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1 continue on the Fridays. Now I, of course,
 2 will have to tell you that it will be an
 3 exception this week because, of course, we
 4 will not be sitting on Good Friday, March the
 5 21st.
 6 Those are my opening remarks and I'll now
 7 call on counsel for the Commission, Mr.
 8 Coffey, to make his opening remarks.
 9 COFFEY, Q.C.:
 10 Q. Thank you. Commissioner, on behalf of myself,
 11 Commission co-counsel, Sandra Chaytor, and
 12 associate counsel, Mandy Woodland, I would
 13 like to welcome members of the public and
 14 counsel for the various parties who have been
 15 granted standing before the Inquiry.
 16 At the outset, I want to acknowledge that
 17 these public hearings are being electronically
 18 recorded and broadcast. Speaking for myself,
 19 and I expect for most other counsel here, this
 20 is a novel experience. Whatever
 21 idiosyncrasies we as individual lawyers may
 22 exhibit, I trust that the focus of all
 23 concerned will centre on the important subject
 24 matter at hand, namely the documentary
 25 exhibits entered as evidence and the oral

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1 testimony that individual witnesses will give.
 2 While this is the first day on which
 3 evidence will be presented at the Inquiry's
 4 public hearings, much work has already been
 5 done, both behind the scenes and also, in the
 6 instance of the Court proceedings before Judge
 7 Dymond, in the public eye. Commission counsel
 8 acknowledge the cooperation of our legal
 9 colleagues in arranging for the production of
 10 documents and the scheduling of interviews.
 11 Counsel's cooperation will help to ensure that
 12 this Inquiry is as informative, probing and
 13 streamlined as possible. Bearing in mind that
 14 these public hearings are presently scheduled
 15 to run for approximately the next 16 or so
 16 weeks, continuation of the collegiality that
 17 my legal colleagues have exhibited to date
 18 will help to ensure that the hearings proceed
 19 in as efficient and thorough a manner as
 20 possible.
 21 Summons to Produce have been issued to
 22 persons thought to be in possession of
 23 potentially relevant documents and pursuant to
 24 those, the Commission has been provided with
 25 voluminous documents. Commission counsel have

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1 reviewed many thousands of pages of paper and,
 2 I'm sorry, many thousands of pages in both
 3 paper and electronic formats. This has been
 4 done to identify those documents that are
 5 truly relevant and of potential importance to
 6 the work of the Inquiry.
 7 To date, thousands of pages have been
 8 scanned and entered into the Commission's
 9 database. That scanned database has been
 10 provided to counsel for parties with standing,
 11 subject to strict confidentiality protocols
 12 and agreements. The Commission's
 13 investigation is still ongoing and new
 14 relevant documentation will inevitably become
 15 available as the Inquiry proceeds. We do,
 16 however, expect that the number of such
 17 documents to be added to our database will
 18 gradually diminish.
 19 I want to say a word about privacy
 20 issues. Not surprisingly, documentation
 21 related to the mandate of this Inquiry, namely
 22 medical matters relating to hormone receptor
 23 testing results over an eight-year period,
 24 raises many serious privacy and
 25 confidentiality issues. All documentation

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1 that will be tendered as exhibits during the
 2 Inquiry's public hearings has been reviewed
 3 and edited in order to redact information of a
 4 personal or confidential nature. As well, the
 5 Commission's rules contain provisions that
 6 allow a witness to ask the Commissioner to
 7 issue orders or directions to address
 8 confidentiality concerns.
 9 To date, in the course of interviewing 89
 10 potential witnesses, Commission counsel have
 11 conducted 111 interviews spanning
 12 approximately 270 hours. Statements of
 13 anticipated evidence are, on an ongoing basis,
 14 being provided to counsel for parties with
 15 standing. Although those statements will not
 16 be used for cross-examination, we believe that
 17 they will assist counsel in preparing their
 18 examinations and in identifying issues of
 19 importance to the Inquiry.
 20 Now not all witnesses who have been
 21 interviewed will testify during the public
 22 hearings. In some cases, Commission counsel
 23 have determined that any testimony a
 24 particular person would give or could give
 25 would either not address key issues or would

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1 merely duplicate the evidence of others who
 2 will be called to testify.

3 The objective of Commission counsel is
 4 here to present the evidence necessary for
 5 you, as the Commissioner, to address in as
 6 thorough and as streamlined a fashion as
 7 possible the Terms of Reference you have been
 8 given. With that goal in mind, it is our
 9 intention to ensure an adequate evidentiary
 10 record is provided so that you may fully
 11 appreciate the context in which the events you
 12 are called upon to examine occurred.

13 When a witness testifies, the goal of
 14 Commission counsel will be to distil the
 15 significant facts. That process may
 16 occasionally require a degree of probing on
 17 our part. Our role as Commission counsel
 18 requires us to be both even-handed and
 19 thorough.

20 In Canada, public inquiries can play and
 21 have played an important role in the delivery
 22 of justice, broadly defined as that can be
 23 considered. It has been said that the
 24 possible approaches to a public inquiry cover
 25 a spectrum. At one end, there are public

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1 inquiries that resemble the fact-finding
 2 processes most often seen in a trial court.
 3 There, witnesses are called to establish every
 4 detail and documents are formally entered as
 5 exhibits. Policy issues, if considered at
 6 all, are largely secondary. Such inquiries
 7 are primarily designed to determine what
 8 happened and what ought to be done about what
 9 happened in a very specific context.

10 At the other end of the spectrum are
 11 policy-focused inquiries where facts are
 12 determined by a commissioner without the
 13 hearing of viva voce evidence. In such
 14 inquiries, much of the debate develops in
 15 policy papers and not during the examination
 16 and cross-examination of witnesses.

17 In this case, because of the dual nature
 18 of your Terms of Reference, the task of
 19 Commission counsel has been and will continue
 20 to be to chart a course that utilizes aspects
 21 of both those approaches. Each witness who is
 22 called to testify will first be examined by
 23 Commission counsel. Other counsel will then,
 24 in turn, each be afforded an opportunity to
 25 question the witness in an order that permits

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1 counsel for the witnesses to go last.
 2 Commission counsel may then, in re-
 3 examination, canvass with the witness any
 4 germane points that have arisen.

5 I want to say something about the general
 6 order in which certain subject matters will be
 7 addressed in the viva voce evidence and the
 8 documentary evidence. Although there will
 9 inevitably be a degree of overlap, the
 10 witnesses who will testify here can generally
 11 be characterized as falling into one of three
 12 categories. First and foremost are the
 13 patients and the patients' relatives or at
 14 least representatives of those groups. The
 15 Inquiry's public hearings will begin by
 16 hearing from witnesses who are themselves
 17 breast cancer patients or who are relatives of
 18 a deceased breast cancer patient. Each
 19 witness will testify as to the general course
 20 of his or her own illness or that of his or
 21 her relative. In particular, these witnesses
 22 will address what she or he was told from time
 23 to time about his or her tumors, estrogen
 24 receptor, and I'll hereafter refer to estrogen
 25 receptor as ER, about the estrogen receptor

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1 status and their progesterone receptor status,
 2 and I will hereinafter be referring to
 3 progesterone, and you can tell why, receptor
 4 status as their PR status.

5 Now issues involving disclosure to
 6 patients about the retesting process and
 7 issues related to communication by responsible
 8 authorities with patients about the ER and PR
 9 retesting process that was conducted by
 10 Eastern Health will be addressed by
 11 individuals drawn from the group most impacted
 12 by the events being investigated by this
 13 Inquiry.

14 Following those witnesses, the Inquiry
 15 will then hear from a group of witnesses who,
 16 in one form or another, generally represent
 17 certain responsible authorities, such as the
 18 four regional health authorities and the
 19 Government of Newfoundland and Labrador.
 20 These witnesses are generally politicians,
 21 administrators, civil servants or
 22 communications personnel. This group will
 23 include Cabinet Ministers, Government civil
 24 servants of various ranks, officers and
 25 employees of Eastern Health and the other

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1 three health boards or health authorities, and
 2 other witnesses who can speak to matters
 3 relating to the disclosure to and
 4 communication with the patients affected or
 5 their families.
 6 Although, and I emphasize this, not
 7 immutable, the order in which those witnesses
 8 will testify is based on their position in a
 9 descending corporate hierarchy. Therefore,
 10 the most senior person, in a corporate
 11 hierarchy sense, Joan Dawe, who was the Chair
 12 of the Board of Trustees of Eastern Health,
 13 will testify first in this group. She will be
 14 followed by her counterparts in Government,
 15 namely the three Ministers of Health and
 16 Community Services, Messrs. Ottenheimer,
 17 Osbourne and Wiseman. Then will come the CEO
 18 of Eastern Health, George Tilley. He is next,
 19 and then he will be followed by the Deputy
 20 Minister of Health at the time, John Abbott,
 21 and we will then go back to--I anticipate then
 22 going back to Eastern Health and we will
 23 continue on accordingly, alternating
 24 descending through the corporate hierarchy of
 25 the health authorities and of Government.

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1 The final grouping of witnesses to
 2 testify will address the medical and
 3 technological aspects of matters that the
 4 Terms of Reference require you to explore.
 5 These witnesses are, in the main, medical
 6 doctors whose clinical activities are to be
 7 examined and laboratory technologists who
 8 processed the tumor tissue and the IHC slides
 9 that are here being examined and the
 10 activities in relation to same are being
 11 examined by the Inquiry. Pathologists,
 12 oncologists, laboratory technologists, nurses
 13 and surgeons will, as appropriate, testify
 14 about such matters as needle biopsies,
 15 excision biopsies, mastectomies, tissue
 16 handling, tissue fixation, grossing of
 17 specimens, preparation of paraffin blocks,
 18 specimen selection, antigen retrieval,
 19 antibodies, clones, internal and external
 20 controls, slide interpretation and quality
 21 assurance and quality control. Clinical and
 22 technological reviewers external to Eastern
 23 Health will also testify during this phase of
 24 the public hearings. Also to be led during
 25 this phase of the public hearings will be

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1 evidence relating to best practices.
 2 Now when you bear in mind the variety of
 3 clinical and technological matters that I just
 4 listed, Commission counsel ask that members of
 5 the public, including patients and their
 6 family members, be patient. The calling of
 7 viva voce evidence can at times be a tedious
 8 process. However, it is here necessary to the
 9 Inquiry's fact-finding efforts so that by the
 10 end of these public hearings all interested
 11 parties can feel assured that the
 12 circumstances that fairly relate to the
 13 Commission's mandate have been sufficiently
 14 explored.
 15 Experienced lawyers and judges understand
 16 that the evidentiary fact-finding process
 17 sometimes involves what I'll refer to as
 18 twists and turns. Occasionally, certain
 19 evidence, when initially heard, cannot be
 20 fully understood until subsequent testimony
 21 provides a different, if not a more
 22 appropriate context in which it can be viewed.
 23 The subject matters and issues this Inquiry
 24 will reveal are largely multi-faceted.
 25 Sometimes the Commission will be required to

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1 delve into events that unfolded in various
 2 facilities and involved a number of
 3 individuals over a time span of nearly a
 4 decade. Forming firm factual conclusions
 5 before all the evidence is heard would be
 6 unfair to the individuals and organizations
 7 involved.
 8 Now before closing my remarks on behalf
 9 of all Commission counsel, the three of us
 10 here, I want to thank the Commission employees
 11 who have worked tirelessly, I will say, and at
 12 times what must to them have seemed endlessly
 13 to enable Commission counsel to now embark on
 14 the public hearing phase of this Inquiry.
 15 Having said that, and said all of the above,
 16 and following any preliminary matters that may
 17 first need to be addressed, my Commission co-
 18 counsel, Sandra Chaytor, will examine the
 19 first witness.
 20 Now, Commissioner, I myself, will now
 21 attend to the first such matter, and that is
 22 to request that the Gazetted Order in Council
 23 of July 3rd, 2007 be entered as Exhibit P-
 24 0001 and that the Rules of Procedure and
 25 Practice be entered as Exhibit P-0002. And,

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1 Commissioner, I will hasten to add now that in
 2 the future I will refer to such exhibits as P-
 3 1 and P-2.
 4 THE COMMISSIONER:
 5 Q. Thank you. Those exhibits will be entered,
 6 given the numbers stated by Mr. Coffey. Thank
 7 you.
 8 EXHIBIT P-0001 ENTERED INTO EVIDENCE.
 9 EXHIBIT P-0002 ENTERED INTO EVIDENCE.
 10 Q. Now, before we get onto hearing of evidence I
 11 have before me an application from you, Mr.
 12 Crosbie. Are you prepared to proceed or is
 13 Ms. Russell going to present this application.
 14 I notice her name is on the copy of the
 15 material that I -
 16 CROSBIE, Q.C.:
 17 Q. We are prepared to proceed, Commissioner, and
 18 Ms. Russell will make the submission.
 19 THE COMMISSIONER:
 20 Q. Thank you. Ms. Russell?
 21 MS. RUSSELL:
 22 Q. Good morning, Commissioner Cameron.
 23 THE COMMISSIONER:
 24 Q. Good morning.
 25 MS. RUSSELL:

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1 Q. This is an application on behalf of patients
 2 and family members of deceased patients who
 3 will be appearing as witnesses of this
 4 inquiry. They are seeking an order to
 5 prohibit the broadcast and/or publication of
 6 medical records of the patients and/or the
 7 family members of deceased patients and to
 8 have these records marked as confidential. We
 9 have served the application on all appropriate
 10 parties and I am not aware of any objections
 11 at this point in time. This application is
 12 brought pursuant to Section 7(2) of the Public
 13 Inquiries Act and the Rules of Procedure and
 14 Practice of this Inquiry. These records
 15 contain information which will be disclosed to
 16 the public during witness testimony, however,
 17 they also contain additional information of a
 18 very personal nature which need not be
 19 disclosed. I have listed the names of the
 20 witnesses in the application and I can read
 21 this if you wish.
 22 THE COMMISSIONER:
 23 Q. Yes, I think you should put those on the
 24 record.
 25 MS. RUSSELL:

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1 Q. Okay. Beverly Green, Elizabeth White, Norman
 2 White, Patricia Goobie on behalf of herself
 3 and her sister, Geraldine Avery, deceased,
 4 Daphne Coffin, Rosalind Jardine, Bryan Purcell
 5 on behalf of his wife, Christine Purcell,
 6 deceased, Geraldine Rogers, Janet Henley-
 7 Andrews, and Dr. Robert Dean on behalf of his
 8 wife, Peggy Margaret Deane, deceased.
 9 THE COMMISSIONER:
 10 Q. Do you have anything else to add?
 11 MS. RUSSELL:
 12 Q. I don't, Commissioner.
 13 THE COMMISSIONER:
 14 Q. Thank you.
 15 MS. RUSSELL:
 16 Q. Thank you.
 17 THE COMMISSIONER:
 18 Q. Perhaps this matter can be dealt with in a--
 19 rather than have all of you come forward,
 20 might I ask if any counsel is opposing this
 21 application, if they would indicate by raising
 22 of your hand, in which case you can come
 23 forward and present your objections? As I
 24 read the room, there are no counsel opposing
 25 this particular application. Now, this

