative lack
 2 thereof, in relation to ER/PR, what, if
 3 anything, could have been done before 2005 to
 4 have avoided the situation?
 5 DR. COOK:
 6 A. Well that's a hard question, I mean, I think
 7 if over a period of time if we had known we
 8 were able to maintain a stable manpower of
 9 pathologists, I think there would have been
 10 greater moves towards subspecialization, not
 11 only in breast, but in pulmonary and GI and
 12 elsewhere, and if you had of had a small
 13 number of people, I think you would have
 14 zeroed in on the latest updates in the
 15 literature, the latest updates in techniques
 16 being used and I think in terms of ER and PR,
 17 there would have been a select group of
 18 physicians reading the ER and PR and picking
 19 up quickly on controls--of any trends. The
 20 other aspect of a subspecialty group is that
 21 they would zero in on quality assurance
 22 particular to that group, so I think we had to
 23 have the ability to subspecialize earlier and
 24 the ability to maintain that and sustain that,
 25 I'm not sure if we would be in the same

Page 252

1 situation here today.
 2 COFFEY, Q.C.:
 3 Q. Now, Doctor, back in--we looked at an exhibit
 4 yesterday, I believe it's '97, '98, that era,
 5 involving Dr. Khalifa and the expressed desire
 6 recorded in writing by the individual
 7 pathologists to report their own ER/PR
 8 results, do you recall that?
 9 DR. COOK:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. Suggesting that perhaps there was some view in
 13 existence that maybe it should be limited.
 14 DR. COOK:
 15 A. I can't remember that in particular, I know we
 16 discussed some element of subspecialization in
 17 a meeting with Dr. Haegert and Dr. Parai and
 18 myself while back, but in terms of talking
 19 about subspecialization for ER and PR, I can't
 20 specifically recollect that particular topic.
 21 COFFEY, Q.C.:
 22 Q. I appreciate that, but you do recall looking
 23 yesterday even at the reference to the fact
 24 that individual pathologists in the late
 25 1990's, and ER for IHC -

Page 253

1 DR. COOK:
 2 A. Uh-hm. They wanted to read their own cases.
 3 COFFEY, Q.C.:
 4 Q. They wanted to do their own cases.
 5 DR. COOK:
 6 A. Yes, and that, Mr. Coffey, I think reflected
 7 the uncertainty we had in the system. You
 8 know, for many years we would either go
 9 through a feast of famine when it came to
 10 pathology manpower situations. So one year
 11 you could have a stability in your population,
 12 the following year you could lose five or six
 13 positions, maybe even more. So you didn't
 14 know from one year to the next how your
 15 manpower situation was going to pan out.
 16 COFFEY, Q.C.:
 17 Q. What would that have to do with a desire by
 18 individual pathologists to report their own
 19 PR/ER results? Doctor, see what I'm getting
 20 at is this, in '97, '98, were you aware, as an
 21 individual pathologist, that such reporting
 22 could be fraught with difficulty?
 23 DR. COOK:
 24 A. Not at that time, Mr. Coffey.
 25 COFFEY, Q.C.:

Page 254

1 Q. Did you make any inquiries in that regard
 2 before you embarked on this?
 3 DR. COOK:
 4 A. No, I looked at the issue of the standardized
 5 reporting as being an issue, but I didn't see
 6 the issue, to be honest with you, of the
 7 problems we would have, having these numbers
 8 of pathologists report on the test.
 9 COFFEY, Q.C.:
 10 Q. Doctor, in terms of keeping abreast of
 11 developing knowledge, does the clinical chief
 12 have any role in that regard?
 13 DR. COOK:
 14 A. Yeah, we try as much as our ability to make
 15 sure that there's funding in place for CME
 16 activities and there is funding in place for
 17 pathologists. At that time we had about
 18 \$2,000 per pathologist to go on CME
 19 activities. You try to keep funding available
 20 for books and journals and whatnot, but that
 21 was a significant challenge. It was a topic
 22 that I spoke to Dr. Williams on a number of
 23 occasions, but clearly there was always fiscal
 24 restraints associated with that.
 25 COFFEY, Q.C.:

Page 255

1 Q. If we could, Exhibit P-0516, Dr. Williams'
 2 notes, the typed version at page two. This is
 3 a meeting of July 21st, 3:30 p.m., involving
 4 yourself, Mr. Gulliver and Dr. Williams. Now
 5 at that morning yourself and Dr. Williams had
 6 met with Dr. Carter, do you recall why it was
 7 that you were meeting with Mr. Gulliver
 8 separately?
 9 DR. COOK:
 10 A. I can't recall any specific reason regarding
 11 that.
 12 COFFEY, Q.C.:
 13 Q. Now here there's a reference to "an agreement
 14 to get Dr. Carter the information she needs.
 15 She is to do only this service." So I take it
 16 then she was, does that indicate here that
 17 there was an agreement that she would do this
 18 ER/PR review?
 19 DR. COOK:
 20 A. Yes, that's correct.
 21 COFFEY, Q.C.:
 22 Q. And only that. Mary Butler is noted to report
 23 and take direction from Dr. Carter and Judy
 24 Quinlan to report to Dr. Carter.
 25 DR. COOK:

Page 256

1 A. Uh-hm.
 2 COFFEY, Q.C.:
 3 Q. And you referred to Ms. Quinlan earlier.
 4 "Will arrange someone from QA to be assigned."
 5 What was that about, do you know?
 6 DR. COOK:
 7 A. I'm not sure if that refers to Heather Predham
 8 in some capacity. I just don't know.
 9 COFFEY, Q.C.:
 10 Q. In paragraph nine here is "When Barry Dyer and
 11 Dr. Ejeckam return, they will work with Dr.
 12 Cook and Mr. Gulliver to develop QA and
 13 proficiency testing program."
 14 DR. COOK:
 15 A. Uh-hm.
 16 COFFEY, Q.C.:
 17 Q. And we look back at No. 6, there's a note in
 18 the second sentence, "Need to have proficiency
 19 testing and QA program for immunopathology."
 20 DR. COOK:
 21 A. That's correct.
 22 COFFEY, Q.C.:
 23 Q. So, Doctor, I'm going to be clear on this, so
 24 I take it throughout this whole process, did
 25 any one ever ask you in your capacity as

Page 257	Page 259
<p>1 clinical chief why there was not--or had not 2 been enrolment in a proficiency testing or QA 3 program for immunopathology? 4 DR. COOK: 5 A. No. 6 COFFEY, Q.C.: 7 Q. You never--can you tell us why there was no 8 such enrolment before this? 9 DR. COOK: 10 A. Well, I mean, as I - 11 COFFEY, Q.C.: 12 Q. That's the explanation about histology, I take 13 it, as part of histology? 14 DR. COOK: 15 A. Yeah. 16 COFFEY, Q.C.: 17 Q. Okay. You didn't, I take it, really 18 differentiate in your own mind between 19 histology and immunopathology? 20 DR. COOK: 21 A. No, I looked at it as a combination service, I 22 mean, IHC was part of histology. 23 COFFEY, Q.C.: 24 Q. Now back in June 19th, 2003, Dr. Ejeckam's 25 memo had drawn a distinction, hadn't it?</p>	<p>1 example? 2 DR. COOK: 3 A. Oh yeah, I mean I looked in '03 as a separate 4 area to put in the immunohistochemistry with 5 dedication as much as possible to have 6 technologists, again, confined to 7 immunohistochemistry as much as possible. 8 COFFEY, Q.C.: 9 Q. So there was no, despite the--so histology was 10 involved in proficiency testing? 11 DR. COOK: 12 A. In terms of the American Society of Clinical 13 Pathologists and the College of American 14 Pathologists, we were. We were involved in it 15 from a pathology point of view and an 16 interpretation point of view; that is, we 17 received unknowns from these organizations and 18 pathologists would give these interpretations 19 and then they were graded. 20 COFFEY, Q.C.: 21 Q. Was IHC actually involved in that? 22 DR. COOK: 23 A. No, it was not involved in that. 24 COFFEY, Q.C.: 25 Q. It was not. You were kind of thinking in your</p>
Page 258	Page 260
<p>1 DR. COOK: 2 A. Well drawn a distinction as to the physical 3 location of IHC, take it out of the general 4 service lab and put it into a separate area, 5 the old hormone assay lab, and trying to 6 dedicate technologists to be solely dedicated 7 to that. 8 COFFEY, Q.C.: 9 Q. And what he, in fact, without taking out his 10 memo and kind of going through it, he had a 11 number of distinctions, he wanted a particular 12 spot, particular people. 13 DR. COOK: 14 A. Uh-hm. 15 COFFEY, Q.C.: 16 Q. He pointed out that particular care was 17 required, it was not just another special 18 stain, as he put it. 19 DR. COOK: 20 A. No, but it was still part of histology, but in 21 a separate area of histology. 22 COFFEY, Q.C.: 23 Q. So your, having received this memo in June of 24 '03, you didn't begin to really differentiate 25 in your own mind in the way you would now, for</p>	<p>1 own mind that that covers it off, histology 2 end of it, but when you actually looked into 3 it in '05, it didn't cover it off. 4 DR. COOK: 5 A. No. I mean, I was looking at it on the view 6 that when we did send out material for 7 external consultations, the results of IHC 8 were included in those interpretations and 9 subject to review. 10 COFFEY, Q.C.: 11 Q. Which is the whole Cleveland matter. 12 DR. COOK: 13 A. Cleveland matter, but then again, there were 14 cases sent up to Mayo Clinic and various other 15 institutions over that time period. 16 COFFEY, Q.C.: 17 Q. But that's not actual proficiency testing or 18 QA, is it, Doctor? 19 DR. COOK: 20 A. No, but it is part of QA in that you are 21 correlating the results of your 22 immunohistochemistry into your interpretation, 23 so that's all part of an overall QA procedure. 24 COFFEY, Q.C.: 25 Q. But it's not sufficient, I take it, knowing</p>

Page 261

1 what you do now, what sort of a practice is -
 2 DR. COOK:
 3 A. Not specifically for ER and PR, but in terms
 4 of what we are doing for our general
 5 histology, yeah, that is quite significant.
 6 COFFEY, Q.C.:
 7 Q. But for ER/PR, it was not sufficient, as it
 8 turned out.
 9 DR. COOK:
 10 A. Well I don't think so, looking at it in
 11 hindsight, but in terms of the overall
 12 histology program, the pathology program, I
 13 think we had a good QA program in place.
 14 COFFEY, Q.C.:
 15 Q. Okay.
 16 THE COMMISSIONER:
 17 Q. Mr. Coffey, whenever you want to take the
 18 break.
 19 COFFEY, Q.C.:
 20 Q. Exhibit P-0519 please? Now this is a--I take
 21 it these are your handwritten notes of July
 22 22nd, 2005?
 23 DR. COOK:
 24 A. That's correct.
 25 COFFEY, Q.C.:

Page 262

1 Q. And what was this about, Doctor?
 2 DR. COOK:
 3 A. That was, I guess, phoning up lab directors
 4 across the country trying to get any idea of,
 5 take on immunohistochemistry, what sort of
 6 problems they were seeing, was there anything
 7 in particular to ER and PR and this was a
 8 conversation I had with Dr. Ann O'Brien, she
 9 was Director of Labs in Saint John, New
 10 Brunswick, and we discussed the role of ER and
 11 PR, what were her positivity rates, were there
 12 any known problems with false negatives in her
 13 system. And we were talking about
 14 immunoperoxidase in general.
 15 COFFEY, Q.C.:
 16 Q. So you're doing a survey to find out what the
 17 state of affairs was elsewhere in Canada?
 18 DR. COOK:
 19 A. Yeah.
 20 COFFEY, Q.C.:
 21 Q. And in relation to Canada, what, if anything,
 22 did you find?
 23 DR. COOK:
 24 A. Well, again, no national standards, we got
 25 people across the country are using different

Page 263

1 platforms, different methodology, different
 2 antibodies with different concentrations,
 3 different incubation temperatures, different
 4 incubation times, different methodologies of
 5 reporting, no standardization in terms of
 6 technical and professional aspects.
 7 COFFEY, Q.C.:
 8 Q. Now, Doctor, this is July 22nd, within ten
 9 days of that or so, certainly probably within
 10 a week, by July 29th, you were aware, as you
 11 pointed out, that a lot of, not a significant
 12 part of this problem, potentially related to
 13 pathologist's interpretation.
 14 DR. COOK:
 15 A. By that time -
 16 COFFEY, Q.C.:
 17 Q. Within a week of this -
 18 DR. COOK:
 19 A. Within a week that there was pathology
 20 interpretation involved. To what extent,
 21 again I was not, you know, I am not prepared
 22 to state was this a wide-spread problem, but
 23 we had identified it in a number of cases.
 24 COFFEY, Q.C.:
 25 Q. And you had learned on July 21st, that the

Page 264

1 program, IHC program, ER/PR results would not
 2 always run a control?
 3 DR. COOK:
 4 A. Well my understanding is that it would always
 5 run a control and I got that information from
 6 Mr. Gulliver who always assured me that the
 7 controls were always run with a batch and
 8 documented.
 9 COFFEY, Q.C.:
 10 Q. But there's a note in Exhibit P-0515 related
 11 to "the sentinel case, reviewed old slides,
 12 program would not always run a control."
 13 DR. COOK:
 14 A. Yeah, that was surprising, that was news to
 15 me. My understanding is it was always run a
 16 control and Mr. Gulliver reiterated that
 17 controls were always running with batches.
 18 COFFEY, Q.C.:
 19 Q. So this was Dr. Carter who was telling you
 20 this?
 21 DR. COOK:
 22 A. That was her observations.
 23 COFFEY, Q.C.:
 24 Q. Based, you understood, upon her review?
 25 DR. COOK:

Page 265

1 A. No, based on what she had seen in her days at
 2 the General, because when she came here first,
 3 she did a locum at the General Hospital site
 4 and she made that observation.
 5 COFFEY, Q.C.:
 6 Q. So was July 21st the first time she mentioned
 7 that to you?
 8 DR. COOK:
 9 A. As far as I can recollect, yes. Mr. Gulliver
 10 ensured that controls were run.
 11 COFFEY, Q.C.:
 12 Q. Thank you, Commissioner.
 13 THE COMMISSIONER:
 14 Q. We'll take the afternoon break, thank you.
 15 (RECESS)
 16 THE COMMISSIONER:
 17 Q. Please be seated. Mr. Coffey.
 18 COFFEY, Q.C.:
 19 Q. Thank you, Commissioner. Exhibit P-1930
 20 please? Now, Doctor, this is an e-mail from
 21 Heather Predham to Dr. Williams, yourself and
 22 Terry Gulliver. The subject is "Update for
 23 Mr. Tilley", it's July 18th, 2005 and there's
 24 an update on ER/PR.doc attached. Ms. Predham
 25 writes here, "Here's the update for Mr.

Page 266

1 Tilley, please review it and add anything you
 2 feel necessary. I'm not sure who this should
 3 come from, so I left it blank. I didn't
 4 include any information re: Dr. Ejeckam's
 5 memos. Should we? Thanks, Heather." Now,
 6 Doctor, I ask you about this because amongst
 7 others, you were one of the three people to
 8 whom the e-mail was sent. Do you recall any
 9 discussion about the idea of including or not
 10 including a reference to Dr. Ejeckam's memos?
 11 DR. COOK:
 12 A. I thought they were forwarded to Mr. Tilley.
 13 We had a meeting with Dr. Williams and Heather
 14 and Susan Bonnell on July 12th or 13th, so I
 15 thought they were sent up.
 16 COFFEY, Q.C.:
 17 Q. When you received this on July 18th, 2005,
 18 this suggests that by that point in time there
 19 was at least thought being given not to
 20 including information--you don't recall
 21 anything further about this? I'm not
 22 suggesting you even should, I'm just asking,
 23 you know, because you are one of the ones it
 24 was addressed to.
 25 DR. COOK:

Page 267

1 A. Yeah, I thought the memos were forwarded on to
 2 Mr. Tilley.
 3 COFFEY, Q.C.:
 4 Q. By the 18th, you already thought Mr. Tilley
 5 had the original memo, well copies of the
 6 original memos anyway.
 7 DR. COOK:
 8 A. That's my understanding, yes.
 9 COFFEY, Q.C.:
 10 Q. Okay. Now, Doctor, if we could, please,
 11 Exhibit P-1998? And this is your handwriting,
 12 Doctor, July 21st, 2005?
 13 DR. COOK:
 14 A. That's correct.
 15 COFFEY, Q.C.:
 16 Q. And who is that you're referring to there?
 17 DR. COOK:
 18 A. Laurette Guldenhey, she's a pathologist in
 19 Halifax.
 20 COFFEY, Q.C.:
 21 Q. Is she one of the people that you contacted in
 22 the second part of July, 2005?
 23 DR. COOK:
 24 A. That's correct.
 25 COFFEY, Q.C.:

Page 268

1 Q. And what, if anything, you've got your notes
 2 there to assist you, what, if anything, did
 3 you glean from her?
 4 DR. COOK:
 5 A. Well, I was trying to get an idea of Halifax
 6 positivity rates or whether they had any
 7 conversions or whether they had any issues
 8 regarding IHC. Laurette didn't know their
 9 positivity rates at that time, there was no
 10 knowledge of any conversion changes. There
 11 were no records of ER/PR positivity rates, nor
 12 rates on individual types of breast cancers
 13 available. She will alert the immuno people
 14 to the issue that I was finding out in St.
 15 John's and she would get back to me.
 16 COFFEY, Q.C.:
 17 Q. If we could, please, Registrar, Exhibit P-
 18 1929? I apologize, Doctor, this goes back a
 19 little bit earlier in time, but I didn't want
 20 to not ask you about it. Are these your
 21 notes?
 22 DR. COOK:
 23 A. Uh-hm.
 24 COFFEY, Q.C.:
 25 Q. It says, "Nancy Parsons called blank"--

Page 269

1 redacted--"on July 14th, 2005 a.m. Mrs.--
 2 redacted--"felt no need to see us. Nancy
 3 called at July 14th, 2005, 12:01 p.m."
 4 Without naming the person whose name is
 5 redacted here, do you recall what this was
 6 about?
 7 DR. COOK:
 8 A. I think we were--any individuals who wanted to
 9 talk to anyone, I think there was--Nancy
 10 thought that, this was a patient who had
 11 converted and called her or the patient had
 12 called Nancy wanting to talk about the reason
 13 for the conversion and we would set up a
 14 meeting with the patient or physician or
 15 someone from Quality Initiatives to sit down
 16 and discuss the issue of disclosure and what
 17 went on. So in this particular case, Nancy
 18 called me to see if I would be willing to talk
 19 to this particular patient and I agreed to do
 20 so, and asked Nancy to go and set up a
 21 meeting. And the patient then, from what I
 22 understand, subsequently called and felt there
 23 was no need to see us. The meeting was
 24 cancelled.
 25 COFFEY, Q.C.:

Page 270

1 Q. And did you have any information as to what,
 2 if anything, the patient was told about the
 3 reason for the conversion?
 4 DR. COOK:
 5 A. No.
 6 COFFEY, Q.C.:
 7 Q. Had you provided any explanation to Nancy?
 8 DR. COOK:
 9 A. Well at that time I would have just said that
 10 we had an issue in the lab, I probably would
 11 have focused on the technical aspects, the
 12 complexity of the test itself, the false
 13 negative results with the testing itself, that
 14 it was a very complex procedure and that it
 15 possibly would involve a pathology
 16 interpretation. I mean, I would have gone
 17 into those issues and tried to simplify those
 18 issues as much as possible in speaking to a
 19 patient.
 20 COFFEY, Q.C.:
 21 Q. Exhibit P-2002 please? Page one of this is
 22 the reference to the conversation you had on
 23 July 22nd with Dr. O'Brien of Saint John.
 24 Page two of the exhibit, there's a note here,
 25 I gather this is your handwriting?

Page 271

1 DR. COOK:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. Says you "spoke to Dr. Williams, July 22nd,
 5 2005, 10:10 a.m., advised that I am protected
 6 under HIROC" and then I take it these are your
 7 initials?
 8 DR. COOK:
 9 A. Uh-hm.
 10 COFFEY, Q.C.:
 11 Q. What was this about, Doctor?
 12 DR. COOK:
 13 A. This was regarding insurance, who was covering
 14 who for what types of insurance.
 15 COFFEY, Q.C.:
 16 Q. So had you made an inquiry of Dr. Williams in
 17 this regard?
 18 DR. COOK:
 19 A. Yes, I did.
 20 COFFEY, Q.C.:
 21 Q. And I take it from the perspective of
 22 potential liability issues?
 23 DR. COOK:
 24 A. That's right.
 25 COFFEY, Q.C.:

Page 272

1 Q. And Dr. Williams advised you that you came
 2 under the insurance policy of HIROC.
 3 DR. COOK:
 4 A. For the administrative role.
 5 COFFEY, Q.C.:
 6 Q. Now, was this in relation to any past
 7 professional activities or the then ongoing
 8 administrative role?
 9 DR. COOK:
 10 A. Oh this was again an issue coming out of the
 11 ER/PR issue.
 12 COFFEY, Q.C.:
 13 Q. So was it administrative in the sense of what
 14 had happened before July 22nd, 2005 or what
 15 you were going to do as an administrator
 16 before that time or in the future, or both?
 17 DR. COOK:
 18 A. No, covering my period from clinical chief
 19 from March of '02 to March of '06.
 20 COFFEY, Q.C.:
 21 Q. Okay. Exhibit P-2001 please? Are these your
 22 notes, Doctor?
 23 DR. COOK:
 24 A. Uh-hm.
 25 COFFEY, Q.C.:

Page 273	Page 275
<p>1 Q. Dated July 24th, 2005, there's a listing of 2 individuals that I take it were at a meeting? 3 DR. COOK: 4 A. Yes. 5 COFFEY, Q.C.: 6 Q. And Mr. Tilley, Dr. Gardiner, Dr. Williams, 7 Ms. Predham, Dan Boone, Terry Gulliver, Susan 8 Bonnell, Kara Laing, Allan Kwan, Deborah 9 Thomas and Dr. Laing. It says, Dr. Laing, 10 "have treated weakly positive with anti- 11 estrogen treatment"?</p> <p>12 DR. COOK: 13 A. That's correct. 14 COFFEY, Q.C.: 15 Q. So what was this, she was conveying what to 16 the group then? 17 DR. COOK: 18 A. Again my understanding, she was treating 19 weakly positives with hormonal therapy and she 20 had done that in the past, that was my 21 interpretation from that. 22 COFFEY, Q.C.: 23 Q. And what was weakly positive in this sense? 24 DR. COOK: 25 A. Probably about one to ten percent.</p>	<p>1 if I got the right interpretation. 2 COFFEY, Q.C.: 3 Q. And I appreciate that, Doctor, you can 4 recount, you know, based upon your memory in 5 this job here, as recorded here. So your 6 understanding as of July 24th was that Dr. 7 Laing was saying, look, we don't treat the one 8 to tens generally, but some oncologists do? 9 DR. COOK: 10 A. Yes, that's what I was interpreting from that. 11 COFFEY, Q.C.: 12 Q. And then there's a reference here to "compare 13 conversion rates to other countries"? 14 DR. COOK: 15 A. Yeah. 16 COFFEY, Q.C.: 17 Q. And what was that about, Doctor, do you 18 recall? 19 DR. COOK: 20 A. Again, trying to find more information on 21 conversion rates and how we were doing with 22 the United States and Europe. 23 COFFEY, Q.C.: 24 Q. And who was going to do that? 25 DR. COOK:</p>
Page 274	Page 276
<p>1 COFFEY, Q.C.: 2 Q. And it was your understanding that locally she 3 was telling you oncologists were treating 4 those between the one and ten percent? 5 DR. COOK: 6 A. They weren't being treated, but as we found 7 out when we went through the panelling 8 process, there were some oncologists who were 9 treating between one and ten percent for 10 various reasons. 11 COFFEY, Q.C.: 12 Q. So here it says "have treated weakly positive 13 with anti-estrogen treatment"?</p> <p>14 DR. COOK: 15 A. Yeah, that's what I have written there. 16 COFFEY, Q.C.: 17 Q. Does that mean that she was telling you that 18 the oncologists locally were doing that, were 19 treating weakly positives, the one to tens? 20 DR. COOK: 21 A. Some were. 22 COFFEY, Q.C.: 23 Q. So she was telling you that - 24 DR. COOK: 25 A. That was my understanding. Now I don't know</p>	<p>1 A. That was something I was looking into. 2 COFFEY, Q.C.: 3 Q. And did you go and to that then afterwards? 4 DR. COOK: 5 A. I did, I found various conversion rates 6 ranging from 20 to 30 percent in the United 7 States and up to 60 percent in Europe, 8 depending on the cut off and low expressors. 9 COFFEY, Q.C.: 10 Q. Now, the idea of a conversion rate suggests 11 that there's a retesting. 12 DR. COOK: 13 A. That's what it suggests, a conversion. 14 COFFEY, Q.C.: 15 Q. So did you ever find any other mass retesting? 16 DR. COOK: 17 A. No, the testing that I generally observed or 18 were maybe observations or testings in the 19 range of about four to five hundred patients, 20 there was one article in particular from Craig 21 Allred, Breast Update 2004, where he did a 22 retest of specimens and found a conversion 23 rate between 20 and 30 percent. 24 COFFEY, Q.C.: 25 Q. Do you recall whether or not in that article</p>

Page 277

1 by Dr. Allred there were any treatments
 2 provided to the patients?
 3 DR. COOK:
 4 A. No, I can't recall in that article if there
 5 was.
 6 COFFEY, Q.C.:
 7 Q. There's a reference here to "get percentage
 8 rate for time period, the ER/PR was stopped".
 9 What was that about, do you recall?
 10 DR. COOK:
 11 A. It's crossed out, to be fair. Yeah, I can't
 12 remember that, Mr. Coffey.
 13 COFFEY, Q.C.:
 14 Q. And there's a reference here to "large
 15 percentage of conversion probably due to
 16 technical change".
 17 DR. COOK:
 18 A. Uh-hm.
 19 COFFEY, Q.C.:
 20 Q. And that appears to be, is that underlined or
 21 crossed out or both?
 22 DR. COOK:
 23 A. No, that's underlined.
 24 COFFEY, Q.C.:
 25 Q. Underlined. And what was that about, Doctor?

Page 278

1 DR. COOK:
 2 A. Probably the fact that, you know, we were
 3 hearing a lot from Mr. Gulliver that this was
 4 an issue of technology, new equipment brought
 5 in, the reduction of the human element in the
 6 new equipment, so that probably was the
 7 impression that Mr. Gulliver was putting forth
 8 and it had an impression on me, at the time,
 9 about the role of technology.
 10 COFFEY, Q.C.:
 11 Q. And your understanding from Mr. Gulliver was
 12 that what, the newer technology would provide
 13 a higher percentage of positive results?
 14 DR. COOK:
 15 A. That's right.
 16 COFFEY, Q.C.:
 17 Q. There's also here "duplicate positive
 18 conversion with outside lab," have I got that
 19 right?
 20 DR. COOK:
 21 A. Maybe, again, look, that's hard to say what
 22 that is, but it's probably regarding
 23 positivity results with out--compare
 24 positivity results with outside labs. I can't
 25 recollect particularly what that means.

Page 279

1 COFFEY, Q.C.:
 2 Q. What's this here?
 3 DR. COOK:
 4 A. There was a referral to a blinded study, and
 5 this may have come from Dr. Laing, but this
 6 certainly wasn't being looked at as a research
 7 study at the time.
 8 COFFEY, Q.C.:
 9 Q. What's this, Doctor?
 10 DR. COOK:
 11 A. "Need to be current" Again, I can't recollect
 12 what that means.
 13 COFFEY, Q.C.:
 14 Q. And then there's below, "compare with Montreal
 15 General, 2002."
 16 DR. COOK:
 17 A. Um-hm.
 18 COFFEY, Q.C.:
 19 Q. "Negative for 2002" something 2005.
 20 DR. COOK:
 21 A. "Test negatives for 2002, possibly 2005." So
 22 we were discussing the possibility of doing--
 23 sending up samples to Montreal General.
 24 COFFEY, Q.C.:
 25 Q. And why was that?

Page 280

1 DR. COOK:
 2 A. Because they had a Ventana system there.
 3 COFFEY, Q.C.:
 4 Q. The purpose in doing so would be what?
 5 DR. COOK:
 6 A. Well, more likely to compare Ventana with a
 7 Ventana. I think we were looking more for the
 8 year 2004-2005.
 9 COFFEY, Q.C.:
 10 Q. There's a reference here then to "phone Mayo
 11 Clinic."
 12 DR. COOK:
 13 A. That's right.
 14 COFFEY, Q.C.:
 15 Q. What was that about?
 16 DR. COOK:
 17 A. I'm not sure in that point of time whether we
 18 had picked Mount Sinai as a review lab, so we
 19 may have been looking at the Mayo Clinic at
 20 the time, to use that clinic or that hospital
 21 institution for a retest, for a review.
 22 COFFEY, Q.C.:
 23 Q. Exhibit P-1932, please? Doctor, this is an e-
 24 mail from Janet Laidley to yourself and
 25 Heather Predham.

Page 281

1 DR. COOK:
 2 A. Um-hm.
 3 COFFEY, Q.C.:
 4 Q. It's a draft of survey questions for ER and PR
 5 testing. She writes "Hi, Don and Heather.
 6 Enclosed is a draft copy of some questions we
 7 may need to ask other centres. Please review.
 8 I am sure that there are other questions or
 9 information that we may need. Please e-mail
 10 me back or call," signed Janet. Doctor, then
 11 what was this about?
 12 DR. COOK:
 13 A. This was the formulation of a questionnaire or
 14 survey questions that we would be asking other
 15 institutions, trying to get a handle on what
 16 was happening across Canada and were we
 17 outside the box or were we within a range or
 18 what was happening within Canada.
 19 COFFEY, Q.C.:
 20 Q. And whose idea was it to conduct such a
 21 survey?
 22 DR. COOK:
 23 A. I think it originated from Dr. Williams.
 24 COFFEY, Q.C.:
 25 Q. And the questions to be asked, did you have

Page 282

1 any input into those?
 2 DR. COOK:
 3 A. I would have.
 4 COFFEY, Q.C.:
 5 Q. And who else, do you know?
 6 DR. COOK:
 7 A. Maybe Mr. Gulliver, I'm not sure.
 8 COFFEY, Q.C.:
 9 Q. Was Ms. Predham involved?
 10 DR. COOK:
 11 A. She would have been involved, I think.
 12 COFFEY, Q.C.:
 13 Q. Ms. Laidley worked for whom?
 14 DR. COOK:
 15 A. Janet Laidley, she worked with quality
 16 initiatives.
 17 COFFEY, Q.C.:
 18 Q. That would be Ms. Predham's shop, I take it.
 19 DR. COOK:
 20 A. I think she would be under Ms. Predham.
 21 COFFEY, Q.C.:
 22 Q. Exhibit P-1999, please? This is your
 23 handwritten note, Doctor?
 24 DR. COOK:
 25 A. Yeah.

Page 283

1 COFFEY, Q.C.:
 2 Q. You had "spoke to Rob Ritter, July 25, 2005,
 3 2:15 p.m., advised him and updated him on
 4 situation."
 5 DR. COOK:
 6 A. Um-hm.
 7 COFFEY, Q.C.:
 8 Q. How is it you came to speak to Mr. Ritter?
 9 DR. COOK:
 10 A. Dr. Williams asked me to give Mr. Ritter a
 11 call to appraise him of the ER and PR issue,
 12 which I did during that time. I spoke to him
 13 and said that we have a problem with the ER
 14 and PR. It looked like we were going to do a
 15 retest, and we don't know the extent or the
 16 scope of the problem at that time. Mr. Ritter
 17 asked me is it possible that we could have,
 18 something along the lines of legal
 19 ramipercussions (sic.) from this, and I said
 20 yes, it's quite possible that this could be a
 21 significant legal event, and he asked me how
 22 many physicians could be involved and I said
 23 we could be looking at anywhere from 40 to 50
 24 pathologists over that time period. So I said
 25 that the ramifications could be quite immense.

Page 284

1 COFFEY, Q.C.:
 2 Q. Did you ever have any subsequent contact with
 3 Mr. Ritter about this?
 4 DR. COOK:
 5 A. I can't say for sure, Mr. Coffey. I really
 6 can't. I may have and I may not.
 7 COFFEY, Q.C.:
 8 Q. Did Mr. Ritter have any reaction at the time
 9 you spoke to him on July 25?
 10 DR. COOK:
 11 A. He was quite alarmed over that.
 12 COFFEY, Q.C.:
 13 Q. Did he indicate to you whether or not he
 14 proposed to do anything about it, in the sense
 15 of communicate in any way with anybody?
 16 DR. COOK:
 17 A. No.
 18 COFFEY, Q.C.:
 19 Q. Did you and Mr. Ritter speak about how
 20 limited, up to that point, the distribution of
 21 information was about this matter?
 22 DR. COOK:
 23 A. No, we didn't.
 24 COFFEY, Q.C.:
 25 Q. If we could, Exhibit P-1996? Are these your

Page 285

1 handwritten notes, Doctor?
 2 DR. COOK:
 3 A. That's correct.
 4 COFFEY, Q.C.:
 5 Q. And you've written "spoke to Dr. Ahmet Dogan"?
 6 DR. COOK:
 7 A. That's correct.
 8 COFFEY, Q.C.:
 9 Q. And you've noted "recently joined Mayo. Came
 10 from UK."
 11 DR. COOK:
 12 A. That's the UK proficiency testing program,
 13 NEQAS, I believe.
 14 COFFEY, Q.C.:
 15 Q. And he's described here, Dr. Dogan, as the
 16 director of immunohistochemistry at the Mayo?
 17 DR. COOK:
 18 A. Um-hm.
 19 COFFEY, Q.C.:
 20 Q. There's a phone number there.
 21 DR. COOK:
 22 A. Yeah.
 23 COFFEY, Q.C.:
 24 Q. For the Mayo Clinic, July 26th 2005, 11:30
 25 a.m.

Page 286

1 DR. COOK:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. And you've written--what's the first word
 5 there, "in process of reviewing all ER and PR
 6 testing"?
 7 DR. COOK:
 8 A. This would be my comment to him. I would have
 9 given him--I would have identified who I was
 10 and given him background information on what
 11 we were doing in St. John's and I would have
 12 said to him that we had switched from a DAKO
 13 semi-automated to a Ventana automated
 14 platform, and that we had retested, I would
 15 say, about 58 patients and had a conversion
 16 rate of about 60 to 65 percent. So I called
 17 him, you know, in the view that to establish
 18 rapport with Dr. Dogan and eventually look--I
 19 would have looked--I was looking at using the
 20 Mayo Clinic as a review centre for our
 21 retesting.
 22 So I was having conversations with him
 23 back and forth. I asked him, and I put
 24 forward to him, at that time, our own
 25 positivity rates that--and that was based on

Page 287

1 information that I received from Mr. Gulliver.
 2 That was the chart that he'd given me, and
 3 trying to get an idea of where the Mayo Clinic
 4 was in positivity rates themselves. So he
 5 replied to me that the Mayo didn't have any
 6 idea of whether they were over calling or
 7 under calling their estrogen receptors. They
 8 had used an old manual Ventana system since
 9 '97 and they were in the process of acquiring
 10 new technology. They were looking at an
 11 automated system by DAKO, but at that
 12 particular time, I don't think it was licensed
 13 by the FDA, as well as digital analysis to
 14 objectively document ER and PR reporting.
 15 If we can go up there further, maybe I
 16 can use this. They were in the process of
 17 acquiring new technology, as I said, and he
 18 stated to me that they had noticed themselves
 19 a huge variability in the staining and
 20 reporting of ER and PR receptors. He didn't
 21 have data on the percentage of positives of
 22 ERs and PRs over the last few years. However,
 23 he was in the process of conducting a review
 24 himself of the last two years.
 25 COFFEY, Q.C.:

Page 288

1 Q. You've also written here, Doctor, just above
 2 that, you said, your handwriting notes, "not
 3 sure whether Mayo has adequately validated or
 4 documented the stain -
 5 DR. COOK:
 6 A. That's correct.
 7 COFFEY, Q.C.:
 8 Q. - when switched from the bioassay."
 9 DR. COOK:
 10 A. That's right.
 11 COFFEY, Q.C.:
 12 Q. So I take it that he was advising you as to
 13 whether--he was unsure whether the Mayo had
 14 adequately done so?
 15 DR. COOK:
 16 A. That's right. He couldn't find records
 17 pertaining to their validation from the
 18 bioassay to the IHC.
 19 COFFEY, Q.C.:
 20 Q. And you've attributed to him here the comment
 21 "has ID'ed huge variability in staining and
 22 report."
 23 DR. COOK:
 24 A. That's right, and reporting.
 25 COFFEY, Q.C.:

Page 289

1 Q. And reporting, what was that about?
 2 DR. COOK:
 3 A. Again, they've noticed that their stains
 4 varied, I suppose, in intensity from day to
 5 day, that there were a number of observers
 6 reporting their stains and that there was
 7 variability from pathologist to pathologist.
 8 So it sounded, in many ways, in some ways,
 9 similar to the problems that we were having
 10 here in St. John's.
 11 COFFEY, Q.C.:
 12 Q. And then there's a note here, "Mayo doesn't
 13 have data on percentage positives -
 14 DR. COOK:
 15 A. Yeah.
 16 COFFEY, Q.C.:
 17 Q. - of ER and PR over the last few years." He's
 18 in the process of reviewing data for the last
 19 two years.
 20 DR. COOK:
 21 A. Yeah.
 22 COFFEY, Q.C.:
 23 Q. And then you've written here, "huge problem,
 24 legal issues, Mayo are worried."
 25 DR. COOK:

Page 290

1 A. Yeah, I've written "huge" with a double H to
 2 indicate how much he emphasized that.
 3 COFFEY, Q.C.:
 4 Q. So these are his words?
 5 DR. COOK:
 6 A. These are his words.
 7 COFFEY, Q.C.:
 8 Q. And you said here, you've said "Dr. Dogan's
 9 words 'you are ahead of us in data collection
 10 on this issue'"
 11 DR. COOK:
 12 A. That's what he said, yes, when I gave to him
 13 our positivity rates and our conversion rates
 14 when we retested from the Ventana from the
 15 DAKO.
 16 COFFEY, Q.C.:
 17 Q. Now here on the second page of this exhibit,
 18 which I take it are again part of your notes
 19 of the same conversation. I'm correct in
 20 that, Doctor, this would be the -
 21 DR. COOK:
 22 A. He stated that they're currently reporting a
 23 percentage and staining intensity of cells. I
 24 asked him how they were reporting in '97/98
 25 and he didn't really know at that particular

Page 291

1 time, but I advised him--I remember getting
 2 reports from the Mayo Clinic in '97/98 that
 3 they were just reporting as positive or
 4 negative. So we talked about
 5 immunohistochemistry in general across North
 6 American, the problems with the testing, the
 7 lack of standards, the variability from lab to
 8 lab, and the issue of no good gold standard.
 9 So the impression he gave for me is that there
 10 were significant problems in the United States
 11 with immunohistochemical testing, with ER and
 12 PR and particularly with HER2/neu.
 13 COFFEY, Q.C.:
 14 Q. Did you ever have any further contact with Dr.
 15 Dogan or anyone else from the Mayo Clinic?
 16 DR. COOK:
 17 A. No, I haven't.
 18 COFFEY, Q.C.:
 19 Q. Did you ever attempt to contact them afterward
 20 about this matter?
 21 DR. COOK:
 22 A. No.
 23 COFFEY, Q.C.:
 24 Q. Is there any reason why you didn't
 25 subsequently seek to do so?