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1 application relates solely to medical records,
 2 as I understand it, which would include
 3 pathology reports, is that correct?
 4 MS. RUSSELL:
 5 Q. Yes.
 6 THE COMMISSIONER:
 7 Q. In preparation for today's events, like
 8 counsel, I was provided with copies of
 9 materials that might be used by counsel in
 10 examining witnesses today. And that would
 11 include samples of medical records of the kind
 12 that are seen as being necessary to present to
 13 the Commission the necessary information and
 14 to provide an accurate picture. In reviewing
 15 these for type rather than content it is
 16 evident that a medical record, by its very
 17 nature, includes a great deal of personal
 18 information about individuals. This would
 19 include things about, for example, past
 20 medical history, which may or may not have
 21 anything to do with the treatment being
 22 received in respect of cancer; it includes
 23 family history, which might include
 24 information regarding members of the patient's
 25 family who have no connection to this Inquiry;

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1 social history, which includes information
 2 that has, I should not say has no relationship
 3 to the issue because it may mean something to
 4 a doctor who is determining appropriate
 5 treatment, but on my review of the charts
 6 contain some quite personal information which,
 7 at least at this point, I see no relationship
 8 to what I have to determine; and it would
 9 include, as well, detail about medication that
 10 was not only taken but is currently being
 11 taken and in the households of our witnesses.
 12 So just reviewing these charts I have no
 13 difficulty coming to the conclusion that these
 14 charts should not be made what we call public
 15 exhibits. They will be made, what you will
 16 begin to hear references to P exhibits and C
 17 exhibits. Our P exhibits will go on the
 18 website and will be available to be seen by
 19 all persons. The C exhibits are considered
 20 confidential and will be seen by counsel who
 21 will be representing parties who are here and
 22 otherwise by me and Commission staff, but they
 23 will not be available for general publication.
 24 And I'm quite satisfied that the medical
 25 records of persons who would be giving

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1 evidence would fall into that category. Now,
 2 I hasten to add that that does not limit the
 3 ability of parties who might be reporting in
 4 respect of the events of the Inquiry from
 5 reporting what is said by a witness in this
 6 hearing. This relates only to the documents
 7 themselves and it prohibits the publication of
 8 those particular documents. And I would add
 9 that we will therefore not put them on the
 10 website as documents being made public by the
 11 Commission. So, Ms. Russell, your application
 12 is granted pursuant to the authority granted
 13 to me by Section 7(2) of the Public Inquiries
 14 Act.
 15 Now, I presume we're ready to proceed if
 16 there are no other applications by any
 17 counsel? No? Ms. Chaytor?
 18 CHAYTOR, Q.C.:
 19 Q. Thank you, Commissioner. I would call the
 20 first witness, Beverly Green. Registrar, I
 21 would ask, please, that Ms. Green could be
 22 sworn or affirmed?
 23 MS. BEVERLY GREEN (SWORN) EXAMINATION BY SANDRA CHAYTOR,
 24 Q.C.
 25 REGISTRAR:

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1 Q. And would you state your full name and spell
 2 your full name for the Commission, please?
 3 A. Beverly Anne Green, B-E-V-E-R-L-Y, A-N-N-E, G-
 4 R-E-E-N.
 5 Q. Thank you, very much.
 6 CHAYTOR, Q.C.:
 7 Q. Thank you, Registrar. Good morning, Ms.
 8 Green, make yourself comfortable, please.
 9 Thank you for joining us today. You have the
 10 honour of being our first witness, and I know
 11 that takes courage, so again, thank you.
 12 Commissioner, there are a number of documents
 13 that we will be referring to today during Ms.
 14 Green's evidence. Those documents have
 15 previously been identified and provided to
 16 counsel for the parties. They are the medical
 17 records which were referred to in the
 18 application by Ms. Russell and they've been
 19 numbered pursuant to your order this morning
 20 as C-0001 through to C-0024 inclusively. And
 21 there's an additional exhibit which has been
 22 numbered P-0003 and this is information from
 23 the Newfoundland and Labrador Centre of Health
 24 Information database, which pertains to Ms.
 25 Green.

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1 THE COMMISSIONER:
 2 Q. And this material pertains to this witness
 3 alone, as I understand it?
 4 CHAYTOR, Q.C.:
 5 Q. That is correct. I would ask, please,
 6 Commissioner, that these documents be entered
 7 into evidence as exhibits?
 8 THE COMMISSIONER:
 9 Q. The registrar will enter them, giving them the
 10 numbers which has been specified in the
 11 information provided to counsel in respect of
 12 exhibits C-1 through C-24 and the exhibit
 13 which has been identified as P-003 is also
 14 submitted. Thank you.
 15 EXHIBITS C-0001 TO EXHIBIT C-0024 ENTERED INTO EVIDENCE.
 16 EXHIBIT P-0003 ENTERED INTO EVIDENCE.
 17 CHAYTOR, Q.C.:
 18 Q. Thank you, Commissioner. From here on in I
 19 will not reference all those zeros. I will
 20 limit it to P-3, not P-0003 and likewise.
 21 THE COMMISSIONER:
 22 Q. Thank you.
 23 CHAYTOR, Q.C.:
 24 Q. Ms. Green, you will see in front of you a
 25 monitor and throughout your evidence we may

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1 refer to some or all of the documents that
 2 we've just been referring to. And when we do
 3 so, I will ask the registrar to--I will
 4 identify the document to the registrar and she
 5 will bring it up on your monitor and it will
 6 also be displayed on the monitors of all the
 7 solicitors in the room, as well as the large
 8 screens that you see in the back of the room.
 9 You also have in front of you a wireless mouse
 10 and if you need, you can scroll down on the
 11 document if you need to read ahead or find
 12 something in the document. I would ask,
 13 however, that you try and limit doing that;
 14 for the most part we will do that for you.
 15 But by all means, if you do need to read
 16 ahead, do it, but in terms of where I will
 17 direct you in the document, I will do that for
 18 you. If you are more comfortable with paper
 19 documents, there's a set of paper documents in
 20 front of you, so please feel free to refer to
 21 those if you prefer.

22 THE COMMISSIONER:
 23 Q. For your benefit, Ms. Green, the exhibit
 24 numbers are--perhaps counsel has already told
 25 you that, but what we call exhibit numbers are

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1 on the top of each page, so that if she says
 2 I'm referring you to Exhibit C-1, then that's
 3 written on the--typed, stamped, whatever, on
 4 the top of the page, so it'll make it easier
 5 for you to find.

6 CHAYTOR, Q.C.:
 7 Q. Thank you, Commissioner. So, Ms. Green, I'm
 8 going to obviously be asking you questions
 9 first and then the other lawyers will also
 10 have an opportunity to do so if they so chose.
 11 And your counsel, Mr. Crosbie or Ms. Russell,
 12 will go last amongst those lawyers. And we'll
 13 finish up then today with me asking you any
 14 remaining questions that may arise. And of
 15 course, along the way the Commissioner may
 16 have questions for you, as well. We were
 17 going to be taking a morning break of 15
 18 minutes, but at any time if you require
 19 another break, please don't hesitate to
 20 indicate that to me and we can certainly
 21 accommodate that. So if you're ready, I guess
 22 we'll begin. Okay. Perhaps we could begin
 23 with you telling us a little bit about
 24 yourself, your date of birth, where are you
 25 from, your family status and your employment background?

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1 A. I'm from St. John's. I'm self-employed. And
 2 I'm a widow. I have no children.
 3 Q. Okay. And what's your date of birth?
 4 A. April the 6th, '62.
 5 Q. Okay, thank you. Ms. Green, we understand that
 6 you have breast cancer. And when were you
 7 diagnosed with breast cancer?
 8 A. Actually, it was January, 2001.
 9 Q. And where was that diagnosis made?
 10 A. St. Clare's Hospital.
 11 Q. In St. John's?
 12 A. Right.
 13 Q. Okay. Can you tell us what treatments you
 14 underwent following your diagnosis?
 15 A. I had a lumpectomy and then I went through
 16 chemotherapy and radiation.
 17 Q. Okay. We understand that one of the tests
 18 conducted on breast cancer patients, usually
 19 at the time of diagnosis, is the test to
 20 determine the patient's hormone receptor
 21 status, those hormones being estrogen and
 22 progesterone. Throughout these hearings, like
 23 Mr. Coffey, I will abbreviate that to refer to
 24 the ER/PR status. So at the time of
 25 diagnosis, Ms. Green, what did you understand

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1 your hormone receptor status of ER/PR status
 2 to be?
 3 A. ER negative, PR positive.
 4 Q. Ms. Green, do you know how many ER/PR tests
 5 were conducted with respect to you at the time
 6 of your diagnosis?
 7 A. I'm sorry, how many?
 8 Q. How many ER/PR tests were carried out with
 9 respect to you at the time of diagnosis?
 10 A. Oh, just one.
 11 Q. Just one, to your knowledge. We understand
 12 from review of your records that there was an
 13 ER/PR test done on a biopsy specimen and also
 14 on your mastectomy specimen. Were you aware
 15 of that?
 16 A. Yes.
 17 Q. Registrar, if you could bring up, please,
 18 Exhibit C-1? You see that on your screen, Ms.
 19 Green?
 20 A. I do.
 21 Q. Okay. And we understand this is a pathology
 22 report from your medical chart. And we see
 23 your name towards the top. You'll see the
 24 exhibit number that the Commissioner was
 25 referring to earlier at the very top, and then

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1 if you come down where it says, "St. Clare's
 2 Mercy Hospital" and then to the left, top left
 3 of the page, is that your name?
 4 A. It is.
 5 Q. Okay. And then if we come down a little bit
 6 below that, we see a registration date of
 7 January 17th, 2001?
 8 A. Um-hm.
 9 Q. And then below that again a specimen number
 10 01SS451 and again a received date of January
 11 17th, 2001.
 12 THE COMMISSIONER:
 13 Q. Ms. Green, I know this is a difficult
 14 circumstance, but I'm going to ask you to
 15 speak up a little bit because I'm suspecting
 16 that the people in the back of the room are
 17 not necessarily hearing what you're saying.
 18 A. Okay.
 19 Q. And it's important that they do. So I'd
 20 appreciate it if you'd speak up just a little
 21 bit.
 22 A. Okay.
 23 Q. Thank you.
 24 CHAYTOR, Q.C.:
 25 Q. Thank you, Commissioner. Ms. Green, I've

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1 scrolled down now on this document. And if
 2 you see under "Pathological Interpretation" we
 3 have "Left breast needle biopsy, invasive
 4 ductal carcinoma." So this appears to be the
 5 pathology carried out through the needle
 6 biopsy. And then right above that we have an
 7 addendum No. 1, which is entered January 26th,
 8 2001 and it indicates "Immunohistochemical
 9 stains for estrogen and progesterone receptors
 10 revealed the tissue to be negative for
 11 estrogen receptors but positive for
 12 progesterone receptors." So, Ms. Green, I
 13 take it that is consistent with what you
 14 understand--understood at the time as to your
 15 ER/PR status?
 16 A. It is.
 17 Q. Registrar, please if you could bring up
 18 Exhibit C-2? And again, Ms. Green, we
 19 understand that this is a pathology report and
 20 the exhibit number is displayed at the top,
 21 and to the left we have your name. Do you
 22 identify this as your document?
 23 A. Yes.
 24 Q. Okay. And if we come down under the specimen
 25 number, 01SS1531 and the received dates is

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1 February 22nd, 2001. Do you see that?
 2 A. I do.
 3 Q. Okay. And if we scroll down on this document
 4 under "Pathological Interpretation" we see
 5 that this is for your left breast and the
 6 specimen is a segmental mastectomy. So this
 7 appears to be the sample from, taken from your
 8 mastectomy and the pathology report pertaining
 9 to your mastectomy. And a little bit further
 10 down on the document under "Estrogen,
 11 progesterone receptors" we have "Estrogen
 12 receptors indicated to be negative,
 13 progesterone receptors positive (approximately
 14 85-90 percent of invasive neoplastic cells
 15 show positive nuclear staining)." And again,
 16 Ms. Green, is this consistent with what you
 17 were told at the time of diagnosis regarding
 18 your ER/PR status?
 19 A. Yes.
 20 Q. Were you, in fact, given a percentage in terms
 21 of your PR status?
 22 A. I'm not sure about at that time, actually, or
 23 if it's since I've seen it in my chart. I
 24 can't remember.
 25 Q. Did you understand whether you were strongly

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1 or weakly -
 2 A. Strong.
 3 Q. - PR positive? Strong?
 4 A. Very strong.
 5 Q. Ms. Green, who advised you of your ER/PR
 6 status?
 7 A. I think it was Dr. Siddiqui but it may have
 8 been Dr. George, because he did the surgery.
 9 But I think he just did the surgery and then
 10 when I was sent to the chemo unit, they
 11 mentioned it there to me.
 12 Q. And so Dr. George was your surgeon? And who
 13 is Dr. Siddiqui?
 14 A. He's my oncologist.
 15 Q. And what did you understand to be the
 16 implication of your ER/PR status, in terms of
 17 whether or not you were a candidate for
 18 hormonal treatment?
 19 A. I understood that, not being ER positive then,
 20 there really was no hormonal treatment
 21 available for PR positive.
 22 Q. Were you, in fact, offered hormone treatment
 23 in 2001?
 24 A. Yes.
 25 Q. And what treatment were you offered?