Page 292

1 DR. COOK:
 2 A. No, I had heard enough talking to the director
 3 regarding that and I felt that he was quite
 4 frank and open in his disclosure of what was
 5 happening with the Mayo Clinic and I mean, I
 6 didn't pursue that any further.
 7 COFFEY, Q.C.:
 8 Q. Exhibit P-2000, please? These are, I take it,
 9 again your notes, Doctor?
 10 DR. COOK:
 11 A. Yeah.
 12 COFFEY, Q.C.:
 13 Q. And they say "Sloan Kettering, July 27th,
 14 2005, 11:45 a.m." and there's reference here
 15 to a name.
 16 DR. COOK:
 17 A. Mariam Fyad, she was a technologist down
 18 there.
 19 COFFEY, Q.C.:
 20 Q. So are these your notes of a conversation you
 21 had with her?
 22 DR. COOK:
 23 A. Yes.
 24 COFFEY, Q.C.:
 25 Q. And you've written "Ventana automated system

Page 293

1 for ER and PR since 2000"

2 DR. COOK:

3 A. Um-hm.

4 COFFEY, Q.C.:

5 Q. "DAKO system for HER2/neu."

6 DR. COOK:

7 A. Right.

8 COFFEY, Q.C.:

9 Q. So she was advising you of the type of systems

10 utilized?

11 DR. COOK:

12 A. That's correct.

13 COFFEY, Q.C.:

14 Q. Had you already identified yourself to her as

15 to who you were and your position?

16 DR. COOK:

17 A. Yes, I have.

18 COFFEY, Q.C.:

19 Q. And then go on, Doctor, there's a -

20 DR. COOK:

21 A. I asked to speak to either the director or

22 chief pathologist, again, to try to find out

23 information and I was looking at Sloan

24 Kettering as possibly being another review

25 site for us. They put me on to Dr. Lee Tang,

Page 294

1 who is their chief breast pathologist down

2 there. I was speaking to her on the phone

3 again, gave her, identified who I was, gave

4 her information similar to that I gave to Dr.

5 Donahue, Dohan, sorry, from the Mayo Clinic

6 about our situation and what we had found, our

7 conversion rates and our positivity rates.

8 And I asked her did she have any information

9 from the Sloan Kettering on their positivity

10 rates. And she was particularly evasive, she

11 was difficult to get information out of her.

12 She said she had no information on their

13 positivity rates for ER and PR and that we

14 need to correlate our positivity rates with

15 our breast population. In other words, you

16 know, do you have a high population of, you

17 know, undifferentiated breast carcinomas

18 versus well differentiated breast carcinomas,

19 that sort of thing. So it was quite difficult

20 to get any sort of dialogue out of her and any

21 type of information.

22 COFFEY, Q.C.:

23 Q. And you've written here, "No information on"

24 is that?

25 DR. COOK:

Page 295

1 A. "Positivity rate for each type of breast

2 cancer. Not aware of any issues." And the

3 director was out of town.

4 COFFEY, Q.C.:

5 Q. And the director's name is here?

6 DR. COOK:

7 A. Dr. Reuter, I believe.

8 COFFEY, Q.C.:

9 Q. Did you ever make any attempt to subsequently

10 contact Sloan Kettering, either Dr. Tan or Dr.

11 Reuter or anyone else?

12 DR. COOK:

13 A. No, I had not.

14 COFFEY, Q.C.:

15 Q. And why not?

16 DR. COOK:

17 A. I think by that time I had made contact with

18 Dr. Pritzker at Mount Sinai and we had

19 established a relationship with Mount Sinai.

20 COFFEY, Q.C.:

21 Q. Exhibit P-1995, please? Page 3 there's a

22 reference to July 27, 2005. I take it this is

23 your notes of a meeting of that day?

24 DR. COOK:

25 A. Um-hm, yeah.

Page 296

1 COFFEY, Q.C.:

2 Q. Doctor, it's described as an update on ER and

3 PR situation. Over here to the side there's

4 some phone numbers, probably. It says, "Get

5 people in from Ventana."

6 DR. COOK:

7 A. Yeah.

8 COFFEY, Q.C.:

9 Q. "Await results of Montreal General and Mount

10 Sinai. Go slow."

11 DR. COOK:

12 A. Um-hm.

13 COFFEY, Q.C.:

14 Q. What's that about, Doctor, what are those

15 three entries?

16 DR. COOK:

17 A. We wanted to get the technical people in from

18 Ventana to look at the Ventana machine and

19 make sure it was operating properly and that

20 sort of thing. We decided to send some

21 preliminary results to Montreal Jewish General

22 and Mount Sinai and get those. I think

23 someone mentioned go slow on release of

24 information or something, but someone did

25 mention--that type of comment was made by

Page 297

1 someone in the--at the meeting.
 2 COFFEY, Q.C.:
 3 Q. Go slow on what, I'm sorry, on?
 4 DR. COOK:
 5 A. On releasing information.
 6 COFFEY, Q.C.:
 7 Q. To?
 8 DR. COOK:
 9 A. Public.
 10 COFFEY, Q.C.:
 11 Q. And you don't recall whose idea that was or
 12 their rationale for it?
 13 DR. COOK:
 14 A. I don't recall. I've got that written down
 15 there.
 16 COFFEY, Q.C.:
 17 Q. But the slow, the go slow meant in terms of
 18 making information public, that's what it
 19 related to?
 20 DR. COOK:
 21 A. Well, basically I interpreted it as getting
 22 all the information, looking at the scope and
 23 nature of the problem.
 24 COFFEY, Q.C.:
 25 Q. Now, Doctor, if we could, please, Registrar,

Page 298

1 Exhibit P-1933? The first page of this
 2 exhibit is a reference to Dr. Pat Roch?
 3 DR. COOK:
 4 A. Um-hm.
 5 COFFEY, Q.C.:
 6 Q. Ventana Medical Systems, Arizona, July 28th,
 7 2005, 2:35 p.m. There's phone numbers there.
 8 And I take it these are your notes on this
 9 page on your telephone conversation with him?
 10 DR. COOK:
 11 A. That's correct.
 12 COFFEY, Q.C.:
 13 Q. And you've written "Update him on our
 14 situation with percentage rates."
 15 DR. COOK:
 16 A. Um-hm.
 17 COFFEY, Q.C.:
 18 Q. So you told them what they were, I take it,
 19 who you were and what they were?
 20 DR. COOK:
 21 A. Yes, basically the same type of introductory
 22 conversation with the others.
 23 COFFEY, Q.C.:
 24 Q. And here you've got, "Formerly director of
 25 immunohistochemistry at Mayo Clinic from '91

Page 299

1 to 2002."
 2 DR. COOK:
 3 A. Um-hm.
 4 COFFEY, Q.C.:
 5 Q. So he identified himself as that was his
 6 former occupation?
 7 DR. COOK:
 8 A. That's correct.
 9 COFFEY, Q.C.:
 10 Q. And could you take us then down through it
 11 reading through it as we go? "Ran 80 to 85
 12 percent positivity rates at ER and PR."
 13 DR. COOK:
 14 A. That's right, that was what they were running
 15 when he was there as director. It was quite
 16 high rates, 80 to 85 percent. He began
 17 reporting as positive or negative, and he was
 18 using the cutoff point of five percent.
 19 COFFEY, Q.C.:
 20 Q. And he was reporting to you about his time at
 21 the Mayo Clinic?
 22 DR. COOK:
 23 A. That's correct.
 24 COFFEY, Q.C.:
 25 Q. Back between '91 and 2002?

Page 300

1 DR. COOK:
 2 A. Yes.
 3 COFFEY, Q.C.:
 4 Q. Okay. I'm sorry, go ahead, Doctor.
 5 DR. COOK:
 6 A. Then we start talking about the sensitivities
 7 because, you know, I had the impression that
 8 the Ventana was more sensitive, the Ventana
 9 automated was more sensitive and picking up
 10 more than it should the DAKO semi-automated
 11 and was this indeed the case and was it his
 12 observation. And he stated, well, the factors
 13 that alter sensitivities, and he gave there as
 14 possible factors were antibody sensitivity and
 15 antigen retrieval and variations in
 16 temperature times. We talked a bit about the
 17 antibodies that were used. See, the Ventana
 18 uses 611, the DAKO at that time uses the 1B5.
 19 And we talked about whether there had been any
 20 problems with the DAKO machine that he had,
 21 anything he identified in any other countries
 22 or jurisdictions and he did mention to me
 23 there had been a problem with the DAKO air
 24 pump on the DAKO machine, which they had at
 25 the Mayo, and that was about the only problem

Page 301

1 that he experienced. In relation to that, I
 2 must go back to the conversation I had with
 3 Dr. Ann O'Brien in New Brunswick and she also
 4 voiced her concerns over problems with the
 5 DAKO machine in terms of expelling the right
 6 amount of antibody. So, you know, this was
 7 the second time I heard of an issue with the
 8 DAKO machine. Talked a bit about the EnVision
 9 Plus Detection System and which Terry
 10 confirmed that we did use. And I explained to
 11 him, I asked him, I said, how he could explain
 12 our high positivity rates for the year '04,
 13 '05 because at that time the information I had
 14 I think we were up to 87, 88, 89 percent
 15 positivity. So he was--he suggested, you
 16 know, how he could explain this and he said,
 17 well, it's possible that the system provides
 18 more standardization in the performing the
 19 procedure with minimal human variability, so
 20 Roch replied that that could be a major
 21 factor. So this was going along with what I
 22 was thinking in terms of automation and the
 23 elimination of human variability from the
 24 system. So that was basically the theme of
 25 that conversation.

Page 302

1 COFFEY, Q.C.:
 2 Q. If we could, please, Registrar, Exhibit P-
 3 0522? And while it's coming up on the screen,
 4 Doctor, did you ever make any inquiries in
 5 May, June or July or August of 2005 about
 6 where the DAKO machine was?
 7 DR. COOK:
 8 A. May, 1000 (sic).
 9 COFFEY, Q.C.:
 10 Q. When the problem arose, when it came to your
 11 attention in May of 2005 and we're now into
 12 the late July, 2005. Did you ever make any
 13 inquiries as to where the DAKO auto stainer
 14 was?
 15 DR. COOK:
 16 A. It was at the General in the lab.
 17 COFFEY, Q.C.:
 18 Q. Is it still there?
 19 DR. COOK:
 20 A. Oh, in regards to the -
 21 COFFEY, Q.C.:
 22 Q. Yes.
 23 DR. COOK:
 24 A. Sorry. In regards to the review, yes, I did.
 25 We were interested in wondering if there was

Page 303

1 an equipment problem and looked at setting up
 2 testing on the DAKO to see if we can identify
 3 any equipment problem. As far as we were told
 4 that they no longer had that particular piece
 5 of equipment in their inventory.
 6 COFFEY, Q.C.:
 7 Q. Did anybody ever tell you where it went?
 8 DR. COOK:
 9 A. They don't know. It was--I have no idea where
 10 that piece of equipment went. I'd asked Mr.
 11 Gulliver and it was discarded and I don't know
 12 if it went to another institution or what
 13 happened to it.
 14 COFFEY, Q.C.:
 15 Q. Now, Doctor, here looking at this Exhibit P-
 16 0522 do you recognize any of the handwriting
 17 here? Possibly the source of this is Dr.
 18 Williams' office, so it's possibly his. It's
 19 not yours.
 20 DR. COOK:
 21 A. It's not my handwriting.
 22 COFFEY, Q.C.:
 23 Q. It's not yours, okay. Now, Doctor, this,
 24 though, in the underlying document as printed,
 25 it's printed from Terry Gulliver for Dr.

Page 304

1 Williams, Sunday, July 24th, 2005, 12:58, I
 2 believe, p.m. The subject is "Updated stats"
 3 that include 1999.
 4 DR. COOK:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. And stats from '99 thorough 2004/5. And out
 8 here there's that reference in the second or
 9 the last typed column to the right, "Number
 10 positive, 175; percent positive, 89 percent."
 11 DR. COOK:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. I take it that's the 89 percent positivity you
 15 were just referring to?
 16 DR. COOK:
 17 A. That's what I was referring to, yeah.
 18 COFFEY, Q.C.:
 19 Q. Now, Doctor, do you know if, in fact, that was
 20 an actual--as it turned out, an accurate
 21 number?
 22 DR. COOK:
 23 A. Well, I didn't know at the time, but at the
 24 time I was making the assumption that that was
 25 an accurate number, 89 percent, but I later

Page 305

1 found out that it should have been 82 percent.
 2 COFFEY, Q.C.:
 3 Q. And when was it you found that out?
 4 DR. COOK:
 5 A. Oh, about a year or so from this time this
 6 document was printed.
 7 COFFEY, Q.C.:
 8 Q. And you found that out from whom and what was
 9 the explanation?
 10 DR. COOK:
 11 A. I believe I found that out from Dr. Williams.
 12 And included in that were non-primary breast
 13 lesions. These would have included metastatic
 14 lesions of the breast, say, to the lung, to
 15 the brain, etcetera. That was my
 16 understanding of that.
 17 COFFEY, Q.C.:
 18 Q. And your understanding, I take it, in the
 19 compiling of these statistics, that those
 20 sorts of tumours should not have been included
 21 in this table?
 22 DR. COOK:
 23 A. That's right. We concentrated on the primary
 24 breast lesions.
 25 COFFEY, Q.C.:

Page 306

1 Q. Now, with respect to that, do you know whether
 2 or not any check was ever done for the other
 3 years as to whether or not those numbers only
 4 contained primary breast lesions?
 5 DR. COOK:
 6 A. As far as I know it was only the '05, the '04,
 7 '05 one that was a problem. There was no
 8 recheck on the other years.
 9 COFFEY, Q.C.:
 10 Q. Doctor, here in looking through, if we could,
 11 Exhibit P-1933, please? Of course, these
 12 figures that you'd been quoting earlier today
 13 in terms of positivity rates for ER and PR, I
 14 take it that, do I understand you correctly
 15 that they would relate to primary breast
 16 cancer positivity rates?
 17 DR. COOK:
 18 A. That's right, primary breast.
 19 COFFEY, Q.C.:
 20 Q. So that here when you say "I asked him," which
 21 would be Dr. Roch, "how we could explain our
 22 increase in positive rates," you note here,
 23 "He was quiet until I suggested the system
 24 provides more standardization."
 25 DR. COOK:

Page 307

1 A. Um-hm.
 2 COFFEY, Q.C.:
 3 Q. "Performing the procedure."
 4 DR. COOK:
 5 A. Yeah.
 6 COFFEY, Q.C.:
 7 Q. "Minimal variability. He replied that that
 8 could be a major factor."
 9 DR. COOK:
 10 A. That's right.
 11 COFFEY, Q.C.:
 12 Q. As it turns out, I take it, there was--the
 13 primary or actual explanation was perhaps more
 14 related to just simply not doing the count
 15 correctly?
 16 DR. COOK:
 17 A. Well -
 18 COFFEY, Q.C.:
 19 Q. Not by yourself, I appreciate that, but by the
 20 people who compiled the data.
 21 DR. COOK:
 22 A. Yes. I mean, yes.
 23 COFFEY, Q.C.:
 24 Q. And you note here, "Dr. Roch willing to talk
 25 to us again."

Page 308

1 DR. COOK:
 2 A. Yeah.
 3 COFFEY, Q.C.:
 4 Q. And did you ever speak to Dr. Roch again about
 5 this matter?
 6 DR. COOK:
 7 A. No, I didn't.
 8 COFFEY, Q.C.:
 9 Q. There's a reference here to, as well, Norman
 10 Pettigrew, Winnipeg, Director of Immunology.
 11 DR. COOK:
 12 A. That's right.
 13 COFFEY, Q.C.:
 14 Q. "Spoke to Terry following this conversation"
 15 and a phone number. What's that about,
 16 Doctor?
 17 DR. COOK:
 18 A. I probably spoke to Terry following the
 19 conversation I had with Dr. Roch, I think.
 20 COFFEY, Q.C.:
 21 Q. Do you recall any more about the Winnipeg
 22 issue or the Winnipeg situation.
 23 DR. COOK:
 24 A. For the Ventana issue, the increased
 25 sensitivity there.

Page 309

1 COFFEY, Q.C.:

2 Q. Do you recall anything further about that,

3 learning any more about it?

4 DR. COOK:

5 A. (No audible response).

6 COFFEY, Q.C.:

7 Q. If we could, please, page 2 here, yes, I'm

8 sorry, it goes on to the next--you continue on

9 the next page. July 28th, 2005, 3:20 p.m. I

10 take it these are your notes of your

11 discussion -

12 DR. COOK:

13 A. Um-hm.

14 COFFEY, Q.C.:

15 Q. - with Dr. Pettigrew of Winnipeg. Could you

16 just take us down, please, through this?

17 DR. COOK:

18 A. Dr. Pettigrew was a surgical pathologist and

19 director of immunohistochemistry at the Health

20 Sciences Centre in Winnipeg and he used the

21 DAKO open system with the boiling method for

22 the last seven years. And he had been

23 increasingly running the ERS and PRs on an old

24 Ventana machine and he's had good correlations

25 between the DAKO and the Ventana machines. I

Page 310

1 asked him what was his positivity rates and he

2 said offhand between 60 and 70 percent,

3 increasing, with high positivity rates for the

4 PRs. He has recently run negatives, weaks and

5 positive controls over the last two years, so

6 over the last two years he ran both positive

7 and negative controls.

8 COFFEY, Q.C.:

9 Q. And, in fact, he says here "Weak, negative

10 weak and strongly positive."

11 DR. COOK:

12 A. Sorry, that's right, and strongly positive

13 controls.

14 COFFEY, Q.C.:

15 Q. Now, the idea of doing that, had you ever

16 heard of that before this?

17 DR. COOK:

18 A. Well, I mean, I heard of it before in my

19 reading, certainly into this issue, but no, I

20 was not aware of the running of the negative

21 controls.

22 COFFEY, Q.C.:

23 Q. Sorry, go ahead, Doctor.

24 DR. COOK:

25 A. "He noticed over time positive controls and

Page 311

1 negative staining on the test tissue with the

2 Ventana as it did not have good meterized

3 delivery of reagents". So, he's talking about

4 the Ventana system there and probably getting

5 into the problems with background staining and

6 whatnot. "Not aware of any" -

7 COFFEY, Q.C.:

8 Q. He's referred to this above as the old Ventana

9 system.

10 DR. COOK:

11 A. Yes, with the old Ventana.

12 COFFEY, Q.C.:

13 Q. Okay. Not aware of any negative, not aware of

14 any conversions. Again, talked to him about

15 R89 percent positivity rate for the year 2005

16 and he was a bit concerned about that, saying

17 that's a bit high. And he talked about

18 something, the Ventana, we're going to do a

19 review of their ERS and PRs, but he board

20 withdrew funding. So, he didn't really know

21 the issue behind that, but that was just

22 something, a comment that he made to me and he

23 really didn't know much more about it. We

24 talked about the positivity rates and how they

25 can vary with the type of breast population.

Page 312

1 And that's concerning the number of ductals

2 versus lobulars, the number of low grades

3 versus high grades. And then we talked about

4 the issue of standardization of the

5 immunohistochemistry in North America. Again,

6 the issue of no standardization, no gold

7 standards, different institutions using

8 different platforms and whatnot. So, what you

9 see there I think--you know, one thing I

10 noticed was you look at this particular

11 individual and what was happening down to the

12 Mayo Clinic with Dr. Roch, you can see that

13 there was a fairly large variation in

14 positivity rates from 60 up to 85 percent, as

15 well as a lot of variation in what folks were

16 doing across North America.

17 COFFEY, Q.C.:

18 Q. Doctor, the next page of the exhibit, page

19 three, what does this relate to? It's, I take

20 it, a conversation with him, July 28th, 2005,

21 4:28 p.m. with -

22 DR. COOK:

23 A. Laith Dabbagah, I think is the pronunciation.

24 He was a supervisor in immunohistochemistry at

25 the Cross Cancer Institute in Edmonton. And I

Page 313

1 asked him if they had any experience with
 2 conversations. He noticed an odd conversion
 3 from a negative ER to a positive PR, but he
 4 was a little bit evasive on that and didn't
 5 want to expand any more on it. He noticed
 6 conversions from needle cores to mastectomies
 7 following treatment and he said that was
 8 acceptable. They brought in their Ventana
 9 automated method around March of 2004, talked
 10 a bit about the HER2/neu's and he noticed
 11 increased sensitivity, particularly for the
 12 CRB2, that's a type of antibody that's used
 13 with HER2/neu and high false positive rates
 14 from this concerning the three plus
 15 categories. So, since January to June of 2005
 16 he had diluted the various antibody solutions
 17 to try to counteract that. And he would get
 18 back to me regarding his ER and PR positive
 19 rates before and after the Ventana. And I
 20 also made a comment that since '94, they were
 21 running their ERs on the Ventana system and
 22 PRs on the DADO system. So, he was using two
 23 systems to run their ERs and PRs.
 24 COFFEY, Q.C.:
 25 Q. Did you ask him why that was so?

Page 314

1 DR. COOK:
 2 A. Save money.
 3 COFFEY, Q.C.:
 4 Q. Page four of this exhibit is a note, July
 5 28th, 2005, spoke to Dan Fontaine to begin
 6 negative controls for ER and PR.
 7 DR. COOK:
 8 A. That's correct.
 9 COFFEY, Q.C.:
 10 Q. What was that about, Doctor?
 11 DR. COOK:
 12 A. Well, I was trying to get a hold of Gershon
 13 Ejeckam at the time, but he was out of town
 14 from the middle of July to the end of August.
 15 So, I spoke to Dan to see if he could start
 16 arranging the running of negative controls on
 17 all our ERs and PRs.
 18 COFFEY, Q.C.:
 19 Q. Exhibit P-1743.
 20 COMMISSIONER:
 21 Q. Excuse me, Mr. Coffey, before you go on,
 22 Doctor Cook, you had conversations here with
 23 three persons from three different
 24 institutions regarding positivity rates, but
 25 also regarding machinery in the sense of

Page 315

1 Ventana and DAKO and what one might reasonably
 2 expect from them. At the end of this
 3 conversation, were you any further ahead in
 4 your own mind respecting the question of
 5 whether or not what you were dealing with was
 6 a machine problem?
 7 DR. COOK:
 8 A. I still not, Commissioner, still couldn't
 9 firmly rule out an equipment problem with the
 10 DAKO machine. It was unfortunate in that we
 11 didn't have that piece of equipment to go back
 12 and retest and correlate with the Ventana and
 13 also do a correlation with another
 14 institution. So, at that point in time, I
 15 couldn't fully rule out an issue with the
 16 equipment.
 17 COMMISSIONER:
 18 Q. And issue with the--yes, but as I understand
 19 it, at one point you were--were you then
 20 satisfied in respect of the Ventana as opposed
 21 to the DAKO? I mean, at one point there was
 22 some question about whether the Ventana might
 23 be overcalling.
 24 DR. COOK:
 25 A. Yes, I was getting this--at this point in

Page 316

1 time, I was beginning to question the
 2 sensitivity of our Ventana machine, whether it
 3 was overcalling.
 4 COMMISSIONER:
 5 Q. Um-hm.
 6 DR. COOK:
 7 A. So, I was starting to question the automated
 8 system.
 9 COMMISSIONER:
 10 Q. Okay. So, this is the start of your
 11 questioning of Ventana as opposed to -
 12 DR. COOK:
 13 A. Pretty much.
 14 COMMISSIONER:
 15 Q. Okay. Thank you.
 16 COFFEY, Q.C.:
 17 Q. Doctor, if we could, Exhibit P-0524. This
 18 will bring us into the end of July of 2005.
 19 Got a note here in your handwriting, "spoke to
 20 Barry Dyer; Barry admits documentation is bad;
 21 numerous documents may have been destroyed
 22 from the lab flood in November 2004. Also
 23 advised him to order ASCP, check path for
 24 immunoperoxidase stains". And it says,
 25 "Ventana arrived December '03, operation April

Page 317

1 '04, three or four months evaluation and
 2 training period; tech sent for company in
 3 training in Arizona during this time."
 4 DR. COOK:
 5 A. Um-hm.
 6 COFFEY, Q.C.:
 7 Q. So, the reference to Barry admits
 8 documentation is bad", what was that about?
 9 DR. COOK:
 10 A. I think that came out of a meeting when we
 11 were trying to track down documentation for ER
 12 and PR, particularly in regards to, I'm not
 13 sure if it was protocols or controls or
 14 whatnot. Terry was saying that we had good
 15 documentation; we were running good
 16 documentation with our controls; we were
 17 running controls every day. Barry was saying
 18 that may not be the case. He was having
 19 trouble trying to find documentation. The
 20 other issue that we brought up was that there
 21 are also numerous documents that were
 22 destroyed when we had a broken pipe in the
 23 lab, the main part of the histology lab in
 24 2004. There were quite a number of documents
 25 there that were destroyed and thrown out.

Page 318

1 Now, I asked him to look--that ASCP, I asked
 2 him to look into proficiency testing, not
 3 necessarily ASCP, but along the lines of ASCP
 4 check path proficiency testing for
 5 immunoperoxidase stains. The ASCP was what we
 6 were doing for proficiency testing for
 7 pathologists. And the other piece of
 8 information there is information on when the
 9 Ventana arrived and training for the
 10 technologists.
 11 COFFEY, Q.C.:
 12 Q. Now, if we can bring up Exhibit P-1934.
 13 Doctor, are these your handwritten notes?
 14 DR. COOK:
 15 A. That's correct.
 16 COFFEY, Q.C.:
 17 Q. Friday, July 29th, 2005, 10:15 a.m.
 18 DR. COOK:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. "Doctors Cook and Carter spoke to Barry Dyer",
 22 does it say, "put a hold on all ER and PR
 23 testing"?
 24 DR. COOK:
 25 A. That's correct.

Page 319

1 COFFEY, Q.C.:
 2 Q. "Dr. Carter made inquiries with Mr. Dyer as to
 3 the validation process. Dr. Carter felt that
 4 he may not have adequate documentation and
 5 that the validation process may be flawed".
 6 DR. COOK:
 7 A. Yeah.
 8 COFFEY, Q.C.:
 9 Q. "Mr. Gulliver out of town. Results from Mount
 10 Sinai, 20 percent completely disagree".
 11 DR. COOK:
 12 A. Um-hm.
 13 COFFEY, Q.C.:
 14 Q. And then it's note here, "Monday, August 1st,
 15 2005, 9:20 a.m., advised Dr. McCarthy not to
 16 report ER and PR conversions to patients until
 17 after hour 5:00 p.m.".
 18 DR. COOK:
 19 A. That's correct.
 20 COFFEY, Q.C.:
 21 Q. So, I take it there was a meeting at 5:00 p.m.
 22 that day, envisaged.
 23 DR. COOK:
 24 A. That was the August 1 meeting.

Page 320

1 COFFEY, Q.C.:
 2 Q. Yes. So, you were telling Dr. McCarthy on
 3 August 1 not to tell the patients about the ER
 4 and PR conversions in the July 18 letter.
 5 DR. COOK:
 6 A. Yeah, that may have been concerning the batch,
 7 the 33 batch, not to go ahead and report these
 8 to patients.
 9 COFFEY, Q.C.:
 10 Q. Why not?
 11 DR. COOK:
 12 A. Well, there was a concern about the validity
 13 process on the Ventana automated, the machine.
 14 When we were doing the reviews with Dr.
 15 Carter, one of the things I was worried about,
 16 as I said earlier was the high positivity rate
 17 of 89 percent. But when we were doing the
 18 reviews, we noticed a trend of a bimodal
 19 population. Many of the cases were either
 20 negative or strongly positive. And Dr. Carter
 21 commented on the fact that we didn't see too
 22 many in-betweens, we didn't see too many of 30
 23 or 40 of 50 percent. So, there was concern
 24 raised about that along with her concern
 25 regarding how the machine was validated and

Page 321

1 the documentation concerning that. So, as a
 2 precautionary measure, I agreed to put a hold
 3 on the ERs and PRs until we had a chance to
 4 discuss this more fully.
 5 COFFEY, Q.C.:
 6 Q. And in relation to the notes of July 29, when
 7 Mr. Dyer was being told to put a hold on all
 8 the ER and PR testing -
 9 DR. COOK:
 10 A. Um-hm.
 11 COFFEY, Q.C.:
 12 Q. - so what was going on here at that point, as
 13 of that Friday?
 14 DR. COOK:
 15 A. I think he--I can't remember exactly if he was
 16 in our office at that time, but this was a
 17 direction that we had given or I had given in
 18 conjunction with Dr. Carter to him.
 19 COFFEY, Q.C.:
 20 Q. Now, Doctor, what, if anything, gave you the
 21 authority to do that?
 22 DR. COOK:
 23 A. Well, I was clinical chief and concerned about
 24 the reports that were being issued from the
 25 Ventana machine. That type of authority would

Page 322

1 later be confirmed with Dr. Williams. There
 2 was consultation with him regarding that and
 3 the final decision to put a hold on all the ER
 4 and PR testing eventually came from Dr.
 5 Williams.
 6 COFFEY, Q.C.:
 7 Q. Now, Doctor, do you recall ever debriefing, as
 8 it were, Dr. Carter about the results of her
 9 review?
 10 DR. COOK:
 11 A. No, just the fact that there was--because the
 12 review hadn't been completed, as you know, and
 13 we were finding, again, quite a number of
 14 conversions again in that path of the 25 and
 15 the 33 and the issue of the possibility of
 16 technical problems as well as pathology
 17 interpretation issues. So, we were looking
 18 at, at that time, a system process.
 19 COFFEY, Q.C.:
 20 Q. You've indicated to the Commissioner that by
 21 the end of July you'd come around to the view
 22 that perhaps this was not limited to
 23 technology, but might involve pathologists and
 24 pathologists interpretation as well.
 25 DR. COOK:

Page 323

1 A. Well, I was -
 2 COFFEY, Q.C.:
 3 Q. So, what was it that had occurred in the last
 4 second half of July?
 5 DR. COOK:
 6 A. Well, it was comparing our review of the
 7 slides and looking at the interpretations that
 8 were produced from pathologists and what we
 9 would interpret it on the slides, particularly
 10 Dr. Carter. She was taking the lead role in
 11 all of this.
 12 COFFEY, Q.C.:
 13 Q. Now this validation process here is the
 14 validation of which machine?
 15 DR. COOK:
 16 A. This would have been the Ventana.
 17 COFFEY, Q.C.:
 18 Q. Okay.
 19 THE COMMISSIONER:
 20 Q. You said a minute ago that you were looking at
 21 a system process?
 22 DR. COOK:
 23 A. Again, Commissioner, system meaning problems
 24 with the--at the technical aspect and
 25 professional aspect.

Page 324

1 THE COMMISSIONER:
 2 Q. And problems at the technical aspect are wide
 3 enough to include whether or not the
 4 particular pieces of machinery being used was
 5 -
 6 DR. COOK:
 7 A. It's possible that the -
 8 THE COMMISSIONER:
 9 Q. - operating properly or were you thinking
 10 about the human involvement with the machines?
 11 DR. COOK:
 12 A. Thinking about the human involvement,
 13 particularly with the DAKO system and now with
 14 the Ventana.
 15 COFFEY, Q.C.:
 16 Q. Exhibit P-1993, please, 1993? These are you
 17 handwritten notes, Doctor?
 18 DR. COOK:
 19 A. Yeah--oh, those are Dr. Carter's.
 20 COFFEY, Q.C.:
 21 Q. Dr. Carter's, and this handwriting up here is-
 22 -the date in the handwriting is yours, up
 23 here?
 24 DR. COOK:
 25 A. That's mine.

Page 325

1 COFFEY, Q.C.:

2 Q. Okay, and so Dr. Carter then has a column

3 agree, maybe and disagree?

4 DR. COOK:

5 A. Um-hm.

6 COFFEY, Q.C.:

7 Q. And I take it then this was a comparison of

8 what to what, do you recall?

9 DR. COOK:

10 A. This is a comparison--this was probably about

11 the 11 cases that we had sent to Mount Sinai.

12 She's documented a 60 percent agreement, 40

13 percent minor disagreement. Again, I forget

14 the criteria she was using at the time.

15 Again, it could have been referring to

16 variations in the reporting. We give a

17 certain number, Mount Sinai gave a certain

18 number, but not clinically significant. But

19 20 percent serious in that there was evidence

20 of conversions from negative to positive. She

21 noted that the PR is problematic.

22 COFFEY, Q.C.:

23 Q. PR is problematic?

24 DR. COOK:

25 A. Yes, probably in terms of the variation. She

Page 326

1 noted variation in positivity as compared to

2 Mount Sinai.

3 COFFEY, Q.C.:

4 Q. Doctor, if we could, please, Registrar, P-

5 1990? I take it these are again a combination

6 of your notes and Doctor -

7 DR. COOK:

8 A. Um-hm.

9 COFFEY, Q.C.:

10 Q. It's received July 29th, 2005. This notify

11 ten on original report, 11 cases from Mount

12 Sinai, is that your handwriting?

13 DR. COOK:

14 A. Yeah.

15 COFFEY, Q.C.:

16 Q. Okay, and the rest of this down here?

17 DR. COOK:

18 A. And that's again comparison with our results

19 and Mount Sinai results.

20 COFFEY, Q.C.:

21 Q. Doctor, the August 1st, 2005 meeting, and not

22 the pathologists' meeting, but the larger

23 meeting, because there was a larger meeting

24 that day -

25 DR. COOK:

Page 327

1 A. Right.

2 COFFEY, Q.C.:

3 Q. Do you recall if you made any notes on that

4 that day?

5 DR. COOK:

6 A. Not on that meeting, no.

7 COFFEY, Q.C.:

8 Q. Okay.

9 DR. COOK:

10 A. Well, I made a few notes, yes, I did. I

11 remember now, four or five lines.

12 COFFEY, Q.C.:

13 Q. Okay, and what do you recall about the

14 meeting? Without getting into your notes at

15 this point, what do you recall about that

16 meeting? What was its purpose? Where was it?

17 And what happened?

18 DR. COOK:

19 A. Well, that meeting was basically designed to

20 give an update to the various parties that

21 were involved in the ER/PR process. That

22 would have been our oncologists, our technical

23 people, Mr. Dyer and Mr. Gulliver, our

24 communications people, the risk management

25 people, surgeons, oncologists, and the

Page 328

1 executive, to update them as to where we were

2 at that point in time and to decide where we

3 were going to go and agree upon a course of

4 action.

5 COFFEY, Q.C.:

6 Q. What then happened, Doctor, at the meeting

7 itself?

8 DR. COOK:

9 A. We talked about the issue of technology, the

10 issue of possible technical error, the issue

11 of pathology interpretations, the issue of

12 stopping all testing, and looking for a centre

13 to handle the retesting process.

14 COFFEY, Q.C.:

15 Q. And do you recall whether there were any

16 exchanges between any individuals at the

17 meeting?

18 DR. COOK:

19 A. Well, there was a heated exchange between Mr.

20 Gulliver and Dr. Carter. I think Mr. Gulliver

21 at that time was looking at this as being a

22 purely technology issue, in terms of being

23 due--changes being due to advancements in

24 technology, and Dr. Carter was becoming more

25 and more irate over those statements. I think

Page 329

1 Mr. Gulliver made a comment about a high
 2 sensitivity rate for the Ventana being at 89
 3 percent, which he thought was a good thing and
 4 that was the way to go and it showed the value
 5 importance of the Ventana system. Following
 6 that remark, Dr. Carter became quite irritated
 7 and was making assumptions that Mr. Gulliver
 8 knew nothing or little about
 9 immunohistochemistry and particularly over the
 10 issue of ER and PR. So I can't remember all
 11 the exact details that went on at that
 12 meeting, but that was basically the theme and
 13 there was a--the meeting basically
 14 deteriorated.
 15 COFFEY, Q.C.:
 16 Q. And the outcome of the meeting was what?
 17 DR. COOK:
 18 A. Well, I think the only item we agreed upon was
 19 that we would discontinue testing on the
 20 Ventana system as a precautionary measure, to
 21 look for a outside hospital to conduct the
 22 reviews on our immunohistochemistry ERs and
 23 PRs from '97 to 2005, and I can't remember,
 24 but possibly we would have discussed bringing
 25 in an external reviewer.