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1 A. Tamoxifen.
 2 Q. And what did you decide to do upon being
 3 offered Tamoxifen in 2001?
 4 A. I had--did some research into it, to see the
 5 benefits and the not-so-great things that it
 6 was known to create, if you were taking it.
 7 And the research came back, especially at that
 8 time, now if you look on the Internet, you'll
 9 see a lot of different stories, like it's not
 10 the same as it was back in 2001, and now
 11 they're saying it's beneficial, but back then,
 12 it was not that beneficial if you were not ER
 13 positive. So I decided why take a drug if it
 14 was unnecessary.
 15 Q. Okay. If we could refer, please, Registrar,
 16 to Exhibit C (sic.) 8. Ms. Green, this is
 17 what we understand to be a progress note from
 18 your cancer clinic's chart. It's at the top
 19 indicated to be Dr. H. Bliss Murphy Cancer
 20 Centre and you'll see your name at the top?
 21 A. Yes.
 22 Q. And this is pertaining to a visit on November
 23 29th, 2001 at the Medical Oncology Clinic.
 24 And the first paragraph there says "This lady
 25 was seen today, she is ER negative, PR

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1 positive. We offered the benefit of
 2 Tamoxifen, we outlined to her the side effect
 3 profile, including DFT, hot flashes and
 4 endometrial cancer. Interestingly, there is
 5 two people in her family who had blood clots.
 6 I also outlined to her the benefits and the
 7 fact that she is not ER positive; therefore,
 8 the benefit case is not as strong as it would
 9 be if she had been. She is on"--I take it
 10 that's a typo there--"she's on two minds as to
 11 whether she is going to take the Tamoxifen,
 12 however after some discussion she took her
 13 prescription for Tamoxifen and she will let us
 14 know when she returns whether she took it or
 15 not." And this is written by Clinical
 16 Associates, Dr. G. Farrell. First of all,
 17 Ms. Green, who is Dr. G. Farrell?
 18 A. He usually fills in, in the Oncology
 19 Department when another one is not available.
 20 I'm not sure what his position is there.
 21 Q. Okay. And do you know whether or not he's an
 22 oncologist?
 23 A. I do not know that for sure.
 24 Q. Okay. And this is also copied, we see on the
 25 left-hand corner, to Dr. R. Woodland. Who is

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1 Dr. R. Woodland?
 2 A. He's my GP.
 3 Q. Okay. Now this note indicates that there was
 4 some discussion with Dr. Farrell on this
 5 occasion. Do you recall this meeting with Dr.
 6 Farrell?
 7 A. I do.
 8 Q. And do you recall the discussion about whether
 9 or not to take Tamoxifen?
 10 A. Yes.
 11 Q. Was your decision to not take Tamoxifen
 12 influenced by the discussion you had with Dr.
 13 Farrell?
 14 A. Most definitely. It kind of just confirmed
 15 everything that I had done in my research.
 16 Q. Ms. Green, if you had been told at the time
 17 that you were in fact ER positive, would your
 18 decision have been different in terms of
 19 taking hormonal treatment?
 20 A. Yes.
 21 Q. I would ask please, Registrar, if we could
 22 refer to C-0009? And again, Ms. Green, this
 23 is an exhibit with the CIHRT exhibit number
 24 indicated at the top. Dr. H. Bliss Murphy
 25 Cancer Centre, a progress note from your

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1 chart. You see your name displayed there.
 2 And if we come down, the date is March 7th,
 3 2002 and again, you're seen at the Medical
 4 Oncology Clinic on this date. And if we
 5 scroll to the bottom, this note is written by
 6 Dr. J. Siddiqui who you have indicated to us
 7 is your medical oncologist.
 8 A. Uh-hm.
 9 Q. And in the corner it's cc'd to Dr. R.
 10 Woodland, your GP?
 11 A. (No audible response).
 12 Q. Ms. Green, if we look at the second paragraph
 13 in the main body of the document, "Today she
 14 comes in for follow-up. On the last visit she
 15 was seen by Dr. Farrell, which was November
 16 29th and she had a discussion about Tamoxifen
 17 at that point; however, she hasn't decided to
 18 start that. Today, she comes in for follow-
 19 up, no new complaints", and it goes on with
 20 your physical exam that day. Under
 21 "Assessment and Plan" we see referred to here,
 22 "I have again had a discussion with her about
 23 Tamoxifen, she had a family history of blood
 24 clots, as one of her grandparents had a blood
 25 clot at the age of 80 and one of his uncles

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1 had one at the age of more than 50; however
 2 this uncle also had breast cancer at the same
 3 time. I have told her that although Tamoxifen
 4 is associated with some side effects, which
 5 may include a DVT, as well as endometrial
 6 carcinoma, but usually the benefits are much
 7 as compared"--and I'm just reading this
 8 directly as it is written--"to the risk and
 9 she should probably give it a try. She hasn't
 10 yet decided about it; however, she already has
 11 a prescription and decides, she will go ahead
 12 with it." Ms. Green, do you remember this
 13 discussion with Dr. Siddiqui on this date?
 14 A. Not really, no. But, you know, I'm sure I did
 15 if he's got down - But this is my uncle, not
 16 my grandfather's uncle that has the breast
 17 cancer.
 18 Q. Right, okay.
 19 A. So it was closer than my great.
 20 Q. Do you remember having any discussion with Dr.
 21 Siddiqui about the benefits and risks of
 22 Tamoxifen which in any way changed your
 23 thinking on the benefits?
 24 A. Yes.
 25 Q. Okay.

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1 A. We had talked about it, now the exact date,
 2 I'm not sure.
 3 Q. At this point in time you're not sure. Okay.
 4 And did you discussion any option with Dr.
 5 Siddiqui as to any other hormonal therapy that
 6 may be available to you besides Tamoxifen?
 7 A. Not that I remember.
 8 Q. Okay.
 9 A. What was your main concern in using the
 10 Tamoxifen, in terms of side effects?
 11 A. Cancer, endometrial cancer, practising that
 12 one, and just I was scared, I didn't see the
 13 necessity if I was well and things were going
 14 well for me, then why should I have to take
 15 another drug which had so many side effects,
 16 you know, there was a lot of reasons, a lot of
 17 things going on and at the time in my life, my
 18 husband was trying to get through cancer and I
 19 just felt that I was doing well.
 20 Q. Okay, and this progress note, Dr. Siddiqui
 21 does refer to your last visit with Dr. Farrell
 22 and the fact that you had a discussion about
 23 Tamoxifen with Dr. Farrell. In your
 24 discussions with Dr. Siddiqui, did he say
 25 anything which offset what had been said to

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1 you by Dr. Farrell, in terms of you making
 2 your decision as to whether or not to take
 3 Tamoxifen?
 4 A. No.
 5 Q. And I take it there was no discussion at this
 6 stage in your disease process as to
 7 alternatives to Tamoxifen, such as Femara?
 8 A. No.
 9 Q. And again, both of those progress notes were
 10 cc'd to your general practitioner. Did you at
 11 any point have a discussion with your general
 12 practitioner about the use or benefits or
 13 hormone treatment at this stage?
 14 A. No.
 15 Q. Registrar, if you could bring up, please, C-
 16 0010? And this is another progress note, Ms.
 17 Green. You'll see at the top the CIHRT
 18 exhibit number, Dr. H. Bliss Murphy Cancer
 19 Centre, your name appears there and the date
 20 of this progress note is May 16th, 2002, and
 21 again, you're seen in the Medical Oncology
 22 Clinic. And if we scroll down under
 23 "Assessment and Plan", again you're seen by
 24 Dr. Siddiqui on this day, he signed the note.
 25 And it's cc'd this time to Dr. Kwan and Dr. R.

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1 Woodland. Who is Dr. Kwan?
 2 A. Dr. Kwan is the surgeon that I was referred to
 3 after Dr. George had left the province.
 4 Q. Okay, so he became involved in your care at
 5 that point?
 6 A. Yes.
 7 Q. Okay. And under "Assessment and Plan", "She
 8 has refused Tamoxifen". So as of May 16th,
 9 2002, you had refused Tamoxifen?
 10 A. Yes.
 11 Q. Did you have any discussion with any other
 12 physicians involved in your care that helped
 13 you make your decision as to whether or not to
 14 take Tamoxifen?
 15 A. I did with Dr. Kwan and he felt that if I
 16 didn't take the Tamoxifen within the first,
 17 you know, as soon as I finished chemo, there
 18 was really no--not that beneficial for me.
 19 Q. And when did Dr. Kwan become involved in your
 20 care?
 21 A. Maybe around that time.
 22 Q. So around May of 2002 or thereabouts?
 23 A. Said I was seen by Dr. Kwan there.
 24 Q. And at the time that you--and at the time that
 25 you had your discussion with him, was it over

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1 one year past the time period of which Dr.
 2 Kwan would have thought the Tamoxifen would
 3 have been beneficial or most beneficial?
 4 A. I'm sorry, could you repeat?
 5 Q. Was it one year past at the time you had your
 6 discussion with Dr. Kwan as to the benefits of
 7 Tamoxifen, had that one-year time period that
 8 he indicated already past?
 9 A. I'm not sure.
 10 Q. Okay. So, Ms. Green, take us forward then
 11 from there in terms of how your treatment and
 12 disease progressed, and first of all, tell us
 13 when did you first finish your chemotherapy
 14 and your radiation?
 15 A. December of 2001.
 16 Q. Okay, and take us forward then, how did you
 17 do?
 18 A. I did really well, I stayed well for about
 19 three years, I guess and I was just going in
 20 for regular check ups and I was having some
 21 concerns and so they decided to do a CAT scan
 22 and I had been losing weight and things, so
 23 they discovered some lesions on my liver, but
 24 had decided they weren't benign, so I sat on
 25 those then for another year and then the next

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1 regular check-up, I had lost more weight, so
 2 they decided to re-check the lesions that were
 3 on my liver and discovered that they were
 4 metastasised breast cancer.
 5 Q. Ms. Green, when and how did you first learn
 6 that there was retesting process taking place
 7 with respect to ER/PR results?
 8 A. For me personally?
 9 Q. Yes.
 10 A. April 2007.
 11 Q. And when did you learn about the issue
 12 generally, that there was an actual retesting
 13 taking place?
 14 A. I was out to a local store and I ran into a
 15 lady there who was a breast cancer patient and
 16 she asked me if I had gotten a call to be
 17 retested. And I said, no, I didn't receive
 18 any call. She said, "Oh yeah, they're
 19 retesting everybody." And I thought to
 20 myself, well if I didn't get a call, then
 21 maybe everything is fine with me, right. So
 22 then I put that off and--sorry, we talked
 23 about it and then she said "Maybe you should
 24 get a copy of your charts". And still
 25 thinking that they would have called me if

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1 there had been any change, kind of--but then
 2 the curiosity was in my mind and I just
 3 couldn't get it out, so I kept on thinking on
 4 what she had said and I was very disappointed
 5 how come certain people had the privilege of
 6 getting a phone call and some of us did not.
 7 So -
 8 Q. And when did this discussion take place with
 9 the other breast cancer patient?
 10 A. April 3rd, 2007.
 11 Q. And how is it that you're certain of that
 12 date?
 13 A. Because I purchased my wig on that day and I
 14 have the receipt.
 15 Q. And how does that relate to this other patient
 16 though? Why is it that you remember that?
 17 Were you purchasing the wig from this patient?
 18 A. From the establish of--yeah.
 19 Q. Okay, and who is it that the other patient
 20 received a phone call from?
 21 A. I'm not sure.
 22 Q. Did she indicate to you, instead of the person
 23 who called, did you understand it came from
 24 any institution?
 25 A. I just assumed it came from the Health Science

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1 Centre.
 2 Q. How do you feel about the manner in which you
 3 found out about the issue, the issue of
 4 retesting taking place?
 5 A. Well I was very angry and very disappointed
 6 and when I met this lady, she was quite vocal
 7 and quite, you know, you wouldn't put anything
 8 past her. She was taking care of herself and
 9 what she thought of the health care system and
 10 everything and I kind of thought to myself, I
 11 don't suppose the squeaky wheel had gotten the
 12 grease and people like myself, who had just
 13 gotten overlooked, I had no idea. But it was
 14 disturbing, it did stick with me, obviously
 15 because I did become part of this suit after
 16 this started to unfold for me.
 17 Q. Had you heard anything in the media up until
 18 that point in time?
 19 A. Well I had been seeing things but I wasn't
 20 involved because I just assumed--I had a lot
 21 of trust at that time and I really thought
 22 that if there had been a change in my case,
 23 then I'm sure I would have been notified, and
 24 that was my attitude at that time.
 25 Q. Okay, so were you ever contacted by anyone

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1 from Eastern Health or the medical
 2 professionals involved in your care to seek
 3 your consent to have your sample retested?
 4 A. No.
 5 Q. Do you feel that you should have been?
 6 A. Yes.
 7 Q. Were any retests in fact carried out on your
 8 ER/PR results at Mount Sinai Hospital?
 9 A. Yes.
 10 Q. Do you know whether or not it was your biopsy
 11 sample, your mastectomy specimen or both that
 12 -
 13 A. Both.
 14 Q. Both have been retested?
 15 A. Yes.
 16 Q. And when did you learn that?
 17 A. When I had my charts--went to the lawyers to
 18 have my charts called, you know, looked at,
 19 when I got a copy, there it was.
 20 Q. And what's when you learned that both of your
 21 samples had been retested?
 22 A. Yes.
 23 Q. And what did you understand to be the results
 24 of the retest at Mount Sinai?
 25 A. They had changed. Is that what you mean?

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1 Q. They had both changed?
 2 A. Both changed?
 3 Q. Do you know?
 4 A. I'm not sure, I think it was zero for the--oh
 5 my goodness, I'm gone now, lost.
 6 Q. They were both originally ER negative and PR
 7 positive.
 8 A. Yes.
 9 Q. With your biopsy sample being just indicated
 10 to be PR positive and your mastectomy sample
 11 being indicated to be 85 to 90 percent PR
 12 positive?
 13 A. Yes.
 14 Q. And your understanding is that both samples
 15 changed on retest at Mount Sinai?
 16 A. Yes.
 17 Q. Do you know when Mount Sinai retested both of
 18 your samples?
 19 A. It was February of 2005--or October of 2005.
 20 Q. Well that's fine if you don't know the exact
 21 date, we'll take you through that, do you
 22 understand that they were both done at the
 23 same time or different times or do you know?
 24 A. Not sure.
 25 Q. Okay, perhaps we can go back then and we'll

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1 look at Exhibit 0002 again, please Registrar.
 2 Ms. Green, this is the pathology report that
 3 we referred to earlier on your mastectomy
 4 specimen and we have an Addendum 1 entered and
 5 again you'll see the specimen number 01SS1531,
 6 Addendum No. 1 entered October 20th, 2005.
 7 And this addendum states "that this specimen
 8 has been retested at Mount Sinai Hospital for
 9 immunohistochemical study, BL3C and shows:
 10 estrogen receptor protein is seen in 20
 11 percent of cells using the antibody CF11 and
 12 the LFAB procedure. Previous report from
 13 Health Care Corporation of St. John's, dated
 14 February 22nd, 2001 was reported of estrogen
 15 receptor, negative." And it continues with
 16 your progesterone receptor status.
 17 Progesterone receptor protein is seen in 70
 18 percent of cells, using the antibody and the
 19 antibody is identified and the procedure.
 20 "Previous report from the Health Care
 21 Corporation of St. John's, dated February
 22 22nd, 2001, was reported as progesterone
 23 receptor positive, approximately 85 to 90
 24 percent of invasive neoplastic cells show
 25 positive nuclear staining." And that's signed

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1 off, signature on file and the date October
 2 20th, 2005. Ms. Green, were you told this at
 3 that time?
 4 A. No.
 5 Q. Were you still being seen by physicians at the
 6 Cancer Clinic at this time?
 7 A. Yes.
 8 Q. Throughout the time period then in the fall of
 9 2005, October through to, let's say December
 10 2005, did anyone bring the result of your
 11 retest at Mount Sinai to your attention?
 12 A. No.
 13 Q. Now, Ms. Green, according to your chart, the
 14 next time you were seen after this retest was
 15 completed at the Cancer Clinic was December
 16 22nd, 2005. If we could have exhibit, please,
 17 C-12 and again, Ms. Green, you'll see the
 18 exhibit number at top, again it's a progress
 19 note from the Cancer Centre, your name is
 20 identified, December 22nd, 2005, Medical
 21 Oncology Clinic. If we scroll down, it
 22 appears you were seen by Dr. J. Siddiqui, your
 23 medical oncologist and it's cc'd, this
 24 progress note, to Dr. A. Kwan and your GP, Dr.
 25 R. Woodland. This indicates under your