Page 330

1 COFFEY, Q.C.:
 2 Q. If we could, please, Registrar, Exhibit P-
 3 0526. Doctor, this is a fax trans--the first
 4 page of this is a fax transmission sheet from
 5 yourself to George Tilley, July 25, '05.
 6 Attached to it were six pages and if we just--
 7 or five, six pages including the cover. And
 8 this is an article in breastcancerupdate.com.
 9 It's an article by a Dr. Craig Allred entitled
 10 "Estrogen Receptor Status and Tamoxifen
 11 Efficacy in Patients with DCIS." And do you
 12 recall how--why it was you came to send this
 13 to Mr. Tilley?
 14 DR. COOK:
 15 A. Just to show him the problems with the false
 16 negative rates that they identified in labs,
 17 particularly community labs, how the test can
 18 have a false negative rate of anywhere from 20
 19 to 30 percent. The biggest contributor at
 20 that time was antigen retrieval. Another
 21 problem was the antibody selected. The issue
 22 of cutoff points. So these, this was one of a
 23 preliminary article I sent to him just to
 24 outline the problems with
 25 immunohistochemistry, particularly ER and PR

Page 331

1 in general throughout, well, particularly in
 2 the United States.
 3 COFFEY, Q.C.:
 4 Q. Doctor, if we could, please, Exhibit P-0529?
 5 And this is a letter of July 27th, 2005 from
 6 yourself, it's copied to Dr. Williams and Mr.
 7 Gulliver.
 8 DR. COOK:
 9 A. Um-hm.
 10 COFFEY, Q.C.:
 11 Q. Addressed to Dr. K. Watters, Acting Chief and
 12 Chair of McGill University, Department of
 13 Pathology, Montreal General Hospital. And you
 14 indicate to him, you state, "We are in the
 15 process of evaluating our ER and PR
 16 immunoperoxidase stains. We will be
 17 forwarding two unstained labelled slides to
 18 your lab. These slides will be stained for
 19 estrogen and progesterone receptors via
 20 immunoperoxidase technique. Once the slides
 21 are stained, they can be forwarded to my
 22 office. I anticipate that we may be
 23 evaluating anywhere from 40 to 50 cases."
 24 What was this about, Doctor?
 25 DR. COOK:

Page 332

1 A. Well, this is, Kevin was acting director at
 2 the McGill University and I contacted him to
 3 see if they can do some retesting on their
 4 system. They had a Ventana system in
 5 operation, so I was looking at the possibility
 6 of doing correlations with our system and
 7 their system. What I wanted them to do was to
 8 do not only the technical aspect, but do their
 9 own interpretation, so I would have both
 10 correlations with our interpretations, as
 11 well. Due to a shortage of pathologists Kevin
 12 was unable to come through with that request,
 13 but what he did offer lately, he did offer the
 14 ability that if we did send up slides or
 15 paraffin blocks, that they would stain them
 16 and forward them back to us for our own
 17 interpretation.
 18 COFFEY, Q.C.:
 19 Q. And -
 20 COMMISSIONER:
 21 Q. Mr. Coffey at 9:00 in the morning.
 22 COFFEY, Q.C.:
 23 Q. Yes, Commissioner. If we could, Exhibit P-
 24 0534? And, Doctor, this is a memo from
 25 yourself on July 28th, 2005, it's to all

Page 333

1 pathologists and Eastern Health lab directors
 2 and lists them throughout the province, Mr.
 3 Gulliver, Mr. Dyer and Dr. Williams. It's
 4 "Re: HER2/neu."
 5 DR. COOK:
 6 A. Um-hm.
 7 COFFEY, Q.C.:
 8 Q. And it's most of the text deals with that.
 9 But you conclude by saying "As a reminder, in
 10 choosing blocks to send for both hormone
 11 receptor testing and HER2/neu testing please
 12 select a section that contains both tumour and
 13 normal or benign epithelium. The normal
 14 and/or benign epithelium acts as an internal
 15 control for immunohistochemical staining. If
 16 you have any questions, please call Dr.
 17 Beverley Carter."
 18 DR. COOK:
 19 A. Um-hm.
 20 COFFEY, Q.C.:
 21 Q. And, Doctor, why did you add the reference
 22 here to hormone receptor testing? This memo
 23 is about HER2/neu.
 24 DR. COOK:
 25 A. Yeah, I think at that time Bev may have been

Page 334

1 noticing some of the outside cases that where
 2 pathologists may not be reporting on internal
 3 controls, so she asked me to put that in as a
 4 reminder when I sent out that information on
 5 the HER2/neu.
 6 COFFEY, Q.C.:
 7 Q. But the idea of sending, like, for example, a
 8 copy of that July 28th, 2005 memo that you
 9 wrote to pathologists and pathology residents
 10 within Eastern Health, because they're dated
 11 the same day -
 12 DR. COOK:
 13 A. Yeah, and I -
 14 COFFEY, Q.C.:
 15 Q. P-0076 and the one that, this exhibit right
 16 here.
 17 DR. COOK:
 18 A. Yes.
 19 COFFEY, Q.C.:
 20 Q. The idea of actually forwarding a copy of that
 21 kind of nine-step summary relating to ER and
 22 PR status didn't cross your mind to send that
 23 on out to these other pathologists?
 24 DR. COOK:
 25 A. You mean the original letter on ER/PR?

Page 335

1 COFFEY, Q.C.:
 2 Q. Yeah, the P-0076, if we could, please?
 3 DR. COOK:
 4 A. No, because we were including that information
 5 there in that HER2/neu article.
 6 COFFEY, Q.C.:
 7 Q. You would agree, would you not, that this
 8 particular one is much more detailed?
 9 DR. COOK:
 10 A. Yes.
 11 COFFEY, Q.C.:
 12 Q. So then, Doctor, at the August 1st meeting
 13 then, by the time that ended, had you passed
 14 on to Dr., well, anyone other than Dr.
 15 Williams your observations and what you'd been
 16 told by Dr. Carter based upon her review, did
 17 you tell anyone at the August 1 meeting, look,
 18 generally this may involve not only technology
 19 but pathologists, as well?
 20 DR. COOK:
 21 A. That's correct.
 22 COFFEY, Q.C.:
 23 Q. And did you explain to them why that was so?
 24 DR. COOK:
 25 A. Well, again, I vaguely remember that I didn't

Page 336

1 get into the idea of internal controls, but I
 2 probably got into the idea that we were having
 3 problems with interpretation by pathologists,
 4 that it's possible that some cases that were
 5 positive were actually diagnosed as negative
 6 or reported as negative and vice versa. I
 7 don't know, Mr. Coffey, if I got in at that
 8 time, at that meeting, with the issue of
 9 internal, external controls, I may, I may not
 10 have, but that was information I was conveying
 11 to the meeting.
 12 COFFEY, Q.C.:
 13 Q. Thank you, Commissioner. Thank you, Doctor.
 14 COMMISSIONER:
 15 Q. All right, then.
 16 COFFEY, Q.C.:
 17 Q. Tomorrow morning.
 18 COMMISSIONER:
 19 Q. Tomorrow morning at 9:30.
 20 COFFEY, Q.C.:
 21 Q. Oh, before we go, I apologize, otherwise I
 22 will be in trouble, apparently. If I could
 23 ask, please, Commissioner, Exhibits P-1893,
 24 1898 and 1889 be entered?
 25 COMMISSIONER:

Page 337

1 Q. Wait now, 1893, 1898?
2 COFFEY, Q.C.:
3 Q. Yes.
4 COMMISSIONER:
5 Q. And the other one is?
6 COFFEY, Q.C.:
7 Q. 1889.
8 COMMISSIONER:
9 Q. All right. Yeah, that's what's on my list.
10 Entered.
11 EXHIBIT P-1893 ENTERED INTO EVIDENCE.
12 EXHIBIT P-1898 ENTERED INTO EVIDENCE.
13 EXHIBIT P-1889 ENTERED INTO EVIDENCE.
14 COFFEY, Q.C.:
15 Q. Thank you, Commissioner.
16 COMMISSIONER:
17 Q. 9:30. Thank you.
18 Upon conclusion.

Page 338

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 3rd day of July, 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 3rd day of July, A.D., 2008
13 Judy Moss

Inquiry on Hormone Receptor Testing

-\$-	-1-	1999 [2] 134:1 304:3	272:14 273:1 279:19,21	38 [1] 212:8
\$2,000 [1] 254:18	1 [5] 7:23 196:12 319:24 320:3 335:17	19th [8] 5:11 221:17 222:5,8,10 238:23,25 257:24	283:2 285:24 292:14	3:20 [1] 309:9
-&-	10 [2] 122:10 206:11	1B5 [1] 300:18	295:22 298:7 302:5,11	3:30 [1] 255:3
& [1] 85:8	100 [3] 212:1 213:23,24	1st [13] 128:11 167:15,17 182:25 184:20 185:12 196:24 197:5,12 198:1 319:14 326:21 335:12	302:12 304:1 309:9	3rd [3] 110:9 338:5,12
-'-	1000 [1] 302:8	-2-	311:15 312:20 313:15	-4-
' [2] 14:2,2	10:10 [1] 271:5	2 [5] 12:24 13:2,19 73:18 309:7	314:5 316:18 318:17	40 [10] 69:8 88:24 90:8,9 93:1 110:19 283:23 320:23 325:12 331:23
'01 [5] 16:12 53:1 59:14 60:19 154:19	10:15 [1] 318:17	20 [8] 99:24 100:11,13 276:6,23 319:10 325:19 330:18	319:15 326:10,21 329:23	48 [2] 140:15 141:1
'02 [7] 16:11 52:25 59:13 60:18 154:18 219:3 272:19	10:30 [1] 245:11	2000 [8] 16:6 111:21 125:7 134:3,4 223:15,17 293:1	331:5 332:25 334:8	4:00 [1] 189:17
'03 [12] 9:23 11:4,7,12 29:22 145:21 147:11 156:16,18 258:24 259:3 316:25	11 [6] 58:21 72:13 76:15 122:10 325:11 326:11	2001 [5] 53:15 134:1,4 139:22 173:25	2006 [3] 10:12,18 148:14	4:28 [1] 312:21
'04 [9] 29:13,17,18 157:7 157:7 159:18 301:12 306:6 317:1	11:15 [1] 124:12	2002 [37] 30:25 38:21 39:7 51:16,24 52:2 53:13 56:2 68:6 69:7 70:19 77:4 80:12 85:1,5 86:24 87:4,7 109:4 134:1,2,5,7 174:1 178:7 194:22 212:7 218:23,24,24,25 245:18 279:15,19,21 299:1,25	2008 [4] 1:4 205:22 338:5 338:12	4th [1] 7:24
'05 [19] 9:18 23:12,17,17 23:21 30:17 53:11 88:10 92:19 106:20,21 124:19 159:16 241:21 260:3 301:13 306:6,7 330:5	11:30 [1] 285:24	2002/03 [1] 224:1	20th [10] 46:2 222:6,9 223:22 224:7 232:5 233:16 237:11,25 241:2	-5-
'06 [6] 11:2,3,11 148:22 204:20 272:19	11:45 [1] 292:14	2003 [38] 5:11 7:8,11,19 7:24 8:16 9:21 10:17 12:5,16 13:14 29:9 60:3 61:16 75:3,5,7,20 77:2 134:4,5 140:4 143:5 144:8 147:1 148:16,25 153:15 154:9,15 158:9 158:17 236:18 237:25 240:11 241:3 242:5 257:24	21st [10] 233:22 234:8 236:1 237:11 241:2 246:12 255:3 263:25 265:6 267:12	5 [7] 56:15 187:19 192:19 193:24 194:11 198:23 206:11
'07 [1] 205:21	12 [2] 232:6 241:20	2004 [12] 156:5,8,24 157:1,14 158:10 160:6 222:18 276:21 313:9 316:22 317:24	2145 [1] 118:11	50 [8] 56:18 57:17 69:5 110:17 123:19 283:23 320:23 331:23
'09 [1] 126:7	12:01 [1] 269:3	2004-2005 [1] 280:8	2146 [1] 118:11	50,000 [1] 24:18
'93 [1] 126:7	12:58 [1] 304:1	2004/5 [1] 304:7	2147 [2] 118:11,19	52 [2] 224:6,8
'94 [2] 126:7 313:20	12th [9] 12:16 134:16,19 143:21 146:20 237:6,16 238:8 266:14	2005 [117] 7:2,14,16 38:15,16,22 39:11 46:2 46:10 67:7 68:7 72:2 73:18 80:11 81:5 82:1 84:14 91:4 93:15 99:11 104:21 107:12,18,20 108:20 112:9,10 119:9 119:13 120:15 121:22 126:16 127:16 128:16 129:2,7,8 130:3 132:5 133:8,19 134:3,4,16 138:18 141:22 146:20 148:21 149:15,24 151:4 152:24 153:3 175:24 177:23 178:18 179:24 181:1,23 187:19 192:19 211:2,7,7 215:3 218:3 221:18 222:6,8 223:19 232:6 233:17,22 237:11 240:2,2,4,15 242:4 245:11 246:12 251:3 261:22 265:23 266:17 267:12,22 269:1,3 271:5	21st [10] 233:22 234:8 236:1 237:11 241:2 246:12 255:3 263:25 265:6 267:12	58 [1] 286:15
'95 [3] 16:2 247:7,24	13 [2] 86:24 195:16	2005 [117] 7:2,14,16 38:15,16,22 39:11 46:2 46:10 67:7 68:7 72:2 73:18 80:11 81:5 82:1 84:14 91:4 93:15 99:11 104:21 107:12,18,20 108:20 112:9,10 119:9 119:13 120:15 121:22 126:16 127:16 128:16 129:2,7,8 130:3 132:5 133:8,19 134:3,4,16 138:18 141:22 146:20 148:21 149:15,24 151:4 152:24 153:3 175:24 177:23 178:18 179:24 181:1,23 187:19 192:19 211:2,7,7 215:3 218:3 221:18 222:6,8 223:19 232:6 233:17,22 237:11 240:2,2,4,15 242:4 245:11 246:12 251:3 261:22 265:23 266:17 267:12,22 269:1,3 271:5	25 [26] 61:3,7 65:8,8,25 66:3 77:16 79:7 87:3 117:13 119:22,24 128:18 133:17 154:17 155:4 179:4,4,7 212:7 219:13 219:22 283:2 284:9 322:14 330:5	5:00 [2] 319:17,21
'96 [3] 16:2 247:7,24	14 [2] 86:24 195:16	2006 [12] 156:5,8,24 157:1,14 158:10 160:6 222:18 276:21 313:9 316:22 317:24	25th [2] 112:9,13	5th [5] 128:12 196:25 197:2 198:21 200:5
'97 [9] 60:3 141:22 155:24 223:15 224:1 252:4 253:20 287:9 329:23	14th [16] 13:14 84:14 108:20 109:8 114:6 147:19 149:14,24 151:4 152:24 162:3 200:11 211:2 221:19 269:1,3	2007 [1] 321:6	26th [1] 285:24	-6-
'97/98 [2] 290:24 291:2	15 [3] 65:25 99:24 118:4	29 [1] 321:6	27 [1] 295:22	6 [1] 256:17
'98 [2] 252:4 253:20	15th [4] 215:3,5 217:19 245:11	29th [12] 119:12 120:15 128:16 129:6 130:2,7 133:19 169:18 179:13 263:10 318:17 326:10	27th [5] 83:2,5,20 292:13 331:5	60 [8] 69:7 110:19 142:16 276:7 286:16 310:2 312:14 325:12
'99 [6] 16:6 111:21 125:7 154:19 207:9 304:7	16 [4] 65:25 120:1 155:3 212:7	2:00 [1] 30:21	28th [10] 169:18 175:24 178:18 180:8 298:6 309:9 312:20 314:5 332:25 334:8	611 [1] 300:18
'I [1] 14:1	160 [2] 69:4 110:13	2:15 [2] 196:6 283:3	29th [10] 169:18 175:24 178:18 180:8 298:6 309:9 312:20 314:5 332:25 334:8	65 [1] 286:16
'Sure [1] 14:2	16th [4] 153:3,8 162:4 165:1	2:35 [1] 298:7	30th [1] 119:9	650 [2] 222:17,20
'you [1] 290:9	17 [2] 14:15 62:23	2nd [2] 61:16 200:5	30,000 [1] 24:17	6th [2] 124:12 125:1
'YOU' [1] 13:23	175 [1] 304:10	-3-	3 [7] 1:4 2:3 68:7,17 88:21 236:13 295:21	-7-
---	17th [8] 12:5 39:17 45:14 47:5 55:25 61:25 62:4 124:2	3 [7] 1:4 2:3 68:7,17 88:21 236:13 295:21	2:00 [1] 30:21	7 [1] 10:18
-our [1] 244:22	18 [1] 320:4	30 [12] 88:21,24 90:8,9 93:1 155:4 223:16,25 276:6,23 320:22 330:19	2:15 [2] 196:6 283:3	70 [2] 142:16 310:2
-the [1] 324:22	1887 [1] 12:4	30,000 [1] 24:17	2:35 [1] 298:7	72 [2] 140:15 141:1
-well [1] 132:20	1889 [2] 336:24 337:7	300 [1] 88:21	3 [7] 1:4 2:3 68:7,17 88:21 236:13 295:21	75 [4] 212:1 224:5,8,19
-you [1] 24:13	1893 [1] 337:1	30th [1] 119:9	30 [12] 88:21,24 90:8,9 93:1 155:4 223:16,25 276:6,23 320:22 330:19	7th [2] 10:12 148:14
-0-	1898 [2] 336:24 337:1	33 [7] 90:20 218:17 219:13,22 220:9 320:7 322:15	30th [1] 119:9	-8-
0072 [1] 221:17	18th [6] 218:2 220:15,20 265:23 266:17 267:4	337 [4] 2:3 3:3,4,5	300 [1] 88:21	80 [11] 69:5 100:8 142:16 146:7,16 207:23 208:1 208:11,21 299:11,16
0075 [1] 236:11	1929 [1] 268:18	3000 [1] 24:17	30th [1] 119:9	80,000 [1] 24:19
01 [1] 120:9	1940s [1] 228:9	300 [1] 88:21	33 [7] 90:20 218:17 219:13,22 220:9 320:7 322:15	80-85 [1] 206:6
02 [3] 120:9,9,9	1949 [1] 228:12	300 [1] 88:21	337 [4] 2:3 3:3,4,5	82 [1] 305:1
0522 [2] 302:3 303:16	1990 [1] 326:5	300 [1] 88:21	30th [1] 119:9	85 [16] 56:18 57:17 58:17 58:22 123:19 146:7,16 207:18,23 208:11 214:9 224:6,8 299:11,16 312:14
0526 [1] 330:3	1990's [1] 252:25	300 [1] 88:21	30th [1] 119:9	87 [1] 301:14
0534 [1] 332:24	1993 [1] 324:16	300 [1] 88:21	30th [1] 119:9	88 [1] 301:14
	1997 [2] 160:6 222:18	300 [1] 88:21	30th [1] 119:9	89 [6] 301:14 304:10,14 304:25 320:17 329:2

<p>8th [6] 112:9,15 127:18 127:21 132:4,21</p> <hr/> <p style="text-align: center;">-9-</p> <hr/> <p>9,000 [1] 24:15</p> <p>90 [4] 58:17,22 207:18 214:9</p> <p>90's [1] 134:9</p> <p>95 [6] 39:2,16,20 56:13 57:19 58:15</p> <p>99 [1] 120:9</p> <p>9:00 [1] 332:21</p> <p>9:20 [1] 319:15</p> <p>9:30 [2] 336:19 337:17</p>	<p>254:16,19 272:7</p> <p>acts [1] 333:14</p> <p>actual [11] 81:14 82:7 138:22 158:25 164:20 172:14 195:4 209:6 260:17 304:20 307:13</p> <p>acute [1] 22:18</p> <p>add [3] 110:14 266:1 333:21</p> <p>addendum [3] 111:25 112:1 115:19</p> <p>additional [1] 85:12</p> <p>addressed [8] 12:5 22:12 119:13 120:15 149:11 152:24 266:24 331:11</p> <p>adequate [2] 100:8 319:4</p> <p>adequately [2] 288:3,14</p> <p>adjusted [1] 140:6</p> <p>adjustment [1] 158:21</p> <p>adjustments [2] 10:2,5</p> <p>administrative [6] 127:4 221:7 250:18 272:4 272:8,13</p> <p>administrator [1] 272:15</p> <p>admits [2] 316:20 317:7</p> <p>advanced [1] 6:25</p> <p>advancements [1] 328:23</p> <p>advise [1] 235:3</p> <p>advised [15] 68:17,18 119:1 127:15,19 132:14 132:17 184:19 215:22 271:5 272:1 283:3 291:1 316:23 319:15</p> <p>advises [1] 12:9</p> <p>advising [3] 30:23 288:12 293:9</p> <p>advisor [1] 18:12</p> <p>Advisory [2] 22:9,25</p> <p>affairs [2] 246:25 262:17</p> <p>affect [1] 104:7</p> <p>affected [2] 11:23 71:18</p> <p>affecting [1] 47:24</p> <p>afternoon [5] 12:19 30:22 189:17,24 265:14</p> <p>afterward [3] 200:17 214:18 291:19</p> <p>afterwards [1] 276:3</p> <p>again [62] 53:21 54:17 73:4,14,25 79:2 84:6 90:18 98:17 108:20 114:4 122:17 126:25 139:15 141:14 147:20 148:14,22 148:24 154:20 158:5 162:7 168:1 175:11 180:1 186:8 194:1,3 195:22 206:19 207:16 210:24 221:3,12 236:11 249:9 259:6 260:13 262:24 263:21 272:10 273:18 275:20 278:21 279:11 289:3 290:18 292:9 293:22 294:3 307:25 308:4 311:14 312:5</p>	<p>322:13,14 323:23 325:13 325:15 326:5,18 335:25</p> <p>ago [3] 15:7,17 323:20</p> <p>agree [7] 23:10 153:14 154:7 165:1 325:3 328:3 335:7</p> <p>agreed [13] 25:1,11 33:4 45:9 61:21 65:7 95:13 154:1 161:10 198:24 269:19 321:2 329:18</p> <p>agreeing [3] 42:5,6 181:21</p> <p>agreement [5] 41:25 45:13 255:13,17 325:12</p> <p>ahead [17] 19:13 32:14 47:3 77:12 144:4 147:9 150:14 166:3 167:13 183:3 191:17 242:14 290:9 300:4 310:23 315:3 320:7</p> <p>Ahmet [1] 285:5</p> <p>aid [2] 166:8,8</p> <p>aides [1] 137:22</p> <p>aids [1] 164:15</p> <p>air [1] 300:23</p> <p>al [1] 1:9</p> <p>alarmed [1] 284:11</p> <p>alert [1] 268:13</p> <p>alive [2] 215:24 216:1</p> <p>Allan [1] 273:8</p> <p>Allred [3] 276:21 277:1 330:9</p> <p>alluding [1] 96:5</p> <p>along [9] 19:7 43:18 158:11 191:20 205:24 283:18 301:21 318:3 320:24</p> <p>alter [1] 300:13</p> <p>alterations [1] 16:13</p> <p>always [13] 14:16 26:11 26:13 107:5 245:16 254:23 264:2,4,6,7,12 264:15,17</p> <p>ambulatory [1] 22:19</p> <p>America [3] 126:11 312:5,16</p> <p>American [8] 31:4,8,10 51:5 54:18 259:12,13 291:6</p> <p>amongst [10] 19:21 26:15 29:2 79:6 140:8 193:8 195:2 210:5 246:13 266:6</p> <p>amount [3] 25:17 106:19 301:6</p> <p>analysis [3] 156:5,9 287:13</p> <p>anatomic [1] 48:23</p> <p>anatomical [10] 12:20 13:11 14:21,25 15:4,5 242:16 243:9 244:23 245:3</p> <p>Ann [2] 262:8 301:3</p> <p>answer [6] 48:21 88:18 123:11 141:7 186:1</p>	<p>203:18</p> <p>anti [1] 273:10</p> <p>anti-estrogen [1] 274:13</p> <p>antibodies [2] 263:2 300:17</p> <p>antibody [8] 101:14 144:9 172:12 300:14 301:6 313:12,16 330:21</p> <p>anticipate [2] 49:6 331:22</p> <p>anticipated [1] 171:21</p> <p>antigen [6] 101:13 148:6 148:7 172:11 300:15 330:20</p> <p>anxiety [2] 190:10 193:4</p> <p>anyway [4] 21:17 49:21 142:11 267:6</p> <p>Apart [1] 30:14</p> <p>apologize [9] 29:16 103:15 120:19 217:25 236:10,12 244:4 268:18 336:21</p> <p>apparatus [1] 338:10</p> <p>apparent [2] 14:23 250:2</p> <p>appear [2] 39:22 185:9</p> <p>Appearances [1] 1:5</p> <p>appraise [1] 283:11</p> <p>appraised [1] 186:15</p> <p>appreciate [23] 8:22 9:6 15:6 21:3 50:2 74:11 76:9 94:1 96:14,21 104:19 107:8 117:1 194:9 204:19,21 210:9,11 227:10 230:21 252:22 275:3 307:19</p> <p>apprehension [1] 12:10</p> <p>apprised [3] 182:7 183:2 183:4</p> <p>approach [3] 136:21 148:22 195:4</p> <p>approached [5] 12:17 20:23 148:15 201:8 204:17</p> <p>appropriately [1] 195:25</p> <p>approval [1] 232:24</p> <p>April [10] 7:24 29:17 46:2 75:5 145:20 147:11 157:1,7 159:14 316:25</p> <p>area [13] 23:3,9 99:21,22 99:25 107:11 169:21 179:2 196:21 210:18 258:4,21 259:4</p> <p>areas [7] 22:5,6,7 126:9 202:15 226:15 231:4</p> <p>arisen [1] 27:25</p> <p>Arizona [2] 298:6 317:3</p> <p>arms [2] 21:16,16</p> <p>arose [2] 240:15 302:10</p> <p>arrange [4] 12:18 45:10 165:10 256:4</p> <p>arrangement [1] 23:7</p> <p>arrangements [2] 233:2 233:3</p>	<p>arranging [1] 314:16</p> <p>arrived [2] 316:25 318:9</p> <p>arrow [1] 191:3</p> <p>article [8] 215:13 276:20 276:25 277:4 330:8,9,23 335:5</p> <p>ascertain [6] 7:7 124:8 126:2 135:2,6 184:10</p> <p>ascertained [1] 124:1</p> <p>ascertaining [1] 180:9</p> <p>ASCP [5] 316:23 318:1 318:3,3,5</p> <p>aspect [22] 80:22 83:11 101:13,14,14 105:16 154:22 158:4 173:3,3 181:10 202:13,14,15,20 203:13 233:10 251:20 323:24,25 324:2 332:8</p> <p>aspects [9] 48:4,22 139:3 172:9 207:3 235:22 248:15 263:6 270:11</p> <p>assay [1] 258:5</p> <p>assertion [1] 214:6</p> <p>assess [2] 31:4 32:23</p> <p>assessment [2] 161:2 176:1</p> <p>assign [3] 174:25 175:5 217:13</p> <p>assigned [2] 217:14 256:4</p> <p>assist [1] 268:2</p> <p>assistance [2] 137:22,23</p> <p>assistants [1] 12:22</p> <p>assisting [2] 216:17,23</p> <p>associated [3] 22:11 195:19 254:24</p> <p>Association [5] 1:14 227:25 229:7,8,9</p> <p>associations [2] 229:6 229:10</p> <p>assume [1] 182:3</p> <p>assumed [1] 46:23</p> <p>assumption [1] 304:24</p> <p>assumptions [1] 329:7</p> <p>assurance [13] 10:6 161:9 191:25 192:5 221:24 241:11,17 242:15 242:22 244:22 249:8 250:12 251:21</p> <p>assure [1] 191:16</p> <p>assured [4] 25:1,7 50:13 264:6</p> <p>assuring [1] 95:19</p> <p>asterisk [2] 191:3,7</p> <p>attached [2] 265:24 330:6</p> <p>attempt [2] 291:19 295:9</p> <p>attend [5] 189:18 197:3 234:6,14,17</p> <p>attendance [2] 60:7 189:25</p> <p>attended [1] 211:8</p> <p>attending [3] 47:11 131:17,20</p>
---	---	--	---	---

<p>attention [7] 29:20 30:1 122:21 171:18 182:1 193:15 302:11</p> <p>attributed [3] 211:19 244:12 288:20</p> <p>audible [1] 309:5</p> <p>August [42] 88:10 92:18 92:21 93:13,15 99:11,13 127:18,21 128:11,12 167:14,17 182:25 184:20 185:12 187:19 192:19 193:24 194:11 196:12,24 196:25 197:2,5,12 198:1 198:21,23 200:5,5 211:7 223:14,14 302:5 314:14 319:14,24 320:3 326:21 335:12,17</p> <p>authored [1] 38:15</p> <p>authorities [2] 1:17 179:23</p> <p>authority [4] 1:11 248:16 321:21,25</p> <p>auto [1] 302:13</p> <p>automated [10] 25:6 84:22 87:21 286:13 287:11 292:25 300:9 313:9 316:7 320:13</p> <p>automation [1] 301:22</p> <p>available [9] 156:5 165:11 166:8 167:2 205:10 210:13,19 254:19 268:13</p> <p>avoid [1] 195:2</p> <p>avoided [1] 251:4</p> <p>Await [1] 296:9</p> <p>aware [49] 33:25 45:8 49:19 56:23 58:21 71:23 72:1,10 84:18 97:3,8 105:4,17,21,23 106:3 107:12,15,24 114:10 116:9 126:18 133:10 148:9 180:25 181:3,16 181:18 185:10 192:16 200:25 201:24,25 227:21 229:20 230:3 231:4 232:19 236:1,5 242:23 243:1 253:20 263:10 295:2 310:20 311:6,13 311:13</p> <hr/> <p style="text-align: center;">-B-</p> <hr/> <p>b [1] 330:24</p> <p>B.C [1] 229:8</p> <p>background [4] 222:11 222:16 286:10 311:5</p> <p>bad [4] 69:7 110:18 316:20 317:8</p> <p>balance [1] 248:10</p> <p>ballpark [1] 214:9</p> <p>Banerjee [10] 96:5,14 96:22 194:10 198:22,23 199:4 201:5 202:3 203:23</p> <p>Banerjee's [2] 96:6 97:10</p> <p>Barron [1] 188:11</p> <p>Barry [12] 12:8 15:4</p>	<p>48:19 85:5 216:20 233:4 256:10 316:20,20 317:7 317:17 318:21</p> <p>Barry's [1] 217:7</p> <p>base [1] 74:6</p> <p>based [6] 206:2 264:24 265:1 275:4 286:25 335:16</p> <p>basis [8] 74:9 109:21 115:10 124:14 157:14 197:19,19 250:10</p> <p>batch [13] 87:3 90:20 132:13 133:6,16 154:17 218:17,18 220:9 245:19 264:7 320:6,7</p> <p>batches [1] 264:17</p> <p>baths [1] 247:17</p> <p>BC [1] 225:24</p> <p>bearing [4] 106:9,19 107:9 148:20</p> <p>became [7] 45:8 105:17 105:23 133:10 156:4 166:23 329:6</p> <p>become [4] 33:24 105:3 105:21 185:10</p> <p>becoming [2] 107:24 328:24</p> <p>began [5] 33:8 64:16 165:25,25 299:16</p> <p>begin [3] 55:23 258:24 314:5</p> <p>beginning [4] 16:16,19 72:15 316:1</p> <p>begins [1] 119:14</p> <p>behind [1] 311:21</p> <p>below [1] 279:14</p> <p>benchmark [4] 84:20 156:22 159:9,22</p> <p>benefits [1] 71:25</p> <p>benign [2] 333:13,14</p> <p>Bernard [3] 1:6 2:3 5:6</p> <p>best [7] 54:21 90:2 135:15 163:2 186:1 191:16 338:9</p> <p>better [4] 100:4 235:9,10 250:22</p> <p>between [31] 21:7 25:25 26:12,14 31:7 33:5 41:1 61:1 74:18 79:2 80:15 81:21 112:11 113:9,11 113:13 137:5 198:22 211:10 216:21 222:17 233:3 257:18 274:4,9 276:23 299:25 309:25 310:2 328:16,19</p> <p>Bev [7] 32:22 41:9 113:14 119:10 120:22 232:24 333:25</p> <p>Beverley [1] 333:17</p> <p>beyond [2] 60:1,3</p> <p>big [3] 59:19 73:4,11</p> <p>biggest [1] 330:19</p> <p>bimodal [1] 320:18</p> <p>binders [2] 146:5,5</p> <p>bioassay [2] 288:8,18</p>	<p>bit [11] 20:10 141:1 191:23 238:20 268:19 300:16 301:8 311:16,17 313:4,10</p> <p>Blair [1] 1:16</p> <p>blank [2] 266:3 268:25</p> <p>blinded [1] 279:4</p> <p>Bliss [1] 47:10</p> <p>block [8] 27:3 31:17,18 95:8,15,18,20 231:15</p> <p>blocks [11] 24:17 85:9 137:24 161:4 165:12,19 216:22 231:16 244:20 332:15 333:10</p> <p>blow [2] 16:7,11</p> <p>blown [1] 144:25</p> <p>board [2] 184:17 311:19</p> <p>Bob [8] 20:19 23:2 68:6 153:1 165:10 234:22 241:25 242:18</p> <p>bodies [1] 229:4</p> <p>boiling [1] 309:21</p> <p>bold [3] 13:7,23 14:1</p> <p>Bonnell [8] 147:23 150:1 211:5 235:2 237:20 242:1 266:14 273:8</p> <p>book [5] 66:15,17 67:1,5 67:8</p> <p>books [4] 65:19 66:13 126:14 254:20</p> <p>Boone [1] 273:7</p> <p>bottom [3] 149:19,23 180:3</p> <p>bought [2] 56:1,5</p> <p>box [1] 281:17</p> <p>bracketed [1] 160:6</p> <p>brackets [2] 13:3 14:4</p> <p>brain [1] 305:15</p> <p>Brazil [1] 1:8</p> <p>breadth [1] 63:6</p> <p>break [7] 108:16,19 113:17 196:7 198:6 261:18 265:14</p> <p>breast [40] 1:12 38:20 47:17,18,20,24 48:1,4 48:17 56:3,18 58:6 73:25 74:17,25 76:22 78:9,12 123:19 140:14 150:21 176:10 181:7 213:24 217:3 251:11 268:12 276:21 294:1,15,17,18 295:1 305:12,14,24 306:4 306:15,18 311:25</p> <p>breastcancerupdate.com [1] 330:8</p> <p>brief [1] 12:19</p> <p>briefing [2] 233:15,23</p> <p>briefly [2] 203:8 239:19</p> <p>bring [8] 82:25 91:10 120:13 133:24 211:12 213:4 316:18 318:12</p> <p>bringing [1] 329:24</p> <p>broad [2] 203:21,22</p> <p>broaden [1] 170:6</p>	<p>broadening [2] 171:1,5</p> <p>broader [3] 22:10 59:21 78:1</p> <p>broken [1] 317:22</p> <p>brought [19] 22:8,24 25:6 56:8 57:8,11,15,21 83:8 135:14 159:9,10,22 171:17 181:25 250:11 278:4 313:8 317:20</p> <p>Browne [14] 4:3,9,15 5:2 49:18,23 50:3,7,12 96:3 96:9 118:17,19,21</p> <p>Browne/Jane [1] 1:9</p> <p>Brunswick [2] 262:10 301:3</p> <p>bubbling [1] 90:1</p> <p>budget [1] 250:20</p> <p>budgetary [1] 248:5</p> <p>bullet [11] 140:3 212:3 215:5,12,20 217:11 223:25 224:2,2,4 232:4</p> <p>business [1] 227:18</p> <p>Butler [2] 217:15 255:22</p> <hr/> <p style="text-align: center;">-C-</p> <hr/> <p>CA [2] 211:24 213:15</p> <p>calculation [1] 207:15</p> <p>Cameron [2] 1:3 338:6</p> <p>Canada [15] 22:1,4 225:11 227:15,16 229:4 229:11,16,19 230:25 231:20 262:17,21 281:16 281:18</p> <p>Canadian [2] 1:15 227:25</p> <p>cancelled [1] 269:24</p> <p>cancer [19] 1:12,15 47:9 47:10 56:19 76:23 78:9 78:13 112:18 141:7 150:20,21 213:23 215:22 217:4 227:3 295:2 306:16 312:25</p> <p>cancers [2] 123:20 268:12</p> <p>CAP [3] 228:23 229:14 229:21</p> <p>capability [1] 232:21</p> <p>capacity [4] 161:11 163:5 256:8,25</p> <p>caps [3] 13:7,24,25</p> <p>capture [1] 146:7</p> <p>Carbonear [1] 179:15</p> <p>carcinoma [11] 30:25 31:16 38:20 39:6 40:21 40:21 51:4 66:20 176:3 176:10 180:19</p> <p>carcinomas [17] 37:4 38:25 39:2 51:7 52:15 56:14,20 58:6,8,12,25 61:10,11,12 213:24 294:17,18</p> <p>care [18] 8:4 9:10,16 11:23 14:15 15:24 16:1 22:13,18,19 69:4,21 70:8 70:11 175:21 219:5 247:6</p>	<p>258:16</p> <p>career [1] 228:24</p> <p>carried [7] 24:24 119:16 156:7,9 158:1 161:7 218:6</p> <p>carry [4] 122:22 123:4 124:18 221:22</p> <p>carrying [2] 64:18 136:13</p> <p>Carter [106] 32:22,23,23 32:23 33:1,4,5 37:18 41:9,20 42:17 43:2,8,9 44:7 47:12,15,17,25 55:20 60:25 61:1,21 64:13 65:3,7,18 67:13 68:22 74:2,16 75:14 79:3 79:11,24 81:22 90:21 91:10,25 93:20 105:24 111:10 112:4,5 113:14 114:15 115:17 117:5 119:10 120:22 121:3,6 127:2 128:17,19 153:1,3 153:13 160:7,22 165:1 166:13 167:2 169:24 174:8 175:25 176:25 178:20 180:23 181:22 184:14 190:19 192:12 193:23 194:21 200:6,11 218:10 219:17 221:18 232:19,22 245:12,17 246:2,4,13 255:6,14,23 255:24 264:19 318:21 319:2,3 320:15,20 321:18 322:8 323:10 325:2 328:20,24 329:6 333:17 335:16</p> <p>Carter's [18] 66:3 74:12 97:3,9 119:20 129:1,12 130:7 153:23 167:7,9 176:12 177:23 178:2 186:19 198:6 324:19,21</p> <p>case [27] 31:7,13 35:8 40:20 43:20,22 48:11,13 48:13 72:14 114:19 117:3 132:18,19 134:4,5 163:17 182:1 208:14,15 212:5 217:23 245:15 264:11 269:17 300:11 317:18</p> <p>cases [77] 28:22 33:6 36:21 44:16,18 48:13,16 59:8,13 69:4,12,21 71:11 85:4 91:18,20,25 92:13 93:1,3 95:4,14 99:7 102:13 104:25 107:20,25 108:1,5 109:4 110:13 111:20 115:18 134:1,2 137:2,2 139:22 145:2 150:18,19 151:1 160:8 161:5,8,12 168:1,2,7,8 168:15 169:23 175:10 178:3,7,13 179:5 183:24 193:11,16 195:23 206:1 206:6,10 215:7 244:18 244:19 253:2,4 260:14 263:23 230:19 325:11 326:11 331:23 334:1 336:4</p> <p>categories [1] 313:15</p> <p>categorized [1] 223:2</p> <p>caused [4] 16:2 37:15</p>
--	---	---	--	---

<p>74:22 159:4 causing [1] 19:21 cc'd [1] 149:11 cells [1] 290:23 Central [1] 1:16 centralization [16] 15:21 17:4,8,10 18:16 18:17 19:16 22:2,5 23:11 25:2,12,16 26:16 27:9 28:2 centralize [2] 16:24 28:14 centralized [1] 26:6 centre [7] 22:19 47:10 47:10 205:12 286:20 309:20 328:12 centred [1] 226:3 centres [2] 215:7 281:7 centring [1] 87:11 certain [7] 10:17 25:17 28:22 63:8 223:10 325:17 325:17 certainly [31] 7:17 8:14 9:6,13 11:24,25 17:6 28:7 49:19 50:8,13 65:19 126:15 130:8 133:10,11 151:9,11 152:2,2 163:4 195:9 204:3 214:8 221:20 223:13 232:20 242:8 263:9 279:6 310:19 Certificate [2] 2:4 338:1 certify [1] 338:2 chain [1] 139:10 Chair [1] 331:12 challenge [1] 254:21 chance [1] 321:3 change [12] 16:5 23:23 31:21 36:2 46:14,24 70:14 144:9 209:7 215:14 245:6 277:16 changed [5] 33:23,24 76:24 107:18 245:8 changes [15] 5:25,25 6:8 12:19 13:17 14:20 15:25 16:15 19:13 80:1 147:11 193:19 209:12 268:10 328:23 characterized [1] 242:21 characterizing [3] 242:3,5,11 charge [1] 136:10 chart [2] 68:21 287:2 charts [1] 115:23 Chaytor [1] 1:7 check [6] 143:4 146:25 209:5 306:2 316:23 318:4 checking [1] 181:4 Chesley [1] 1:12 chief [19] 25:24 38:6,9 63:23 117:3 121:7 122:23 137:8 152:25 204:20 218:11 249:1 254:11 257:1 272:18 293:22 294:1 321:23 331:11</p>	<p>chiefs [1] 22:8 choose [1] 89:2 choosing [2] 95:18 333:10 chosen [2] 196:18,20 circle [1] 94:19 circled [1] 190:24 circles [1] 115:4 circling [1] 191:7 citation [4] 124:17 125:10,16 126:1 citations [1] 125:20 city [1] 16:20 Clare's [25] 12:23,25 13:15 15:2 16:9,18,25 17:11,18,23 19:6,13,22 21:5 22:16,17 24:15 26:9 33:20 61:5 189:5,14,15 223:7 247:7 clarity [1] 94:11 Class [1] 1:13 clear [6] 40:2 49:24 115:16 245:14,16 256:23 clearer [1] 6:16 clearly [2] 4:20 254:23 Cleveland [2] 260:11,13 client's [1] 118:18 clinic [14] 260:14 280:11 280:19,20 285:24 286:20 287:3 291:2,15 292:5 294:5 298:25 299:21 312:12 clinical [27] 22:8 25:24 38:6,9 63:22 117:3 121:7 122:23 137:8 152:25 204:20 218:11 227:7 230:6,8,9,10,22,23,25 231:3 248:25 254:11 257:1 259:12 272:18 321:23 clinically [2] 227:7 325:18 clinicians [2] 230:18,21 close [3] 26:11 53:4,10 closed [1] 16:6 closely [2] 107:5 113:5 CME [2] 254:15,18 co [2] 136:3,6 Co-counsel [2] 1:6,7 co-ordinating [1] 136:1 coast [6] 225:15,15,18 225:18 226:7,7 Coffey [1050] 1:6 2:3 4:2 4:5 5:5,6,8,18 6:4,18 7:5 7:21 8:10,14,21 9:3,8,14 9:19 10:9,16,25 11:8,17 12:2 15:12,16 17:1 18:21 18:25 20:4,8 23:15,22 24:3 25:13 26:3,19,23 27:8,14,23 28:3 29:7,23 30:5,10,18 31:24 32:4,8 32:13 33:9,13,17,21 34:6 34:11,15,16,23 35:3,10 35:16,23 36:4,10,14,23 37:2,8,21 38:2,7,13</p>	<p>39:15,18 40:1,10,14,18 40:24 41:7,12,18,23 42:7 42:16,20,25 43:11,15,25 44:10,17,22 45:1,5,15 45:20,25 46:7,20 47:2,6 47:14,21 48:6,12,18,25 49:4,12,17 50:1,6,21 51:13,18,25 52:6,10,20 53:2,7,8,18,23 54:8 55:1 55:6,10,17,21 56:10 57:2 57:7,14,18,22 58:2,10 58:18 59:2,10,15,22 60:2 60:5,6,13,21 61:13,20 62:3,7,13,22 63:1,10,15 63:21 64:3,7,12,20,24 65:5,13,22 66:2,9,14,25 67:6,12,20,25 68:5,10 68:16,25 69:14,20,25 70:4,10,15 71:1,9,15,22 72:7,11,20,25 73:9,16 73:22 74:10,20 75:1,10 75:17 76:1,8,13,20 77:9 77:11,20 78:4,8,15,24 79:5,15 80:4,9,16 81:4 81:10,16,24 82:4,10,15 82:20 83:4,13,16,18,24 84:11 85:19,23 86:3,14 86:19,21 87:5,12,22 88:2 88:6,11,15,20,25 89:5 89:10,14 90:6,16,22 91:3 91:7,15,23 92:4,8,9,15 92:20,25 93:5,10,14,21 93:25 94:8,14 96:4,4,7 96:13,20 97:2,7,13,17 98:1,6,12,21 99:2,10,14 100:2,10,15,21 101:2,9 101:15,21 102:3,9,17 103:1,7,13,18,23 104:2 104:9,18 105:6,15,20 106:1,8,14,18 107:7,17 107:22 108:4,8,15,17 109:2,7,13,18,24 110:5 110:12,24 111:4,5,12,18 112:6 113:6,16,22 114:5 114:13,18,22 115:1,15 115:22 116:1,6,13,17,25 117:18 118:1,7,8,16,23 119:5,25 120:4,12 121:2 121:10,16,20 122:1,13 122:25 123:6,10,14,23 124:4,7,16 125:4,8,13 125:19,25 126:8,12,22 127:6,12,22,25 128:6,13 128:25 129:5,11,15,19 129:20,25 130:10,19 131:3,7,14,19,24 132:9 132:23 133:1,12,18,22 134:12 135:9,17,22,25 136:5,14,19,24,25 137:7 137:14 138:1,7,14,24 139:6,15,20 140:2,13,20 141:3,11,16,23 142:8,14 142:21 143:3,8,12,16 144:3,19 145:5,17,22 146:1,18,24 147:5,14 148:2,12,19 149:4,12,22 150:4,13 151:3,12,17 152:1,6,11,17,22 153:7 153:12,19,24 154:5,13 154:24 155:12,20 156:2 156:15,21 157:2,6,12,17 157:23 158:7,16,23 159:3 159:7,15,19,25 160:4,13</p>	<p>160:19 161:3,21 162:2 162:11,18,23 163:7,12 163:20,24 164:3,8,18,22 164:24 165:5,13,17,22 166:2,14,18,22 167:3,8 167:16,23 168:4,12,17 168:21 169:2,8,12,13 170:7,12,20 171:6,11,16 171:25 172:6,18,23 173:7 173:22 174:4,9,13 175:2 175:6,15,18,19 176:6,15 176:20 177:2,8,14,21 178:1,6,11,17 179:3,8 179:12,19 180:1,6,15,24 181:5,12,20 182:5,10,14 182:20 183:8,13,20 184:1 184:7,18,25 185:7,13,17 185:21 186:3,10,17,22 186:23 187:8,11,12,17 187:22 188:1,5,10,15,21 189:10,21 190:4,13,20 191:2,6,10,24 192:11,17 192:25 193:6,21 194:2,8 194:15,20,25 195:14 196:2,9,10,17,22 197:4 197:10,22 198:4,12,20 199:2,16,21 200:4,10,15 200:20,24 201:6,13,19 204:7,18,24 205:4,8,14 205:19,25 206:5,18,23 207:10,19,25 208:4,8,12 208:19,24 209:3,13,17 209:22 210:3,21 211:17 211:18,23 212:12,18,24 212:25 213:11 214:2,12 214:17,24 215:10,19 216:4,10,16 217:1,10,18 217:24 218:14,20 219:4 219:9,14,20 220:5,13,18 220:24 221:4,9,13,15 222:3,14,24 223:20 224:12,16,21 225:7,12 225:16 226:1,6,12,19 227:1,9,22 228:4,8,13 228:17,22 229:2,12,17 230:5,11,15,20 231:5,10 231:17,22 232:3,9,14 233:6,13,20 234:1,5,9 234:13,18 235:11,24 236:7,21,25 237:1,9,21 238:7,12,22 239:1,6,13 239:22 240:1,5,9,14,21 240:25 241:15,22 242:2 242:10,20 243:2,10,14 243:21 244:2,11,24 245:5 245:9,25 246:18,23 248:19,24 249:4,12,17 249:24 250:24 252:2,11 252:21 253:3,6,16,24,25 254:9,25 255:12,21 256:2 256:9,16,22 257:6,11,16 257:23 258:8,15,22 259:8 259:20,24 260:10,16,24 261:6,14,17,19,25 262:15 262:20 263:7,16,24 264:9 264:18,23 265:5,11,17 265:18 266:16 267:3,9 267:15,20,25 268:16,24 269:25 270:6,20 271:3 271:10,15,20,25 272:5 272:12,20,25 273:5,14 273:22 274:1,11,16,22 275:2,11,16,23 276:2,9</p>	<p>276:14,24 277:6,12,13 277:19,24 278:10,16 279:1,8,13,18,24 280:3 280:9,14,22 281:3,19,24 282:4,8,12,17,21 283:1 283:7 284:1,5,7,12,18 284:24 285:4,8,14,19,23 286:3 287:25 288:7,11 288:19,25 289:11,16,22 290:3,7,16 291:13,18,23 292:7,12,19,24 293:4,8 293:13,18 294:22 295:4 295:8,14,20 296:1,8,13 297:2,6,10,16,24 298:5 298:12,17,23 299:4,9,19 299:24 300:3 302:1,9,17 302:21 303:6,14,22 304:6 304:13,18 305:2,7,17,25 306:9,19 307:2,6,11,18 307:23 308:3,8,13,20 309:1,6,14 310:8,14,22 311:7,12 312:17 313:24 314:3,9,18,21 316:16 317:6 318:11,16,20 319:1 319:8,13,20 320:1,9 321:5,11,19 322:6,19 323:2,12,17 324:15,20 325:1,6,22 326:3,9,15 326:20 327:2,7,12 328:5 328:14 329:15 330:1 331:3,10 332:18,21,22 333:7,20 334:6,14,19 335:1,6,11,22 336:7,12 336:16,20 337:2,6,14 collecting [1] 93:3 collection [1] 290:9 College [2] 227:14 259:13 column [2] 304:9 325:2 combination [2] 257:21 326:5 comfortable [1] 121:15 coming [7] 16:22 19:14 20:20 158:15 232:6 272:10 302:3 command [1] 139:10 commence [1] 166:9 comment [10] 202:18 227:24 233:12 244:13 286:8 288:20 296:25 311:22 313:20 329:1 commented [1] 320:21 comments [5] 64:4,6,8 163:16 185:6 Commission [10] 1:1,6 1:7 49:25 50:9 124:22 125:21 127:13 338:4,7 Commissioner [107] 1:3 4:1,7,13,18,24,25 5:4,9 7:6 17:19,24 18:4,8 24:9 24:12 26:4 28:9,13,19 37:10,17,19 46:8 49:24 50:13 54:14,21,24 76:25 77:23 82:21 94:10,15,16 94:25 95:5,10,17,23 96:1 96:4 108:14,18 115:2,16 118:2,3,6,9,9,13,25 124:23 125:2,9,11 135:24 136:3 172:24 182:21</p>
---	---	--	---	---

187:10 196:3,5,8,11 202:1,7,12,22 203:5,15 203:19 204:5 207:6 209:5 227:24 236:12 245:22 261:16 265:12,13,16,19 314:20 315:8,17 316:4,9 316:14 322:20 323:19,23 324:1,8 332:20,23 336:13 336:14,18,23,25 337:4,8 337:15,16 338:7 committee [3] 22:9,25 23:1 commonly [1] 56:21 communicate [2] 197:15 284:15 communicated [6] 189:20 190:9 198:14 201:14 210:7,16 communicating [1] 109:21 communication [12] 12:14 26:12,13,17 29:2 74:8,18 109:14 112:10 113:8,13 216:21 communications [1] 327:24 community [2] 210:6 330:17 company [1] 317:2 compare [7] 69:7 87:19 110:19 275:12 278:23 279:14 280:6 compared [7] 6:25 7:13 106:22 137:16 138:3 204:13 326:1 comparing [1] 323:6 comparison [4] 120:17 325:7,10 326:18 compiled [2] 79:11 307:20 compiling [1] 305:19 complain [1] 123:1 completed [2] 66:4 322:12 completely [1] 319:10 complex [1] 270:14 complexity [1] 270:12 component [1] 245:3 comprehensive [1] 199:25 comprising [2] 216:24 217:2 computer [1] 164:20 computerized [3] 162:13,19 164:11 concentrate [1] 172:7 concentrated [2] 179:2 305:23 concentration [1] 101:14 concentrations [3] 144:10 172:13 263:2 concern [4] 12:10 22:24 24:12 26:15 29:15 36:22 37:15 38:23 39:8 40:20	41:15 43:6 51:8,10,11 51:23 52:2 63:4,4,11 73:10 76:6 77:18,19,21 77:23 80:24 84:7 104:22 121:12 161:23 168:18,20 170:19 174:18,19 183:18 193:1 320:12,23,24 concerned [16] 25:11,21 26:10 31:23 32:20 35:7 37:14 55:8 64:1 78:2 100:7 170:25 183:17 185:4 311:16 321:23 concerning [15] 14:20 25:16 29:11 84:7 89:16 104:23 134:16 159:12 171:18 173:12 222:16 312:1 313:14 320:6 321:1 concerns [10] 32:16,19 36:19 41:17 53:14 62:21 100:22 105:25 132:17 301:4 conclude [2] 42:10 333:9 concluded [2] 24:4,6 concludes [1] 155:21 conclusion [2] 28:13 337:18 concurred [1] 221:25 condition [2] 31:2,7 conduct [10] 14:9 52:16 90:17 93:22 139:2 199:5 199:23 227:18 281:20 329:21 conducted [7] 14:8 126:3,17 201:1,20 236:16 237:24 conducting [7] 68:22 93:20 127:4 183:4 190:22 192:1 287:23 conducts [1] 120:17 conference [3] 47:9 148:1 150:9 conferring [1] 238:4 confident [1] 86:9 configuration [2] 22:15 23:7 configured [2] 23:8 66:18 confined [4] 126:11 132:12 133:4 259:6 confirmed [2] 301:10 322:1 conflict [1] 230:2 conjunction [1] 321:18 connect [1] 28:10 connected [1] 60:7 conscious [2] 117:20,22 consideration [1] 132:18 considered [1] 28:8 considering [4] 31:14 81:22 151:9 152:14 consolidation [1] 14:21 consult [1] 74:22 consultant [2] 232:5 246:10	consultation [3] 54:17 161:10 322:2 consultations [1] 260:7 contact [9] 75:12 179:22 215:6 232:25 284:2 291:14,19 295:10,17 contacted [5] 58:20 180:13 213:13 267:21 332:2 contain [1] 98:7 contained [7] 97:20,22 110:6 180:7,16,20 306:4 contains [1] 333:12 contemporaneously [1] 50:5 content [1] 15:19 CONTENTS [1] 2:1 context [11] 14:8 81:11 149:6 173:8,10 177:3,22 178:2 222:25 227:25 243:3 continual [1] 241:11 continue [1] 309:8 CONTINUED [1] 5:7 contradict [1] 60:9 contributed [1] 174:23 contributor [1] 330:19 control [25] 97:21,23 98:7 101:18 102:21,25 103:10,15,17,24 104:16 163:15 167:7 169:1 207:4 245:16 246:3,6 247:16 248:7 264:2,5,12,16 333:15 control/controls [1] 132:15 controlled [1] 246:19 controlling [1] 248:16 controls [49] 85:8 87:14 98:23 100:16 101:3 102:11,12 104:22,24 105:5 107:4,4,10,16 140:16 168:10,16 169:4 169:7 170:2,13,17 177:7 180:20 181:4,4,14 182:13 186:25 187:1 246:3 250:4 251:19 264:7,17 265:10 310:5,7,13,21,25 314:6 314:16 317:13,16,17 334:3 336:1,9 conversation [30] 31:3 34:3 37:12,23 41:1,19 41:24 42:3,15 43:1 51:4 68:12 148:4 170:18 185:25 187:7 213:19 238:18 262:8 270:22 290:19 292:20 298:9,22 301:2,25 308:14,19 312:20 315:3 conversations [6] 62:20 65:4 105:23 286:22 313:2 314:22 conversion [31] 40:20 43:5 46:13,18 54:13 55:7 65:21,23 116:3 206:5,8 207:18,24 208:25 219:10 220:10 268:10 269:13	270:3 275:13,21 276:5 276:10,13,22 277:15 278:18 286:15 290:13 294:7 313:2 conversions [14] 45:12 54:10 112:20,21 183:6 184:11 235:6 268:7 311:14 313:6 319:16 320:4 322:14 325:20 converted [23] 34:5 35:9 36:1 40:4 44:8 51:9 63:20 66:1 79:7 84:19 111:22,24 115:18 120:1 132:13 133:5 144:15 145:3 155:3 183:25 206:2 219:23 269:11 conveying [2] 273:15 336:10 Cook [1033] 2:2 4:4,17 4:19,23 5:6,9,16,21 6:11 7:3,15 8:5,13 9:1,5,12 9:17 10:1,14,23 11:6,15 11:20 12:12,18 13:20 14:22,24 15:6,10,15 17:3 17:21 18:2,6,10,23 19:2 20:6,11,13 21:9 23:18 23:24 24:5,11 25:19 26:8 26:21,25 27:12,19 28:1 28:5,12,24 29:21,25 30:7 30:12,20 32:2,6,11,15 33:11,15,19 34:1,9,14 34:20 35:1,6,14,20,25 36:8,12,18,25 37:6,11 37:16,25 38:5,11 39:14 39:24 40:8,12,16,22 41:5 41:10,16,21 42:1,12,18 42:22 43:3,13,19 44:2 44:13,20,24 45:3,7,18 45:23 46:5,12,22 47:4,8 47:16,23 48:9,14,20 49:2 49:7,14 50:4,19,24 51:15 51:21 52:4,8,12,24 53:6 53:16,20 54:1,11,15,20 55:4,14,19 56:7,25 57:4 57:10,16,20,25 58:4,14 58:24 59:6,12,17,25 60:4 60:10,16,24 61:18,23 62:5,9,15,24 63:3,13,17 63:24 64:5,10,15,22 65:1 65:10,15,24 66:6,12,16 67:3,10,17,23 68:3,8,14 68:20 69:3,17,23 70:2,6 70:13,21 71:5,13,20 72:5 72:9,17,23 73:2,13,20 73:24 74:15,23 75:8,13 75:24 76:5,11,18 77:8 77:14,25 78:6,11,18 79:1 79:10,21 80:7,13,19 81:7 81:13,20 82:2,8,13,17 82:24 83:7,15,21 84:5 85:13,17,21 86:1,6,17 87:2,10,15,25 88:4,8,13 88:17,23 89:3,8,12,18 90:12,19,25 91:5,9,17 92:1,7,12,17,23 93:2,8 93:12,19,23 94:6,12,23 95:2,7,12,22 96:10,11 96:18,25 97:5,11,15,24 98:4,10,15,24 99:5,12 99:17 100:6,12,19,23 101:6,11,19,25 102:7,15 102:19 103:5,9,16,20,25	104:6,12 105:2,9,18,22 106:6,12,16 107:1,14,19 108:2,6,10,25 109:5,10 109:16,20 110:1,10,22 111:2,9,14 112:3,16 113:12,20,24 114:11,16 114:20,24 115:5,20,24 116:4,11,15,20 117:8,21 119:8,23 120:2,10,25 121:5,13,18,25 122:16 123:5,12,21 124:3,11,20 124:25 125:6,17,23 126:5 126:10,20,24 127:10,17 127:24 128:9,23 129:3,9 129:13,18,23 130:5,16 130:22 131:5,12,16,22 132:6,7,22 133:9,15,20 134:10,22 135:12,20 136:1,2,11,17,23 137:4 137:11,18 138:4,10,19 139:4,14,25 140:10,18 140:22 141:9,13,20 142:2 142:12,17,24 143:6,10 143:14,19 144:5,21 145:8 145:19,24 146:3,22 147:2 147:8,17 148:8,17,23 149:8,20,25 150:2,7,15 151:8,14,20 152:4,8,15 153:5,10,17,22 154:3,8 154:11,16 155:10,15,25 156:12,17,25 157:4,10 157:15,20 158:3,13,19 159:1,5,13,17,23 160:2 160:11,17,24 161:18,25 162:5,16,21 163:1,10,18 163:22 164:1,6,12,21 165:3,8,15,20,24 166:4 166:16,20,24 167:5,12 167:20,25 168:6,14,19 168:23 169:5,11,16 170:10,14,24 171:8,14 171:20 172:3,10,21 173:1 173:14 174:2,6,11,21 175:4,8,17,25 176:4,13 176:18,23 177:6,11,17 177:24 178:4,9,15,22 179:6,10,17,25 180:12 180:22 181:2,9,17 182:2 182:8,12,18,24 183:11 183:15,22 184:3,12,22 185:2,11,15,20 186:7,13 186:21 187:2,15,20,24 188:3,8,13,18,23 189:13 189:23 190:6,18,25 191:4 191:8,12 192:4,15,22 193:2,12,25 194:13,18 194:23 195:7,17 196:15 196:19 197:1,6,13 198:2 198:10,17,25 199:6,19 200:1,8,13,18,22 201:2 201:11,17,23 202:2,5,11 203:3,7,17,24 204:15,22 205:2,6,11,17,23 206:3 206:21 207:7,12,21 208:2 208:6,10,17,22 209:1,9 209:15,20 210:1,15 211:16,21 212:10,16,19 212:22 213:9,18 214:7 214:15,20 215:6,8,12,17 216:2,8,14,18 217:8,16 217:22 218:12,16 219:2 219:7,12,18,24 220:8,16 220:22 221:2,11 222:1
---	--	--	---	---

<p>222:12,17,21 223:3 224:10,14,18 225:1,10 225:14,19 226:4,10,17 226:24 227:5,11 228:2,6 228:11,15,20,25 229:5 229:15,22 230:7,13,17 231:2,8,12,19 232:1,7 232:12,17 233:9,18,24 234:3,7,11,16,21 235:14 236:4,19,24 237:5,14 238:2,10,17,24 239:3,8 239:16,24 240:3,7,12,16 240:23 241:4,19,24 242:7 242:13,25 243:7,12,18 243:24 244:8,14 245:1,7 246:16,21 247:1,2 248:22 249:2,6,15,22 250:5 251:5 252:9,14 253:1,5 253:23 254:3,13 255:9 255:19,25 256:6,12,14 256:20 257:4,9,14,20 258:1,13,19 259:2,11,22 260:4,12,19 261:2,9,23 262:2,18,23 263:14,18 264:3,13,21,25 265:8 266:11,25 267:7,13,17 267:23 268:4,22 269:7 270:4,8 271:1,8,12,18 271:23 272:3,9,17,23 273:3,12,17,24 274:5,14 274:20,24 275:9,14,19 275:25 276:4,12,16 277:3 277:10,17,22 278:1,14 278:20 279:3,10,16,20 280:1,5,12,16 281:1,12 281:22 282:2,6,10,14,19 282:24 283:5,9 284:4,10 284:16,22 285:2,6,11,17 285:21 286:1,7 288:5,9 288:15,23 289:2,14,20 289:25 290:5,11,21 291:16,21 292:1,10,16 292:22 293:2,6,11,16,20 294:25 295:6,12,16,24 296:6,11,16 297:4,8,13 297:20 298:3,10,15,20 299:2,7,13,22 300:1,5 302:7,15,19,23 303:8,20 304:4,11,16,22 305:4,10 305:22 306:5,17,25 307:4 307:9,16,21 308:1,6,11 308:17,23 309:4,12,17 310:11,17,24 311:10 312:22 314:1,7,11,22 315:7,24 316:6,12 317:4 317:9 318:14,18,21,24 319:6,11,18,23 320:5,11 321:9,14,22 322:10,25 323:5,15,22 324:6,11,18 324:24 325:4,9,24 326:7 326:13,17,25 327:5,9,18 328:8,18 329:17 330:14 331:8,25 333:5,18,24 334:12,17,24 335:3,9,20 335:24 Cook's [1] 12:17 copied [4] 119:2 153:1 221:23 331:6 copies [2] 119:4 267:5 copy [9] 7:23 128:16,20 130:6,7 145:15 281:6 334:8,20</p>	<p>cores [1] 313:6 corporate [3] 145:13 147:25,25 corporate-wide [2] 12:21 13:17 Corporation [7] 15:24 16:2 22:13 69:4,21 175:21 219:5 correct [64] 5:17 10:24 11:16 27:13 32:3 33:16 35:2 37:17 40:17,23 41:11,22 46:6 52:5 68:15 71:14 96:19 97:6 102:8 104:1 120:11 121:1 123:13,22 136:18 143:7 155:11 164:7 187:16 191:1 198:11 199:1 202:6 215:18 217:9 219:19 222:2 226:18 227:19 228:7,16 232:13 238:11 246:17 255:20 256:21 261:24 267:14,24 273:13 285:3,7 288:6 290:19 293:12 298:11 299:8,23 314:8 318:15,25 319:19 335:21 338:3 correctly [8] 51:17 87:3 120:3 207:9,13 244:3 306:14 307:15 correlate [8] 54:5 69:9 87:17 95:15 111:6 208:20 294:14 315:12 correlated [2] 93:4 208:18 correlating [2] 64:19 260:21 correlation [2] 95:9 315:13 correlations [3] 309:24 332:6,10 correspond [1] 105:11 correspondingly [1] 249:19 corridor [1] 239:20 Cotran [2] 124:13 125:1 Council [1] 227:16 counsel [2] 4:16 50:10 count [3] 207:17,24 307:14 counteract [1] 313:17 counterparts [1] 179:22 countries [2] 275:13 300:21 country [5] 225:4 231:1 231:21 262:4,25 couple [8] 65:17 86:12 114:9 199:18 211:4,5 214:21 234:23 course [7] 28:17 31:3,6 189:8 221:8 306:11 328:3 cover [4] 84:15 119:9 260:3 330:7 coverage [1] 121:6 covered [3] 121:24 122:3 146:15 covering [3] 202:25</p>	<p>271:13 272:18 covers [1] 260:1 Craig [2] 276:20 330:9 CRB2 [1] 313:12 create [1] 162:25 created [2] 164:5 205:21 creating [1] 193:3 creation [1] 16:1 crisp [1] 6:16 crispness [1] 10:8 criteria [3] 60:23 89:1 325:14 Critical [1] 64:8 Crosbie [1] 1:12 cross [6] 77:1,4 134:5 215:18 217:9 219:19 222:2 226:18 227:19 228:7,16 232:13 238:11 246:17 255:20 256:21 261:24 267:14,24 273:13 285:3,7 288:6 290:19 293:12 298:11 299:8,23 314:8 318:15,25 319:19 335:21 338:3 currently [8] 51:17 87:3 120:3 207:9,13 244:3 306:14 307:15 correlate [8] 54:5 69:9 87:17 95:15 111:6 208:20 294:14 315:12 correlated [2] 93:4 208:18 correlating [2] 64:19 260:21 correlation [2] 95:9 315:13 correlations [3] 309:24 332:6,10 correspond [1] 105:11 correspondingly [1] 249:19 corridor [1] 239:20 Cotran [2] 124:13 125:1 Council [1] 227:16 counsel [2] 4:16 50:10 count [3] 207:17,24 307:14 counteract [1] 313:17 counterparts [1] 179:22 countries [2] 275:13 300:21 country [5] 225:4 231:1 231:21 262:4,25 couple [8] 65:17 86:12 114:9 199:18 211:4,5 214:21 234:23 course [7] 28:17 31:3,6 189:8 221:8 306:11 328:3 cover [4] 84:15 119:9 260:3 330:7 coverage [1] 121:6 covered [3] 121:24 122:3 146:15 covering [3] 202:25</p>	<p>DCIS [1] 330:11 deal [3] 21:12 30:15 122:23 dealing [8] 9:20 50:9,10 84:9 113:3 134:21 250:17 315:5 deals [1] 333:8 Dean [4] 34:25 40:6,7 46:10 Dean's [3] 45:16 72:14 212:5 debate [3] 13:5 14:6,6 Deborah [1] 273:8 debriefing [1] 322:7 deceased [4] 4:6 215:24 216:1,25 December [2] 223:15 316:25 decide [1] 328:2 decided [8] 21:20 42:4 59:9 61:1 88:9 141:17 204:1 296:20 deciding [4] 136:21 137:1 181:21 223:11 decision [11] 20:21,21 23:17,19 117:20,22 141:4 146:25 151:4,10 322:3 decrease [1] 89:22 decreased [1] 223:25 dedicate [1] 258:6 dedication [1] 259:5 deficiencies [5] 177:5 178:20 199:10 233:12 246:15 define [1] 206:7 defined [3] 161:12 206:7 223:1 definition [1] 206:4 degrading [1] 14:10 delegated [1] 138:5 delivery [1] 311:3 demonstrate [1] 242:18 denial [2] 71:10,11 Denic [4] 204:17 205:7 210:16,22 denied [1] 71:7 department [5] 13:16 14:13,25 175:23 331:12 depended [1] 146:11 depending [2] 207:4 276:8 depth [1] 105:14 described [2] 285:15 296:2 description [1] 130:13 design [1] 247:15 designed [1] 327:19 desire [2] 252:5 253:17 despite [1] 259:9 destroyed [3] 316:21 317:22,25</p>	<p>detail [1] 158:12 detailed [2] 180:17 335:8 details [6] 13:3 51:1 158:9,25 185:6 329:11 Detection [1] 301:9 deteriorated [2] 31:2 329:14 determine [1] 208:15 determining [1] 95:8 devastated [1] 219:25 develop [1] 256:12 developed [1] 186:16 developing [1] 254:11 developments [1] 189:7 diagnosed [5] 30:24 31:15 38:21 51:3 336:5 diagnosis [2] 54:6 227:20 diagnostic [4] 8:2,3,6 9:4 dialogue [1] 294:20 die [1] 191:23 differences [1] 25:15 different [14] 14:24 70:17 135:8 202:8 262:25 263:1,1,2,3,3,4 312:7,8 314:23 differentiate [2] 257:18 258:24 differentiated [1] 294:18 difficult [4] 122:4 162:7 294:11,19 difficulty [1] 253:22 diffuse [2] 181:8,10 digit [1] 120:9 digital [1] 287:13 diluted [1] 313:16 direct [1] 138:11 directed [6] 63:25 64:4 64:6,8 122:21 157:9 direction [3] 166:12 255:23 321:17 directly [6] 13:22 27:5 139:9 173:5,18 240:20 director [16] 12:6 21:10 21:20 112:18 127:19 247:15 262:9 285:16 292:2 293:21 295:3 298:24 299:15 308:10 309:19 332:1 director's [1] 295:5 directors [12] 84:14 85:20,22,25 86:9,13 108:22 110:15 114:7 150:17 262:3 333:1 disagree [2] 319:10 325:3 disagreement [1] 325:13 disbelief [1] 220:3 discarded [1] 303:11 disclosed [1] 80:3</p>
---	--	---	--	--