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1 diagnosis, "43 year old female with history,
 2 your tumor size is indicated, two out of 14
 3 nodes. ER negative; PR positive." So on
 4 December 22nd, 2005 it indicates your
 5 diagnosis was ER negative; PR positive. And
 6 the patient refused Tamoxifen afterwards.
 7 Presumably it reads "the last cycle of your
 8 chemo was carried out and started in October
 9 of 2001 and the patient refused Tamoxifen
 10 afterwards." And if we come down under
 11 "Assessment and Plan: 43 year old lady with a
 12 history of CA breast, status: post adjuvant
 13 chemo radiation, refused Tamoxifen. We will
 14 continue to follow. We will see her again in
 15 a year's time, as she will be seen by Dr.
 16 Greenland in six months' time." I take it
 17 there wasn't Tamoxifen offered to you on this
 18 date?
 19 A. No.
 20 Q. Now this is two months after the result that I
 21 just referred you to of your retest for Mount
 22 Sinai, two months after it had been entered on
 23 your chart in St. John's, two months after the
 24 October 20th, 2005 date. This note, this
 25 progress note contains no reference to the

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1 retest at Mount Sinai and the only reference
 2 to your ER/PR status is under diagnosis: ER
 3 negative; PR positive. Was there any mention
 4 by Dr. Siddiqui on this visit of your retest
 5 results?
 6 A. No.
 7 Q. Had you even been told up to this point in
 8 time that you had been retested?
 9 A. No.
 10 Q. And you are to be seen by him in one year from
 11 now. If we could go back, please Registrar,
 12 to exhibit C-0001. Now, Ms. Green, you will
 13 recall that this is the pathology report and
 14 we'll scroll to the bottom, on your left
 15 breast needle biopsy. And there's also an
 16 addendum regarding your ER/PR test on this
 17 report. Addendum No. 2 entered 03-02-06 which
 18 I understand to be February 3rd, 2006. "This
 19 specimen has been retested at Mount Sinai
 20 Hospital (RS-682) for immunohistochemical
 21 studies and shows: estrogen receptor protein
 22 is seen in zero percent of cells using the
 23 antibody"--again indicated and the procedure.
 24 "Previous report from Health Care Corporation
 25 of St. John's dated January 26th, 2001 was

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1 reported as estrogen receptor negative.
 2 Progesterone receptor protein is seen in zero
 3 percent of the cells using the antibody
 4 indicated and the procedure indicated.
 5 Previous report from the Health Care
 6 Corporation of St. John's, dated January 26th,
 7 2001 was reported as progesterone receptor
 8 positive. Ms. Green, this is February 2006,
 9 according to this document, this is entered on
 10 your chart. Did anyone at that point in time
 11 tell you this particular result?
 12 A. No.
 13 Q. If we could have, please, exhibit C-0013 and
 14 again, Ms. Green, this is indicated to be a
 15 progress note, but we understand that you
 16 weren't in fact seen on this date. This is a
 17 note to your chart by Dr. Siddiqui copied to
 18 Dr. Kwan and Dr. Woodland, and again, you're
 19 identified, this is your chart and the date is
 20 March 26th, 2006 and on this date, Dr.
 21 Siddiqui writes, "The ER/PR receptor
 22 restraining done at Mount Sinai Hospital on
 23 February 3rd, 2006"--so that would be the
 24 result of your biopsy retest--"entered in her
 25 chart showed that the ER and PR both are

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1 negative, being zero percent. She was
 2 previously described to be ER receptive
 3 negative but PR positive; however, she has
 4 refused Tamoxifen, so there is no change in
 5 the treatment for Beverly." Ms. Green, was
 6 this information conveyed to you at this point
 7 in time?
 8 A. No.
 9 Q. Did you have any discussion at this point in
 10 time with Dr. Siddiqui about the result of the
 11 retest of your biopsy specimen?
 12 A. No.
 13 Q. If we could refer to C-0014 please? Okay, Ms.
 14 Green, this is a letter on Eastern Health
 15 letterhead, it's dated May 8th, 2006. It's
 16 written to Dr. J. Siddiqui at the Dr. H. Bliss
 17 Murphy Cancer Centre, and you'll see that it
 18 refers to you, and if we scroll down, it's
 19 signed by Kara Laing, M.D., Clinical Chief
 20 Cancer Care Program and it's copied to Dr.
 21 Robert Woodland and to Dr. J. Greenland. Who
 22 is Dr. J. Greenland?
 23 A. He's the radiologist.
 24 Q. And was he involved in your treatment?
 25 A. Yes.

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1 Q. Okay. Do you know who Dr. Laing is?
 2 A. No.
 3 Q. Has she ever been one of your treating
 4 physicians?
 5 A. No.
 6 Q. Ms. Green, have you seen this letter before?
 7 A. It's probably since I seen my chart.
 8 Q. Okay, and when would that have been?
 9 A. That would have been like, probably June,
 10 July.
 11 Q. Of which year?
 12 A. 2007.
 13 Q. Okay. So if we just take a moment to review
 14 this letter, if you want to do that, just take
 15 a moment and look at this letter. It refers
 16 to you having had two specimens tested for
 17 hormonal receptors in 2001, the original
 18 report of the estrogen and progesterone
 19 receptors from a needle core biopsy in January
 20 of 2001, showed negative staining for estrogen
 21 and positive staining for progesterone, and
 22 then it refers to the repeat report from Mount
 23 Sinai which showed that both your ER and PR
 24 receptors were negative. Then the next
 25 paragraph refers to the repeat done on you

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1 mastectomy sample, specimen I should say, the
 2 original report of the estrogen and
 3 progesterone receptors from a mastectomy
 4 specimen February 2001, showed zero staining
 5 for estrogen and 85 to 95 percent staining for
 6 progesterone. And then a repeat from Mount
 7 Sinai shown the tumor to be estrogen and
 8 progesterone receptor positive at 20 percent
 9 and 70 percent respectively, and it continues
 10 on from there and I will come back and discuss
 11 the remaining contents of this letter with you
 12 in a moment.
 13 A. That letter I saw at my GP's office.
 14 Q. Okay, when did you see that at your GP--it is
 15 copied to your GP.
 16 A. Yes. May--early May, I think it's May 7th,
 17 somewhere around there.
 18 Q. Okay, it's written May 8th, 2006. Do you mean
 19 May of 2007?
 20 A. Yes.
 21 Q. Okay, so the first time you saw this letter
 22 was about a year later, the year after it's
 23 written?
 24 A. Yes.
 25 Q. And you saw that in Dr. Woodland's office?

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1 A. Yes.
 2 Q. If I could have Exhibit C-0015 please? And
 3 this is another progress note from the Cancer
 4 Centre and again your name is identified at
 5 the top of the page. And the date of this is
 6 May 26th, 2006. So bear in mind the date of
 7 the letter that I just referred you to from
 8 Dr. Laing was May 8th, 2006. This is now May
 9 26th, 2006 and you're seen in the Radiation
 10 Oncology Clinic, it appears by Dr. J.
 11 Greenland and he is, you've told us, your
 12 radiation oncologist, or was. And again, it's
 13 copied to Dr. Kwan and cc'd as well to Dr.
 14 Woodland. And under "Diagnosis" Dr. Greenland
 15 notes that you were ER/PR negative, treated
 16 with breast conservation in February of 2001
 17 and you were followed by adjuvant CEP and
 18 radiation. And you're now seen in follow-up
 19 and Dr. Greenland writes "Her path review has
 20 since confirmed her to be ER/PR negative. She
 21 has never been on hormonal therapy, although
 22 initially was called PR positive, she declined
 23 Tamoxifen and that time"--presumably that's a
 24 typo--"at that time". Ms. Green, was this
 25 discussed with you on May 26th, 2006 by Dr.

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1 Greenland that your path review had confirmed
 2 you to be ER/PR negative?
 3 A. No, but he did say to me that day, he didn't
 4 understand why I was getting to many scans and
 5 everything, because he said people with cancer
 6 like yours, very generally get it back.
 7 Q. Sorry?
 8 A. Generally people with your type of cancer do
 9 not get it back, so he didn't understand why I
 10 was still getting scans and things because
 11 they're dangerous for you. So now when I see
 12 this letter, I can see what he was talking
 13 about.
 14 Q. Okay.
 15 A. He never spoke about this particular thing.
 16 Q. He never talked about your ER/PR status?
 17 A. No.
 18 Q. And what is it that you think he was referring
 19 to then in saying about the necessity or not
 20 for you to have so many scans?
 21 A. Because now it was zero, right.
 22 Q. He was thinking it's ER/PR -
 23 A. Negative.
 24 Q. Okay.
 25 A. So, you know, I guess if that's the way it is,

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1 it's less aggressive or -
 2 Q. Okay, and presumably Dr. Greenland is
 3 referring to the biopsy sample having been
 4 retested as negative?
 5 A. Yes. Now I don't think they realized -
 6 Q. I'm sorry?
 7 A. I don't think that they picked up on it or
 8 whatever.
 9 Q. On the specimen on your mastectomy?
 10 A. No.
 11 Q. Ms. Green, it says you were confirmed to be
 12 ER/PR negative. Were you ever PR negative to
 13 your knowledge?
 14 A. No.
 15 Q. Do you see any reference to the results from
 16 Mount Sinai which were entered on your chart
 17 October 20th, 2005, seven months earlier,
 18 regarding your mastectomy specimen retest, do
 19 you see any reference to that in this clinic--
 20 in this progress note?
 21 A. No.
 22 Q. Is there any reference in this clinic note to
 23 the May 8th, 2006 letter of Dr. Laing?
 24 A. No.
 25 Q. And again, did Dr. Greenland discuss with you

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1 on this date any results of retests from Mount
 2 Sinai Hospital?
 3 A. No.
 4 Q. If we could have Exhibit C-0016 please? Ms.
 5 Green, another progress note, your name is at
 6 the top and it's from the Dr. H. Bliss Murphy
 7 Cancer Centre, the date is November 7th, 2006
 8 and you're seen in the Medical Oncology Clinic
 9 on this date. The bottom of the document
 10 indicates that Dr. J. Siddiqui is who saw you
 11 on this date, Divisional Chief Medical
 12 Oncology Cancer Care Program, it's cc'd to Dr.
 13 A. Kwan and cc'd again to your GP, Dr. R.
 14 Woodland. Now I take it this would have been
 15 your regularly scheduled visit back, as Dr.
 16 Siddiqui had last seen you on December 22nd,
 17 2005 and he had indicated at that time you'd
 18 be seen back in about a year.
 19 A. Yes.
 20 Q. So I take it that this was a regularly
 21 scheduled appointment?
 22 A. Yes.
 23 Q. You weren't asked to come in for any specific
 24 purpose?
 25 A. No.

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1 Q. Now this date refers to, if we come down to
 2 the second paragraph, it says that "today she
 3 is seen here for follow-up." I should take
 4 you first under your diagnosis, it says "that
 5 the patient had refused Tamoxifen afterwards
 6 as she was ER negative and PR positive at that
 7 time. Today she is here for follow-up." And
 8 if we come down to the third to last
 9 paragraph, "I spoke with Beverly again in
 10 detail about her reviewed pathologies from the
 11 prior studies. Her needle biopsy from January
 12 17th, 2001, which was ER negative but PR
 13 positive, was reviewed at Mount Sinai and was
 14 found to be negative for both. The mastectomy
 15 specimen which was a segmental mastectomy from
 16 February 22nd, 2001 was negative for ER and 85
 17 to 95 percent positive for PR, though was
 18 found to be positive for ER at 20 percent and
 19 PR at 70 percent. I have informed her about
 20 the status as her receptors have remained
 21 positive. I again talked with her about
 22 Tamoxifen, but she is not interested; however,
 23 I think that since she has lost some weight
 24 and has this ongoing cough, we should do a
 25 scan on her to make sure that no sinister

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1 pathology is responsible for that." And then
 2 he goes on to say he will try to get a scan
 3 over the next two to three weeks and book you
 4 to come back in, in a month. Now, Ms. Green,
 5 this is 13 months since your original retest
 6 was recorded on your chart in October 2005 and
 7 according to Dr. Siddiqui's note and according
 8 to the notes that we have reviewed in your
 9 chart, this is the first time that the matter
 10 of your retest was brought to your attention,
 11 13 months after the retest, October 2005 was
 12 recorded on your chart. Do you recall having
 13 this being brought to your attention during
 14 this visit with Dr. Siddiqui on November 17th,
 15 2006?
 16 A. No.
 17 Q. Did you tell Dr. Siddiqui on that date that
 18 you were not interested in Tamoxifen?
 19 A. No.
 20 Q. Ms. Green, Registrar, if we could have Exhibit
 21 C-17, please? Ms. Green, this is another
 22 progress note. Your name is on the top. This
 23 one is December 14th, 2006, dated, Medical
 24 Oncology Clinic, and again, it's dictated but
 25 not read by Dr. J. Siddiqui and copied to Dr.

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1 A. Kwan and Dr. R. Woodland. Ms. Green, I
 2 take it from reviewing this note it was not
 3 good news for you on this date?
 4 A. No.
 5 Q. What were you told in terms of the progress of
 6 your disease on this day?
 7 A. That I had multiple lesions on my liver and
 8 they had been growing.
 9 Q. Ms. Green, in the first paragraph it refers
 10 again to your cancer, your tumor size and your
 11 chemo, you last chemo treatment having been
 12 October of 2001. And then it says, "She was
 13 receptor positive on review. She had used
 14 Tamoxifen on more than one occasion
 15 afterwards." Ms. Green, had you ever used
 16 Tamoxifen?
 17 A. No.
 18 Q. And if that is an error and should, in fact,
 19 read "She had refused Tamoxifen on more than
 20 one occasion afterwards." is that correct?
 21 A. No.
 22 Q. How many occasions did you refuse Tamoxifen?
 23 A. Two, maybe.
 24 Q. And when were those?
 25 A. In the beginning.

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1 Q. In the beginning?
 2 A. Yeah. Like, in -
 3 Q. When you were -
 4 A. First I had cancer.
 5 Q. When you thought you were ER negative?
 6 A. I don't know why he keeps mentioning it over
 7 and over and over. I guess it's just some
 8 kind of way for the doctors to--a lot of
 9 thoughts have gone through my head of why they
 10 have done that.
 11 Q. Well, under the "Diagnosis" section, we've
 12 gone through the notes, you often see that
 13 there is a record of what has happened at that
 14 point in time?
 15 A. Yes.
 16 Q. Okay. So, Ms. Green, what is your
 17 recollection, when and how did you learn that
 18 your ER/PR status had been retested twice and
 19 that the results of this retest showed change?
 20 A. Well, after speaking with that lady, of course
 21 my curiosity was up and--trying to think. So
 22 I had an appointment with Dr. Siddiqui and I
 23 brought it up to him about getting a copy of
 24 my chart. His reaction was way out of
 25 character. He had been doing--wait now, I'm a

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1 little bit off here now.
 2 Q. That's okay.
 3 A. Okay. And--so I asked for a copy of my chart
 4 and he looked at me and said--wait now, I'm
 5 missing something there.
 6 Q. That's okay, take your time.
 7 THE COMMISSIONER:
 8 Q. It's five to 11. Would you like to take the
 9 morning break?
 10 CHAYTOR, Q.C.:
 11 Q. Sure. Would you like a break?
 12 THE COMMISSIONER:
 13 Q. We can take a break and you can just think
 14 about -
 15 CHAYTOR, Q.C.:
 16 Q. Collect your thoughts.
 17 A. Yes.
 18 THE COMMISSIONER:
 19 Q. Get your thoughts together on the subject?
 20 CHAYTOR, Q.C.:
 21 Q. I'm hearing that that would be appreciated by
 22 others in the room, as well.
 23 THE COMMISSIONER:
 24 Q. Well, actually, also for the benefit of those
 25 in the room we'll see if we can turn the heat

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1 down, perhaps.
 2 CHAYTOR, Q.C.:
 3 Q. Thank you, Commissioner.
 4 (RECESS)
 5 THE COMMISSIONER:
 6 Q. Thank you, please be seated. Ms. Chaytor?
 7 Now, we were on Exhibit 00, C-0017, is that
 8 right?
 9 CHAYTOR, Q.C.:
 10 Q. Yes, that's correct. Thank you, Commissioner.
 11 And I think when we broke, Ms. Green, you had
 12 disagreed that you had--we were talking about
 13 the progress notes, December 14th, 2006. And
 14 we had discussed certain comments in that
 15 progress note about your refusal of Tamoxifen.
 16 And I believe then I had asked you whether or
 17 not, when in your recollection and how you
 18 learned that your ER/PR status on retesting
 19 had changed. And I think you were about to
 20 tell us about that and you mentioned something
 21 about the lady, after you had the discussion
 22 with the lady. I assume you mean, you mean
 23 the lady that you had the discussion with on
 24 the day you bought the wig?
 25 A. Yes.