-D-

<p>disclosure [3] 79:14 269:16 292:4</p> <p>discontinue [1] 329:19</p> <p>discontinued [1] 241:8</p> <p>discover [1] 124:8</p> <p>discovered [1] 202:8</p> <p>discuss [14] 12:11 15:3 21:2 39:9 42:11 45:11 158:8 169:15 189:6,18 197:8 221:8 269:16 321:4</p> <p>discussed [26] 12:20 18:15 22:25 31:7 52:16 54:12 59:7,24 61:4 78:16 78:22 80:17 83:3 84:2,4 138:8 149:17 153:2 164:13,14,25 193:8 236:22 252:16 262:10 329:24</p> <p>discussing [3] 121:11 248:18 279:22</p> <p>discussion [35] 5:14,22 5:25 6:3,6,21,22 7:10 10:12 18:11 33:5 35:18 49:10 52:14 53:1,3,9 54:9 60:12 81:5,9 127:7 147:21 168:11 185:23 186:5 210:5 214:1 237:3 237:8 238:6 241:18 243:23 266:9 309:11</p> <p>discussions [17] 14:19 21:18,19 119:15 138:11 151:1 153:14 155:17,18 158:20 162:9 173:5,20 174:22,24 218:5 243:25</p> <p>Disease [1] 124:14</p> <p>disrespectful [1] 14:10</p> <p>distinction [2] 257:25 258:2</p> <p>distinctions [1] 258:11</p> <p>distribution [1] 284:20</p> <p>divert [1] 28:22</p> <p>divided [2] 21:15 248:14</p> <p>division [5] 1:15 48:24 193:4 242:16 244:23</p> <p>divisional [1] 127:20</p> <p>divisions [2] 247:10 250:14</p> <p>doctor [204] 6:20 8:3 10:11 12:4 23:23 25:14 29:8,18 36:5 37:22 38:14 40:2 45:6,16 47:3 50:9 50:22 52:23 53:3,11 54:15,16,22 55:2,20 56:11,22 57:21,23 58:16 58:20 59:3 60:14 61:21 63:2 65:14 67:13 68:1 69:2 71:23 72:21 73:17 75:18 76:14 77:12 84:13 85:13 86:22 87:13 90:7 90:17 97:18 103:2 104:19 105:16 106:2,9 107:8,24 108:19,23 110:6,16 113:17 115:16 119:6,19 120:5,14 121:21 123:1 123:16,17 124:17 126:13 127:7,13 128:15,18 129:22 131:8 132:1 133:2 133:25 134:14,18 135:23</p>	<p>136:6 148:13 149:14 160:22 161:14 162:12,19 173:23 174:14 175:20 176:16 178:8,18 179:20 180:7 181:21 182:15 186:4,18 187:13 188:7 191:25 192:18 194:10,21 195:1 196:11 197:11,23 198:21 201:7 202:2 204:8 204:25 206:1,19 209:14 210:4,23,24 211:6 213:1 215:3,20 216:5 217:11 218:1,21 219:15 221:10 221:17 222:4 223:21 227:23 229:18 233:15 236:12 237:22 245:10 246:11 249:13 252:3 253:19 254:10 256:23 260:18 262:1 263:8 265:20 266:6 267:10,12 268:18 271:11 272:22 275:3,17 277:25 279:9 280:23 281:10 282:23 285:1 288:1 290:20 292:9 293:19 296:2,14 297:25 300:4 302:4 303:15,23 304:19 306:10 308:16 310:23 312:18 314:10,22 316:17 318:13 321:20 322:7 324:17 326:4,6,21 328:6 330:3 331:4,24 332:24 333:21 335:12 336:13</p> <p>doctors [6] 1:9 48:7 181:24 184:10,19 318:21</p> <p>document [7] 110:4 121:9 131:1 190:3 287:14 303:24 305:6</p> <p>documentation [11] 13:4 152:3 221:13 316:20 317:8,11,15,16,19 319:4 321:1</p> <p>documented [4] 132:16 264:8 288:4 325:12</p> <p>documents [3] 316:21 317:21,24</p> <p>doesn't [2] 110:9 289:12</p> <p>Dogan [4] 285:5,15 286:18 291:15</p> <p>Dogan's [1] 290:8</p> <p>Dohan [1] 294:5</p> <p>domain [1] 138:23</p> <p>Don [2] 14:2 281:5</p> <p>Donahue [1] 294:5</p> <p>Donald [4] 2:2 5:6 12:12 85:13</p> <p>done [36] 5:14 31:6 50:14 53:25 54:2 79:8 94:21 111:8,13,15 127:1 144:8 149:3 154:17 157:19 158:12 159:4,11,21 161:16 165:6,14,16 183:6 184:21 213:21 217:21 219:17 220:14 232:15 238:1,3 251:3 273:20 288:14 306:2</p> <p>door [1] 13:24</p> <p>double [1] 290:1</p> <p>down [16] 21:4 144:17</p>	<p>173:24 190:7,15 191:23 193:14 269:15 292:17 294:1 297:14 299:10 309:16 312:11 317:11 326:16</p> <p>downgraded [1] 22:19</p> <p>Dr [1420] 2:2 4:4,17,19 4:23 5:6,9,11,16,21 6:11 6:21 7:3,8,15,24 8:5,13 9:1,5,12,17,23 10:1,13 10:14,23 11:3,6,10,15 11:20 12:12,17,18 13:20 14:21,24 15:6,10,15 17:3 17:21 18:2,6,10,12,23 18:24 19:2 20:6,11,13 20:19 21:9 23:2,18,24 24:5,11 25:19 26:8,21 26:25 27:12,19 28:1,5 28:12,24 29:8,21,25 30:2 30:7,12,17,20,22 31:25 32:2,6,11,15,22,23,23 32:25 33:1,4,5,5,11,15 33:19 34:1,3,4,8,9,12,14 34:20,21 35:1,6,11,12 35:14,18,20,25 36:5,8 36:12,18,25 37:6,11,12 37:16,18,23,25 38:5,11 38:17,23 39:4,10,11,14 39:24 40:3,5,8,12,16,19 40:22 41:5,10,16,20,21 42:1,12,17,18,22,24 43:2 43:3,8,9,13,16,17,19 44:2,7,13,20,24 45:3,7,9 45:18,23 46:5,12,22 47:4 47:8,12,12,12,15,16,17 47:23,25 48:9,14,20 49:2 49:7,14 50:4,19,24 51:1 51:15,21 52:4,8,12,24 53:6,16,20 54:1,11,20 55:4,14,19 56:7,25 57:4 57:10,16,20,25 58:4,14 58:24 59:6,12,17,25 60:4 60:10,16,24,25 61:1,15 61:18,21,23,25 62:5,8,9 62:15,24 63:3,6,13,17 63:24 64:5,10,13,15,22 65:1,2,7,10,15,18,24 66:3,6,12,16 67:3,10,17 67:23 68:3,8,13,14,18 68:20,22 69:3,17,23 70:2 70:6,13,21 71:5,13,20 72:3,5,9,12,17,23 73:2 73:13,18,20,24 74:2,12 74:13,15,16,21,23 75:3 75:8,12,13,14,19,24 76:5 76:11,18 77:8,13,14,25 78:6,11,16,18 79:1,3,10 79:11,12,21,23,23 80:7 80:13,19 81:7,13,20,21 82:2,3,8,11,13,17,24 83:2,7,15,21 84:5 85:17 85:21 86:1,6,17 87:2,10 87:15,25 88:4,8,13,17 88:23 89:3,8,12,18 90:12 90:19,21,25 91:5,9,10 91:17,25 92:1,7,12,17 92:23 93:2,8,12,19,20 93:23 94:6,12,23 95:2,7 95:12,22 96:5,6,10,11 96:14,18,22,25 97:3,5,9 97:9,11,15,24 98:4,10 98:15,24 99:5,12,17</p>	<p>100:6,12,19,23 101:6,11 101:19,25 102:7,15,19 103:5,9,16,20,25 104:6 104:12 105:2,9,18,22,24 106:6,12,16 107:1,14,19 108:2,6,10,24,25 109:5 109:10,11,16,17,20 110:1 110:3,10,21,22,25 111:2 111:9,10,14 112:3,4,5,8 112:13,16,17 113:9,12 113:14,14,20,24 114:11 114:15,16,19,20,24 115:5 115:17,20,24 116:4,11 116:15,20 117:5,8,21 119:8,9,10,13,20,23 120:2,10,16,22,25 121:3 121:5,6,13,18,25 122:16 123:5,12,21 124:3,11,20 124:25 125:6,17,23 126:5 126:10,20,24 127:1,8,10 127:17,24 128:9,16,17 128:19,23 129:1,3,9,12 129:13,18,23 130:5,6,15 130:16,22 131:5,12,16 131:22,23,23 132:2,6,7 132:21,22 133:3,9,15,20 134:10,15,18,22,23 135:12,20,25 136:2,7,9 136:11,17,23 137:4,11 137:12,12,18 138:4,6,9 138:10,12,19 139:4,14 139:25 140:10,18,22 141:9,13,14,20 142:2,12 142:17,22,24 143:1,4,6 143:10,14,19 144:1,5,21 144:22 145:8,14,19,24 146:3,19,22,25 147:2,7 147:8,13,15,17,21,22 148:5,8,10,15,17,21,23 149:7,8,9,9,16,20 150:2 150:7,15 151:8,14,15,20 152:4,8,15,25 153:1,3,5 153:10,13,17,22,23 154:3 154:8,11,16 155:10,15 155:25 156:7,10,12,17 156:25 157:4,10,15,20 158:2,3,8,13,19 159:1,5 159:13,17,20,23 160:2,6 160:11,17,22,24 161:10 161:18,25 162:5,16,21 163:1,10,18,22 164:1,6 164:12,14,19,21,25 165:3 165:8,15,20,24 166:4,13 166:16,20,21,24 167:1,5 167:7,9,12,20,25 168:6 168:14,19,23 169:5,11 169:16,17,24 170:8,10 170:14,24 171:8,14,20 172:3,10,21 173:1,14,20 174:2,6,8,11,15,17,21 175:4,8,17,25,25 176:4 176:12,13,18,23,24 177:6 177:11,17,22,24 178:2,4 178:9,15,20,22 179:6,10 179:17,25 180:12,22,23 181:2,9,17,22 182:2,8 182:12,18,24 183:11,15 183:22 184:3,12,14,22 185:2,11,15,20 186:7,13 186:19,21 187:2,15,20 187:24 188:3,8,11,11,13 188:14,18,19,20,23 189:11,13,23 190:6,18</p>	<p>190:19,25 191:4,8,12 192:4,12,15,22 193:2,12 193:23,25 194:13,18,23 195:7,17 196:15,19 197:1 197:6,13 198:2,6,10,17 198:22,23,25 199:4,6,19 200:1,6,8,11,13,18,22 201:2,5,11,17,23 202:3 202:5,11 203:3,7,17,22 203:24 204:15,17,22 205:2,6,7,11,17,23 206:3 206:21 207:7,12,21 208:2 208:6,10,17,22 209:1,9 209:15,20 210:1,15,16 210:22,24 211:6,16,20 211:21 212:1,10,13,16 212:19,22 213:2,9,16,18 214:3,7,15,18,20 215:2 215:6,8,12,12,17 216:2 216:8,14,18 217:8,16,22 218:3,4,10,12,16 219:2 219:7,12,17,18,24 220:3 220:6,7,8,16,22 221:2 221:11,18,23,24 222:1,7 222:12,16,21 223:3,13 223:21,23 224:10,14,18 225:1,10,14,19 226:4,10 226:17,24 227:5,11 228:2 228:6,11,15,20,25 229:5 229:15,22 230:7,13,17 231:2,8,12,19 232:1,7 232:12,17,19,22,24 233:9 233:18,24 234:3,7,11,16 234:17,21 235:14 236:4 236:14,18,19,24 237:4,5 237:6,11,12,14,15,17,18 237:23 238:2,4,5,10,13 238:15,17,21,24 239:3,8 239:10,15,16,20,24 240:3 240:7,8,12,16,17,23 241:4,6,13,19,24 242:5 242:7,13,25 243:3,7,12 243:15,18,23,24 244:8 244:14 245:1,7,10,12,12 245:17,23 246:2,4,13,13 246:16,21,24,25 247:2 248:22 249:2,5,6,15,22 250:5 251:5 252:5,9,14 252:17,17 253:1,5,23 254:3,13,22 255:1,4,5,6 255:9,14,19,23,24,25 256:6,11,11,14,20 257:4 257:9,14,20,24 258:1,13 258:19 259:2,11,22 260:4 260:12,19 261:2,9,23 262:2,8,18,23 263:14,18 264:3,13,19,21,25 265:8 265:21 266:4,10,11,13 266:25 267:7,13,17,23 268:4,22 269:7 270:4,8 270:23 271:1,4,8,12,16 271:18,23 272:1,3,9,17 272:23 273:3,6,9,9,12 273:17,24 274:5,14,20 274:24 275:6,9,14,19,25 276:4,12,16 277:1,3,10 277:17,22 278:1,14,20 279:3,5,10,16,20 280:1 280:5,12,16 281:1,12,22 281:23 282:2,6,10,14,19 282:24 283:5,9,10 284:4 284:10,16,22 285:2,5,6 285:11,15,17,21 286:1,7</p>
--	--	---	--	--

<p>286:18 288:5,9,15,23 289:2,14,20,25 290:5,8 290:11,21 291:14,16,21 292:1,10,16,22 293:2,6 293:11,16,20,25 294:4 294:25 295:6,7,10,10,12 295:16,18,24 296:6,11 296:16 297:4,8,13,20 298:2,3,10,15,20 299:2 299:7,13,22 300:1,5 301:3 302:7,15,19,23 303:8,17,20,25 304:4,11 304:16,22 305:4,10,11 305:22 306:5,17,21,25 307:4,9,16,21,24 308:1 308:4,6,11,17,19,23 309:4,12,15,17,18 310:11 310:17,24 311:10 312:12 312:22 314:1,7,11 315:7 315:24 316:6,12 317:4,9 318:14,18,24 319:2,3,6 319:11,15,18,23 320:2,5 320:11,14,20 321:9,14 321:18,22 322:1,4,8,10 322:25 323:5,10,15,22 324:6,11,18,19,21,24 325:2,4,9,24 326:7,13 326:17,25 327:5,9,18 328:8,18,20,24 329:6,17 330:9,14 331:6,8,11,25 333:3,5,16,18,24 334:12 334:17,24 335:3,9,14,14 335:16,20,24</p> <p>draft [3] 176:21 281:4,6 drawn [2] 257:25 258:2 dropped [1] 20:10 Drs [1] 149:24 ductal [3] 56:19 61:11 141:7 ductals [1] 312:1 due [4] 277:15 328:23,23 332:11 duplicate [1] 278:17 during [21] 12:11 52:22 55:24 62:23 63:12 64:8 64:21,23 65:18 71:19 84:25 86:23 88:5 106:20 143:20 146:8 235:12 238:13 248:18 283:12 317:3 dust [1] 16:15 duties [3] 123:4 136:13 166:10 duty [1] 123:6 Dyer [25] 12:8,8 15:5,9 19:11 20:16,23 47:13 48:19 64:4,6,8 85:5 139:8 173:10,11 174:5 233:4 256:10 316:20 318:21 319:2 321:7 327:23 333:3 dynamic [1] 17:12</p> <hr/> <p style="text-align: center;">-E-</p> <hr/> <p>e [7] 11:11 85:8 198:21 280:23 330:24,24,24 e-mail [3] 265:20 266:8 281:9</p>	<p>eager [1] 155:22 ear [1] 4:6 early [4] 140:4 156:23 223:14,14 early/mid [1] 66:7 earshot [1] 80:18 easier [4] 28:22,25 29:1 29:3 easily [1] 100:25 east [1] 226:9 Eastern [9] 1:10 122:6 126:19 175:24 216:11 233:15 236:14 333:1 334:10 Edition [2] 124:13 125:1 Edmonton [1] 312:25 effect [17] 6:8 60:8 67:1 70:11,19 120:18 123:3 148:14 152:3 153:25 157:18 163:21 184:20 242:11 248:5 250:1,7 effectively [3] 22:21 28:16 200:12 Efficacy [1] 330:11 efficient [1] 29:5 effort [2] 126:2 216:11 efforts [2] 162:24 243:5 eight [4] 11:2 75:4 77:3 241:7 either [12] 104:24 130:3 140:11 143:21 147:18 188:19 233:4 239:9 253:8 293:21 295:10 320:19 Ejeckam [49] 5:11 6:21 7:8,24 9:23 10:13 11:3 11:10 29:9,22 61:15 73:19 74:13,21 75:3,12 75:20 77:2 143:4 144:22 146:19 147:1,7,21 148:5 148:15,21 149:7,9 156:8 156:10 158:2,8 159:20 236:18 237:4,6,13,17 238:4,21 239:10,15,20 240:8,18 241:13 256:11 314:13 Ejeckam's [4] 242:5 257:24 266:4,10 elaborate [1] 167:24 element [3] 235:18 252:16 278:5 elimination [1] 301:23 Elms [12] 33:10 34:4,12 34:22 35:11,18 40:5,5,5 43:16,17 114:19 elsewhere [5] 151:7 152:14 179:22 251:12 262:17 embarked [1] 254:2 emotions [1] 191:22 emphasis [1] 250:16 emphasized [1] 290:2 Enclosed [1] 281:6 end [26] 6:5,22 13:9 79:16 91:1 106:20 121:21 133:8,11 134:6 138:15</p>	<p>138:17,20 171:13 179:23 181:22 192:18 210:12 223:8 236:8 250:2 260:2 314:14 315:2 316:18 322:21 ended [7] 7:11 9:23 41:19 41:24 60:15 106:22 335:13 enforcements [1] 231:3 engineering [1] 21:22 enhancement [1] 10:7 enrolment [2] 257:2,8 ensure [4] 24:23 181:23 182:6 221:21 ensured [1] 265:10 ensuring [1] 29:5 ENT [1] 17:13 entered [9] 13:20 118:12 118:14,15 336:24 337:10 337:11,12,13 entire [2] 18:17 20:1 entirely [1] 167:7 entitled [1] 330:9 entity [1] 245:4 entries [1] 296:15 envisaged [2] 199:22 319:22 EnVision [1] 301:8 epithelium [3] 181:7 333:13,14 equipment [9] 278:4,6 303:1,3,5,10 315:9,11 315:16 ER [99] 6:9,12,23 8:11 8:24,25 30:16 31:11 33:23 36:20 37:4,5 38:18 38:22 39:1,3,6 56:2,14 58:12 59:1 61:9 66:21 66:23 70:23 75:5,7,21 76:16,22 77:2 85:4,7 87:14 88:12 89:16 92:11 93:7,9,16 94:5 97:19 102:11 106:11,13,15,25 116:8 122:5 134:24 161:1 163:14 175:10 189:19 206:6,11 207:17,22 208:1 208:11,20,25 213:25 230:3 235:5 245:8 251:16 251:18 252:19,25 261:3 262:7,10 281:4 283:11 283:13 286:5 287:14,20 289:17 291:11 293:1 294:13 296:2 299:12 306:13 313:3,18 314:6 317:11 318:22 319:16 320:3 321:8 322:3 329:10 330:25 331:15 334:21 ER/Pr [46] 7:12 8:20 27:21 28:8 31:1,9 50:12 69:11 83:3 95:25 107:11 108:5,5 111:21 121:23 126:18,25 149:17 176:9 178:3 180:18 184:21 211:25 213:15 215:14 222:18 224:5,23 226:21 226:22 231:6 233:21 236:17 243:22 246:5 249:11 251:2 252:7</p>	<p>255:18 261:7 264:1 268:11 272:11 277:8 327:21 334:25 ER/PR.doc [1] 265:24 era [1] 252:4 erratic [3] 8:1 10:20 140:4 error [2] 56:5 328:10 ERs [17] 30:4,9 47:24 51:12 54:4 77:3 85:2,10 177:13 287:22 309:23 311:19 313:21,23 314:17 321:3 329:22 establish [1] 286:17 established [1] 295:19 estimated [2] 56:17 123:18 estrogen [29] 29:11,19 56:20 84:16,18 119:15 119:18 153:15 154:7,8 155:5,23 156:4,6 157:24 158:1 159:12 160:8,15 160:15,20 161:5 176:2 218:5,8 273:11 287:7 330:10 331:19 et [1] 1:9 etcetera [1] 305:15 ethics [1] 230:2 Europe [2] 275:22 276:7 evaluate [1] 43:10 evaluating [2] 331:15 331:23 evaluation [2] 225:4 317:1 evasive [2] 294:10 313:4 event [4] 30:15 36:3 62:11 283:21 events [3] 15:7 152:20 186:15 eventual [2] 13:1,18 eventually [5] 21:19 23:10 135:15 286:18 322:4 everybody [3] 189:6 191:18,21 evidence [5] 96:6 325:19 337:11,12,13 exact [5] 66:8 88:18 111:3 185:24 329:11 exactly [7] 44:8 45:10 77:15 80:14 112:24 144:7 321:15 examination [3] 2:3 5:6 227:14 examinations [1] 227:17 examining [1] 198:15 example [13] 6:9 7:1,14 46:1 56:17 61:14 181:6 193:7 208:21 227:3 247:8 259:1 334:7 excellent [1] 74:1 except [2] 120:18 244:6 exception [2] 61:16 203:1</p>	<p>exchange [1] 328:19 exchanges [3] 25:18 211:9 328:16 Excuse [4] 53:7 135:25 177:25 314:21 executive [2] 228:18 328:1 exhibit [73] 3:3,4,5 6:20 10:10 12:3 37:9 42:8 55:22 56:20 68:1 84:12 108:19 118:11 119:7 120:14,17,20 123:15 128:7,14,19 129:17 131:25 134:13 149:13 152:23 175:20 187:13 210:23 211:1 214:25 215:4 217:25 221:16 222:7 233:14 236:9 245:10 252:3 255:1 261:20 264:10 265:19 267:11 268:17 270:21,24 272:21 280:23 282:22 284:25 290:17 292:8 295:21 298:1,2 302:2 303:15 306:11 312:18 314:4,19 316:17 318:12 324:16 330:2 331:4 332:23 334:15 337:11,12 337:13 exhibited [1] 14:9 exhibits [6] 3:1,2 30:14 118:10,15 336:23 existed [2] 228:9 246:25 existence [1] 252:13 expand [2] 170:5 313:5 expect [3] 11:23 61:8 315:2 expected [3] 37:5 239:4 248:2 expelling [1] 301:5 experience [1] 313:1 experienced [1] 301:1 expertise [3] 74:12 164:10,16 explain [6] 36:24 121:17 301:11,16 306:21 335:23 explained [2] 10:18 301:10 explanation [8] 34:18 51:19 80:10 139:12 257:12 270:7 305:9 307:13 explanations [1] 139:12 expound [1] 187:6 expounded [2] 170:15 187:5 express [3] 25:7 40:19 174:19 expressed [11] 38:23 39:8 43:6 62:21 77:18 77:19,21,23 144:22 174:18 252:5 expression [3] 52:1 53:15 63:11 expressors [1] 276:8 extensive [1] 144:14</p>
---	---	--	--	--

<p>extent [9] 78:3,5 114:1 115:7,12 116:23 117:17 263:20 283:15</p> <p>external [9] 107:4 181:13 194:5 246:10 250:12,13 260:7 329:25 336:9</p> <p>extremely [1] 128:1</p> <p>eye [2] 247:19 250:22</p> <hr/> <p style="text-align: center;">-F-</p> <hr/> <p>fact [43] 19:11 21:14 25:18 35:8 46:13,14,17 46:24 51:6,9 55:7 68:12 70:16 71:24 74:24 79:19 85:15 87:6 91:21 104:25 112:19 121:14 123:2 169:25 181:24 182:16 183:5 192:13 213:12,12 214:25 226:20 235:5,6 248:7,13 252:23 258:9 278:2 304:19 310:9 320:21 322:11</p> <p>factor [2] 301:21 307:8</p> <p>factors [3] 155:1 300:12 300:14</p> <p>facts [1] 194:3</p> <p>failure [1] 22:6</p> <p>fair [3] 25:14 155:18 277:11</p> <p>fairly [1] 312:13</p> <p>faith [1] 47:25</p> <p>fall [1] 96:23</p> <p>Falls [2] 86:8 178:12</p> <p>false [9] 84:25 86:23 103:11 235:16 262:12 270:12 313:13 330:15,18</p> <p>familiar [1] 234:24</p> <p>famine [1] 253:9</p> <p>far [13] 25:20 53:4 100:7 109:12 126:6 183:7 192:8 214:22 230:24 235:4 265:9 303:3 306:6</p> <p>Farm [1] 212:9</p> <p>fax [3] 119:9 330:3,4</p> <p>FDA [1] 287:13</p> <p>feast [1] 253:9</p> <p>February [3] 12:5,16 13:14</p> <p>feeling [2] 19:7 121:7</p> <p>feels [1] 245:17</p> <p>Felix [1] 149:24</p> <p>fell [1] 217:4</p> <p>felt [12] 11:21 31:12 48:3 86:8 89:20 121:8,14 130:24 269:2,22 292:3 319:3</p> <p>few [9] 59:13,20 62:17 132:12 133:5 247:5 287:22 289:17 327:10</p> <p>figure [5] 142:16,20 222:20 224:17,19</p> <p>figured [1] 65:11</p> <p>figures [8] 110:20,25</p>	<p>111:7 124:1 126:4 144:16 224:8 306:12</p> <p>final [1] 322:3</p> <p>finally [1] 16:19</p> <p>finding [5] 75:15 150:11 154:22 268:14 322:13</p> <p>findings [1] 139:23</p> <p>fine [1] 84:1</p> <p>finger [1] 190:12</p> <p>firm [1] 151:10</p> <p>firmly [2] 203:12 315:9</p> <p>first [49] 9:15 12:15 15:16 16:1 27:18 33:24 38:14 39:19 42:8,9 46:3 56:13 58:11,21 79:7 86:4 105:16 110:7 112:12 117:11 119:8,22,24 127:15 128:17 132:20 133:13,16,25 145:6 150:9 153:20 155:4,13 156:4 180:8 182:22 185:9 193:20 197:25 208:14 211:15 218:22 222:10 265:2,6 286:4 298:1 330:3</p> <p>firstly [1] 182:15</p> <p>fiscal [2] 250:18 254:23</p> <p>five [15] 15:7 22:14 23:4 39:3 99:22 128:10 183:1 196:13,18 247:8 253:12 276:19 299:18 327:11 330:7</p> <p>five-week [2] 236:16 237:24</p> <p>fixation [6] 99:4,15,18 99:23 100:7,13</p> <p>fixed [1] 100:4</p> <p>flavour [1] 90:14</p> <p>flawed [1] 319:5</p> <p>flick [1] 221:13</p> <p>floating [1] 212:14</p> <p>flood [1] 316:22</p> <p>floor [1] 150:9</p> <p>focus [5] 73:1 122:20 193:15 194:6,9</p> <p>focused [8] 75:14 77:9 117:16,23 146:12 180:1 180:4 270:11</p> <p>folded [1] 89:25</p> <p>folder [2] 145:10,16</p> <p>folks [1] 312:15</p> <p>follow [6] 86:4,7,16 132:19 212:6,20</p> <p>follow-up [1] 213:6</p> <p>followed [1] 233:1</p> <p>following [17] 16:17 29:22 57:12 61:14 66:23 94:18 111:22 119:17 218:7 223:17 237:18 247:24 253:12 308:14,18 313:7 329:5</p> <p>follows [3] 12:9 119:19 218:9</p> <p>Fontaine [4] 188:6 189:1 189:11 314:5</p>	<p>Ford [3] 33:10 40:5,5</p> <p>forefinger [1] 13:22</p> <p>foregoing [1] 338:2</p> <p>forget [4] 24:8 86:10 122:22 325:13</p> <p>forgetting [2] 30:3,8</p> <p>form [1] 28:25</p> <p>formal [2] 79:17 131:1</p> <p>formalin [2] 140:15,16</p> <p>formality [1] 130:12</p> <p>formalize [1] 130:14</p> <p>format [1] 130:21</p> <p>formed [1] 23:1</p> <p>former [1] 299:6</p> <p>Formerly [1] 298:24</p> <p>formulate [1] 150:12</p> <p>formulating [1] 150:24</p> <p>formulation [2] 176:22 281:13</p> <p>forth [9] 56:1,5,8 65:4 83:8 155:19 185:23 278:7 286:23</p> <p>forthcoming [1] 235:9</p> <p>forward [7] 4:10 32:21 37:18 85:4,11 286:24 332:16</p> <p>forwarded [12] 31:20 79:12,23 80:2 92:14 105:24 130:8,9 182:4 266:12 267:1 331:21</p> <p>forwarding [3] 238:4 331:17 334:20</p> <p>found [13] 13:6 56:21 91:12 109:11 183:5 274:6 276:5,22 294:6 305:1,3 305:8,11</p> <p>four [13] 22:14 23:4 32:18 36:6 70:18 183:1 195:16 196:13,18 276:19 314:4 317:1 327:11</p> <p>fourth [4] 218:10,25 224:2,4</p> <p>frame [2] 160:6 207:5</p> <p>frames [1] 217:4</p> <p>Frances [1] 161:10</p> <p>frank [1] 292:4</p> <p>fraught [1] 253:22</p> <p>Friday [3] 13:13 318:17 321:13</p> <p>front [1] 13:21</p> <p>full [4] 18:3,5 19:5 39:21</p> <p>fully [3] 84:22 315:15 321:4</p> <p>functions [1] 122:23</p> <p>funding [4] 254:15,16 254:19 311:20</p> <p>future [2] 22:22 272:16</p> <p>Fyad [1] 292:17</p> <hr/> <p style="text-align: center;">-G-</p> <hr/> <p>G [2] 156:7 158:2</p> <p>Gardiner [5] 112:8,13</p>	<p>112:17 149:25 273:6</p> <p>gather [5] 72:14 114:3,7 200:5 270:25</p> <p>general [57] 5:22 6:2,14 16:10 17:5,14,18,23 18:18 19:6 20:2,14 23:14 24:7 27:10,16,17 51:10 52:13 58:8,16,22 73:8 77:19 85:5 88:9 106:3 107:2,3 108:12 143:23 150:10,18 158:20,24 170:18 174:25 175:5 183:12 189:3,17 195:8 197:8 216:7 258:3 261:4 262:14 265:2,3 279:15 279:23 291:5 296:9,21 302:16 331:1,13</p> <p>generalist [1] 7:20</p> <p>generalized [1] 249:8</p> <p>generally [10] 61:14 97:20 110:7,11 113:18 115:3 247:3 275:8 276:17 335:18</p> <p>generate [3] 24:16 49:9 163:5</p> <p>geographic [2] 90:10 126:9</p> <p>geographically [1] 78:10</p> <p>George [2] 234:23 330:5</p> <p>Gershon [1] 314:12</p> <p>GI [1] 251:11</p> <p>given [16] 34:21 49:24 60:25 124:17 160:21 191:25 204:3 221:24 235:15,16 266:19 286:9 286:10 287:2 321:17,17</p> <p>giving [2] 19:14 43:7</p> <p>glean [2] 158:6 268:3</p> <p>glue [1] 247:12</p> <p>goal [2] 16:25 17:6</p> <p>goals [2] 243:19 249:10</p> <p>goes [8] 119:19 161:4 162:12 212:5 218:9 225:24 268:18 309:8</p> <p>gold [2] 291:8 312:6</p> <p>gone [7] 9:25 15:25 57:23 149:2 202:23 208:20 270:16</p> <p>good [15] 21:6 25:24 48:3 65:12 74:8,17 89:21 132:2 261:13 291:8 309:24 311:2 317:14,15 329:3</p> <p>Grace [3] 16:6,9,18</p> <p>grade [2] 61:11 69:11</p> <p>graded [1] 259:19</p> <p>grades [2] 312:2,3</p> <p>gradually [1] 31:2</p> <p>Grand [2] 86:8 178:12</p> <p>great [2] 47:25 189:25</p> <p>greater [2] 115:7 251:10</p> <p>greatest [1] 110:18</p> <p>gross [1] 231:13</p> <p>group [13] 26:7 139:1</p>	<p>140:8 182:25 184:6 189:1 193:8 198:9 231:1 251:17 251:20,22 273:16</p> <p>grouping [1] 218:15</p> <p>groupings [1] 61:15</p> <p>groups [5] 26:7,14 29:1 182:17 211:14</p> <p>guess [14] 62:19 63:18 133:16 134:23 135:21 137:5 141:21 150:8,22 151:15 158:4 174:23 190:19 262:3</p> <p>guidance [1] 138:13</p> <p>guidelines [5] 229:19,24 230:9,25 231:3</p> <p>Guldenhey [1] 267:18</p> <p>Gulliver [67] 12:6,9,13 13:12 14:8 15:3 25:5 83:1 132:6 134:18 135:4 137:16,20 138:3,9,21,25 139:8,9,18 140:12,25 144:1 147:22 149:16 165:10 166:25 173:4,9 173:11,16 174:3,5,7 215:2 222:15,17,23 223:23 233:5 237:19 238:20 239:14 241:25 255:4,7 256:12 264:6,16 265:9,22 273:7 278:3,7 278:11 282:7 287:1 303:11,25 319:9 327:23 328:20,20 329:1,7 331:7 333:3</p> <p>Gulliver's [1] 138:23</p> <hr/> <p style="text-align: center;">-H-</p> <hr/> <p>h [4] 85:8 290:1 330:24 330:24</p> <p>Haegert [2] 249:5 252:17</p> <p>half [3] 110:13 247:25 323:4</p> <p>Halifax [2] 267:19 268:5</p> <p>hampered [2] 26:18,22</p> <p>hand [7] 49:9 68:24 73:8 76:7 123:7 128:1 144:24</p> <p>handed [2] 90:21 190:3</p> <p>handle [7] 73:4,11 90:13 116:21 150:19 281:15 328:13</p> <p>handled [1] 108:12</p> <p>handwriting [16] 68:2 68:4 132:4 149:18 153:4 153:6 190:21 267:11 270:25 288:2 303:16,21 316:19 324:21,22 326:12</p> <p>handwritten [9] 110:8 132:1 134:14 210:25 261:21 282:23 285:1 318:13 324:17</p> <p>happening [10] 24:14 79:19 130:25 179:1 180:2 220:1 281:16,18 292:5 312:11</p> <p>harassment [1] 14:14</p> <p>hard [6] 98:19 128:1 140:23 194:2 251:6</p>
---	--	--	--	---

Inquiry on Hormone Receptor Testing

<p>278:21 harder [1] 248:9 Hay [5] 16:12 17:15 18:13,14 19:4 he'd [1] 287:2 head [3] 4:11 49:18 124:18 headed [1] 23:2 heading [2] 144:17 151:11 headquarters [1] 147:25 heads [2] 13:8 85:14 health [23] 1:11,17 14:15 15:24 16:1 22:12 69:4 69:21 122:6 126:19 175:21,24 179:23 205:13 216:11 219:5 233:16,23 236:14 247:5 309:19 333:1 334:10 hear [7] 4:11 19:25 20:5 20:9,13,16 207:20 heard [8] 58:11 155:13 244:5 292:2 301:7 310:16 310:18 338:5 hearing [8] 4:6,19 31:23 32:19 46:3 55:6 58:6 278:3 heated [2] 14:5 328:19 Heather [15] 144:1 147:23 150:1 215:21 216:15,21,24 237:19 241:25 256:7 265:21 266:5,13 280:25 281:5 Heather's [1] 217:7 help [3] 135:14 164:20 221:14 Hennebury [1] 1:9 HER2/neu [8] 291:12 293:5 313:13 333:4,11 333:23 334:5 335:5 HER2/neu's [1] 313:10 Herceptin [1] 224:4 hereby [1] 338:2 herself [4] 55:3 154:4 193:23,24 Hi [1] 281:5 high [16] 38:24 58:6,11 58:25 61:8 69:10 220:10 294:16 299:16 301:12 310:3 311:17 312:3 313:13 320:16 329:1 higher [2] 206:12 278:13 highest [1] 248:4 himself [3] 240:20 287:24 299:5 hindsight [1] 261:11 HIROC [2] 271:6 272:2 histological [1] 25:9 histology [13] 166:1 244:18 257:12,13,19,22 258:20,21 259:9 260:1 261:5,12 317:23 hit [1] 167:14 hold [7] 10:17 21:23</p>	<p>314:12 318:22 321:2,7 322:3 holiday [1] 86:11 holidays [1] 122:9 honest [1] 254:6 Honourable [2] 1:3 338:6 hoping [1] 111:16 horizon [1] 170:6 hormonal [5] 70:24 71:8 72:1,3 273:19 hormone [5] 1:2 258:5 333:10,22 338:4 hospital [32] 16:10 17:5 17:18,23 18:18 19:6 20:2 20:15 23:14 24:7,24 27:10,16,17 85:6 143:23 150:10,18 163:4,13 183:12 189:3,18 193:17 195:24 197:8 239:21 247:9 265:3 280:20 329:21 331:13 hospitals [3] 175:23 177:20 180:5 hostile [1] 25:17 hour [3] 34:2 122:10 319:17 hours [3] 140:16,25 141:2 hovered [1] 58:17 HSC [2] 12:22,25 huge [4] 287:19 288:21 289:23 290:1 human [6] 248:10 278:5 301:19,23 324:10,12 humiliated [1] 14:18 humiliating [1] 14:11 hundred [1] 276:19 husband [1] 40:11 Hynes [1] 234:25</p>	<p>identify [13] 41:14 65:8 102:20 117:17 122:18 139:17 142:3,6 150:23 178:24 199:9,10 303:2 identifying [5] 64:17 154:21 177:7 216:5 217:5 IHC [19] 6:23 7:12,18 48:5 74:14 244:6,16,19 244:20,21 245:2 252:25 257:22 258:3 259:21 260:7 264:1 268:8 288:18 imagine [1] 198:18 immediate [3] 101:16 153:16 154:10 immediately [6] 13:11 14:6 42:23 62:2,4 147:20 immense [2] 71:6 283:25 immuno [1] 268:13 immunohistochemical [3] 156:3 291:11 333:15 immunohistochemistry [15] 74:3 246:8 259:4,7 260:22 262:5 285:16 291:5 298:25 309:19 312:5,24 329:9,22 330:25 Immunology [1] 308:10 immunopathology [3] 256:19 257:3,19 immunoperoxidase [10] 84:21,23 236:17 241:8 246:6 262:14 316:24 318:5 331:16,20 impact [5] 46:15 193:5 194:7 206:9 209:12 implement [1] 242:15 implication [2] 104:3 105:7 implications [12] 9:9 9:16 26:2 35:22,24 62:12 62:14 70:19,22 71:3 103:2 117:24 importance [5] 47:1 107:16 169:6 181:3 329:5 important [3] 25:4 246:4 247:23 impression [4] 278:7,8 291:9 300:7 improve [2] 6:14 31:6 improved [1] 83:10 improvement [2] 25:8 241:16 improving [2] 10:6 241:12 in-betweens [1] 320:22 Inaudible [1] 118:22 incidents [2] 58:7,25 include [4] 163:9 266:4 304:3 324:3 included [8] 87:4 154:18 191:18 244:20 260:8 305:12,13,20 including [12] 48:5 75:4 85:8 160:8 173:9 191:19 211:3 266:9,10,20 330:7 335:4</p>	<p>Inconsistency [1] 245:19 incorporated [1] 244:21 incorrect [1] 244:4 increase [1] 306:22 increased [3] 7:17 308:24 313:11 increasing [2] 249:20 310:3 increasingly [1] 309:23 incubation [7] 6:1 10:4 144:10 158:22 247:17 263:3,4 indeed [2] 214:11 300:11 indepthly [1] 107:5 indicate [8] 11:9 101:23 102:1,23 255:16 284:13 290:2 331:14 indicated [10] 5:10,13 11:25 37:13 56:12 65:6 123:24 149:2 174:17 322:20 indicates [2] 132:5 222:11 indicating [1] 167:21 indication [2] 8:18 11:21 indicators [2] 8:8 111:16 indicia [1] 99:3 individual [28] 71:3,11 74:6,9 115:23 117:2 131:10 166:11 167:6 183:24 184:5,13 190:11 191:14 192:10,23 195:11 201:15,21 204:10 209:6 210:7 252:6,24 253:18 253:21 268:12 312:11 individual's [1] 249:20 individually [1] 183:19 individuals [12] 23:5 25:22 28:23 91:20 127:1 149:10 197:16 210:17 211:3 269:8 273:2 328:16 infiltrating [15] 30:24 31:15 38:20,25 39:5 51:3 51:7 52:15 56:19 61:10 61:11 141:6 176:2,10 180:19 influence [1] 172:5 info [1] 212:19 inform [3] 13:16 112:13 117:14 information [73] 20:20 22:21 25:3 32:20 49:8 52:18 56:23 57:8,11 58:9 59:18 68:19 80:2 85:13 110:6 111:17 114:3 115:14 124:6,10 128:2 130:23 131:10 140:8,21 140:24 142:19 146:6 162:15 163:5 169:14 174:8 180:7,16,20 181:25 184:14,23 205:13 211:24 213:14 214:11 222:15,22 223:13 235:8 255:14 264:5 266:4,20 270:1 275:20 281:9 284:21 286:10 287:1 293:23</p>	<p>294:4,8,11,12,21,23 296:24 297:5,18,22 301:13 318:8,8 334:4 335:4 336:10 informed [12] 12:15 13:12 14:7 34:4 43:20 61:25 77:16 112:8,18,20 117:12 169:19 informing [2] 19:11 38:18 initial [7] 33:22 39:12 117:13 121:4 179:4,7 232:25 initials [2] 128:22 271:7 initiate [1] 11:13 initiated [1] 79:13 initiative [1] 154:4 initiatives [7] 21:21 23:25 134:25 135:11 221:7 269:15 282:16 input [3] 65:2 235:12 282:1 inquire [1] 172:19 inquired [2] 204:11 205:5 inquiries [13] 45:21 46:9 76:2 204:25 206:20,22 209:14 214:13 243:4 254:1 302:4,13 319:2 inquiry [5] 1:1 210:10 271:16 338:4,7 inspection [1] 225:3 instance [1] 247:6 instances [1] 89:25 Institute [1] 312:25 institution [4] 183:10 280:21 303:12 315:14 institutions [4] 260:15 281:15 312:7 314:24 instruction [1] 78:17 instructions [1] 220:25 insurance [3] 271:13,14 272:2 integral [1] 247:22 Integrated [2] 1:10,17 intense [1] 104:13 intensity [9] 6:16 89:23 90:5 98:17 104:7,8 207:14 289:4 290:23 intent [3] 115:8 117:13 191:17 interaction [3] 12:15 13:13 15:11 interactions [2] 12:12 15:8 interest [3] 197:16 206:16 230:2 interested [6] 87:16 142:25 195:21,23 209:16 302:25 internal [42] 97:21,23 98:7,23 100:16 101:3,17 102:11,12,20,24 103:10 103:14,17,24 104:15,22 104:24 105:5 107:4,10</p>
<p>-I-</p>				
<p>ID'ed [1] 288:21 idea [41] 9:9 22:2 27:15 28:4,20 56:11 58:5,8 63:5 71:24 78:25 79:2 81:17 113:25 115:11 126:13 151:13 153:20 176:21 181:13 186:5 195:8,9 209:24 210:7 212:14 243:16 262:4 266:9 268:5 276:10 281:20 287:3,6 297:11 303:9 310:15 334:7,20 336:1,2 identification [1] 52:1 identified [27] 6:14 50:16 52:22 66:20 80:1 81:18 119:17 136:9 155:2 169:24,24 171:3 177:1 179:13 183:23 191:15 218:7,23 222:20 235:17 263:23 286:9 293:14 294:3 299:5 300:21 330:16</p>				

<p>107:16 168:10,16 169:1 169:4,6 170:2,13,17 177:7 181:4,7 182:13 186:25 187:1 207:4 250:4 333:14 334:2 336:1,9 interpret [3] 100:1,3 323:9 interpretation [24] 8:9 91:13 155:6 167:22 169:22 170:4 171:5,12 173:3 219:16 223:9 236:2 259:16 260:22 263:13,20 270:16 273:21 275:1 322:17,24 332:9,17 336:3 interpretations [8] 154:23 170:19 187:4 259:18 260:8 323:7 328:11 332:10 interpretative [1] 206:25 interpreted [3] 13:9 171:10 297:21 interpreting [2] 105:5 275:10 interceptive [1] 172:5 intervened [2] 156:16 156:18 intervention [1] 156:13 introducing [1] 224:3 introduction [1] 25:4 introductory [1] 298:21 invasive [2] 40:21 61:17 inventory [1] 303:5 investigate [2] 14:13 38:12 investigated [1] 241:2 investigating [2] 113:4 235:7 investigation [9] 127:16 137:15 139:2 153:16 154:10 236:15 237:24 238:1,3 involve [7] 81:6 137:8,9 184:15 270:15 322:23 335:18 involved [27] 14:22 33:7 48:10,15,17 78:13,14 87:23 99:22,24 123:3 136:10,16 173:4 183:18 184:10,20 195:16 259:10 259:14,21,23 263:20 282:9,11 283:22 327:21 involvement [4] 174:15 174:16 324:10,12 involves [4] 17:13 211:2 213:13 223:22 involving [11] 62:18 70:8 134:17 171:7 180:20 207:2 215:1 223:22 236:2 252:5 255:3 irate [1] 328:25 irritated [1] 329:6 island [1] 244:7 isolated [2] 59:20 244:16 issue [93] 8:20 11:19 22:8 22:11,11,24 25:21 26:1</p>	<p>26:5 27:2,6,21 28:8 31:9 32:24 33:2 45:11 47:20 49:9 51:10 59:19 62:16 63:6 68:24 70:7,9 73:5 74:25 76:7 77:10 78:1 83:3,8,9,11 84:10 90:2 112:12 113:10 122:20 123:7 126:25 128:1 134:24 135:8,13 140:4 144:24 149:17 161:1 162:9 166:7 168:9 170:2 170:3,5,11,16 171:1 189:19 224:3 249:11 250:4 254:4,5,6 268:14 269:16 270:10 272:10,11 278:4 283:11 291:8 301:7 308:22,24 310:19 311:21 312:4,6 315:15,18 317:20 322:15 328:9,10,10,11 328:22 329:10 330:21 336:8 issue' [1] 290:10 issued [3] 112:1 229:21 321:24 issues [33] 15:22 21:12 24:1 25:11 99:8 122:4,5 122:24 135:19 152:21 154:20,23 166:11 169:22 171:3,4,7,22,24 172:1 187:4 207:4 235:21 236:1 248:17 250:18 268:7 270:17,18 271:22 289:24 295:2 322:17 issuing [2] 112:1 115:19 item [1] 329:18 items [2] 24:20,23 itself [8] 64:21,23 81:14 82:23 114:14 270:12,13 328:7</p> <hr/> <p style="text-align: center;">-J-</p> <p>Janet [3] 280:24 281:10 282:15 January [2] 223:17 313:15 Jennifer [1] 1:15 Jewish [1] 296:21 job [3] 130:13,13 275:5 John [2] 262:9 270:23 John's [33] 15:24 41:2 54:19 69:5,22 113:18 114:10,14 175:21,23 177:15,20 178:3,14,21 178:24 179:1,2,5 180:2 180:5 196:21 199:3,18 210:6,17 217:21 219:5 268:15 286:11 289:10 338:8,11 joined [1] 285:9 journal [1] 126:16 journals [2] 126:15 254:20 Joy [12] 30:2,17 34:3 38:17 43:5 48:7 110:21 113:15 119:13 120:16 131:15 218:3 Judy [6] 12:17 119:10</p>	<p>166:17 255:23 338:2,13 July [125] 1:4 91:2,2 93:24 97:4 105:19 106:20 106:21,22 107:12,18,20 129:2,8 130:3,9 132:4 132:21 133:11 134:16,19 138:18 143:20,21 146:20 147:4,19 148:21 149:14 149:24 151:4 152:24 153:3,8 162:3,4 165:1 169:18,19 175:24 177:23 178:18 179:24 180:8,25 181:23 200:11 211:2,7 215:3,5 217:19 218:2 220:15,20 221:17,19 222:5,6,8,9,10 223:22 224:7 232:5 233:16,22 234:8 236:1,6 237:4,10 237:25 238:8 241:2,20 241:21 242:4 245:11 246:11 250:3 255:3 261:21 263:8,10,25 265:6 265:23 266:14,17 267:12 267:22 269:1,3 270:23 271:4 272:14 273:1 275:6 283:2 284:9 285:24 292:13 295:22 298:6 302:5,12 304:1 309:9 312:20 314:4,14 316:18 318:17 320:4 321:6 322:21 323:4 326:10 330:5 331:5 332:25 334:8 338:5,12 June [44] 5:11 6:21 7:11 9:23 29:9 66:7 67:7 68:7 68:17 69:6 73:18 78:21 79:16 81:5 82:1 84:14 86:24 108:20 109:8 110:8 112:9,15 114:6 119:9,12 120:15 121:22 128:16 129:6 130:2,7 133:8,19 134:6 145:20 147:11 179:11,13 238:23,25 257:24 258:23 302:5 313:15 jurisdictions [1] 300:22 Justice [2] 1:3 338:6</p> <hr/> <p style="text-align: center;">-K-</p> <p>K [1] 331:11 Kara [4] 1:9 48:7 113:15 273:8 keep [11] 21:4 32:24,25 63:8 85:12 186:14 194:3 195:18 247:19 248:9 254:19 keeping [5] 66:10 68:23 192:13 250:19 254:10 kept [4] 35:21 190:8 195:6 247:12 Kettering [10] 211:25 213:1,7,14,20 215:13 292:13 293:24 294:9 295:10 Kevin [2] 332:1,11 Khalifa [1] 252:5 kind [12] 9:22 17:20 88:22 90:7 103:14 120:9 161:2 227:4 231:18</p>	<p>258:10 259:25 334:21 kinds [1] 28:22 Kingston [1] 23:6 knew [12] 35:7 76:14,15 76:21 114:14,15,19 115:17 171:21,22 186:19 329:8 knowing [4] 87:16 209:16,19 260:25 knowledge [34] 6:23,24 7:9,12,13,16 8:18 19:17 19:18 20:3,3 48:4 54:21 58:17,22 74:3,6 80:5 93:18 106:21,23 107:2,3 126:15 127:14 138:22 162:24 204:9,10,16 210:5 251:1 254:11 268:10 known [5] 4:5 115:3 133:7 251:7 262:12 Kwan [2] 149:24 273:8</p> <hr/> <p style="text-align: center;">-L-</p> <p>L [2] 330:24,24 lab [51] 14:3 19:15,24 21:1 46:25 48:23 80:22 81:14 82:22 83:12 85:20 85:24 86:9 108:22 110:15 114:6 131:1 137:22 150:17,18 151:2,18 159:10 164:15 166:8,8 166:10 180:4 195:24 199:10 235:5,21,23 246:10 247:4,17 248:14 258:4,5 262:3 270:10 278:18 280:18 291:7,8 302:16 316:22 317:23,23 331:18 333:1 labelled [1] 331:17 laboratory [36] 12:6,22 12:23 13:16,21 14:12 15:21 16:8,14,20,23 17:4 17:8,10 18:3,5,17,18 19:12,16 20:12 21:13 22:2 23:8 84:14 85:22 122:24 149:15 202:20 203:13 221:6 233:11 242:17 247:15,23 250:15 Labrador [3] 205:12 338:8,11 Labrador-Grenfell [1] 1:16 labs [9] 22:1,3 140:7 227:18 232:22 262:9 278:24 330:16,17 lack [3] 186:25 251:1 291:7 Laidley [3] 280:24 282:13,15 Laing [22] 1:9 47:12 48:7 55:2 113:15 131:23 137:12 149:25 211:20 212:2,13 213:2,16 214:3 214:18 215:12 223:14 273:8,9,9 275:7 279:5 Laith [1] 312:23 large [5] 69:10 175:9 211:13 277:14 312:13</p>	<p>larger [6] 78:23 132:14 132:17 133:6 326:22,23 Larkin [1] 188:19 last [19] 42:9 69:16 91:2 105:19 120:8,19 169:18 215:12,20 247:5 287:22 287:24 289:17,18 304:9 309:22 310:5,6 323:3 late [3] 236:6 252:24 302:12 lately [1] 332:13 lateral [2] 13:1,18 latest [2] 251:14,15 Laurette [2] 267:18 268:8 law [1] 242:22 lawyer [1] 50:12 lead [2] 43:24 323:10 leadership [2] 83:23 145:13 lean [1] 4:10 learn [2] 117:5 209:25 learned [5] 7:1 106:19 107:10 219:15 263:25 learning [1] 309:3 least [16] 29:16 39:10 76:21 94:22,24 96:16 109:22 182:7 194:16 204:9 211:4 212:14 223:21 239:11 246:12 266:19 Lee [1] 293:25 left [4] 4:6 62:2 202:24 266:3 legal [4] 135:19 283:18 283:21 289:24 lesions [5] 69:11 305:13 305:14,24 306:4 less [2] 99:21 104:10 letter [51] 12:4,8,10 15:17,19 38:15 55:22 56:13 69:12,15,18 108:20 108:21 109:9,25 110:7 119:12 120:15,18 121:4 123:16 128:16 129:6 130:1,12,20 131:4,8 133:23 152:24 153:9,21 153:25 155:1,13 157:9 162:1 176:16,22 200:6 200:11 218:3,11 220:19 220:19 221:17,19,20 320:4 331:5 334:25 letterhead [1] 233:16 leukemia [1] 227:3 level [7] 6:22,24 7:9,11 7:13 159:6 172:12 levels [1] 28:18 liability [2] 135:19 271:22 liaison [2] 26:11 29:2 licensed [1] 287:12 licensing [2] 227:14,16 life [2] 71:12,19 lifespan [2] 71:17,19 likely [6] 104:10 112:5</p>
---	--	---	---	---

<p>130:2 136:12 161:19 280:6 limited [9] 59:8 78:9 177:16 178:21 198:8 231:24 252:13 284:20 322:22 line [7] 12:13 26:17 69:16 156:23 157:1 158:15 159:22 lines [7] 7:25 74:8,18 205:24 283:18 318:3 327:11 list [9] 3:1 79:11,18 150:20 188:2 215:23 216:24 217:2 337:9 listening [1] 65:3 listing [1] 273:1 lists [1] 333:2 literature [8] 57:13,24 126:14,17 127:2,5 203:9 251:15 liver [1] 227:2 living [3] 141:5,18,25 lobular [24] 30:25 31:15 37:4 38:20,25 39:2,5 40:21,21 51:4,7 52:15 56:14,20 58:7,12,23,25 61:10 141:6 211:24 213:15,23,24 lobulars [3] 61:17 214:10 312:2 local [1] 31:8 localized [4] 62:17 80:21 84:8 192:9 locally [3] 194:22 274:2 274:18 located [2] 33:18,20 location [2] 90:10 258:3 locum [1] 265:3 log [7] 65:19 66:13,15,17 67:1,5,8 logistics [6] 21:24 24:13 24:22 25:10 135:15 137:21 long-term [4] 16:25 17:5 28:6 81:9 longer [1] 303:4 look [55] 8:15 19:25 22:1 23:3,6 24:14 66:15 67:8 84:12 88:12 89:2 91:11 91:12 95:24 99:20 104:13 107:5 114:3 118:19 119:6 122:1,11,18 131:25 134:13 137:2,2,3 145:4 155:9 177:12 179:9,16 189:16 192:6 194:7 199:9 199:11 222:6 225:20,21 233:10,14 247:5,7 256:17 275:7 278:21 286:18 296:18 312:10 318:1,2 329:21 335:17 looked [23] 24:1 27:21 29:11 74:5,7 90:8,20 98:18 104:20 123:24 125:15 203:8 206:17 242:8 252:3 254:4 257:21 259:3 260:2 279:6 283:14</p>	<p>286:19 303:1 looking [69] 7:19,22 57:23 61:3,6 67:14,15 67:18 87:13,17 97:18,21 98:8 99:1,6 102:10 104:16 106:5,20 107:25 109:3 120:5 123:15 126:1 126:14 133:23,25 134:25 135:1,5,7 138:13 142:5 144:12 157:21 158:4 164:9 181:11 184:5 185:8 193:14 201:8 202:16,16 203:12 209:10,11 218:21 235:21 241:10 252:22 260:5 261:10 276:1 280:7 280:19 283:23 286:19 287:10 293:23 297:22 303:15 306:10 322:17 323:7,20 328:12,21 332:5 looks [3] 119:24 149:21 150:19 lose [1] 253:12 loss [2] 24:25 248:6 lost [2] 247:25 248:8 lots [1] 216:21 low [4] 61:11 206:11 276:8 312:2 luke [1] 18:19 lumped [1] 170:17 lunch [4] 194:12 196:3,7 198:5 lung [1] 305:14</p> <hr/> <p style="text-align: center;">-M-</p> <hr/> <p>m [2] 188:6 330:24 MAC [5] 69:13,22,24 70:1,5 machine [20] 113:2 158:14 159:9 161:17 162:10 203:9 296:18 300:20,24 301:5,8 302:6 309:24 315:6,10 316:2 320:13,25 321:25 323:14 machinery [4] 203:2,10 314:25 324:4 machines [4] 161:17 172:14 309:25 324:10 magnitude [1] 151:22 mail [1] 280:24 mails [1] 198:22 main [6] 76:6 87:1 115:17 150:9 191:13 317:23 maintain [5] 19:5 28:17 248:2 251:8,24 Majesty [1] 1:8 major [17] 22:23,24 30:15 117:10 122:19,20 128:4 133:11 142:4,4 162:8 193:15 194:5,9 202:15 301:20 307:8 Malone [1] 215:22 manage [1] 14:11 management [9] 15:3 16:22 135:13,18 199:11 202:14,20 248:13 327:24</p>	<p>manager [4] 13:10 15:5 127:20 249:14 managerial [1] 248:7 managers [9] 247:8,10 247:11 248:1 249:13,25 250:8,14,21 Manitoba [1] 226:9 Manley [2] 18:12,24 manner [1] 14:17 manpower [7] 28:18 174:24 202:17,19 251:8 253:10,15 manual [2] 164:10 287:8 manually [3] 163:23,25 164:9 March [16] 10:12,18 11:2,10 16:11 29:17,17 148:13 156:5,8 157:7,14 204:20 272:19,19 313:9 Margaret [1] 338:6 Mariam [1] 292:17 Mark [1] 1:14 marked [2] 25:8 118:15 Mary [4] 217:13,13,15 255:22 mass [1] 276:15 massive [1] 199:23 mastectomies [1] 313:6 material [4] 166:6 213:8 214:23 260:6 matter [29] 5:12 9:22 15:14 46:16,21 50:12 102:21 105:16 114:8 121:23 134:21 137:16 139:3 142:15 158:10 174:14,17 201:7 220:4 240:15 241:3 249:5 250:25 260:11,13 284:21 291:20 308:5 338:3 matters [1] 180:19 may [100] 4:10 9:18 23:12 23:16,17 28:15 30:17 34:2 38:15,16,21 39:11 39:16 45:9,13 47:5 49:15 53:11 55:22,25 56:8 58:21 61:16,25 62:4,12 62:23 67:7,11,18 68:21 69:9 70:8 72:2,12 75:6 76:15,15 81:21 82:3 83:2 83:5,20,22 86:12,19 96:4 99:23 102:1,23 103:11 112:4,9,13 122:2 123:16 124:2,19 126:16 127:18 139:18,19 145:20 146:10 151:15,23 155:24 171:22 173:16,17 204:16 206:13 209:7 210:17 225:23 230:1 235:20 241:10 244:9 246:5 279:5 280:19 281:7,9 284:6,6 302:5,8 302:11 316:21 317:18 319:4,5 320:6 331:22 333:25 334:2 335:18 336:9,9 Mayo [21] 260:14 280:10 280:19 285:9,16,24 286:20 287:3,5 288:3,13</p>	<p>289:12,24 291:2,15 292:5 294:5 298:25 299:21 300:25 312:12 McCarthy [48] 30:2,17 30:23 31:25 32:25 33:5 34:3,8 35:12 36:5 37:12 37:23 38:17,23 39:4,11 40:3,19 42:24 43:5 45:9 47:12 48:7 51:1 54:16 54:22 57:21 58:16,20 72:4,12 79:12,23 110:21 111:1 113:15 119:13 120:16 128:17 130:15 131:15,23 137:12 149:25 218:3,4 319:15 320:2 McGill [2] 331:12 332:2 MCP [2] 66:20 163:13 mean [126] 8:14,17 24:10 25:23 29:22 30:13,15 32:5 42:4,13 50:25 52:23 53:11 55:5 60:1 67:4 71:6 74:16 77:22 78:2 84:6 85:18,18 87:7 91:16 97:12 99:19 100:24 101:7 101:8,10 102:5,23 103:11 104:14,17,19 105:10 106:7 107:2,3,4,15,23 110:2 114:8 117:23 122:11,17 123:8 124:4 129:24 130:17,24 132:24 136:24 138:20,22 139:16 139:18 140:23 142:25 143:1 150:8 158:6,14 163:2 164:22 168:5,24 170:3,9,25 173:16,17,24 174:23 175:7 178:23,23 179:18 182:3,4 184:13 185:3,3,4,21,23,24 187:6 190:7 193:13 194:1 195:20 197:14 200:19 202:8,10 203:4,25 206:5 206:19 207:8 213:3 216:19 219:25 220:2 225:21 227:7 229:23 244:16 245:2 248:25 251:6 257:10,22 259:3 260:5 270:16 274:17 292:5 307:22 310:18 315:21 334:25 meaning [4] 11:1 18:1 177:3 323:23 means [6] 81:11 91:18 175:9 278:25 279:12 338:10 meant [4] 10:19,21 168:24 297:17 meantime [3] 21:25 79:6 109:15 measure [2] 321:2 329:20 mediation [1] 14:23 medical [14] 1:14 18:12 19:19 21:18 22:9,25 25:25 38:18 62:10 202:19 227:16 248:15 250:15 298:6 medicine [12] 12:7 16:14 16:20,23 21:13 122:24 149:15 202:20 203:13 233:11 242:17 247:23</p>	<p>Meditec [1] 163:3 meet [6] 39:9 41:25 42:6 42:6,10 182:22 meeting [143] 9:23 12:18 13:12,15 15:1 29:8 39:16 42:5 45:11 47:5,11,11 49:5,13 50:17,22 52:11 52:23 53:12 54:9,16 55:11,25,25 56:23,24 57:6,9,12,24 58:19 59:4 59:5,23 60:8,14,15 61:5 61:25 62:2,4,23 63:2,12 64:9,14,21,23 65:6 78:19 83:1,6,14,17,20,23 124:2 128:10,11 132:20 134:17 143:25 145:23 146:19,21 148:21 149:14 150:5 165:9 167:14,17 185:12 186:12,14 187:14,18,23 187:25 188:22,24 189:6 189:16,24 191:13 192:18 196:11,14,20 198:1 211:2 215:1 223:22 224:7 233:22 234:6,20 235:3 235:12,25 236:23 237:2 237:12,18 238:6,13 239:19 241:6,21,23 242:4 243:8,13 245:12 252:17 255:3,7 266:13 269:14 269:21,23 273:2 295:23 297:1 317:10 319:21,24 326:21,22,23,23 327:6 327:14,16,19 328:6,17 329:12,13,16 335:12,17 336:8,11 meetings [12] 29:10 109:15 132:23 139:16 196:23 197:24,25 211:7 211:13 221:12 222:5 243:20 member [3] 228:14,18 228:23 Members [1] 1:12 memo [28] 5:11 7:24 8:23 61:16 75:6 84:13 85:16 86:10,18 109:1,3 110:14 114:6 145:15 175:21 177:9 180:8 181:22 239:4 240:18,19 257:25 258:10 258:23 267:5 332:24 333:22 334:8 memorandum [1] 238:14 Memorial [1] 179:15 memory [2] 244:4 275:4 memos [20] 7:8 29:22 144:2 145:11,12,18,20 149:10 238:5,6,14,16 239:12,23,25 240:8 266:5 266:10 267:1,6 menopausal [1] 56:22 mention [3] 239:19 296:25 300:22 mentioned [2] 265:6 296:23 message [1] 11:7 met [9] 7:9 132:5 147:21 149:24 182:16,25 184:19 237:17 255:6</p>
--	--	--	--	--

<p>metastatic [1] 305:13 meterized [1] 311:2 method [3] 84:24 309:21 313:9 methodologies [1] 263:4 methodology [1] 263:1 mid [3] 138:17 143:24 223:14 middle [4] 7:1 111:19 122:7 314:14 might [19] 6:8 9:9 70:7 80:17 81:6 101:10,16,22 101:22,23 103:2,11 116:7 118:19 227:8 231:23 315:1,22 322:23 mind [22] 23:23 75:9,11 75:19 77:1,4 101:12 106:9,19 107:9 117:19 117:23 148:20 194:3 213:4 217:6 223:5 257:18 258:25 260:1 315:4 334:22 mindset [1] 146:12 mine [4] 74:7 149:21 191:9 324:25 minimal [2] 301:19 307:7 minister [7] 233:23 234:22 235:4,18,25 236:23 237:3 minor [4] 10:5 25:21 100:13 325:13 minute [1] 323:20 minutes [4] 29:10,15 84:1 118:4 misinterpreted [2] 168:2,5 missed [2] 100:25 105:13 missing [1] 240:18 moment [1] 123:16 Monday [1] 319:14 money [1] 314:2 monitor [2] 247:16 250:9 monitored [1] 247:19 monitoring [5] 225:3,5 227:17 241:12,13 month [3] 157:3,8 236:8 months [3] 5:15 106:23 317:1 Montreal [5] 279:14,23 296:9,21 331:13 morale [3] 21:5 193:5 195:2 morning [6] 108:16 237:17 255:5 332:21 336:17,19 Morris-Larkin [1] 188:6 Moss [2] 338:2,13 most [20] 8:1 25:23 84:24 86:22 87:4,6 93:13 98:16 98:16,19 99:25 136:12 136:15 161:19 180:25 214:10 244:6,19 245:2</p>	<p>333:8 Mount [24] 92:14 93:4 95:4,14,19 99:7 201:4 204:14 224:5,17,19 232:6 246:2 280:18 295:18,19 296:9,22 319:9 325:11 325:17 326:2,11,19 move [3] 18:20 21:23 24:14 moves [1] 251:10 moving [4] 19:25 20:14 27:15 242:14 Mrs [1] 269:1 Ms [21] 40:7 46:10 134:17 134:24 148:11 149:15 211:4,5 212:4 223:24,24 232:11,15 233:7 256:3 265:24 273:7 282:9,13 282:18,20 mucinous [1] 61:12 multiple [1] 80:24 multiplicity [1] 161:13 Murphy [1] 47:10 must [4] 17:11 113:17 198:14 301:2</p> <hr/> <p style="text-align: center;">-N-</p> <hr/> <p>n [1] 330:24 Naghibi [2] 188:11,14 name [18] 32:5 33:25 34:21,24 40:6 66:19 120:23,24 128:21,21,22 163:9 195:19 227:4 232:23 269:4 292:15 295:5 named [1] 190:12 names [10] 32:21 33:7 36:11,17 37:18 41:3,6 43:8 150:22 183:1 naming [1] 269:4 Nancy [7] 268:25 269:2 269:9,12,17,20 270:7 national [12] 224:4,22 224:23,24 225:8 226:14 226:20 227:2,21 229:3 229:13 262:24 nationally [1] 229:21 nature [4] 73:15 230:6,8 297:23 NCTRF [1] 215:22 necessarily [2] 245:4 318:3 necessary [6] 12:14 21:24 162:13 166:6 221:21 266:2 need [32] 12:1 27:21 59:7 69:8,15,18 111:6 125:9 130:25 137:23 145:1 147:9 150:24 160:9,14 164:13,14 175:13 190:23 204:1 246:5,6,9,9,19 256:18 269:2,23 279:11 281:7,9 294:14 needed [11] 22:20 52:17 52:17,19 59:18,19 117:11 130:24 167:2 197:17,20</p>	<p>needle [1] 313:6 needs [2] 246:8 255:14 negative [60] 31:1,12,22 35:9 38:19 39:1,4,7 49:19 51:8 56:2,15 69:5 69:8,11 70:23 84:18 85:2 85:4 91:19,22 103:10,11 103:17,19 105:13 110:13 110:17,20 111:21 119:18 150:17 160:15,20 168:8 168:8,16,25 169:25 218:8 222:18 223:1 270:13 279:19 291:4 299:17 310:7,9,20 311:1,13 313:3 314:6,16 320:20 325:20 330:16,18 336:5 336:6 negatively [1] 71:18 negatives [9] 84:25 86:23 132:12 133:5 222:20 235:17 262:12 279:21 310:4 NEQAS [1] 285:13 never [5] 14:18 46:9 117:6 164:19 257:7 new [19] 25:4 79:20,22 84:20,21 111:22 112:25 163:16 211:24 213:14 214:5,6,11 262:9 278:4 278:6 287:10,17 301:3 Newbury [1] 1:15 newcomer [1] 74:4 newer [1] 278:12 Newfoundland [7] 95:21 108:23 202:18 205:12 229:9 338:8,11 news [1] 264:14 next [17] 12:13 22:14 23:4 29:20 49:10 74:7 140:3 154:25 155:7 157:3 157:7 221:8 234:2 253:14 309:8,9 312:18 nine [3] 176:7,11 256:10 nine-step [1] 334:21 NL [3] 1:8,14,15 NLCHI [2] 201:24 205:15 non-primary [1] 305:12 nor [3] 19:18 20:3 268:11 normal [4] 98:22 245:19 333:13,13 Norman [1] 308:9 North [4] 126:11 291:5 312:5,16 note [20] 10:20 11:9 50:16 68:11 110:8 111:23 132:4 213:13 215:5 233:15 256:17 264:10 270:24 282:23 289:12 306:22 307:24 314:4 316:19 319:14 noted [6] 141:4 222:9 255:22 285:9 325:21 326:1 notes [60] 10:12 37:22 49:13,15,22 50:11,15,18 50:20 60:8 67:21 83:22</p>	<p>89:6 94:18 122:2 132:1 134:14 135:23 145:23 146:4,6,10,10,13,15 148:11,11 149:14 150:16 161:11 183:2 187:18 210:25 213:3 215:1 222:4 222:8 223:21,24 245:11 255:2 261:21 268:1,21 272:22 285:1 288:2 290:18 292:9,20 295:23 298:8 309:10 318:13 321:6 324:17 326:6 327:3 327:10,14 nothing [7] 41:13 226:21 230:3,18,22 241:5 329:8 notice [2] 97:19 99:3 noticed [9] 100:17 287:18 289:3 310:25 312:10 313:2,5,10 320:18 noticing [2] 99:8 334:1 notification [1] 79:13 notified [5] 70:5 79:9 111:25 117:12 220:3 notify [5] 69:13,22,24 70:1 326:10 noting [1] 178:21 November [1] 316:22 now [109] 6:20 8:3,23 14:2 15:5,6 16:25 19:9 19:20 20:2 21:25 22:7 23:10,16 24:8,18 33:10 47:15 56:3,11 59:3 61:4 61:21 67:7 73:17 75:18 79:24 80:10 86:10 90:7 100:16 106:10 108:19 109:14 113:17 117:13 119:1,6,7 121:21 122:14 122:15 124:8 127:7,18 128:15 129:21 134:18 138:15 140:3,7 141:4,24 145:3 160:5,21 167:17 171:3 172:7 174:14 175:20 180:7,9 185:8 191:25 201:7 204:16 207:23 213:1 216:5 222:25 223:5 224:3,7,22 229:18 232:15 236:9 248:20 252:3 255:4,13 257:24 258:25 261:1,20 263:8 265:20 266:5 267:10 272:6 274:25 276:10 290:17 297:25 302:11 303:15,23 304:19 306:1 310:15 318:1,12 321:20 322:7 323:13 324:13 327:11 337:1 nuclei [2] 89:24 91:19 number [61] 15:25 16:15 19:20 20:17,18 22:1 37:13 61:2 62:19 66:19 66:20 69:10 72:21 78:12 81:22 84:9,18 98:25 107:20 112:19,21 124:15 134:8 135:7 140:25 141:12 143:4 144:14 145:2 152:18 154:18,20 155:16,18 163:13,13 169:23 172:15 181:6,13 183:5 190:1 194:22 211:2 220:11 251:13 254:22</p>	<p>258:11 263:23 285:20 289:5 304:9,21,25 308:15 312:1,2 317:24 322:13 325:17,18 numbered [1] 176:7 numbers [9] 120:7 175:9 218:23 249:18,20 254:7 296:4 298:7 306:3 numerous [4] 206:10 221:12 316:21 317:21</p> <hr/> <p style="text-align: center;">-O-</p> <hr/> <p>o [2] 330:24,24 O'Brien [3] 262:8 270:23 301:3 O'Malley [1] 161:10 objective [3] 74:5 199:13 243:20 objectively [1] 287:14 objectives [1] 249:10 observation [2] 265:4 300:12 observations [13] 53:21 54:3 67:22 89:7,15 98:2 98:13,16 177:1,4 264:22 276:18 335:15 observed [1] 276:17 observers [1] 289:5 observing [1] 54:5 obtain [1] 221:21 obviously [4] 89:22 183:16,18 232:23 occasion [1] 67:8 occasionally [2] 30:3,8 occasional [1] 25:17 occasions [4] 19:21 20:18 222:10 254:23 occupation [1] 299:6 occur [5] 9:10,13,15 75:11 150:5 occurred [17] 12:16 13:13 14:6 35:4,5 45:17 46:1,11,16,21,23 55:11 84:25 86:23 87:6 150:8 323:3 occurs [1] 79:16 odd [1] 313:2 off [10] 21:23 23:5 93:4 95:4,14 141:1 202:25 260:1,3 276:8 offer [2] 332:13,13 offhand [2] 175:18 310:2 office [16] 14:5 18:15 19:24 20:13 21:2 74:7 83:3 143:22 144:6 146:9 147:25 155:7,9 303:18 321:16 331:22 offices [2] 27:17 61:5 old [8] 107:25 108:3 258:5 264:11 287:8 309:23 311:8,11 once [8] 24:25 25:10 54:17 109:22 115:13 191:19 235:9 331:20</p>
--	---	---	---	---

<p>oncologist [14] 31:4,9 31:11 38:18 41:1 51:5,5 54:18 111:25 116:2 131:13,15,17,21</p> <p>oncologists [35] 31:8 48:10,17 52:7,9 53:13 53:22 54:19 62:21 63:11 63:12 74:19 75:15 79:4 80:15 112:11 113:5,10 113:11,14 127:3 137:6 137:10 211:5,10 213:20 221:5 223:5,10 274:3,8 274:18 275:8 327:22,25</p> <p>oncology [1] 48:17</p> <p>one [97] 12:22 13:5 19:23 19:23,23 20:12 24:20,24 26:10 28:6,15,21,22 29:14 30:14 31:8 40:20 41:2 44:11 54:18 63:4 76:10,15,16,16 80:23 92:21 94:2 95:3 109:3 111:15 114:19 116:18 119:1 120:16 132:13,25 133:6 136:3,6 145:11 162:25 176:11 179:14 183:19 184:15 192:10,23 193:9 196:24,25 197:2,5 198:1,8 201:24 205:10 205:15 207:13,22 209:23 211:12,15 213:20 217:12 222:10 224:20 236:10 240:18,19,19,22 245:19 247:9 253:10,14 256:25 266:7,23 267:21 270:21 273:25 274:4,9,19 275:7 276:20 306:7 312:9 315:1 315:19,21 320:15 330:22 334:15 335:8 337:5</p> <p>one's [1] 179:15</p> <p>one-to-one [1] 197:19</p> <p>ones [6] 89:2 94:3 179:11 184:13 229:13 266:23</p> <p>oneself [1] 12:11</p> <p>ongoing [3] 190:16,17 272:7</p> <p>Ontario [3] 225:22 226:9 229:7</p> <p>open [3] 185:25 292:4 309:21</p> <p>opening [1] 176:8</p> <p>operating [2] 296:19 324:9</p> <p>operation [7] 22:18 136:4 199:8,15 204:2 316:25 332:5</p> <p>operations [1] 202:3</p> <p>opinion [4] 25:15 144:23 199:13 244:19</p> <p>opportunity [1] 204:4</p> <p>opposed [5] 90:9 195:16 250:17 315:20 316:11</p> <p>optimal [2] 140:16 176:1</p> <p>order [6] 30:3,9 166:6 195:1 198:13 316:23</p> <p>ordered [1] 120:21</p> <p>ordering [1] 176:9</p> <p>ordinating [2] 136:4,7</p>	<p>organization [7] 29:4,6 48:3 74:4 123:9 202:13 228:5</p> <p>organizations [3] 29:4 231:25 259:17</p> <p>organize [1] 128:3</p> <p>organized [1] 160:10</p> <p>orientation [1] 27:3</p> <p>origin [1] 163:14</p> <p>original [38] 31:17,20 44:18 66:22 67:16,18 81:1 85:7 87:14,18,21 88:12 89:16 92:10 93:6 93:9,16 94:5,20 95:20 95:24 97:19 102:11 108:5 130:6,7 163:14 192:3,14 199:24 200:3 204:13 208:5 223:6 267:5,6 326:11 334:25</p> <p>originally [6] 30:24 56:1 66:21 116:8 190:24 240:11</p> <p>originals [1] 89:19</p> <p>originate [1] 52:3</p> <p>originated [6] 46:25 52:7 54:22 82:19 151:15 281:23</p> <p>otherwise [1] 336:21</p> <p>ourselves [3] 21:7 112:11 115:10</p> <p>outcome [4] 186:11,14 237:12 329:16</p> <p>outcomes [1] 54:7</p> <p>outside [15] 69:21 114:9 161:9,14 178:14 179:1 199:12 212:9,15 244:19 278:18,24 281:17 329:21 334:1</p> <p>overall [13] 6:13 89:20 90:2,4 104:19 106:7 134:24 137:15 160:25 202:17 250:7 260:23 261:11</p> <p>overcalling [2] 315:23 316:3</p> <p>overly [1] 181:18</p> <p>overnight [1] 124:9</p> <p>own [28] 58:9,16 73:6 97:9 107:25,25 126:21 127:2 201:10,16 205:1 206:24 210:8,10 223:11 245:24 250:11 252:7 253:2,4,18 257:18 258:25 260:1 286:24 315:4 332:9 332:16</p> <hr/> <p style="text-align: center;">-P-</p> <hr/> <p>p [10] 10:10 12:3 221:16 268:17 302:2 303:15 326:4 330:2,24 332:23</p> <p>P-0067 [4] 37:9 42:8 55:22 123:15</p> <p>P-0069 [1] 152:23</p> <p>P-0075 [1] 233:14</p> <p>P-0076 [3] 175:20 334:15 335:2</p>	<p>P-0113 [2] 6:20 7:23</p> <p>P-0490 [1] 68:1</p> <p>P-0492 [1] 84:12</p> <p>P-0493 [1] 108:19</p> <p>P-0495 [1] 119:7</p> <p>P-0496 [2] 120:14 129:17</p> <p>P-0497 [1] 131:25</p> <p>P-0500 [3] 128:15 129:7 133:24</p> <p>P-0501 [1] 134:13</p> <p>P-0503 [1] 149:13</p> <p>P-0505 [1] 210:24</p> <p>P-0506 [1] 214:25</p> <p>P-0508 [1] 217:25</p> <p>P-0515 [3] 236:9 245:10 264:10</p> <p>P-0516 [1] 255:1</p> <p>P-0519 [1] 261:20</p> <p>P-0521 [1] 222:7</p> <p>P-0524 [1] 316:17</p> <p>P-0529 [1] 331:4</p> <p>P-0555 [1] 187:13</p> <p>P-1743 [1] 314:19</p> <p>P-1889 [2] 3:5 337:13</p> <p>P-1893 [3] 3:3 336:23 337:11</p> <p>P-1898 [2] 3:4 337:12</p> <p>P-1930 [1] 265:19</p> <p>P-1932 [1] 280:23</p> <p>P-1933 [2] 298:1 306:11</p> <p>P-1934 [1] 318:12</p> <p>P-1993 [1] 324:16</p> <p>P-1995 [1] 295:21</p> <p>P-1996 [1] 284:25</p> <p>P-1998 [1] 267:11</p> <p>P-1999 [1] 282:22</p> <p>P-2000 [1] 292:8</p> <p>P-2001 [1] 272:21</p> <p>P-2002 [1] 270:21</p> <p>P-2144 [3] 3:2 118:11 118:15</p> <p>P-2147 [2] 3:2 118:15</p> <p>P-495 [1] 120:17</p> <p>p.m [11] 187:19 196:6 255:3 269:3 283:3 298:7 304:2 309:9 312:21 319:17,21</p> <p>page [35] 7:23 112:7 119:8,12,20 120:19,20 120:22 124:12 128:19 133:25 134:2,3 190:15 210:25 215:3 218:10,22 218:23,24,25 236:12 255:2 270:21,24 290:17 295:21 298:1,9 309:7,9 312:18,18 314:4 330:4</p> <p>pages [3] 12:7 330:6,7</p> <p>pan [1] 253:15</p> <p>panelling [1] 274:7</p> <p>par [1] 90:3</p> <p>paraffin [6] 24:17 31:17 31:17 85:9 244:20 332:15</p>	<p>paragraph [16] 38:14 39:20,23 42:8,9 55:24 56:13,16 110:7 111:20 123:17 124:14 155:21 160:5 236:13 256:10</p> <p>paragraphs [1] 176:8</p> <p>Parai [2] 188:6 252:17</p> <p>parameters [1] 185:18</p> <p>Pardon [2] 20:7 82:16</p> <p>Parsons [1] 268:25</p> <p>part [18] 10:6 18:14 64:13 108:11 171:19 244:17 245:2 247:22,23 257:13,22 258:20 260:20 260:23 263:12 267:22 290:18 317:23</p> <p>participate [1] 33:2</p> <p>participated [1] 188:2</p> <p>particular [79] 6:12 7:19 15:23 18:13 19:19 22:10 23:9 27:3,4 31:12 33:3,7 37:15 48:13 51:2,22 52:21,22 54:2 59:19 65:11 72:18 75:3 76:7 77:10 80:23 85:3,18 86:18 88:1 89:9 90:10 90:11 117:16 124:22 128:20 129:7 132:25 139:17 141:10 142:7,15 144:17 151:23,24 152:10 152:13,19,21 156:19 164:17 166:11 172:16 190:19 192:7 195:9,22 206:15 211:24 212:23 226:3 243:8 248:20 251:22 252:15,20 258:11 258:12,16 262:7 269:17 269:19 276:20 287:12 290:25 303:4 312:10 324:4 335:8</p> <p>particularly [25] 19:12 21:13 42:2 46:18 51:16 51:22 56:19 60:18 122:18 132:24 140:1 195:21 224:20 235:22 278:25 291:12 294:10 313:11 317:12 323:9 324:13 329:9 330:17,25 331:1</p> <p>parties [1] 327:20</p> <p>pass [3] 131:10,20 169:14</p> <p>passed [1] 335:13</p> <p>passing [1] 74:14</p> <p>past [6] 193:10 194:17 228:19 245:14 272:6 273:20</p> <p>Pat [1] 298:2</p> <p>path [3] 316:23 318:4 322:14</p> <p>pathological [2] 54:6 124:14</p> <p>pathologist [36] 31:21 32:9 33:18 44:15 47:18 66:22 81:6 90:11 101:1 101:24 102:1 105:13 106:3 108:13 114:9 116:7 117:2 190:23 192:2,7 193:9 195:5,11 197:18 198:9 201:8,21 204:10</p>	<p>253:21 254:18 267:18 289:7,7 293:22 294:1 309:18</p> <p>pathologist's [3] 195:19 251:1 263:13</p> <p>pathologists [95] 21:8 26:9,13,15 27:5,11,15 27:17 28:21 29:3 30:3,8 105:5 107:21 108:22 113:18 117:14 122:8 128:8,10 137:6 168:3,15 170:4 174:15 175:10,22 177:12,15 180:13 182:17 183:1,9,24 184:5,16 188:25 189:3,4,15 190:11 191:14 192:13,14,19 193:7 195:2,5 196:12,13 196:21,24 197:3,9,24 198:9,15 201:15 204:11 210:8 211:10 215:6 223:8 228:1 229:3,7,8,9 230:12 230:19,22,24 231:1 250:3 251:9 252:7,24 253:18 254:8,17 259:13,14,18 283:24 318:7 322:23,24 323:8 332:11 333:1 334:2 334:9,23 335:19 336:3</p> <p>pathologists' [3] 171:13 236:2 326:22</p> <p>pathology [49] 12:20 13:11,15 14:21,25 15:2 15:4,5 19:5 28:2,15 29:5 47:19 48:1,4,23 91:13 104:14 115:4 167:22 169:21,22 170:19 171:4 173:2 175:22,23 210:6 224:6,13 225:8 226:2,13 227:12,18 229:19 242:17 243:17 244:23 245:3 253:10 259:15 261:12 263:19 270:15 322:16 328:11 331:13 334:9</p> <p>patient [45] 8:4 9:10,16 11:23 30:23 31:12,14 33:22,22 34:5,17,21,24 36:1 38:19 40:3 43:5 51:3,9 56:1,5 66:19 70:8 70:11 72:18,19 73:6 76:16 79:19,20 116:2,9 117:6 142:10 193:20 194:7 206:9 209:6 269:10 269:11,14,19,21 270:2 270:19</p> <p>patient's [5] 32:5 33:25 40:6 163:9 218:22</p> <p>patients [90] 32:17,22 33:3,7 36:7,7,15 37:13 37:15 39:5 41:4,15 43:7 43:9 44:5,11 47:24 51:11 51:12,14,24 52:2,19,21 54:7 55:8,12,13 56:6,8 59:20 60:18 61:3,4,8 62:18,19 63:19 64:17 65:16 70:23 71:4,8 76:22 76:23 77:17 78:13 79:6 79:14 80:3,6,15 117:11 117:25 119:17,22 128:18 131:11,18 141:5,18,25 144:15 150:23 155:3,23 160:16,21 195:25 201:10 201:16 212:6,8 215:23</p>
---	--	---	--	---