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1 Q. Okay. Well, how about taking us from there,
 2 when and how did you learn that your ER/PR
 3 status had changed on retesting?
 4 A. Okay, so now I think I'm up until in April,
 5 April the 30th and I'm in to see Dr. Siddiqui.
 6 Q. And which year is this?
 7 A. 2007.
 8 Q. Okay.
 9 A. And I bring up to him about receiving a copy
 10 of my chart. And -
 11 Q. Why did you do that, why did you ask for your
 12 chart?
 13 A. Because I was curious as to what was going on
 14 because everyone was like they were--
 15 everything had changed over there. People
 16 were--things were different, and I was really
 17 curious about what was going on, you know,
 18 with my charts because hadn't heard anything.
 19 So then he kind of--that's gone now.
 20 Q. Okay, take your time.
 21 A. His reaction was way out of character for Dr.
 22 Siddiqui at the time. But anyway, he said, he
 23 said that--oh, gone. I got to think now of
 24 the order. So I asked him for a copy of my
 25 chart and he kind of--ah, gone.

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1 Q. It's okay, take your time. So you asked Dr.
 2 Siddiqui and you think this is April of '07,
 3 you asked him for a copy of your charts?
 4 A. Yes.
 5 Q. Okay. And did Dr. Siddiqui provide you with a
 6 copy of your charts or what happened from
 7 there?
 8 A. Gone.
 9 Q. Okay. So did you have a discussion then with
 10 him on that day about your ER/PR status, did
 11 you learn the change in your ER/PR status
 12 during your discussion that day with Dr.
 13 Siddiqui?
 14 A. No.
 15 Q. Okay.
 16 A. No.
 17 Q. So when did you learn about that, take us from
 18 there?
 19 A. Okay, so I went over to see my GP and I said,
 20 "There's something really strange going on
 21 over at the Health Science Centre and Dr.
 22 Siddiqui was way out of character." And I was
 23 wondering if he had any information on
 24 anything that might have been going on with
 25 me.

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1 Q. Okay. So you said this to Dr. Woodland?
 2 A. Yes.
 3 Q. Yes, okay. And how was it that Dr. Siddiqui
 4 was out of character, what did he say or do
 5 that was out of character?
 6 A. Well, he--I got--it's just, it's gone.
 7 Q. That's okay. Okay.
 8 A. When I went in and I asked for--brought up my
 9 charts or whatever and he said the most
 10 important part, and I've got it lost right
 11 now. I know I'm just looking for that word,
 12 the first conversation, the first moment to
 13 push me through.
 14 THE COMMISSIONER:
 15 Q. Why don't we come back to that after we learn
 16 what happened in the GPs office and then -
 17 CHAYTOR, Q.C.:
 18 Q. Sure, yes.
 19 THE COMMISSIONER:
 20 Q. - give you a chance to think about it.
 21 A. Yeah.
 22 CHAYTOR, Q.C.:
 23 Q. So, Dr. Woodland, you were in to see Dr.
 24 Woodland?
 25 A. Yes.

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1 Q. And you indicated to him you thought something
 2 strange was happening?
 3 A. Yes.
 4 Q. And you were wondering what's going on?
 5 A. Yes. And that I had heard that people had
 6 been retested and things like that and I
 7 wanted to know if there was something wrong
 8 with my charts because why was everyone
 9 behaving this way. So anyway, he pulled out
 10 the May the 8th letter and said there had been
 11 obviously a change and I wasn't aware of it.
 12 So -
 13 Q. So that's the May 8th, 2006 letter from Dr.
 14 Laing?
 15 A. Yes.
 16 Q. That was copied to Dr. Woodland?
 17 A. Yes.
 18 Q. I believe it's C-14.
 19 A. Yes.
 20 Q. Okay, so he--so at that point in time you saw
 21 the letter from Dr. Laing of May 8th, 2006?
 22 A. Yeah.
 23 Q. And is that the first time that you learned
 24 about the change in your ER/PR status?
 25 A. Yes.

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1 Q. Ms. Green, what was your reaction when you
 2 learned that Mount Sinai had indicated that
 3 you were ER positive?
 4 A. I'm sorry?
 5 Q. What was your reaction upon learning that you
 6 were ER positive according to Mount Sinai's
 7 retest?
 8 A. Very angry, very upset and disappointed and
 9 couldn't believe it. There was just all kinds
 10 of thoughts going through my head.
 11 Q. At that point in time were you prepared to
 12 take hormonal treatment if it were to be
 13 offered to you?
 14 A. Yes.
 15 Q. Perhaps then we'll move on to Exhibit C-21.
 16 THE COMMISSIONER:
 17 Q. C-21?
 18 CHAYTOR, Q.C.:
 19 Q. C-21, please, Registrar. And this is also a
 20 progress note, May 22nd, 2007 from the medical
 21 oncology clinic. And this is dictated but not
 22 read, Dr. J. Siddiqui, copied to Dr. A. Kwan,
 23 copied to Dr. R. Woodland. And on this day
 24 under "Assessment and Plan" it refers to your
 25 six cycles of chemotherapy and there's some

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1 gaps in the note here. But it goes on to say,
 2 "I have spoken with her about the use of
 3 hormonal treatment. According to the
 4 pathology report the specimen 01-SS1531, which
 5 was the main surgical specimen of segmental
 6 mastectomy, she was 20 percent positive on ER
 7 and 70 positive on PR. I have again offered
 8 her hormonal treatment with Femara and she has
 9 agreed to that. We discussed the side effects
 10 of detail" "in detail" I would take it, "that
 11 include but are not limited to the risk of
 12 increased risk of osteoporosis, increased risk
 13 of cardiovascular event, worsening of
 14 cholesterol profile. She understands that.
 15 She is willing to go ahead for that." Why,
 16 Ms. Green, on May 22nd, 2007, were you
 17 prepared to take hormonal treatment?
 18 A. Because my status had changed, my reports were
 19 different.
 20 Q. And what status is that?
 21 A. ER positive, PR positive.
 22 Q. And is this the first time a hormonal
 23 treatment other than Tamoxifen was discussed
 24 with you?
 25 A. Yes.

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1 Q. And did you, in fact, then take treatment with
 2 Femara?
 3 A. Yes.
 4 Q. Does Femara have the same side effects as
 5 Tamoxifen, to your knowledge?
 6 A. Not as great.
 7 Q. If we could show the witness, please, 00020,
 8 sorry, C-20.
 9 THE COMMISSIONER:
 10 Q. Twenty or twenty-two?
 11 CHAYTOR, Q.C.:
 12 Q. Twenty, please.
 13 THE COMMISSIONER:
 14 Q. Twenty.
 15 CHAYTOR, Q.C.:
 16 Q. And, Ms. Green, I bring this progress note to
 17 your attention because this one is dated April
 18 30th, 2007. You're seen on the medical
 19 oncology clinic. Read but not--sorry,
 20 dictated but not read, Dr. J. Siddiqui, copied
 21 to Dr. Kwan and Dr. R. Woodland. And in your
 22 evidence today you indicated that you thought
 23 it was April of '07 that you learned about
 24 your ER status and that you had a meeting in
 25 April of '07 with Dr. Siddiqui that you

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1 thought he was out of character?
 2 A. Yes.
 3 Q. Would this possibly be the date that you're
 4 referring to?
 5 A. Yes.
 6 Q. And why do you think this is the date?
 7 A. Because there was a nurse present at the time.
 8 Q. And this is the date then that you requested
 9 your charts, I should say?
 10 A. Yes.
 11 Q. And then you learned subsequently from Dr.
 12 Woodland about your ER status, your ER/PR
 13 status, changed status?
 14 A. Yes.
 15 Q. Okay. So you believe that it was on this date
 16 that you had your visit with Dr. Siddiqui and
 17 you found him to be out of character when you
 18 asked for your chart?
 19 A. Yes.
 20 Q. Okay. Is there anything else you wanted to
 21 tell us now about that visit?
 22 A. Well, I asked him for a copy of my chart and
 23 his reaction to me was, like--I don't know why
 24 I'm losing this today. I guess it's because
 25 it's one of the hardest things for me to do,

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1 to say something about a doctor that's been
 2 treating me for all these years. But I guess
 3 I have been writing it so many times and
 4 rehearsing it so many times that now I just
 5 have developed this little blockage. But I
 6 asked for the charts and he turned around at
 7 me and he said, "Is this what you're looking
 8 for?" Wait now, I'm skipping. See, I wanted
 9 to get it in perfect order.
 10 Q. Don't worry, tell us as you remember it.
 11 A. Yeah, okay. So first of all he said, I told
 12 you--I said, "Well, what about my charts?" and
 13 he said, "Well, there's--I told you there was
 14 no cure for this disease," right, like without
 15 even--without anything else, that was the
 16 first thing, "There is no--I told you there
 17 was no cure for this disease." And I said,
 18 "Well, you know, I was under the understanding
 19 I had 80 to 90 percent chance of survival rate
 20 and that's what I've been concentrating on."
 21 And he said, "Well, the 20 percent, I guess
 22 that's what you fall into, the 20 percent."
 23 And then he said--he just turned around at me
 24 and he had had the results from my liver
 25 biopsy, and he took it and he said "is this

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1 what you want?" and he threw it at me, threw
 2 it at me and he walked out the door, and that
 3 was pretty much when I was just angry,
 4 furious. I did not approach anyone on it, like
 5 you know, mentioned to the nurse, all I wanted
 6 was a copy of my chart. So now I'm even more
 7 worried because how could they--you know,
 8 what's going on? Like how can--this is way,
 9 way out of line. There's something really
 10 wrong with me. You know, there's something
 11 bigger going on here than just me. But, and
 12 then that's kind of when I decided I would
 13 become a part of this.
 14 Q. And how did the nurse react?
 15 A. She was like "oh, I guess you can get a copy
 16 of your charts. Don't worry about it." So
 17 then I went up to the social worker again and
 18 I asked her and she said yes, she would--can
 19 request a copy of your charts, just need to
 20 sign a document and you can have your charts.
 21 But after all this happening to me, I just
 22 said "I'm going down to see what's going on
 23 down at the Court," because that was going on
 24 at the time, you know, the -
 25 Q. Is this after you went to see Dr. Woodland and

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1 found out your status had changed?
 2 A. Yes.
 3 Q. Okay, all right.
 4 A. I just got ahead of myself then.
 5 Q. That's okay.
 6 A. Okay.
 7 Q. Okay, all right then. So Ms. Green, what is
 8 your current status now? Are you still on
 9 hormonal therapy?
 10 A. No.
 11 Q. And why not?
 12 A. It didn't work for me. The cancer grew.
 13 Q. I told you we'd go back to C-0014, which is
 14 the letter from Dr. Laing, so let's go back
 15 there. Okay, Ms. Green, this is the letter I
 16 referred you to earlier, May 8th, 2006, and in
 17 this letter, you will see in the bottom
 18 paragraph, which I hadn't directed your
 19 attention to earlier, it states that since you
 20 were basically--since you were offered
 21 Tamoxifen treatment originally and had
 22 refused, "the panel does not have any further
 23 treatment recommendations at this time."
 24 First of all, Ms. Green, what is your view of--
 25 we understand this was a panel letter, a

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1 panel put together by Eastern Health to review
 2 the retests from Mount Sinai. What is your
 3 view of this panel making recommendations with
 4 respect to your treatment?
 5 A. Very--I couldn't believe that--to be honest, I
 6 know absolutely none of these people. No one
 7 contacted me to discuss my care with me. No
 8 one even considered me to be a person really.
 9 That's how I--you know, I was really insulted
 10 and, you know, first I was very angry. I was
 11 like, who are these people? Who do they think
 12 they are? And my back--you know, got my back
 13 up, like most people do, I guess, when first
 14 before you think about it. But, and I just
 15 felt that, you know, the issues that sometimes
 16 we have here in Newfoundland about people in
 17 position, you know, being--knowing what's
 18 right and being the best and stuff, I took
 19 offence to that, you know, that like they'd be
 20 thinking that they could do such a thing, and
 21 just toss it aside like that I didn't even--I
 22 wasn't acknowledged whatsoever.
 23 Q. My second question on this letter is what is
 24 your reaction to the panel basing its
 25 recommendation on the fact that you refused

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1 Tamoxifen when you originally understood you
 2 were ER negative?
 3 A. I think it's an unfair statement. I mean,
 4 it's totally unfair. I think I had reason for
 5 not taking it. It was quite obvious, and
 6 doctors had agreed with me. Some did; some
 7 didn't, but it was my decision, and for the
 8 diagnosis at that time.
 9 Q. Ms. Green, has anyone from Eastern Health or
 10 any of your physicians told you what may have
 11 happened to cause or contribute to the
 12 discrepancy in your testing?
 13 A. No.
 14 Q. Has anyone from Eastern Health or your
 15 physicians outlined to you a plan intended to
 16 rectify the harm and prevent recurrence of
 17 this type of problem in the future?
 18 A. No.
 19 Q. Did anyone at any point in time offer you the
 20 option of a family meeting?
 21 A. No.
 22 Q. Did anyone offer you anything in the way of a
 23 follow-up meeting to discuss the issue of why
 24 retests were necessary and how it impacted in
 25 your case?