<p>215:25 216:6 217:3,4,5 218:7,15 219:6 222:17 276:19 277:2 286:15 319:16 320:3,8 330:11 patients' [3] 36:17 66:4 115:23 Paul [2] 18:12,24 peculiar [1] 226:22 peer [1] 186:5 Peggy [4] 34:25 40:6 45:16 72:14 penned [1] 154:1 people [29] 18:13 19:22 127:4 135:7 137:12 188:2 190:2 197:16 202:8 210:12 211:14 217:12 221:6,7,8 234:24 247:11 251:13 258:12 262:25 266:7 267:21 268:13 296:5,17 307:20 327:23 327:24,25 per [5] 14:14 119:14 153:13 218:4 254:18 percent [74] 39:2,3,16 39:21 56:14,15,18 57:17 57:19 58:12,15,17 61:7 69:5,7,8 99:22,24 100:9 100:11,13 110:17,19,20 123:19 146:7,16 161:8 206:6,11,12 207:18,23 208:1,11 212:1,1 213:23 213:25 214:9 223:16,19 224:1,1,6,19 273:25 274:4,9 276:6,7,23 286:16 299:12,16,18 301:14 304:10,10,14,25 305:1 310:2 311:15 312:14 319:10 320:17,23 325:12,13,19 329:3 330:19 percentage [9] 99:19 223:10 277:7,15 278:13 287:21 289:13 290:23 298:14 percentages [11] 37:3 39:13,15 57:1 58:3 72:22 73:1 142:22,25 206:11 207:16 performance [2] 87:18 171:23 performed [1] 171:9 performing [2] 301:18 307:3 perhaps [11] 29:17 49:22 56:12 70:16 96:10 139:11 202:23 209:25 252:12 307:13 322:22 period [28] 9:20 25:18 59:11,13,14 61:24 65:17 86:11,12 88:1 146:8,17 158:18 172:16 175:12 195:22 217:3 222:5 223:15,17 241:9 248:18 251:7 260:15 272:18 277:8 283:24 317:2 periods [1] 247:18 person [9] 47:18 48:1 74:1,17 136:3,10,12,16</p>	<p>269:4 personal [2] 126:21 197:19 personally [2] 40:15 106:17 personnel [3] 19:15 123:8 167:1 persons [3] 190:22 192:1 314:23 perspective [13] 100:5 102:18 106:10,24 134:20 136:20 192:20 207:1 208:13 209:18 216:13 241:11 271:21 perspectives [1] 135:8 pertain [1] 124:22 pertaining [2] 13:17 288:17 Peter [1] 1:9 Pettigrew [3] 308:10 309:15,18 Pg [4] 3:2,3,4,5 Pgs [1] 2:3 pH [1] 5:25 phone [17] 30:2,16 32:1 38:17 39:12 40:2 42:23 85:14 109:15 150:17 233:2 280:10 285:20 294:2 296:4 298:7 308:15 phoned [3] 20:19 21:25 22:4 phoning [1] 262:3 photocopied [1] 240:19 photocopy [1] 145:11 phrase [1] 13:6 pHs [2] 10:3 158:21 physical [1] 258:2 physician [3] 33:14 40:13 269:14 physicians [4] 131:11 227:15 251:18 283:22 pick [2] 61:2 69:18 picked [3] 101:1 149:1 280:18 picking [5] 107:21 245:20 250:4 251:18 300:9 picture [2] 245:14 248:11 piece [6] 25:3 142:18 303:4,10 315:11 318:7 pieces [3] 24:19 203:2 324:4 Pike [1] 1:14 pipe [1] 317:22 Pirzada [3] 188:9,11,20 place [19] 5:23 11:13 19:17 21:24 24:23 25:10 58:21 65:12 70:3 93:13 117:15,15 147:24 183:17 189:7 249:9 254:15,16 261:13 plan [12] 12:19 22:14,21 60:15,17 150:12,25 165:2 200:3,12,16 217:12</p>	<p>planned [2] 160:23 199:18 planning [2] 23:4 63:7 plans [1] 28:6 platform [1] 286:14 platforms [2] 263:1 312:8 play [1] 64:13 played [1] 64:16 plus [2] 301:9 313:14 point [71] 4:4 6:25 7:13 7:20 14:19 22:23 41:24 42:2 43:17 53:10,25 54:3 73:1,17 76:14,25 82:1 87:8 104:14 112:23 113:21 115:6 116:12 121:24 133:2,13 134:19 135:1 136:6 139:17 151:19,24 152:13 154:14 161:22 162:6 171:18 186:20 190:8 191:13 193:23 194:10 195:9 197:11 198:23 199:8 202:4 203:12 206:16 212:14 218:21 219:6 221:1 222:19,25 236:3 237:10 243:16 259:15,16 266:18 280:17 284:20 299:18 315:14,19,21,25 321:12 327:15 328:2 pointed [5] 13:22,24 190:12 258:16 263:11 pointing [1] 209:4 points [2] 223:4 330:22 policies [2] 230:1 247:13 policy [2] 14:14 272:2 poor [2] 99:23 217:25 population [9] 69:9 73:7 73:8 111:7 253:11 294:15 294:16 311:25 320:19 position [6] 13:2,10,19 60:9 94:15 293:15 positions [1] 253:13 positive [48] 31:22 35:9 37:5 38:23 39:3 56:3,15 58:13 69:8 91:20,21 103:22,24 110:19 141:6 160:16 168:7,9 170:1 181:14 211:25 212:1,3,7 213:15,25 214:10 273:10 273:23 274:12 278:13,17 291:3 299:17 304:10,10 306:22 310:5,6,10,12,25 313:3,13,18 320:20 325:20 336:5 positives [6] 132:13 133:6 273:19 274:19 287:21 289:13 positivity [41] 52:14 58:5,7,9 59:1 61:9 73:7 102:24 141:10 142:1 181:8,11 225:3 262:11 268:6,9,11 278:23,24 286:25 287:4 290:13 294:7,9,13,14 295:1 299:12 301:12,15 304:14 306:13,16 310:1,3 311:15 311:24 312:14 314:24</p>	<p>320:16 326:1 possibilities [2] 81:23 129:21 possibility [8] 18:16 52:16 78:22 82:14,18 279:22 322:15 332:5 possible [30] 6:8 34:18 35:11 44:11 50:17,20 54:10 55:2 59:23 81:18 139:12 146:13 161:7 178:24 186:15 193:18 194:4 203:1 244:13 248:4 259:5,7 270:18 283:17 283:20 300:14 301:17 324:7 328:10 336:4 possibly [14] 9:10 54:6 59:13 84:3 101:4 129:19 186:8 242:6 270:15 279:21 293:24 303:17,18 329:24 post [1] 56:21 potential [9] 70:11 71:3 71:25 78:12 106:4 135:19 173:13 174:16 271:22 potentially [7] 72:16 73:12 77:6 104:10 107:11 184:21 263:12 PR [95] 6:9,12,23 8:12 8:24,25 30:16 31:11 36:20 38:19,22 39:1,3,6 56:2,14 59:1 61:9 66:21 66:23 70:23 75:5,7,21 76:17,22 77:2 85:4,7,10 87:14 88:12 89:16 92:11 93:7,9,17 94:5 97:19 102:11 106:11,15,25 116:8 122:5 134:24 161:1 163:14 175:10 189:19 206:6,11 207:17,23 208:1 208:11,14 213:25 230:4 235:5 245:8 251:16,18 252:19 261:3 262:7,11 281:4 283:11,14 286:5 287:14,20 289:17 291:12 293:1 294:13 296:3 299:12 306:13 313:3,18 314:6 317:12 318:22 319:16 320:4 321:8 322:4 325:21,23 329:10 330:25 331:15 334:22 PR/ER [1] 253:19 practice [2] 230:9 261:1 pre [1] 207:8 precautionary [2] 321:2 329:20 preceding [1] 5:15 precisely [1] 4:22 Predham [18] 134:17,24 144:1 147:23 149:15 150:1 215:21 216:15 223:24 237:19 241:25 256:7 265:21,24 273:7 280:25 282:9,20 Predham's [2] 148:11 282:18 preliminary [2] 296:21 330:23 preparation [2] 15:18</p>	<p>125:14 prepared [4] 17:6 115:13 188:17 263:21 presence [2] 163:15 173:19 present [7] 14:22 53:4 53:11 149:17 222:9 223:18 229:11 presentation [1] 30:13 presented [1] 14:16 Presently [1] 85:1 president [3] 19:18 62:10 236:14 pretty [2] 144:13 316:13 previous [3] 84:24 119:14 218:5 primarily [4] 47:19 73:25 183:12 219:3 primary [9] 46:25 137:19 138:2 180:23 305:23 306:4,15,18 307:13 print [4] 13:7,23 14:1 188:17 printed [3] 303:24,25 305:6 priority [1] 160:21 Pritchard/Jackie [1] 1:8 Pritchett [1] 1:16 Pritzker [1] 295:18 problem [67] 11:22 17:9 27:4 59:21 69:5 73:5,11 73:15 74:1 77:3,5 78:3 80:21 81:6,11,18,19 82:19 83:11 84:8 101:7 102:4 105:4,7 106:4 112:25 113:3,19 114:1,4 115:7,12 116:24 117:10 117:17 132:11,14,17 133:4,6,11 136:22 139:13 142:4,5,6 169:20 192:9 193:11 220:12 235:10 245:18 263:12,22 283:13 283:16 289:23 297:23 300:23,25 302:10 303:1 303:3 306:7 315:6,9 330:21 problematic [3] 161:12 325:21,23 problems [33] 8:20 17:7 21:5 91:13 99:4,15,18 100:14 102:2 155:4 167:22 172:11,12,13 173:13 178:20 186:24 206:25 250:2 254:7 262:6 262:12 289:9 291:6,10 300:20 301:4 311:5 322:16 323:23 324:2 330:15 336:3 procedure [4] 260:23 270:14 301:19 307:3 procedures [2] 247:14 250:12 proceeded [1] 14:5 proceeding [1] 239:10 process [34] 6:10,24</p>
---	---	---	--	--

<p>18:14 24:22 33:8 85:1 88:5 101:5,8 111:10 143:5 147:1 152:20 171:2 212:8 213:22 217:20 235:7 256:24 274:8 286:5 287:9,16,23 289:18 319:3 319:5 320:13 322:18 323:13,21 327:21 328:13 331:15</p> <p>processed [1] 173:25 processes [2] 7:12,18 processing [3] 81:15 171:24 217:13 processor [1] 25:6 produced [1] 323:8 produces [2] 24:17,18 producing [2] 89:22 227:19 professional [9] 14:16 116:18,18 202:14 207:1 228:24 263:6 272:7 323:25 professions [1] 227:8 proficiency [13] 225:2,5 246:9 250:13 256:13,18 257:2 259:10 260:17 285:12 318:2,4,6 progesterone [8] 29:12 29:19 84:17,19 119:16 161:6 218:6 331:19 program [28] 12:7 16:14 16:23 21:10,14,15,20 112:18 122:24 127:19 202:21 203:14 225:25 233:11 242:17 245:15 249:8 250:15 256:13,19 257:3 261:12,12,13 264:1 264:1,12 285:12 programs [1] 244:22 project [1] 162:14 promote [1] 29:2 pronunciation [1] 312:23 properly [6] 5:24 171:9 171:10 187:1 296:19 324:9 proportion [1] 144:25 proposed [1] 284:14 protected [2] 242:22 271:5 protocol [3] 156:7 157:25 158:1 protocols [3] 159:12 173:24 317:13 provide [10] 13:4 14:3 125:20 130:23 132:3 135:15 139:11 174:7 215:13 278:12 provided [14] 14:23 50:11,15 110:21,25 111:4 119:4 140:21,24 174:10 222:15,23 270:7 277:2 provides [2] 301:17 306:24 providing [2] 28:17 137:21</p>	<p>province [7] 84:16 114:7 128:5 212:9,15 225:21 333:2 provinces [1] 226:3 provincial [4] 229:6,10 231:24 232:2 PRs [17] 30:4,9 47:24 51:12 54:4 77:4 85:2 177:13 287:22 309:23 310:4 311:19 313:22,23 314:17 321:3 329:23 public [3] 132:18 297:9 297:18 published [4] 125:5,7 214:22,23 pull [3] 150:22 165:11 217:12 pulled [5] 139:22 140:5 160:9 161:5 166:9 pulling [1] 216:22 pulmonary [2] 17:13 251:11 pump [1] 300:24 punching [1] 122:10 purely [1] 328:22 purport [1] 229:20 purpose [13] 38:8 71:25 109:9 130:11 150:6 177:9 181:23 182:6 199:5 233:7 235:3 280:4 327:16 purposes [5] 8:3,4,6 9:4 58:9 pursue [1] 292:6 put [14] 94:18 145:15 167:7 227:24 258:4,18 259:4 286:23 293:25 318:22 321:2,7 322:3 334:3 putting [2] 248:3 278:7</p> <hr/> <p style="text-align: center;">-Q-</p> <hr/> <p>Q.C [999] 1:6,7,12 2:3 5:6,8,18 6:4,18 7:5,21 8:10,21 9:3,8,14,19 10:9 10:16,25 11:8,17 12:2 15:12 17:1 18:21,25 20:4 20:8 23:15,22 24:3 25:13 26:3,19,23 27:8,14,23 28:3 29:7,23 30:5,10,18 31:24 32:4,8,13 33:9,13 33:17,21 34:6,11,16,23 35:3,10,16,23 36:4,10 36:14,23 37:2,8,21 38:2 38:7,13 39:18 40:1,10 40:14,18,24 41:7,12,18 41:23 42:7,16,20,25 43:11,15,25 44:10,17,22 45:1,5,15,20,25 46:7,20 47:2,6,14,21 48:6,12,18 48:25 49:4,12,17 50:1,6 50:21 51:13,18,25 52:6 52:10,20 53:2,8,18,23 54:8 55:1,10,17,21 56:10 57:2,7,14,18,22 58:2,10 58:18 59:2,10,15,22 60:2 60:6,13,21 61:13,20 62:3 62:7,13,22 63:1,10,15</p>	<p>63:21 64:3,7,12,20,24 65:5,13,22 66:2,9,14,25 67:6,12,20,25 68:5,10 68:16,25 69:14,20,25 70:4,10,15 71:1,9,15,22 72:7,11,20,25 73:9,16 73:22 74:10,20 75:1,10 75:17 76:1,8,13,20 77:11 77:20 78:4,8,15,24 79:5 79:15 80:4,9,16 81:4,10 81:16,24 82:4,10,15,20 83:4,13,18,24 84:11 85:19,23 86:3,14,21 87:5 87:12,22 88:2,6,11,15 88:20,25 89:5,10,14 90:6 90:16,22 91:3,7,15,23 92:4,9,15,20,25 93:5,10 93:14,21,25 94:8,14 96:7 96:13,20 97:2,7,13,17 98:1,6,12,21 99:2,10,14 100:2,10,15,21 101:2,9 101:15,21 102:3,9,17 103:1,7,13,18,23 104:2 104:9,18 105:6,15,20 106:1,8,14,18 107:7,17 107:22 108:4,8,17 109:2 109:7,13,18,24 110:5,12 110:24 111:5,12,18 112:6 113:6,16,22 114:5,13,18 114:22 115:1,15,22 116:1 116:6,13,17,25 117:18 118:1,8,16,23 119:5,25 120:4,12 121:2,10,16,20 122:13,25 123:10,14,23 124:7,16 125:4,8,13,19 125:25 126:8,12,22 127:6 127:12,22 128:6,13,25 129:5,11,15,20,25 130:10 130:19 131:3,7,14,19,24 132:9 133:1,12,18,22 134:12 135:9,17,22 136:5 136:14,19,25 137:7,14 138:1,7,14,24 139:6,20 140:2,13,20 141:3,11,16 141:23 142:8,14,21 143:3 143:8,12,16 144:3,19 145:5,17,22 146:1,18,24 147:5,14 148:2,12,19 149:4,12,22 150:4,13 151:3,12,17 152:1,6,11 152:22 153:7,12,19,24 154:5,13,24 155:12,20 156:2,15,21 157:2,6,12 157:17,23 158:7,16,23 159:3,7,15,19,25 160:4 160:13,19 161:3,21 162:2 162:11,18,23 163:7,12 163:20,24 164:3,8,18,24 165:5,13,17,22 166:2,14 166:18,22 167:3,8,16,23 168:4,12,17,21 169:2,8 169:13 170:7,12,20 171:6 171:11,16,25 172:6,18 172:23 173:7,22 174:4,9 174:13 175:2,6,15,19 176:6,15,20 177:2,8,14 177:21 178:1,6,11,17 179:3,8,12,19 180:6,15 180:24 181:5,12,20 182:5 182:10,14,20 183:8,13 183:20 184:1,7,18,25 185:7,13,17 186:3,10,17 186:23 187:8,12,17,22</p>	<p>188:1,5,10,15,21 189:10 189:21 190:4,13,20 191:2 191:6,10,24 192:11,17 192:25 193:6,21 194:8 194:15,20,25 195:14 196:2,10,17,22 197:4,10 197:22 198:4,12,20 199:2 199:16,21 200:4,10,15 200:20,24 201:6,13,19 204:7,18,24 205:4,8,14 205:19,25 206:18,23 207:10,19,25 208:4,8,12 208:19,24 209:3,13,17 209:22 210:3,21 211:18 211:23 212:12,18,25 213:11 214:2,12,17,24 215:10,19 216:4,10,16 217:1,10,18,24 218:14 218:20 219:4,9,14,20 220:5,13,18,24 221:9,15 222:3,14,24 223:20 224:12,16,21 225:7,12 225:16 226:1,6,12,19 227:1,9,22 228:4,8,13 228:17,22 229:2,12,17 230:5,11,15,20 231:5,10 231:17,22 232:3,9,14 233:6,13,20 234:1,5,9 234:13,18 235:11,24 236:7,21 237:1,9,21 238:7,12,22 239:1,6,13 239:22 240:1,5,9,14,21 240:25 241:15,22 242:2 242:10,20 243:2,10,14 243:21 244:2,11,24 245:5 245:9,25 246:18,23 248:19,24 249:4,12,17 249:24 250:24 252:2,11 252:21 253:3,16,25 254:9 254:25 255:12,21 256:2 256:9,16,22 257:6,11,16 257:23 258:8,15,22 259:8 259:20,24 260:10,16,24 261:6,14,19,25 262:15 262:20 263:7,16,24 264:9 264:18,23 265:5,11,18 266:16 267:3,9,15,20,25 268:16,24 269:25 270:6 270:20 271:3,10,15,20 271:25 272:5,12,20,25 273:5,14,22 274:1,11,16 274:22 275:2,11,16,23 276:2,9,14,24 277:6,13 277:19,24 278:10,16 279:1,8,13,18,24 280:3 280:9,14,22 281:3,19,24 282:4,8,12,17,21 283:1 283:7 284:1,7,12,18,24 285:4,8,14,19,23 286:3 287:25 288:7,11,19,25 289:11,16,22 290:3,7,16 291:13,18,23 292:7,12 292:19,24 293:4,8,13,18 294:22 295:4,8,14,20 296:1,8,13 297:2,6,10 297:16,24 298:5,12,17 298:23 299:4,9,19,24 300:3 302:1,9,17,21 303:6,14,22 304:6,13,18 305:2,7,17,25 306:9,19 307:2,6,11,18,23 308:3 308:8,13,20 309:1,6,14 310:8,14,22 311:7,12</p>	<p>312:17 313:24 314:3,9 314:18 316:16 317:6 318:11,16,20 319:1,8,13 319:20 320:1,9 321:5,11 321:19 322:6,19 323:2 323:12,17 324:15,20 325:1,6,22 326:3,9,15 326:20 327:2,7,12 328:5 328:14 329:15 330:1 331:3,10 332:18,22 333:7 333:20 334:6,14,19 335:1 335:6,11,22 336:12,16 336:20 337:2,6,14 QA [16] 242:6,19 243:5 243:16 244:5,15 246:9 246:11 256:4,12,19 257:2 260:18,20,23 261:13 QMPLS [1] 225:23 qualifications [1] 232:21 qualities [1] 89:20 quality [32] 6:15 10:6,7 90:21 23:25 71:18 89:20 90:2 134:25 135:11 161:9 218:1 221:7 241:11,13 241:16,17 242:15,21 244:22 246:3 247:16 248:4 249:8 250:7,11,12 250:17,22 251:21 269:15 282:15 questioning [1] 316:11 questionnaire [1] 281:13 questions [12] 4:17 48:22 151:25 152:9 185:22 186:1 281:4,6,8 281:14,25 333:16 quickly [8] 27:7 150:20 150:21,23 161:7 193:18 197:7 251:19 quiet [1] 306:23 Quinlan [3] 166:17 255:24 256:3 quite [23] 13:6 15:18 19:10 20:17,18 27:7 32:20 55:6,8 122:4 152:18 194:21 203:21 261:5 283:20,25 284:11 292:3 294:19 299:15 317:24 322:13 329:6 quote [4] 13:7,9,23,25 quotes [3] 13:7,24 14:1 quoting [1] 306:12</p> <hr/> <p style="text-align: center;">-R-</p> <hr/> <p>r [1] 330:24 R89 [1] 311:15 raised [6] 82:11 152:12 172:16 174:14 206:12 320:24 raising [2] 151:23 152:9 ramification [1] 101:4 ramifications [2] 72:16 283:25 ramipercussions [1] 283:19</p>
---	--	--	---	--

Inquiry on Hormone Receptor Testing

<p>ran [2] 299:11 310:6 randomized [1] 89:4 randomly [1] 161:8 range [10] 57:5,17 58:22 59:24 65:9 88:22,22,24 276:19 281:17 ranges [2] 58:5,7 ranging [1] 276:6 rapport [1] 286:18 rate [19] 38:24 65:21,23 69:8 110:17,20 141:10 219:10 220:10 223:25 276:10,23 277:8 286:16 295:1 311:15 320:16 329:2 330:18 rates [38] 52:14 58:9 73:7 141:6 142:1 225:3 262:11 268:6,9,11,12 275:13,21 276:5 286:25 287:4 290:13,13 294:7,7,10,13 294:14 298:14 299:12,16 301:12 306:13,16,22 310:1,3 311:24 312:14 313:13,19 314:24 330:16 rather [1] 132:18 rationale [2] 59:16 297:12 re [4] 143:5 147:1 266:4 333:4 reaction [6] 82:12 170:23 183:14 219:21 220:7 284:8 read [6] 69:1,12 95:21 190:7 245:24 253:2 reading [5] 177:13 182:13 251:18 299:11 310:19 readjustment [3] 156:6 156:9 157:25 reagents [1] 311:3 real [1] 227:13 realize [4] 65:20 75:2 133:3,14 realized [2] 134:6 197:17 really [24] 8:12 60:11 77:22 83:16 87:7,9 88:18 111:3 115:10 116:22 145:1 148:25 149:2 164:23,23 173:17 179:20 250:1 257:17 258:24 284:5 290:25 311:20,23 reason [14] 46:9 50:14 54:10,13 65:11 82:5 108:9 146:2 178:19 199:3 255:10 269:12 270:3 291:24 reasonably [1] 315:1 reasoning [2] 37:14 51:23 reasons [4] 26:10 161:13 173:13 274:10 reassure [1] 195:12 receipt [1] 239:12 received [13] 7:7 8:23 30:17,22 38:17 153:9 178:13 240:8 258:23</p>	<p>259:17 266:17 287:1 326:10 receiving [1] 5:10 recent [1] 153:14 recently [4] 46:23 48:2 285:9 310:4 receptor [33] 1:2 29:12 29:12 31:1,22 119:15,18 149:17 153:15 154:9 155:5,23 156:4,6 157:24 158:1 159:12 160:9,15 160:16,20 161:5,6,15 176:2 215:14 218:5,6,8 330:10 333:11,22 338:4 receptors [20] 29:19,19 56:3,20 84:17,19 85:10 111:23 119:16 166:1 224:5,23 226:21,22 231:7 233:21 236:18 287:7,20 331:19 RECESS [2] 118:5 265:15 recheck [1] 306:8 recognition [1] 246:12 recognize [3] 68:2 149:18 303:16 recognized [1] 169:6 recollect [2] 5:23 35:15 44:14 45:4 54:12 60:5 81:8 83:10 86:7 90:3 92:2 156:18 162:7 169:12 186:9 187:7 248:23 252:20 265:9 278:25 279:11 recollection [2] 43:16 245:23 recommend [1] 11:13 recommendation [3] 17:16 19:3,4 recommendations [2] 193:19 239:11 recommended [2] 11:11 148:16 record [5] 68:12 83:19 91:24 92:5 148:9 recorded [5] 83:25 148:3 148:10 252:6 275:5 recording [2] 65:18 66:13 records [7] 49:16 92:3 122:2,12,18 268:11 288:16 recount [2] 212:5 275:4 recounted [2] 41:3 214:4 recounting [1] 94:17 rectified [1] 27:7 redacted [3] 269:1,2,5 reduction [3] 249:18,19 278:5 refer [5] 8:24 39:11 49:15 67:4 244:18 reference [42] 29:10,14 39:19 56:12,16 57:19 83:25 84:2 110:14 112:7 123:18 134:3,5 139:21 140:14 154:6 155:22</p>	<p>156:8 157:14,24 212:4 213:1 215:11,21 224:22 232:4 246:19 252:23 255:13 266:10 270:22 275:12 277:7,14 280:10 292:14 295:22 298:2 304:8 308:9 317:7 333:21 references [4] 72:22 148:4 213:7 244:5 referral [1] 279:4 referred [10] 41:9 61:15 99:7 146:21 182:16 190:14 205:16 226:16 256:3 311:8 referring [6] 41:20 111:24 267:16 304:15,17 325:15 refers [8] 15:7 40:25 134:1 217:11 224:3 236:13 237:23 256:7 reflected [1] 253:6 regard [20] 8:6,15 45:22 98:3,14 147:9 165:7 167:4 172:19 179:20 184:2 205:5 210:4 214:14 216:17 226:23 227:23 254:1,12 271:17 regarded [2] 225:23 244:17 regarding [26] 33:6 48:22 81:9 85:12 112:12 113:10 138:12 144:2 147:11 154:23 156:19 166:7 206:20 216:22 238:6,19 255:10 268:8 271:13 278:22 292:3 313:18 314:24,25 320:25 322:2 regards [16] 23:7 32:25 33:6 57:5 58:15 97:12 112:25 147:10 158:20 190:11 235:5 238:3 243:8 302:20,24 317:12 regime [2] 70:14,17 Regional [2] 1:10,17 Registrar [10] 6:19 119:1,3,7 210:23 268:17 297:25 302:2 326:4 330:2 Registry [2] 150:20 215:22 regular [3] 122:9 123:4 136:13 reinstated [1] 241:9 reiterated [1] 264:16 reiterating [1] 51:2 relate [8] 15:13 50:11 120:8 156:11 207:2 209:24 306:15 312:19 related [6] 156:13 172:1 263:12 264:10 297:19 307:14 relates [3] 8:4,6 231:6 relating [2] 180:18 334:21 relation [21] 6:23 8:7 126:13,18 150:11 159:8 201:9,21 205:1 206:24</p>	<p>210:8 211:11 224:24 229:18 241:3 243:22 251:2 262:21 272:6 301:1 321:6 relations [1] 21:6 relationship [2] 25:22 295:19 relationships [1] 25:24 relative [1] 251:1 relatively [3] 61:2 74:4 104:20 release [1] 296:23 releasing [1] 297:5 relevance [1] 141:25 relevant [1] 125:22 reliability [1] 170:3 relief [1] 191:22 relocate [2] 16:8 22:22 relocated [3] 23:13,16 23:20 reluctant [1] 26:6 remain [5] 17:16,17,22 22:16,17 remained [2] 8:1 241:1 remark [1] 329:6 remarks [2] 198:5 211:19 remember [51] 15:23 17:11 19:23 20:25 21:8 23:6 34:15 42:14 44:8 50:25 51:1,16 55:5 60:11 64:11 77:15 79:13 83:16 87:3 92:3 94:7 111:3 120:3 138:11 145:9 164:22 170:15 173:18 185:5,21,24 186:22 206:14 207:9,13 212:23 214:21 235:1 237:20 238:18,19 243:25 244:10 252:15 277:12 291:1 321:15 327:11 329:10,23 335:25 remind [1] 177:12 reminder [2] 333:9 334:4 removed [2] 193:23,24 reordered [3] 161:6,15 161:16 reorganization [1] 122:7 repeat [4] 84:20 85:10 119:15 218:5 rephrase [1] 7:4 replied [5] 11:12 239:14 287:5 301:20 307:7 reply [4] 21:8 238:21 239:4,7 report [20] 16:12 19:4 21:9,10 96:17 102:23 111:25 112:2 147:6 190:24 192:3 252:7 253:18 254:8 255:22,24 288:22 319:16 320:7 326:11 reported [19] 31:1,10,21</p>	<p>38:19,22 39:1,6 44:7 51:7 56:2 66:21 102:5 102:14 117:6 147:13,15 168:25 181:24 336:6 reporting [26] 44:23,25 66:23 106:11,13,25 148:4 168:15 176:1,9 193:10 253:21 254:5 263:5 287:14,20 288:24 289:1 289:6 290:22,24 291:3 299:17,20 325:16 334:2 reports [6] 85:7 153:15 154:9 246:4 291:2 321:24 represent [1] 48:21 request [7] 13:5 14:4 15:1 110:3 129:12 232:19 332:12 requested [6] 39:4 49:1 49:3 119:11 131:4 212:2 requesting [1] 85:3 require [2] 153:16 154:10 required [1] 258:17 research [2] 215:14 279:6 residents [2] 175:22 334:9 resource [5] 47:18 48:1 74:1,9,17 resources [9] 16:8,9 22:23 164:13,15 167:1 221:22 248:6,11 respect [4] 79:8 250:25 306:1 315:20 respecting [1] 315:4 responded [2] 14:2 54:7 response [7] 11:18 82:12 85:24 219:21 239:9,18 309:5 responsibility [1] 131:9 responsible [4] 134:20 134:23 136:21 211:11 rest [1] 326:16 restraint [2] 248:6 250:19 restraints [1] 254:24 restructuring [1] 247:25 result [10] 16:5 17:14 23:1 25:8 35:9 36:2 46:24 66:21 103:12 209:7 46:14 results [55] 33:23,24 43:10 44:3,6,9 45:8 54:4 55:15 66:13 67:9 75:16 76:23 77:16 79:20,22 80:3 85:11 119:18 132:19 149:18 163:14,15 167:19 186:19 193:17 195:5,18 195:20,25 201:9,14,22 204:12 209:11 210:18 212:3 218:8 220:20 246:1 252:8 253:19 260:7,21 264:1 270:13 278:13,23 278:24 296:9,21 319:9 322:8 326:18,19</p>
---	--	---	--	--

<p>RESUMES [1] 2:2 retained [2] 194:11 198:24 retaining [1] 232:15 retention [2] 229:24,25 retest [30] 35:5 45:16 46:10 60:17,19 63:7 67:15 76:4,10,15,16 78:23 79:7 117:6,24 137:3 139:23 141:24 142:10 150:24 157:18 201:14,21 204:12 208:9 219:17 276:22 280:21 283:15 315:12 retested [23] 31:14,18 31:19 38:21 39:7 43:10 55:7,13 64:18 65:16 76:24 77:7 80:11 86:25 87:9 128:18 151:6,6 155:4 194:6 216:7 286:14 290:14 retesting [21] 33:3,23 56:4 64:18 75:16 80:25 83:9 85:2 111:24 137:24 193:22 201:9 206:12 212:2,7 217:20 276:11 276:15 286:21 328:13 332:3 retests [8] 44:19,21,23 44:25 79:25 204:14 219:1 219:16 retrained [1] 246:6 retrieval [6] 101:13 148:6,7 172:11 300:15 330:20 retrospect [1] 245:18 return [1] 256:11 retyped [1] 129:16 Reuter [2] 295:7,11 reversed [1] 22:7 review [112] 11:11,14 12:1 17:15 21:21,22 23:25 52:17 57:12 59:8 66:3,18 68:21 88:5,9 90:18 93:1,6,16,20 94:19 96:5,23 97:3,12 108:12 126:17,17,21 128:4 132:10,10 137:25 139:23 144:13,18,23 145:1 147:10 148:16 149:3 151:2,21 155:22 160:25 161:1 165:23,25,25 166:1 167:9,10,13,14,19 169:9 177:1,19,19,22,23 178:2 178:3 183:4 185:19 186:6 186:20 190:12,14,16 191:18,19 192:21 193:15 193:17 194:5,16 195:24 198:7 199:5,7,23,25 200:12,25 201:3,4,20,24 202:3,12 204:2 210:19 214:19 232:22 233:12 255:18 260:9 264:24 266:1 280:18,21 281:7 286:20 287:23 293:24 302:24 311:19 322:9,12 323:6 335:16 reviewed [7] 92:10 135:4 160:14 191:20 194:21</p>	<p>245:15 264:11 reviewer [1] 329:25 reviewing [2] 286:5 289:18 reviews [8] 94:5,12 97:8 127:1,5 320:14,18 329:22 revised [1] 66:23 rhetoric [1] 21:4 right [45] 1:8 5:1 14:2 18:7,9 54:25 72:14 92:24 95:8,8,15,23 114:17 115:21 116:22 122:15 128:22,24 150:3 184:16 209:2,10 227:19 240:13 271:24 275:1 278:15,19 280:13 288:10,16,24 293:7 299:14 301:5 304:9 305:23 306:18 307:10 308:12 310:12 327:1 334:15 336:15 337:9 right-hand [2] 129:1 153:2 rise [1] 126:3 risk [3] 135:13,18 327:24 Ritter [7] 283:2,8,10,16 284:3,8,19 road [3] 144:18 151:11 193:14 Rob [1] 283:2 Robb [1] 149:9 Robbins [4] 124:13,24 125:1 224:15 Robert [1] 236:14 Roch [7] 298:2 301:20 306:21 307:24 308:4,19 312:12 role [19] 11:24 13:8 64:17 135:5,10 137:16,17,19 137:20 138:2,5 248:21 249:7 254:12 262:10 272:4,8 278:9 323:10 Rolf [1] 1:8 room [7] 47:9 148:1 150:9 190:10 191:22 246:7,20 rough [1] 222:19 roughly [3] 24:17,18 222:22 rounding [1] 189:4 route [1] 19:8 Royal [1] 227:14 rule [2] 315:9,15 run [9] 245:16 264:2,5,7 264:12,15 265:10 310:4 313:23 running [9] 29:6 264:17 299:14 309:23 310:20 313:21 314:16 317:15,17 runs [2] 132:15 245:18</p>	<p>Saint [2] 262:9 270:23 sample [7] 61:6 63:8 65:8 78:23 80:11 104:20 140:15 samples [15] 66:4 86:8 98:25 113:1 135:3 141:5 141:18,24 142:10 151:5 151:6 194:6 201:4 216:6 279:23 Sandra [1] 1:7 satisfied [2] 21:23 315:20 Save [1] 314:2 saw [8] 15:17 30:13 47:19 73:25 102:10 123:6 164:4 245:2 says [19] 55:24 68:6 140:3 141:4 143:4 149:23 150:16 153:2,13 160:20 163:8 212:19 268:25 271:4 273:9 274:12 296:4 310:9 316:24 scenarios [1] 81:2 Sciences [1] 309:20 scope [12] 63:5 73:15 84:7 113:25 114:4 115:7 145:4 200:19 206:16 235:10 283:16 297:22 screen [2] 7:22 302:3 scrutinize [2] 104:17 105:14 search [1] 127:2 seated [3] 118:7 196:9 265:17 second [37] 7:25 13:13 39:22 55:23,24 56:1,4 56:16 90:20 95:3 111:19 112:7 119:12 121:9 123:17 124:24 128:11 134:2 160:5 187:14,23 187:25 188:22,24 208:15 215:20 217:11 218:17,23 220:9 223:25 256:18 267:22 290:17 301:7 304:8 323:4 second-last [2] 232:4 236:13 secretarial [1] 137:22 secretary [1] 12:17 section [2] 181:15 333:12 sections [2] 231:14,15 secure [1] 121:8 see [32] 7:6 14:1 43:23 97:22 98:8 102:21 104:15 142:5 145:1 150:16 160:1 313:3 180:13 193:22 194:11 198:21 200:7 215:12 244:15 248:4 253:19 254:5 269:2,18,23 300:17 303:2 312:9,12 314:15 320:21,22 332:3 seeing [6] 89:17 99:16 104:4,23 192:8 262:6 seek [1] 291:25 seem [3] 28:10 150:25 245:14</p>	<p>select [3] 60:18 251:17 333:12 selected [2] 161:9 330:21 140:15 selecting [1] 60:22 semi-automated [3] 81:1 286:13 300:10 send [14] 69:12,15,18 95:14 108:24 121:4 150:17 181:22 260:6 296:20 330:12 332:14 333:10 334:22 sending [7] 85:15 95:4 151:1 193:16 201:3 279:23 334:7 senior [2] 136:10,16 sense [11] 26:4 137:1 142:9 191:21 207:5 230:23 244:17 272:13 273:23 284:14 314:25 sensitive [4] 26:1 84:23 300:8,9 sensitivities [2] 300:6 300:13 sensitivity [5] 300:14 308:25 313:11 316:2 329:2 sent [22] 23:5 85:25 93:4 108:21 110:15 130:3 140:6 161:13 176:16 180:10,11 182:3 195:23 245:21 246:1 260:14 266:8,15 317:2 325:11 330:23 334:4 sentence [5] 39:22 42:9 55:23 155:1 256:18 sentences [1] 176:7 sentinel [2] 245:15 264:11 separate [6] 21:16 245:4 246:8 258:4,21 259:3 separately [1] 255:8 September [6] 7:14,16 29:13,16 139:22 232:6 sequence [1] 152:20 sequences [1] 162:8 series [1] 78:19 serious [5] 63:4 72:16 81:8 220:12 325:19 service [10] 17:12,13 18:5 20:1,1 122:10 246:8 255:15 257:21 258:4 services [30] 15:21 16:17 16:24 17:4,8,10,14,17 17:20,22 18:1,3,17,18 19:5,16,19 21:19 22:3 23:8,11 24:7 25:2,12,16 26:6,16 28:2,15 62:11 set [3] 200:11 269:13,20 setting [2] 24:13 303:1 settle [1] 16:16 seven [1] 309:22 several [1] 118:10 shaking [1] 49:18 shaping [1] 122:19 sheet [2] 119:9 330:4</p>	<p>shock [1] 220:2 shop [1] 282:18 short [1] 21:17 shortage [2] 249:13 332:11 shortcomings [1] 177:4 shortened [2] 71:12,17 shortly [4] 20:22 34:2 61:24 128:14 show [5] 155:4 165:19 181:7,14 330:15 showed [2] 53:12 329:4 showing [2] 168:1 242:18 sic [2] 283:19 302:8 side [6] 16:22 26:5 129:1 153:2 230:10 296:3 signal [1] 104:8 signature [7] 119:21 120:22 121:7,9,15 130:12 130:17 signatures [1] 176:12 signed [11] 85:13 120:22 120:24 128:20 129:8 131:8 180:10 190:23 192:2 218:10 281:10 significance [1] 107:11 significant [26] 11:22 15:25 16:5,7,10,13,15 36:3 46:15 62:18 64:16 65:20,23 70:7,22 71:7 112:10 113:8 183:5 246:14 254:21 261:5 263:11 283:21 291:10 325:18 Signifies [1] 120:13 signing [1] 175:10 similar [2] 289:9 294:4 Simmons [1] 1:10 simplify [1] 270:17 simply [3] 123:8 127:25 307:14 Sinai [23] 92:14 93:4 95:4 95:14,19 99:8 201:4 224:5,17,19 232:6 246:2 280:18 295:18,19 296:10 296:22 319:10 325:11,17 326:2,12,19 Sinai's [1] 204:14 Sincerely [1] 15:4 single [4] 192:7 195:12 226:11,13 singled [2] 191:15 192:23 sit [1] 269:15 site [22] 17:5 18:19 19:7 19:13,22 21:6 23:14 24:8 24:15,20,21 27:2,10,16 27:18 28:15,21 33:18 85:6 143:23 265:3 293:25 sites [2] 17:18,23 sitting [1] 13:20 situation [24] 21:2 35:21 43:4 62:1 63:19 64:2 112:8 117:9 132:11 135:14 174:25 180:2</p>
<hr/> <p style="text-align: center;">-S-</p> <hr/>				<p>s [1] 330:24 safely [4] 24:6,10,23,24 safety [2] 24:1 25:11</p>

<p>183:3 193:16 202:17,19 251:4 252:1 253:15 283:4 294:6 296:3 298:14 308:22 situations [2] 14:17 253:10 six [13] 8:11 75:22 76:3 77:2,6 124:15 140:5,7 143:4 181:6 253:12 330:6 330:7 size [3] 61:6 63:8 78:23 slide [8] 81:15 95:9,16 95:20 99:19,19,21 250:8 slides [69] 24:18 25:10 31:20 34:17 67:15,16,19 81:15 85:7,8 87:14,17 87:18,21 88:12 89:16,25 90:1,8,21 91:8,10,12,22 92:11 93:7,9,17 94:5 95:25 96:16 97:12,19,20 98:20 99:20,23,25 102:10 102:12 105:25 137:24 154:21 155:2,3,9 160:7 160:9,14 161:2 165:12 165:18 168:1 171:10,24 194:17 199:24 200:12 216:23 229:25 244:20 245:15 264:11 323:7,9 331:17,18,20 332:14 slightly [1] 13:5 Sloan [10] 211:25 213:1 213:7,14,20 215:13 292:13 293:23 294:9 295:10 slow [5] 296:10,23 297:3 297:17,17 small [5] 61:2 98:25 104:20 247:9 251:12 Society [2] 1:15 259:12 solely [1] 258:6 solutions [1] 313:16 someone [8] 60:7 165:11 244:12 256:4 269:15 296:23,24 297:1 sometime [4] 23:20 88:10 92:18 205:22 sometimes [1] 4:10 somewhere [1] 39:23 sorry [29] 4:2 14:9 17:2 17:20,25 20:5,9 26:20 30:6 94:11 103:14 108:23 148:6 175:3 188:7,11,16 190:21 207:20 215:25 236:12 241:16 294:5 297:3 300:4 302:24 309:8 310:12,23 sort [27] 6:1,2,17 18:19 35:24 56:22 61:12 71:23 73:3 147:12 181:25 186:6 207:3 214:5 225:5,23 227:20 230:2 241:14 244:12 248:11 249:14 261:1 262:5 294:19,20 296:20 sorts [6] 15:8 61:14 62:14 99:15 224:7 305:20 sound [3] 74:2,6 338:10 sounded [1] 289:8</p>	<p>source [5] 81:19 124:9 140:8 180:23 303:17 space [2] 119:20 176:11 span [2] 71:12 134:8 speak [16] 5:12 18:15 27:5 42:17 158:11 159:10 173:5,11,19 189:2 197:18 240:17 283:8 284:19 293:21 308:4 speaking [3] 113:8 270:18 294:2 special [1] 258:17 specialization [1] 28:11 specific [6] 50:25 185:5 187:7 238:18 243:25 255:10 specifically [8] 186:8 187:3 211:17 244:9 246:22 249:11 252:20 261:3 specifics [1] 185:24 specifies [1] 162:14 specimens [5] 24:25 135:3 229:25 231:14 276:22 spelled [1] 130:20 spent [1] 199:17 spoke [31] 33:1 34:8 62:1 72:13 127:20 132:16 143:22,24 144:6 162:3 166:25 169:17 170:1 173:15,18 189:1,14 237:6 239:19 254:22 271:4 283:2,12 284:9 285:5 308:14,18 314:5,15 316:19 318:21 spoken [8] 35:11 45:9 73:18 74:13 77:13 127:23 159:20 173:16 spot [3] 108:15 187:11 258:12 spread [2] 195:10 198:11 spreadsheet [6] 67:2,4 67:4,9 163:21 164:11 spreadsheets [2] 164:4 164:10 spring [1] 23:20 St [58] 12:23,25 13:15 15:1,24 16:9,18,24 17:11 17:17,23 19:6,12,22 21:5 22:16,17 24:15 26:9 33:20 41:1 54:19 61:5 69:4,22 113:18 114:9,14 175:21,23 177:15,20 178:3,14,21,24 179:1,2 179:5 180:2,5 189:5,14 189:15 196:21 199:3,18 210:6,17 217:21 219:5 223:7 247:7 268:14 286:11 289:10 338:7,11 stability [2] 28:18 253:11 stabilize [2] 16:4,19 stabilized [1] 16:19 stable [2] 29:6 251:8</p>	<p>staff [7] 13:14 14:11,12 15:2 19:12 25:25 29:5 stage [1] 75:18 stain [8] 98:18,19 105:10 105:11 207:15 258:18 288:4 332:15 stained [5] 98:9 100:18 102:13 331:18,21 stainer [1] 302:13 staining [31] 6:9 29:12 75:4 81:14 87:20 89:23 98:17 100:17,24 101:3 101:17 102:20,21 103:3 103:12 104:15,25 105:1 140:4,6 156:3 171:24 181:15 187:1 236:17 287:19 288:21 290:23 311:1,5 333:15 stains [30] 6:9,12,13,15 8:1,7,24,25 10:3,7,8,8 10:17,21 11:3,12 75:4,5 75:21,23 77:2 90:5 241:8 241:12,14 289:3,6 316:24 318:5 331:16 stand [3] 2:2 73:6 118:18 standard [5] 225:24 226:11,13 227:13 291:8 standardization [7] 231:20,23 263:5 301:18 306:24 312:4,6 standardized [1] 254:4 standards [18] 224:5,22 224:24,24 225:2,8,20 226:2,14,21 227:2,6,8 227:21 231:13 262:24 291:7 312:7 start [7] 65:12 99:6 193:16 217:12 300:6 314:15 316:10 started [5] 53:13 69:6 92:21 99:8 164:4 starting [5] 105:3,4 170:5,6 316:7 state [9] 86:22 87:16 106:21,22 132:24 246:25 262:17 263:22 331:14 statement [4] 156:19 158:24 176:8 213:23 statements [1] 328:25 States [5] 41:2 275:22 276:7 291:10 331:2 statistics [1] 305:19 stats [2] 304:2,7 status [22] 31:1,9,11,22 36:20 51:12 76:3 153:15 154:9 155:23 156:4,7 157:24 158:1 159:12 161:6,15 176:2,9 180:18 330:10 334:22 stems [1] 15:20 still [15] 16:4 63:5 78:21 102:16 103:22 113:25 114:2 122:9,22 162:8 248:2 258:20 302:18 315:8,8 stood [1] 73:10 stoppage [2] 236:16</p>	<p>237:25 stopped [3] 13:21 75:4 277:8 stopping [1] 328:12 stormed [1] 14:3 story [2] 21:17 51:2 strategic [2] 22:14 23:4 stream [1] 48:2 stress [2] 190:10 193:3 stressed [1] 185:5 strictly [1] 180:4 strong [2] 17:12 102:22 strongly [6] 38:22 56:3 212:2 310:10,12 320:20 structure [2] 199:12 248:13 studies [1] 126:3 study [10] 190:16,17,22 192:1 213:14,21,22 214:19 279:4,7 stuff [4] 173:25 227:20 230:3 241:14 subject [9] 15:14 84:16 176:1 211:15 226:15 243:15 260:9 265:22 304:2 submission [1] 145:16 submit [2] 85:6 145:12 submitted [1] 215:7 subordinates [1] 173:12 subsequent [4] 93:16 130:4 214:13 284:2 subsequently [3] 269:22 291:25 295:9 subspecialization [4] 27:22 251:10 252:16,19 subspecialize [4] 28:16 28:16 175:14 251:23 subspecialty [2] 28:25 251:20 such [23] 20:21 49:22 56:21 71:11 90:18 92:5 101:3 105:7 130:11 131:4 131:8 163:6 181:22 197:25 209:14 211:15 226:2 229:24 247:17 250:18 253:21 257:8 281:20 sufficient [2] 260:25 261:7 suggest [4] 8:19 105:1 161:23 180:17 suggested [5] 39:8 42:10 232:22 301:15 306:23 suggesting [3] 154:7 252:12 266:22 suggestion [2] 16:21 165:2 suggestions [2] 221:22 230:1 suggests [4] 153:8 266:18 276:10,13 summary [1] 334:21 summer [3] 86:11</p>	<p>104:21 122:8 sums [1] 21:11 Sunday [1] 304:1 superior [1] 12:13 supervisor [2] 247:9 312:24 supporting [1] 137:20 suppose [4] 150:10 169:17 247:3 289:4 supposed [1] 247:21 surface [4] 99:21,22,24 110:17 surgeons [4] 211:4 221:6 227:15 327:25 surgery [1] 17:14 surgical [6] 17:12 66:19 120:6 163:13 218:22 309:18 surgicals [1] 24:16 surprised [2] 15:19 117:5 surprising [1] 264:14 surrounding [5] 15:22 24:1 49:9 122:6 203:9 survey [4] 262:16 281:4 281:14,21 Susan [7] 147:23 150:1 235:2 237:20 242:1 266:14 273:7 suspended [2] 75:20,22 sustain [1] 251:24 switched [2] 286:12 288:8 system [51] 16:3,4,7,11 31:19 60:20 81:2 84:22 85:11 87:19 89:21 90:4 151:25 156:22 157:16 161:20 163:3 172:15 199:10 247:6,12,24 248:1 248:14 253:7 262:13 280:2 287:8,11 292:25 293:5 301:9,17,24 306:23 309:21 311:4,9 313:21 313:22 316:8 322:18 323:21,23 324:13 329:5 329:20 332:4,4,6,7 system's [2] 199:8 202:4 systemic [1] 171:2 systems [4] 202:9 293:9 298:6 313:23</p>
---	---	---	--	---

-T-

<p>tech [2] 25:7 317:2</p> <p>technical [42] 16:24 17:17,22 18:1 19:22 20:1 23:11 24:7 25:2,12,22 25:25 26:16 48:22 80:21 80:22 81:11 83:11 101:13 154:22 158:4 169:20 172:4,8,9,9 202:19 203:13 232:5 233:10 235:22 248:15 263:6 270:11 277:16 296:17 322:16 323:24 324:2 327:22 328:10 332:8</p> <p>technician [1] 12:23</p> <p>technique [3] 84:23 155:5 331:20</p> <p>techniques [1] 251:15</p> <p>technological [7] 113:3 138:15,17 139:3 171:23 173:13 202:13</p> <p>technologist [8] 12:24 13:2,19 80:23 139:1 232:20 249:13 292:17</p> <p>technologists [18] 19:24 21:7 26:12 27:1,6,10 80:24 82:7 127:15 172:20 173:6,9 247:20 248:8 249:25 258:6 259:6 318:10</p> <p>technology [21] 25:5 80:25 83:10 113:1 138:20 171:3,7,9,19 235:19 249:25 278:4,9,12 287:10 287:17 322:23 328:9,22 328:24 335:18</p> <p>techs [3] 20:12 246:5,7</p> <p>telephone [3] 42:3 213:19 298:9</p> <p>telling [13] 11:3,5 31:25 43:22 53:12 76:24 92:22 213:16 264:19 274:3,17 274:23 320:2</p> <p>temperature [1] 300:16</p> <p>temperatures [1] 263:3</p> <p>ten [10] 22:3 61:7 161:8 223:19 224:1 263:8 273:25 274:4,9 326:11</p> <p>tens [2] 274:19 275:8</p> <p>terms [57] 7:17 10:3 22:13 25:21 29:3 53:10 73:7 74:2 80:10 86:7 90:4 104:21 112:22 130:17 135:1 137:15,22 138:15,21 158:14 159:8 164:15,16 165:23 170:18 174:24 177:7 185:19 186:25 197:23 201:15 203:10,22 204:12 216:5 217:2 227:12,17 230:6 247:4 248:10 249:7,11 250:3 251:16 252:18 254:10 259:12 261:3,11 263:5 297:17 301:5,22 306:13 325:25 328:22</p> <p>Terry [16] 12:5 82:25 139:11 215:22 216:20,22 233:5 239:18 241:25 265:22 273:7 301:9 303:25 308:14,18 317:14</p>	<p>Terry's [1] 217:7</p> <p>test [16] 33:23 102:2,4 132:15,19 141:5,17 161:16 168:24 204:13 245:16 254:8 270:12 279:21 311:1 330:17</p> <p>tested [3] 52:19 113:2 144:14</p> <p>testify [1] 125:15</p> <p>testimony [3] 15:18 123:25 223:6</p> <p>testing [49] 1:2,13 44:3 44:5 66:24 75:20,22 84:20,21 111:22 140:5 155:5 161:14 163:15,16 172:14 183:6 212:9 215:14 217:14 225:2,5 246:9 250:13 256:13,19 257:2 259:10 260:17 270:13 276:17 281:5 285:12 286:6 291:6,11 303:2 318:2,4,6,23 321:8 322:4 328:12 329:19 333:11,11,22 338:4</p> <p>testings [1] 276:18</p> <p>tests [2] 140:6 245:20</p> <p>text [6] 126:14 190:15,22 224:6,13 333:8</p> <p>thank [22] 5:1,3,9 18:9 54:25 108:18 118:2,9,24 125:3 196:3,3,11 204:6 265:12,14,19 316:15 336:13,13 337:15,17</p> <p>thanked [1] 43:22</p> <p>Thanks [1] 266:5</p> <p>theme [2] 301:24 329:12</p> <p>themselves [3] 208:15 287:4,18</p> <p>therapy [2] 71:8 273:19</p> <p>thereabouts [1] 29:14</p> <p>Thereby [1] 104:10</p> <p>therefore [2] 8:2 117:19</p> <p>thereof [1] 251:2</p> <p>thereto [1] 130:4</p> <p>they've [1] 289:3</p> <p>thinking [10] 8:15 28:7 101:12 148:24 154:14 210:11 259:25 301:22 324:9,12</p> <p>third [12] 7:25 69:16 94:18 119:20 128:19 134:2 155:1 190:15 212:3 215:5 218:24 224:2</p> <p>Thomas [4] 12:18 211:5 223:24 273:9</p> <p>thorough [1] 304:7</p> <p>thought [14] 124:21 144:23,24 152:20 154:8 155:17 217:20 266:12,15 266:19 267:1,4 269:10 329:3</p> <p>threat [1] 13:10</p> <p>threatened [1] 14:18</p> <p>three [27] 7:8 32:18 36:6 41:3,8,15 44:5 48:16 70:17,18 94:13,21 145:11</p>	<p>181:13 187:19 202:15 206:13 207:8 210:25 217:11 266:7 296:15 312:19 313:14 314:23,23 317:1</p> <p>through [20] 3:2 15:25 16:12 21:21 60:3 92:13 96:16 118:15 167:11 176:11 190:7 248:3 253:9 258:10 274:7 299:10,11 306:10 309:16 332:12</p> <p>throughout [8] 181:15 201:7 228:23 229:11 243:6 256:24 331:1 333:2</p> <p>thrown [1] 317:25</p> <p>Thursday [1] 234:14</p> <p>Tilley [12] 127:9 132:16 223:23 234:23 265:23 257:2 259:10 260:17 270:13 276:17 281:5 285:12 286:6 291:6,11 303:2 318:2,4,6,23 321:8 322:4 328:12 329:19 333:11,11,22 338:4</p> <p>times [19] 6:1 10:4 11:4 11:5 20:18 25:9 96:15 140:5,6 144:10 146:9 148:6,7 155:7 158:5,22 214:22 263:4 300:16</p> <p>timing [1] 17:9</p> <p>tissue [20] 27:4 66:4 80:11 97:21,23 98:8,22 98:25 103:4 104:5,8 105:12 135:3 140:14 151:6 181:15 201:4 216:6 229:24 311:1</p> <p>tissues [2] 24:19 163:15</p> <p>title [1] 130:13</p> <p>titration [6] 140:5 147:12 148:5,7 158:5,21</p> <p>titrations [1] 144:9</p> <p>titres [1] 147:12</p> <p>today [3] 21:14 252:1 306:12</p> <p>together [12] 45:11,13 47:5 142:20 170:18 188:25 189:4,6 197:7,20 221:5 247:12</p> <p>Tomorrow [2] 336:17 336:19</p> <p>tone [1] 63:2</p> <p>too [8] 69:7 110:18 209:11 234:24 245:20 248:7 320:21,22</p> <p>took [7] 82:6 93:13 146:15 147:24 154:4 166:21 210:9</p> <p>top [1] 153:2</p> <p>topic [2] 252:20 254:21</p> <p>tossed [1] 81:3</p> <p>totally [3] 14:24 75:14 77:9</p> <p>towards [3] 14:9 138:13 251:10</p> <p>town [3] 295:3 314:13 319:9</p> <p>track [5] 66:10 192:13 195:6,18 317:11</p> <p>training [6] 12:25 13:18 246:7 317:2,3 318:9</p>	<p>trans [1] 330:3</p> <p>transcribed [1] 338:9</p> <p>transcript [1] 338:3</p> <p>transfer [5] 12:24 13:1 13:19 16:17 24:6</p> <p>transferred [2] 23:13 24:20</p> <p>transmission [1] 330:4</p> <p>treat [2] 223:12 275:7</p> <p>treated [4] 196:1 273:10 274:6,12</p> <p>treating [5] 131:11 273:18 274:3,9,19</p> <p>treatment [19] 12:11 31:5 36:2 46:14,17 54:7 70:14,17,25 72:1,3 80:1 193:18 206:9 208:16 209:7 273:11 274:13 313:7</p> <p>treatments [1] 277:1</p> <p>tremendous [1] 16:3</p> <p>trend [1] 320:18</p> <p>trends [1] 251:19</p> <p>tried [3] 146:13 191:15 270:17</p> <p>Trish [4] 201:5 203:11 232:25 233:4</p> <p>Trish's [1] 232:23</p> <p>trouble [2] 317:19 336:22</p> <p>troubles [1] 166:5</p> <p>true [1] 338:3</p> <p>try [6] 186:1,14 254:14 254:19 293:22 313:17</p> <p>trying [38] 7:7 16:4 73:3 73:11 90:13 114:1,3 116:21 117:17 122:22 128:1,3 135:2,5 142:3,6 142:9,19 150:11 163:2 166:5 173:21 180:3 194:6 197:14 199:9 207:5 242:15,18 258:5 262:4 268:5 275:20 281:15 287:3 314:12 317:11,19</p> <p>tumour [8] 85:9 103:4 103:12 104:8,16 105:12 107:6 333:12</p> <p>tumours [2] 56:21 305:20</p> <p>tumour [1] 104:4</p> <p>turn [2] 4:11 164:10</p> <p>turnaround [1] 25:9</p> <p>turned [4] 72:13 232:10 261:8 304:20</p> <p>turnover [1] 174:25</p> <p>turns [1] 307:12</p> <p>two [55] 12:7,11,21 14:20 15:17 21:15,16 26:14 28:23 29:10 34:2 39:4 41:3,8,14 44:6,6,11 55:8 55:12,12,15 56:5,8 76:21 76:22 77:3 94:12,21,24 109:22 120:20 141:12 145:10 179:14 182:17 184:15 196:23 197:24</p>	<p>199:20,22 203:2 206:13 207:8 215:3 217:12 223:4 255:2 270:24 287:24 289:19 310:5,6 313:22 331:17</p> <p>two-figure [1] 120:8</p> <p>type [12] 66:20 184:23 239:5 248:17 293:9 294:21 295:1 296:25 298:21 311:25 313:12 321:25</p> <p>typed [12] 120:23 128:21 132:3 134:15 188:16,16 188:17 211:1 215:4 222:7 255:2 304:9</p> <p>types [6] 14:17 124:6 162:14 224:23 268:12 271:14</p> <hr/> <p style="text-align: center;">-U-</p> <hr/> <p>u [1] 330:24</p> <p>Uh-hm [19] 129:4,10,14 132:8 142:13 148:18 198:3 200:14 203:6 204:6 249:23 253:2 256:1,15 258:14 268:23 271:9 272:24 277:18</p> <p>UK [2] 285:10,12</p> <p>Um-hm [66] 4:8 9:2 10:15 75:25 76:19 95:1 95:6 100:20 110:23 114:12,21 153:11,18 154:12 156:1 160:12,18 162:17 163:11,19 164:2 176:5,14 187:21 188:4 191:5 194:14,19 208:7 208:23 209:21 211:22 212:11,17 213:10 215:9 218:13 222:13 228:3 232:8 233:19 236:20 279:17 281:2 283:6 285:18 293:3 295:25 296:12 298:4,16 299:3 304:5,12 307:1 309:13 316:5 317:5 318:19 319:12 321:10 325:5 326:8 331:9 333:6,19</p> <p>unable [1] 332:12</p> <p>uncertainty [1] 253:7</p> <p>under [10] 31:19 84:24 120:6 138:21 166:12 167:7 271:6 272:2 282:20 287:7</p> <p>underlined [3] 277:20 277:23,25</p> <p>underlying [2] 15:14 303:24</p> <p>understand [20] 4:21 10:2 17:25 31:18 37:11 38:10 53:24 54:15 71:10 107:8 131:9 135:10 157:13 160:22 172:8 192:12 233:21 269:22 306:14 315:18</p> <p>understood [10] 11:1 50:7 70:12 72:2,15 74:13 192:20 198:6 205:9 264:24</p>
--	---	---	---	---

<p>undertake [1] 61:22 undifferentiated [1] 294:17 uneasy [1] 13:5 unfolded [1] 50:23 unfortunate [1] 315:10 unhelpful [2] 8:2 9:4 unique [2] 117:9 226:22 United [5] 41:2 275:22 276:6 291:10 331:2 University [2] 331:12 332:2 unknowns [1] 259:17 unless [2] 180:13 195:18 unnecessary [1] 144:24 unprecedented [1] 128:5 unreliable [1] 8:1 unrest [1] 19:21 unsettling [1] 13:6 unstained [1] 331:17 unsure [1] 288:13 unusual [2] 31:13 51:6 up [77] 21:11 22:24 23:2 24:13 27:2,18,20 31:10 42:14 53:12 70:17,18 81:25 82:3,6,22,25 85:14 86:4,7,16,24 94:22 101:1 107:21 120:13 121:21,24 122:19 125:15 132:19 133:24 141:22 149:1 156:5 161:22 165:19 166:19,21 186:20 189:4 190:8 200:17 210:22 211:12,15 212:6,20 213:6 217:5 221:13 223:18 233:1 243:15,19 245:20 250:4 251:19 260:14 262:3 266:15 269:13,20 276:7 279:23 284:20 287:15 300:9 301:14 302:3 303:1 312:14 317:20 318:12 324:21,22 332:14 upcoming [2] 13:1 14:19 update [14] 109:11 110:3 130:25 144:7 235:16 241:6 265:22,24,25 276:21 296:2 298:13 327:20 328:1 updated [10] 33:1 35:21 63:9 68:6,23 85:12 112:9 247:13 283:3 304:2 updates [2] 251:14,15 upheaval [1] 16:3 upset [9] 19:10 55:6,9 63:12,16,18,22 238:20 239:2 used [8] 89:1 98:22 251:16 287:8 300:17 309:20 313:12 324:4 uses [2] 300:18,18 using [13] 32:5 223:5,7,8 223:16,18,19 262:25 286:19 299:18 312:7 313:22 325:14</p>	<p>usually [6] 39:2,20 120:8 146:4,4 232:2 utilized [2] 74:11 293:10</p> <hr/> <p style="text-align: center;">-V-</p> <hr/> <p>vacant [1] 13:2 vacation [2] 86:13 190:2 vaguely [2] 15:11 335:25 validated [2] 288:3 320:25 validation [5] 288:17 319:3,5 323:13,14 validity [1] 320:12 value [1] 329:4 variability [8] 181:14 287:19 288:21 289:7 291:7 301:19,23 307:7 variation [4] 312:13,15 325:25 326:1 variations [2] 300:15 325:16 varied [1] 289:4 variety [1] 146:6 various [24] 81:2 105:25 124:6 135:3 137:24 138:13 158:5,21 165:11 180:19 197:15 222:5 227:7 229:6,10 230:9 247:13,16 248:8 260:14 274:10 276:5 313:16 327:20 vary [2] 99:18 311:25 varying [1] 89:19 Ventana [66] 31:19 60:19 66:24 81:1 84:20 84:21 85:11 87:19,20 89:21 90:4 111:23 113:2 151:25 156:22 158:10,14 158:17 159:9,21 161:20 161:24 162:9 203:4 245:20 280:2,6,7 286:13 287:8 290:14 292:25 296:5,18,18 298:6 300:8 300:8,17 308:24 309:24 309:25 311:2,4,8,11,18 313:8,19,21 315:1,12,20 315:22 316:2,11,25 318:9 320:13 321:25 323:16 324:14 329:2,5,20 332:4 verbal [1] 214:1 verbally [3] 13:12 14:7 189:20 versa [3] 168:9 170:1 336:6 version [8] 129:7 132:3 133:24 134:15 211:1 215:4 222:8 255:2 versus [3] 294:18 312:2 312:3 via [1] 331:19 viable [1] 22:18 vice [6] 19:18 62:10 168:9 170:1 236:14 336:6 view [13] 7:20 104:14 135:1 198:8 199:8 202:4 203:12 252:12 259:15,16</p>	<p>260:5 286:17 322:21 viewed [1] 74:16 vision [2] 22:13 23:3 visions [1] 14:24 voice [1] 20:10 voiced [1] 301:4 volumes [1] 248:2 VP [1] 21:18</p> <hr/> <p style="text-align: center;">-W-</p> <hr/> <p>w [1] 330:24 Wait [1] 337:1 walked [1] 190:2 wanting [1] 269:12 warm [1] 18:20 warning [1] 8:19 water [1] 247:17 Watters [1] 331:11 ways [2] 289:8,8 weak [12] 98:18 101:3 101:17 102:22 103:19,21 104:15,25 105:10,11 310:9,10 weakly [8] 100:18,24 102:13 273:10,19,23 274:12,19 weaknesses [2] 199:11 199:14 weaks [1] 310:4 Wednesday [1] 12:16 week [8] 91:2 105:19 143:20 147:19 169:19 263:10,17,19 week's [2] 20:2,15 weeks [4] 65:17 76:21 140:5,7 Wegrynowski [6] 201:5 232:11,15 233:1,4,7 Wegrynowski's [1] 203:11 west [1] 226:9 Western [2] 1:16 179:15 whatnot [8] 10:4 144:11 164:15 250:13 254:20 311:6 312:8 317:14 whereby [2] 171:2 213:22 wherever [2] 108:15 187:11 whole [12] 9:22 22:2 23:3 63:18 64:1 87:7 136:4 184:6 201:7 216:11 256:24 260:11 wide [2] 198:11 324:2 wide-spread [2] 84:10 263:22 wider [4] 59:24 145:4 231:7,9 widespread [2] 62:16 192:9 widest [2] 200:25 201:3 Williams [97] 20:19 23:2 39:10 62:1,8 63:7 68:13</p>	<p>68:18 77:13 78:16 82:3 82:11 83:2 108:24 109:11 109:17 110:3 113:9 119:10 127:8 132:2,21 134:15,18,23 136:7,9 138:6,9,12 141:15 142:23 143:1 144:1 145:14 147:13,16,22 149:16,25 151:15 153:1 164:14,19 165:10 166:21 169:17 170:8 173:20 174:16,17 211:6 215:2 220:3,6,7 221:23,24 223:23 232:24 234:17,22 236:15 237:12 237:15,19,23 238:5,13 238:15 241:6,25 243:4 243:15,23 245:13,23 246:14,24 254:22 255:4 255:5 265:21 266:13 271:4,16 272:1 273:6 281:23 283:10 304:1 305:11 322:1,5 331:6 333:3 335:15 Williams' [8] 133:3 148:10 210:25 222:7 223:21 245:11 255:1 303:18 willing [2] 269:18 307:24 Winnipeg [5] 308:10,21 308:22 309:15,20 wise [1] 116:14 withdrawing [1] 200:6 withdrew [1] 311:20 within [21] 76:21 80:17 80:22 81:14 84:15 114:8 114:14 115:3 138:25 146:5,15 171:22 225:18 250:20 263:8,9,17,19 281:17,18 334:10 without [5] 13:2 19:17 258:9 269:4 327:14 witnessed [1] 211:9 witnesses [1] 14:4 women [2] 56:22 69:10 wondering [2] 80:20 302:25 word [5] 10:20 69:16,16 245:24 286:4 words [6] 133:3 186:24 290:4,6,9 294:15 worked [5] 10:21 14:15 22:5 282:13,15 workload [1] 248:10 workloads [1] 249:20 workplace [1] 14:14 worried [3] 46:19 289:24 320:15 worse [1] 195:3 write [5] 38:16 84:17 109:25 154:1 161:4 writes [3] 13:4 265:25 281:5 writing [9] 12:9,15 39:10 69:13 109:9 110:4 238:21 245:24 252:6 written [22] 7:25 69:1 75:6 83:19 119:11 132:10</p>	<p>160:1 173:24 200:6 218:4 239:18 245:13 274:15 285:5 286:4 288:1 289:23 290:1 292:25 294:23 297:14 298:13 wrong [1] 199:9 wrote [3] 114:6 160:7 334:9</p> <hr/> <p style="text-align: center;">-Y-</p> <hr/> <p>year [27] 24:16,21 53:1 84:25 85:3,5 86:23,25 87:4,7,8,11 90:11 120:13 125:5 142:7,16 190:1 219:3 246:5 253:10,12 253:14 280:8 301:12 305:5 311:15 years [39] 14:15 15:7 22:15 23:5 25:18,23 52:22 59:24 60:19 70:18 70:18 78:9,14 84:9 106:23 120:7 126:2 134:8 137:2 141:19 142:4 154:18 185:19 206:15 243:6 247:5 248:5,8 249:19 253:8 287:22,24 289:17,19 306:3,8 309:22 310:5,6 yesterday [5] 5:9 29:11 30:14 252:4,23 yet [4] 77:7 116:7 178:13 248:1 young [1] 69:10 yourself [48] 38:16 44:12 75:6 84:13 91:25 93:6 93:17 94:3,4 108:5 113:11 114:15 134:17 137:9 138:8 149:6,16 152:25 175:25 176:12 184:9 188:12 192:1 198:22 204:25 206:24 208:5 209:14 210:10 211:3 213:13 215:2 218:11 221:18 223:23 235:13 245:12 246:13,13 255:4,5 265:21 280:24 293:14 307:19 330:5 331:6 332:25 yourselves [1] 113:9</p> <hr/> <p style="text-align: center;">-Z-</p> <hr/> <p>zero [7] 61:7 206:6 207:17,22 208:1,21 251:21 zero/zero [1] 206:14 zeroed [3] 52:25 173:2 251:14 zeroing [1] 74:24</p>
--	---	---	--	--