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1 A. No.
 2 Q. Did anyone from Eastern Health or your
 3 physicians express to you an acceptance of
 4 responsibility for this outcome?
 5 A. No.
 6 Q. Has anyone expressed regret to you?
 7 A. No.
 8 Q. Has anybody apologized to you?
 9 A. No.
 10 Q. Ms. Green, as a breast cancer patient, what is
 11 your view on how the responsible authorities
 12 handled the communication of this issue and
 13 their response to this situation?
 14 A. My views?
 15 Q. Take your time.
 16 A. Well, I think it was totally--you know, the
 17 whole way it was handled was very
 18 unprofessional, very sneaky, deceiving, just
 19 everything that builds even more resentment
 20 and more doubts and I think it just could have
 21 been a lot better. I know for myself, if I
 22 had been given knowledge, you know, I know I
 23 have a disease that's probably going to
 24 destroy my life at some time, and these are
 25 realities we know as cancer patients. So to

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1 know that someone is testing us or, we
 2 understand that it can pop up any day at all,
 3 but the way this was handled, it was just
 4 unforgivable, you know. It was just very--it
 5 was almost like we weren't adult even to
 6 learn, or there's, you know, there's a lot
 7 more mistakes than we're aware of and we can
 8 obviously see by going through my chart. Now
 9 before I went to my chart, I didn't have any
 10 of those knowledge of those things that had
 11 went wrong. So you know, there just could
 12 have been a better way to do it.
 13 Q. Okay.
 14 A. Did I finish the question? Answer it fully?
 15 Q. Okay. Well then, from your point of view,
 16 what was the preferable course of action? How
 17 could it have been handled better?
 18 A. I think if we had been, you know, approached
 19 on an individual basis and things were
 20 admitted to us. I mean, everyone makes
 21 mistakes and we--and you know, sometimes we're
 22 much more forgiving when we are told straight
 23 out than when we are led to be misled or
 24 deceived. So I'm not saying that this would
 25 not have happened, because after seeing the

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1 chart, I can see why a lot of people have--why
 2 this has occurred, but still, to show us a
 3 little respect and to show us, you know, that
 4 they care, we care, and it would have made a
 5 difference to me personally, and to be honest,
 6 I probably wouldn't have even become a part of
 7 the suit if I had known, because that's just
 8 the kind, the type of person that I am,
 9 because knowing this disease.
 10 Q. Okay. Ms. Green, unless there's something
 11 else that you would like to add, those are all
 12 the questions I have for you, and some of my
 13 colleagues may have questions for you, so
 14 unless there's something else?
 15 A. I had a little note actually I prepared from
 16 my own personal. Is it okay if I say that?
 17 THE COMMISSIONER:
 18 Q. Yes, it is, if it's something you want to tell
 19 me.
 20 CHAYTOR, Q.C.:
 21 Q. Yes, go ahead.
 22 A. Thank you. I would like to take this
 23 opportunity to express some of my thoughts
 24 about this situation. I have been involved in
 25 the health care system for the past seven

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1 years and have experienced a great deal in the
 2 area of cancer. I have witnessed the death of
 3 my husband and the horror of watching him
 4 literally starve to death from this terrible
 5 disease. I have battled with the decision to
 6 testify at this Inquiry mainly because I did
 7 not want to harm any of the staff within the
 8 health care system. I would never wish to
 9 anyone to go through the hardships that I have
 10 had to go through. After a great deal of
 11 thought and because of the way that this
 12 situation has unfolded for me, I felt that
 13 this was something I had to do and just maybe
 14 things would change for the better. What has
 15 already been done cannot be changed, but the
 16 future can. I think we can all agree that
 17 since the issue has become public, we are
 18 already experiencing positive change.

19 I would like to thank the doctors, nurses
 20 and the staff at the Health Science Centre,
 21 especially the chemo unit, for their support
 22 over the years. I have firsthand experience
 23 and witnessed the strong character of the
 24 staff within this unit and the strength it
 25 must take to watch their patients day after

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1 day fighting for their lives. Some making it,
 2 others not. I am sure they spend most of
 3 their time concentrating on those who do
 4 survive, and this must be a wonderful
 5 experience.

6 I feel this larger-than-life mistake has
 7 occurred from a lack of proper resources,
 8 policies and working conditions. It is sad
 9 that this problem wasn't handled differently,
 10 but the facts are, they were not. This was a
 11 tragic mistake for all of us who have passed
 12 on and for us who have yet to succumb to the
 13 disease. Maybe if the doctors had known the
 14 different diagnosis, some of us may have made
 15 it a little longer. Who knows. I cannot
 16 excuse the way this was handled. The way
 17 things progressed for me surely has taken the
 18 wind from beneath my wings. People have died,
 19 are dying and possibly unnecessarily. My
 20 heart goes out to all the lives that have been
 21 affected from this horrific ordeal, the
 22 families who have lost their loved ones, the
 23 women and men who have tried to fight this
 24 disease, and the staff of the health care
 25 system who have also been affected.

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1 I'm proud to be a Canadian and thankful
 2 for the care that we do receive, but I also
 3 see the extreme necessity for change. My
 4 hopes are that by being a part of this
 5 Inquiry, we will have a much better health
 6 care system here in Newfoundland, but
 7 throughout the rest of the world. Not just
 8 here in Newfoundland, but throughout the rest
 9 of the world. Thank you.

10 THE COMMISSIONER:
 11 Q. Thank you.

12 CHAYTOR, Q.C.:
 13 Q. Thank you, Ms. Green.

14 THE COMMISSIONER:
 15 Q. Now, have counsel for the parties with
 16 standing determined an order in which
 17 examination is to be done, as I invited you
 18 all to do on a prior occasion, and if so,
 19 who's up?

20 MR. SIMMONS:
 21 Q. Well, Commissioner, I circulated an e-mail
 22 among counsel yesterday suggesting that the--
 23 unless anyone had an preference, you could
 24 follow the order in which parties with
 25 standing are listed on the Commission website,

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1 which lists the parties, which would be, in
 2 fact, counsel for Her Majesty the Queen would
 3 come first, followed by me for Eastern Health,
 4 and the other parties in the sequence that
 5 they're laid out.

6 THE COMMISSIONER:
 7 Q. If you're all in agreement. The only proviso
 8 to that, of course, is that if a witness is on
 9 the stand who is represented by one of the
 10 parties with standing, then obviously that
 11 person goes later in the day. But if you wish
 12 to do it that way, I think in the prior
 13 occasion I invited you to come to your own
 14 conclusions. If you are all in agreement that
 15 that's the way it's to be done, then I'm
 16 content, subject, as I say, to the fact that
 17 the person who's on the stand, their
 18 representative would go last.

19 MR. SIMMONS:
 20 Q. You are correct, with the proviso that counsel
 21 for a party who has a witness affiliated with
 22 that party would go last, as explained by Mr.
 23 Coffey.

24 THE COMMISSIONER:
 25 Q. Okay. Now, Mr. Pritchard, is there--do you

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1 wish to cross-examine this witness?
 2 MR. PRITCHARD:
 3 A. Ms. Green, Commissioner Cameron, I don't have
 4 any questions for this witness. Thank you.
 5 THE COMMISSIONER:
 6 Q. All right, thank you.
 7 MR. SIMMONS:
 8 Q. Commissioner, I have no questions for Mrs.
 9 Green either, other than just to thank her
 10 for, as Ms. Chaytor said, courageous at being
 11 the first witness and giving us her important
 12 evidence today.
 13 THE COMMISSIONER:
 14 Q. Thank you. Mr. Brown?
 15 MR. BROWNE:
 16 Q. Good morning, Commissioner, Ms. Green. I have
 17 no questions for this witness. I do thank her
 18 for coming here today.
 19 THE COMMISSIONER:
 20 Q. All right.
 21 EATON, Q.C.:
 22 Q. Likewise, no questions.
 23 THE COMMISSIONER:
 24 Q. All right.
 25 MS. NEWBURY:

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1 Q. Good morning, Commissioner Cameron. I have no
 2 questions.
 3 THE COMMISSIONER:
 4 Q. All right then. Mr. Crosbie, I think it's--
 5 sorry, I lost count. One, two, three, four,
 6 five, yes. Mr. Crosbie or Ms. Russell, do you
 7 have -
 8 MS. RUSSELL:
 9 Q. Yes, Commissioner.
 10 THE COMMISSIONER:
 11 Q. Would you come forward then?
 12 MS. BEVERLY GREEN, EXAMINATION BY MS. DARLENE RUSSELL
 13 MS. RUSSELL:
 14 Q. Ms. Green, I just have one question for you.
 15 Have you been offered Tamoxifen recently?
 16 A. No.
 17 Q. It's not been an option that's been presented
 18 to you?
 19 A. No.
 20 Q. Okay, thank you.
 21 THE COMMISSIONER:
 22 Q. Anything arising, Ms. Chaytor?
 23 CHAYTOR, Q.C.:
 24 Q. No, nothing arising.
 25 THE COMMISSIONER:

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1 Q. Thank you, Ms. Green, very much. As has been
 2 noted by Commission counsel, I do appreciate
 3 that it took some courage to come here today,
 4 and I think perhaps particularly to be our
 5 first witness, and it's something I very much
 6 appreciate. The input of those patients who
 7 are being called is very important to this
 8 process, so thank you.
 9 A. Thank you.
 10 Q. Mr. Coffey?
 11 COFFEY, Q.C.:
 12 Q. Yes, Madame Commissioner, the next witness
 13 will be Elizabeth White. She was travelling
 14 this morning in relatively adverse weather
 15 conditions, so I'm going to--although it is
 16 early, and this will not happen routinely, but
 17 at this early phase, where we're dealing with
 18 patients, particularly those who have to
 19 travel, there may be some delays in them being
 20 available, and she was scheduled for this
 21 afternoon, and I anticipate, I understand
 22 she'll be here at 2:00. So if it's all right
 23 with yourself, we'll adjourn until 2:00.
 24 THE COMMISSIONER:
 25 Q. Oh well, we're going to have a longer lunch

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1 than anticipated. Mrs. White, is she the only
 2 witness that you're calling this afternoon?
 3 COFFEY, Q.C.:
 4 Q. No, it'll be Norman White, but he will follow.
 5 THE COMMISSIONER:
 6 Q. All right. So we'll adjourn until two.
 7 COFFEY, Q.C.:
 8 Q. Thank you.
 9 THE COMMISSIONER:
 10 Q. Thank you, counsel, adjourned until two.
 11 (LUNCH BREAK)
 12 THE COMMISSIONER:
 13 Q. Before we begin, I've been asked by our Chief
 14 Administrative Officer to remind counsel of
 15 something, and I'd better do it or she'll be
 16 sending me another note reminding me to do it,
 17 and that is to remind you that we do have a
 18 secure room for document storage for counsel,
 19 if you wish at the end of the day to leave any
 20 of your materials here. It's a limited access
 21 key and you can talk to Virginia about it if
 22 you want more assurances, but if you don't
 23 want to be carrying all that material home,
 24 let us know and we'll find a secure place to

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1 put it. Thank you. Now, Mr. Coffey.
 2 COFFEY, Q.C.:
 3 Q. Commissioner, the next witness is Elizabeth
 4 White. She did arrive safely coming in over
 5 the road. So Ms. White.
 6 MS. ELIZABETH WHITE, SWORN, EXAMINATION BY BERNARD
 7 COFFEY, Q.C.
 8 REGISTRAR:
 9 Q. Ms. White, would you please state and spell
 10 your full name for the Commission?
 11 A. My name is Elizabeth White, E-L-I-Z-A-B-E-T-H
 12 W-H-I-T-E.
 13 Q. Thank you, Ms. White.
 14 COFFEY, Q.C.:
 15 Q. Ms. White, where are you from?
 16 A. Heart's Content.
 17 Q. And ma'am, could you give us your date of
 18 birth, please?
 19 A. 13th of October in 1942.
 20 Q. And your occupation? I take it you're retired
 21 now, I understand.
 22 A. I'm retired, yes, bank teller.
 23 Q. And how many years were you employed?
 24 A. 33 plus.
 25 Q. Okay. Ms. White, I understand that you

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1 developed breast cancer?
 2 A. Yes, sir, I did.
 3 Q. And could you tell us please about that? And
 4 just before--perhaps before I do, because I
 5 omitted to do something, Commissioner. If I
 6 could have Exhibits C-0026 through C-0047, I'm
 7 going to request be admitted into evidence,
 8 Commissioner, as well as P-004.
 9 THE COMMISSIONER:
 10 Q. Okay. So we're dealing with C-0026 through to
 11 C-0047?
 12 COFFEY, Q.C.:
 13 Q. Yes, ma'am.
 14 THE COMMISSIONER:
 15 Q. Do I have the numbers correct? And P-004, all
 16 right, if you would file those exhibits as
 17 having been marked in that way. They would
 18 have been pre-marked by counsel with the
 19 appropriate numbers. Thank you.
 20 COFFEY, Q.C.:
 21 Q. I forgot something all ready, so now that
 22 that's attended to, Ms. White, could you tell
 23 us please about your diagnosis with breast
 24 cancer and what--and how your initial
 25 treatments went?

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1 A. In October of 1999, I went for just a regular
 2 routine yearly check-up. A lump was found in
 3 my right breast. I was referred then to a
 4 surgeon and in early November--well, I had my
 5 biopsy on October 19th, got my results on the
 6 26th of October that it was malignant. Then I
 7 had my surgery the 2nd of November in '99.
 8 Q. Who was your surgeon?
 9 A. Dr. Randell at Carbonear Hospital.
 10 Q. And I'm sorry, which breast was it?
 11 A. Right.
 12 Q. Your right breast, and what type of surgery
 13 was it?
 14 A. I had a mastectomy.
 15 Q. I take it that the surgery itself went fine
 16 and you were discharged from hospital?
 17 A. Yes, it did.
 18 Q. Did the subject of ER and PR status come up,
 19 do you recall?
 20 A. There was a discussion before I left hospital
 21 concerning, I guess that's what it was. I
 22 didn't really understand the ER receptor
 23 testing at that time, and I was under the
 24 impression that I was negative because in that
 25 conversation, I remember being told that the

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1 side effects outweighed the benefits to me
 2 because of the low percentage. So I took that
 3 to be a good thing.
 4 Q. So the side effects of what?
 5 A. Of Tamoxifen, yes.
 6 Q. So you did--Dr. Randell and you did discuss
 7 Tamoxifen?
 8 A. Yes.
 9 Q. And he explained what to you?
 10 A. The side effects of it, and -
 11 Q. And your understanding from him was you were
 12 or were not a candidate for it?
 13 A. My understanding was I was not, because of the
 14 side effects of it to me outweighed the
 15 benefits to me because of the low percentage.
 16 Q. That was the low percentage of ER?
 17 A. Of the testing, yes.
 18 Q. On ER and PR testing.
 19 A. That was my understanding at the time.
 20 Q. What happened then, ma'am? Okay, you've been
 21 discharged, you've had your discussion with
 22 Dr. Randell and you're discharged. What
 23 happened then, in terms of your care?
 24 A. Okay, I was discharged from hospital to home,
 25 of course.

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1 Q. Yes.

2 A. Public health nurse used to come and visit and

3 Dr. Randell called me with an appointment for

4 the Cancer Clinic here in St. John's. At that

5 time, I asked him if he thought I would need

6 chemo, and the response that I got at that

7 time was "no, I believe you have had more than

8 enough treatment." That was based on, to my

9 understanding, the early detection, the size

10 and it was slow growing. So then the

11 appointment was made for me to the Cancer

12 Clinic and I had my first one early December.

13 Q. And what happened when you came to the Cancer

14 Clinic in St. John's? What do you recall

15 about that?

16 A. Well, that particular day, I came to the

17 Cancer Clinic thinking that I was just going

18 to be seen by someone, a doctor in there, and

19 I was just going to become another record,

20 that I was a breast cancer victim. Never did

21 I think I was going to have chemo at the time,

22 and I was. They did discuss chemo that day.

23 Q. Okay. So you came into St. John's and went to

24 the Cancer Clinic -

25 A. Yes.

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1 Q. - with a certain mind set that you described?

2 A. Yes.

3 Q. Or understanding, and you get in there and you

4 talk to people, and what happens? What

5 happened?

6 A. They went over my record that I had the

7 surgery and the size of the tumor and they

8 recommend chemo for precautionary measures.

9 Q. Okay.

10 A. That was okay.

11 Q. And did you have the chemo?

12 A. I did, but that same day, I also had to see

13 another physician.

14 Q. And what type of a physician was that?

15 A. This was a radiologist.

16 Q. And would this be a radiation oncologist?

17 A. Yes, okay.

18 Q. I think that's probably what they -

19 A. Yes, I'm sorry.

20 Q. No, no, no, no, listen, I had to get used to

21 the difference, okay, myself. So it's a

22 radiation oncologist?

23 A. Yes.

24 Q. Okay, and what happened with respect--was it a

25 man or a woman, the doctor?

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1 A. It was a male.

2 Q. A male?

3 A. Yes.

4 Q. What happened with him?

5 A. Well then, he was talking radiation and I kind

6 of lost it, I have to say, because I didn't

7 expect anything, and here the same day, I was

8 maybe going to have chemo and radiation to

9 boot. So in fact, a comment was "you're not

10 prepared for this today, are you?" and I said

11 "no," and I told them why.

12 Q. This was from the radiation oncologist?

13 A. Yes, sir.

14 Q. And you told him why, and why was that? What

15 did you tell him about why?

16 A. It told them because what I had understood

17 when I left home, that I had had more than

18 enough treatment. So then I was chemo and

19 radiation were coming at me the same time.

20 Q. Okay, and what happened then, ma'am?

21 A. Well, I decided to have the chemo. Radiation,

22 it was decided I didn't need it. So I went--I

23 just had the appointment set up for chemo.

24 Q. Okay, and how did that go?

25 A. Chemo, I tolerated it pretty well. I had the

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1 first one, and the second one, I think, I

2 developed like shortness of breath and I

3 mentioned it to the physician, and of course,

4 I had a reaction to one of the drugs that was

5 in the combination for my particular chemo

6 treatment. So then they had to sort of switch

7 treatments for me.

8 Q. And after they switched treatments, did you

9 continue on with the new treatment, the chemo?

10 A. Yes, sir, I did.

11 Q. Okay.

12 A. Yes, I did.

13 Q. And when did that finish up, do you recall?

14 A. Well, it was a delayed for a little while

15 because I had developed some sort of a

16 condition and ended up into the Health Science

17 for about 10 to 12 days. So the last

18 treatment was delayed for some time. So I

19 think it may have been maybe May of the next

20 year before--of that same year, 2000, that I

21 finished up my last treatment.

22 Q. And that would be your last chemo?

23 A. Yes, sir, my last chemo.

24 Q. And what happened then with respect to your

25 treatment? Well, first of all, I should ask

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1 you, the chemo that you were receiving, where
 2 were you geographically receiving that?
 3 A. Carbonear.
 4 Q. Carbonear, okay, so you were able to get that
 5 near your home?
 6 A. Yes.
 7 Q. And just again, everybody here in this room
 8 would understand it, but how far is Carbonear
 9 from St. John's?
 10 A. Carbonear from St. John's is about maybe one
 11 hour, maybe hour and a half, hour and 10-15
 12 minutes, give or take.
 13 Q. Okay.
 14 THE COMMISSIONER:
 15 Q. Hour and ten, take it from me.
 16 A. Okay.
 17 COFFEY, Q.C.:
 18 Q. Yes. Yes, the Commissioner does know
 19 something about that. The hospitalization
 20 that you referred to, did that--was that the
 21 result or related to your cancer treatment?
 22 A. As far as I understand, yes, sir, it was
 23 because of the chemo.
 24 Q. It was a kind of side effect of the chemo?
 25 A. Yes, yes.

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1 Q. Now the chemo which you were receiving in
 2 Carbonear concluded?
 3 A. Yes.
 4 Q. What happened then with respect to your
 5 treatment? Who were you followed up by?
 6 A. At the Cancer Clinic here in St. John's, the
 7 follow up after my completion of chemo, is
 8 that what you're asking me?
 9 Q. Yes.
 10 A. Okay. Dr. Alidina was one of the physicians
 11 in here. I saw different ones actually at
 12 different times.
 13 Q. And I will be--we will come and look at your
 14 actual excerpts from your chart, okay, but you
 15 were followed up by people in the Cancer
 16 Clinic in St. John's?
 17 A. Yes, sir, I was.
 18 Q. Okay, and how long did that go on for?
 19 A. I was coming in for every three months and
 20 every six, and once a year, maybe for a couple
 21 or three years probably. I'm not quite
 22 certain of the exact dates, but it was for,
 23 you know, a year or two probably.
 24 Q. And were you subsequently discharged from the
 25 Cancer Clinic as a current patient of theirs?

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1 A. Yes.
 2 Q. And -
 3 A. And then I went to my regular yearly checkup
 4 like I always do.
 5 Q. Okay.
 6 A. After the five-year period was over.
 7 Q. Now we're here about ER and PR testing and you
 8 understand -
 9 A. Yes.
 10 Q. - now at least you understand what -
 11 A. I understand now, yes, I do.
 12 Q. - ER and PR are about. Could you tell us,
 13 please, about when this first came to your
 14 attention. You've referred to your dealings
 15 with Dr. Randell, okay, at the time of your
 16 surgery, but in the past couple of years, over
 17 the past two to three years, when did the
 18 ER/PR matter resurface in your life?
 19 A. First when it came out in the media, the first
 20 I heard of it, and then at my workplace, a
 21 young lady came in, I knew her, and she asked
 22 me if I had gotten a call concerning retesting
 23 and I hadn't. So we thought it was because
 24 her name, her surname was C and mine was W. I
 25 figured I was at the bottom of the list to get

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1 called. No more, didn't think any more about
 2 it than that. As time went on, I still didn't
 3 get a call, and then of course, it started to
 4 sort of fade from the media somewhat and I
 5 forgot about it actually.
 6 Q. Okay.
 7 A. Then I used to think maybe they're testing a
 8 certain kind of cancer cell and I'm not in
 9 that group. But then when it came back to the
 10 forefront again, and all the numbers started
 11 coming out and everyone was going to be
 12 retested, I said "well, I didn't get a call.
 13 I wonder if I was." So I made a call on my
 14 own.
 15 Q. And who did you call?
 16 A. I called into the Cancer Clinic just asking
 17 information as to who would I contact
 18 concerning this retesting, and I was referred
 19 to a lady by the name of Nancy Parsons, and
 20 she did call me back because she wasn't in the
 21 office at that particular time, but she did
 22 call me back.
 23 Q. And did you have a discussion with Nancy?
 24 A. Yes, I did. I told her my concerns and told
 25 her that I hadn't heard and she said she would

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1 check into it further for me.
 2 Q. What happened next?
 3 A. Sometime went by and I still hadn't heard, so
 4 I called again, a month or month and a half or
 5 so, and at that time, I was informed that my
 6 specimen was in Carbonear and -
 7 Q. Do you recall who you spoke to the second
 8 time?
 9 A. It could have been Nancy. I'm not quite sure.
 10 Q. But you're not certain?
 11 A. No.
 12 Q. It was somebody from the Cancer Clinic?
 13 A. Oh yes, somebody knew, yes, and my specimen,
 14 at that time, to my understanding, was in
 15 Carbonear and this lady, she was going to
 16 check into it for me and see that it got
 17 retested. So that was that.
 18 Q. What happened next?
 19 A. Okay. Another month or so, I called again and
 20 at that particular time, I was told that my
 21 specimen had been sent to Mount Sinai to be
 22 retested. Perfect, that was it. After that
 23 then, I just sort of put it out of my head
 24 again.
 25 Q. And what happened then?

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1 A. Well, I was away on vacation at Christmas
 2 time.
 3 Q. And that would be Christmas of 2007?
 4 A. Of 2007, yes, sir.
 5 Q. Yes, and Commissioner, I should point out, and
 6 Ms. White will be aware of this, that there is
 7 a documentation which I'll be taking her
 8 through, but I want to get kind of an overview
 9 so you understand the context in which these
 10 documents occurred. So I'm sorry, you were
 11 away Christmas past, 2007?
 12 A. Yes.
 13 Q. Go ahead.
 14 A. And for some reason, I decided to call home
 15 just to check my message machine, just to see,
 16 because I did have grandchildren other places,
 17 so I just called home.
 18 Q. And what did you find when you called home?
 19 A. One message and it was from Dr. Siddiqui
 20 telling me that my test results were back and
 21 that he needed to see me in January or as soon
 22 as I got home, and it would probably be early
 23 in the new year.
 24 Q. That would be early -
 25 A. And he told me -

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1 Q. Go ahead, I'm sorry.
 2 A. - he told me that my report had changed from
 3 negative to a high positive.
 4 Q. Now, ma'am, was this a message left on the
 5 answering machine at the time, including -
 6 A. It was on my answering machine.
 7 Q. - that he had to see--would like to see you in
 8 early January or sometime in January?
 9 A. Yeah, he had the results of my tests and it
 10 had changed.
 11 Q. Did that phone message indicate that it was a
 12 high positive?
 13 A. It was positive.
 14 Q. Positive?
 15 A. Positive.
 16 Q. That it was positive.
 17 A. It was negative and now it's positive. I'm
 18 not quite sure if he told me the percentages
 19 then or not. I'm not quite sure, to be honest
 20 with you.
 21 Q. Okay, and you've listened to your phone
 22 message?
 23 A. Yeah, I did.
 24 Q. Okay. What happened then, ma'am? What did
 25 you do then?

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1 A. Well, I was shocked.
 2 Q. Yes.
 3 A. I really was shocked, and my husband was with
 4 me and I told him, and he said "I know."
 5 Q. Okay, and what did he say to you about that?
 6 What did he tell you had happened, okay?
 7 A. Dr. Siddiqui called my house, couldn't get no
 8 answer, left me a message. So then he called
 9 my contact number when I was going--because it
 10 was on my chart.
 11 Q. Yes.
 12 A. He spoke with my sister-in-law and he told
 13 her.
 14 Q. And your sister-in-law had done what?
 15 A. She told my husband, but he wouldn't tell me
 16 until after Christmas.
 17 Q. Okay. So this was just in the run up to
 18 Christmas of 2007?
 19 A. Well, I think it was--yes, we went away on the
 20 16th and I had been there a couple of days or
 21 so before I got the message.
 22 Q. So that would be December 16th, you were gone?
 23 A. We flew out of here.
 24 Q. Okay. So it was in the ten days or--within a
 25 ten-day period?

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1 A. So it was just prior to Christmas, yes.
 2 Q. Okay, and your sister-in-law -
 3 A. Took the message.
 4 Q. Yes, took the message, had contacted your
 5 husband and your husband had made the decision
 6 that he wasn't -
 7 A. He was going to wait until after Christmas.
 8 He didn't want to spoil my Christmas, and I
 9 had been there a week without any luggage, so
 10 I was stressed enough he figured.
 11 Q. Good enough. I won't ask you which airline.
 12 I'll leave it at that. Mrs. White, Ms. White,
 13 I have to fault the habit, I usually use Ms.
 14 as opposed to Mrs., Ms. White, do you recall
 15 whether or not the time at which you checked
 16 your messages, you know, your answering
 17 machine, was that before or after Christmas
 18 itself?
 19 A. That was before Christmas.
 20 Q. It was actually before?
 21 A. Oh yes, it was.
 22 Q. So your husband didn't actually make it all
 23 the way to the 25th with keeping it a secret?
 24 A. No, he didn't.
 25 Q. Okay.

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1 A. No, he didn't.
 2 Q. Now so you checked your message, listened to
 3 Dr. Siddiqui's message, spoken to your husband
 4 about it.
 5 A. Um-hm.
 6 Q. Did you contact anybody at that point at
 7 Eastern Health?
 8 A. I called Dr. Siddiqui.
 9 Q. Okay.
 10 A. Oh yes, I did, I called him right away.
 11 Q. Okay, and so you had a conversation with him?
 12 A. Yes, we did.
 13 Q. And it may have been in that conversation, do
 14 you recall the details of that or was it along
 15 the same lines as your phone message?
 16 A. Pretty much the same. He just told me that he
 17 had my results back and that it was positive
 18 and that he would see me, wanted to know what
 19 time I would be returning back. So I told him
 20 it would be at the end of December, and he
 21 said he would make an appointment for me. It
 22 would be waiting for me when I got home, and
 23 it would probably be early in the new year,
 24 because I asked him when, and he said early in
 25 the new year, and it was.

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1 Q. And so you returned to St. John's?
 2 A. Yes.
 3 Q. And you had your appointment was set up?
 4 A. Yes, it was.
 5 Q. And that would be at the Cancer Clinic here in
 6 St. John's?
 7 A. Yes, sir.
 8 Q. Now Dr. Siddiqui, as you've explained to us, I
 9 take it you were no longer--up to the
 10 beginning of December of 2007, you were no
 11 longer a patient of the Cancer Clinic?
 12 A. No.
 13 Q. When you got the phone message, and I take it
 14 he identified himself on the phone message as
 15 Dr. Siddiqui?
 16 A. Yes.
 17 Q. Did you know who Dr. Siddiqui was?
 18 A. No, I didn't. I just knew he was a doctor
 19 from the Cancer Clinic.
 20 Q. Okay, and but then you did speak to him?
 21 A. Yes, on the 17th of January, I think, yeah, my
 22 appointment was on January.
 23 Q. But as well, you spoke to him by phone?
 24 A. Yes, first.
 25 Q. First and then when you returned to St.

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1 John's, you had your appointment with him?
 2 A. Um-hm.
 3 Q. And how did that go? Go ahead, can you tell
 4 us what happened in that?
 5 A. He went over my previous record of having the
 6 surgery, and my treatment and then he also
 7 said about the testing and told me the
 8 numbers. I know we went over the report, and
 9 then he talked to me about treatment.
 10 Q. Okay.
 11 A. Putting me on some estrogen treatment. We
 12 talked about--well, I couldn't--Tamoxifen, it
 13 would be no good for me anyways.
 14 Q. Because of the -
 15 A. Because -
 16 Q. I'm sorry, because of the?
 17 A. Because I have a history of blood clotting.
 18 I've had three episodes of that in my
 19 lifetime, and I cannot take anything with that
 20 side effect.
 21 Q. Okay.
 22 A. So we talked about Femara, another
 23 alternative.
 24 Q. And what was the upshot of the meeting?
 25 A. Well, that I was going to think about it.

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1 Q. Okay.

2 A. This was--I needed time to process everything

3 that was happening, and I was going to think

4 about it. He gave me some literature on the

5 drug and I took it home and we decided that I

6 would come back in in a month, and I would go

7 try to process it all and make my decision as

8 to what was best for me to do.

9 Q. Okay, and did you see Dr. Siddiqui again?

10 A. Yes, I did.

11 Q. And what happened there?

12 A. On the 14th of February was my--and I told him

13 that I had decided to go, and in fact, there

14 was another drug that he had spoken to me

15 about, but it was for my bones, because I

16 think side effect of Femara is it might affect

17 your bone density.

18 Q. Yes.

19 A. If I understand correctly. But I opted not to

20 take that because I had some previous history

21 of stomach surgery and that might have some

22 effect on my stomach, so I chose not to take

23 that, but I did take the Femara, and I

24 started.

25 Q. You started it?

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1 A. Yes, I did.

2 Q. And in your dealings with Dr. Siddiqui in

3 January and February, how did you find Dr.

4 Siddiqui?

5 A. Oh, very, very nice, yes. Made me feel

6 comfortable and it was fine.

7 Q. Okay.

8 A. It was fine. It was upsetting for me, of

9 course, just to have to go through it all

10 again, but in regards to Dr. Siddiqui, it was

11 fine.

12 Q. And from your perspective, I take it he was

13 considerate?

14 A. Oh, very much so, yes.

15 Q. And as well, you know, bearing in mind what

16 you--you know, your basic knowledge, did he

17 explain to you like the pros and cons of the

18 Femara and so on? Did he explain the pros and

19 cons of these drugs that he was suggesting

20 perhaps you should take?

21 A. Well, yeah, I asked him, you know, would it be

22 of any benefit to me now after this eight

23 years had passed. Well, because I thought

24 after five years, you were okay with breast

25 cancer, but apparently not. I think it's ten

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1 or so. So he figured it would be okay for me

2 for the--at least it was his recommendation

3 that I take the drug, that it would be of

4 benefit to me. I asked him how long I would

5 have to take it, would it be maybe until my

6 ten-year anniversary, but he said it could

7 probably be three to five.

8 Q. So the thing is, he did discuss with you at

9 some length -

10 A. Oh yes, he did. Yes, he did.

11 Q. Okay.

12 A. Yes, he did.

13 Q. And he answered your questions?

14 A. Yes.

15 Q. Okay. Did, during your discussions with Dr.

16 Siddiqui, did he discuss with you anything

17 about why your tissue sample had not been

18 retested back in 2005 or 2006?

19 A. No, sir, no.

20 Q. And has anyone discussed that with you?

21 A. No.

22 Q. And when I say "anyone," I mean anybody from

23 Eastern Health or the Cancer Clinic?

24 A. No.

25 Q. Or Carbonear, or the Carbonear Hospital?

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1 A. No. When I called and initiated the call and

2 had the retesting done, I got my report in

3 December, the results of the second testing in

4 December. No, other than Dr. Siddiqui, of

5 course, when I went to my--but nobody other

6 than that.

7 Q. But Dr. Siddiqui, I take it, was talking about

8 the -

9 A. My treatment.

10 Q. - the effects, the treatments?

11 A. My treatment, not any reasons why it wasn't

12 tested or why it was tested, no.

13 Q. And to be fair -

14 A. And no explanation why I wasn't located--

15 contacted or no explanation of that at all.

16 Q. Or as to why you weren't retested years ago?

17 A. Why I wasn't retested a year before or no, or

18 why nobody called me.

19 Q. And to be fair, in relation to this, it may

20 very well be that Dr. Siddiqui has no idea of

21 why you weren't, okay, I mean.

22 A. Oh yes.

23 Q. That's why I--but I did want to canvass with

24 you whether or not he--whether the subject

25 came up when you met with him, and you've

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1 indicated it didn't, and certainly no one from
 2 Eastern Health has explained that to you?
 3 A. No, no, I have no idea why I wasn't contacted.
 4 Q. Now Registrar, could I ask please that Exhibit
 5 C-0026--Ms. White, before the Commissioner
 6 came in today, I did have you into the room
 7 and I've explained to you that exhibits will
 8 come up on the screen. As well, if it turns
 9 out that you'd be more comfortable with that,
 10 there is a binder in front of you with the
 11 actual exhibits in them as well. Exhibit C-
 12 0026 is a Department of Laboratory Medicine
 13 form from Carbonear General Hospital. The
 14 pathology number in the top right-hand side is
 15 S2002-99 and which presumably refers to 1999,
 16 and the operation date is October 19th, 1999
 17 and the date tissue received is the same date.
 18 The following diagnosis is a right breast
 19 biopsy infiltrating ductal carcinoma, see
 20 tumor summary, and then there is under
 21 microscopic, mid way down the page, there's
 22 the sections of the right breast biopsy.
 23 Thank you, Registrar. The sections of the
 24 right breast biopsy and I gather the word
 25 probably is missing, reveal an infiltrating

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1 duct carcinoma, and this is a--at the bottom
 2 left-hand side is a pathologist report, and if
 3 you turn to page two of C-0026--I'll just--
 4 there we are. This is, at the bottom left-
 5 hand side of the typed portion, it's dated
 6 99/10/25, which would be October 25th 1999.
 7 Page three of C-0026, you turn, Registrar,
 8 please. Here we are, all right. I'm not as
 9 good with the mouse as my colleague is.
 10 This is again a pathologist's report.
 11 It's--in the top right-hand side, the same
 12 pathology number, S2002-00--I'm sorry, 2002-
 13 99, and it's for yourself, of course,
 14 Elizabeth White. Mid way down the page,
 15 ma'am, there's an addendum report which lists
 16 estrogen receptors positive (20-30 percent of
 17 cells) and progesterone receptors positive (10
 18 percent of cells) and this is dated, in the
 19 bottom left-hand side, November 4th, 1999.
 20 So ma'am, this report itself for the
 21 biopsy indicates that you are, according to
 22 the pathologist anyway, positive for ER 20 to
 23 30 percent of cells, and positive for PR ten
 24 percent of cells, and I appreciate that there
 25 may be a difference between pathologist's view

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1 of positivity and an oncologist's clinical
 2 view of it, but that is what is noted there.
 3 If we could turn now to--I'm going to ask
 4 you to comment upon something then, Exhibit C-
 5 0027. Thank you, Registrar. A quick surmise
 6 of this page would indicate, Commissioner,
 7 that in fact this is the same document, except
 8 in a larger print format, one up a bit, or the
 9 other one is actually reduced, but page three
 10 of Exhibit C-0027, just going to come down
 11 here to "the following diagnosis is right
 12 breast biopsy infiltrating duct carcinoma, see
 13 tumor summary," and then the addendum report,
 14 the typed version of this is estrogen
 15 receptors and progesterone receptors and of
 16 course, the typed version is the same as what
 17 we just looked at on Exhibit C-0026, but here,
 18 the typed has been crossed out and someone has
 19 handwritten negative for both. In respect of
 20 this aspect of the matter, your memory is what
 21 about what you were told about ER and PR?
 22 Were you positive or negative or did you know?
 23 A. When? In '99?
 24 Q. 1999.
 25 A. A few days after, okay. That would be a

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1 couple of days after my surgery.
 2 Q. Yes.
 3 A. And I, like I said before, I was under the
 4 understanding, because of these, the low
 5 numbers, that I was negative and the side
 6 effects of the drug would outweigh the
 7 benefits to me. I remember that. And at that
 8 time, I did not really understand the ER
 9 testing. It's only now since all this came
 10 out I fully understand what it's all about.
 11 Q. Registrar, Exhibit C-0028 please. Now this is
 12 again, it's on Department of Laboratory
 13 Medicine letterhead. The bottom left-hand
 14 side of the page, I'll just show you here, has
 15 pathologist's report pre-printed on it, and
 16 this particular document refers to an
 17 operation date of November 2nd, 1999, and the
 18 same date the tissue was received, November
 19 2nd, 1999. Your name appears there, Elizabeth
 20 White. The attending physician here is Dr.
 21 Randell. That's your surgeon, and you're
 22 nodding yes?
 23 A. Yes, sir, yes. I'm sorry.
 24 Q. And here the pathology number in the top
 25 right-hand side is S2101-99. The earlier one

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1 then presumably being your biopsy.
 2 A. Yes.
 3 Q. And this -
 4 A. This is the actual surgery.
 5 Q. - is the actual surgery, and the following
 6 diagnosis is a right mastectomy moderafied,
 7 that's what's written here, radial. See tumor
 8 summary. And then under "microscopy",
 9 "microscopy" I'm sorry. I didn't spend enough
 10 time in a lab when I was younger. It refers
 11 to examination of the sections from the right
 12 mastectomy specimen "Shows no evidence of
 13 residual tumor of the biopsy site." And as
 14 well, at the bottom, the last sentence in that
 15 page reads, "The margins appear free and

1 examination of the lymph nodes show no
 2 evidence of metastatic tumor in seven lymph
 3 nodes identified." Now is that what's there,
 4 does that accord with your memory of it?
 5 A. Yes, yes.
 6 Q. So the biopsy was a malignancy, showed a
 7 malignancy?
 8 A. Yes.
 9 Q. But when they actually did the actual
 10 operation, the fuller operation, there was no

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1 tumor left?
 2 A. That's it.
 3 Q. That's it, okay.
 4 A. Looking at these reports, they're hard to
 5 understand.
 6 Q. Yes.
 7 A. You know.
 8 Q. And I take it you would, at the time of your
 9 treatment back in 1999 you wouldn't have seen
 10 any of this?
 11 A. I had not seen any of this, no.
 12 Q. The first time you've seen any of this would
 13 have been relatively recently?
 14 A. Last evening, as a matter of fact.
 15 Q. Registrar, C-29, please? Now, this is a
 16 letter on Dr. Randell's stationery described
 17 as a general surgeon, it's addressed to the H.
 18 Bliss Murphy Cancer Centre.
 19 A. Um-hm.
 20 Q. The patient is yourself, Elizabeth White. The
 21 referral date, toward the top right-hand side
 22 is 12, November, 1999. And it reads, "This
 23 lady was recently found to have a mass in her
 24 right breast and subsequent excision of biopsy
 25 identified a one centimetre infiltrating duct

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1 carcinoma. After extensive discussions she
 2 elected to undergo a right modified radical
 3 mastectomy. The surgery was technically
 4 uncomplicated and he made an unremarkable
 5 post-operative recovery." And it goes on.
 6 And that paragraph ends with, "Pathology
 7 reported a stage 1 tumor and the estrogen and
 8 progesterone receptors were positive."
 9 A. Yes.
 10 Q. And continues, "She has started Tamoxifen
 11 after a thorough discussion of the risks and
 12 benefits. I have informed her that there
 13 would be minimal indication for any other
 14 adjuvant treatment and she will be followed in
 15 the outpatient clinic. She is referred for
 16 your assessment." Signed, Dr. Randell.
 17 A. Yes.
 18 Q. Now, ma'am, the assertion here that she has
 19 started Tamoxifen, did that ever occur?
 20 A. No, sir, it did not.
 21 Q. This particular letter, I take it, you've only
 22 just recently seen this, as well?
 23 A. Yes, sir.
 24 Q. You've never seen that before?
 25 A. No.

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1 Q. If I could, Registrar, C-30, please? This is
 2 on the document on Newfoundland Cancer
 3 Treatment and Research Foundation letterhead,
 4 the Dr. H. Bliss Murphy Cancer Centre. It's
 5 entitled, "First assessment summary for
 6 Elizabeth White," and it's dated December 3rd,
 7 1999 and the diagnosis is stage 1 breast
 8 cancer. And there's parts of this I'm going
 9 to take you through, direct your attention to.
 10 The second line, last word begins, "Mammogram
 11 was done followed by an aspiration and
 12 biopsy." Sorry, I'll go back a bit. You went
 13 for a routine physical exam, was found to have
 14 a lump in the right breast on October 14th.
 15 "Mammogram was done followed by an aspiration
 16 and biopsy on October 19 which was positive
 17 for malignancy. She underwent right modified
 18 radical mastectomy on November 2 with x-ray
 19 and lymph node dissection. She was found to
 20 have no residual tumor. Pathology shows a 1.5
 21 by 1 centimetre lesion, infiltrating ductal
 22 carcinoma, well differentiated, ER/PR
 23 positive, zero out of seven lymph nodes being
 24 positive. Margins are negative and lymphatic
 25 invasion is positive." And it goes on from

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1 there. So that is--and this is when you look
 2 at page 2, I'll flip ahead here, page 2, this
 3 is a report by a Dr. Alidina?
 4 A. Yes, sir.
 5 Q. Who was your medical oncologist, initially.
 6 That presumably is at least his initial
 7 assessment of the then history of your present
 8 illness?
 9 A. Yes, sir.
 10 Q. In terms of, when you turn to the--I'll take
 11 this. Yes, medication at the top of page 2 of
 12 C-30, it says, "Medications, she is on
 13 Tamoxifen and Vitamin B-12 injections."
 14 A. Yes.
 15 Q. First of all I'll ask you about the Vitamin B-
 16 12 injections.
 17 A. Yes, I am.
 18 Q. And you were at the time, I take it?
 19 A. I've been on that for years.
 20 Q. Okay. So that was correct?
 21 A. That's correct.
 22 Q. "She is on Tamoxifen."
 23 A. Not correct.
 24 Q. And during your first meeting with Dr. Alidina
 25 and he would have been the one who first

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1 discussed with you chemotherapy?
 2 A. Yes.
 3 Q. Okay, and I'll get to that in a moment because
 4 it's down further on page 3 of C-30, but at
 5 the time do you recall any discussion with Dr.
 6 Alidina about Tamoxifen? I'm not suggesting
 7 that there was any such discussion, I'm just
 8 asking.
 9 A. No, I don't, I don't, no.
 10 Q. On page 2 of C--no. Of C-30, Commissioner,
 11 "Assessment and Plan", the second sentence
 12 begins, "Infiltrating ductal carcinoma.
 13 Receptor positive. Well differentiated lesion
 14 who has had a right modified radical
 15 mastectomy on November 2nd. She is currently
 16 placed on Tamoxifen. I told her that she has
 17 got a high chance of cure. Nevertheless it is
 18 recommended that adjuvant chemotherapy be
 19 given to reduce the odds of tumor from coming
 20 back by a third to fourth. Thereafter
 21 adjuvant hormone therapy will bring the odds
 22 even further down. Patient was explained that
 23 the chemotherapy could be given over three
 24 months and is fairly well tolerated and could
 25 be given in Carbonear. I do not think that

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1 the patient will require radiation therapy
 2 since she has had a mastectomy." And it goes
 3 on from there. So, bearing in mind that you
 4 don't recall anything being, any discussion
 5 about Tamoxifen.
 6 A. No.
 7 Q. How about the rest of what's--the rest of
 8 that, what I just read?
 9 A. On the 3rd.
 10 Q. Yes.
 11 A. In December, the same day I had spoken with
 12 Dr. Alidina I also went -
 13 Q. And you were telling us that you went off to
 14 see the radiation oncologist?
 15 A. Yes.
 16 Q. Okay. Dr. Alidina--who did you see first, do
 17 you recall?
 18 A. Alidina.
 19 Q. Alidina, so it's quite possible Dr. Alidina
 20 dictated this as you left the room, as it
 21 were?
 22 A. Oh, could be.
 23 Q. Yes, and you wouldn't know. And we can, if it
 24 is important, we can pursue that with the
 25 doctors involved. But, certainly when you

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1 left Dr. Alidina's office, you understood
 2 chemotherapy is in my future?
 3 A. Yes.
 4 Q. And it's -
 5 A. Yes.
 6 Q. If I could, Registrar, Exhibit C-31, please?
 7 And this is again on Dr. H. Bliss Murphy
 8 Cancer Centre letterhead. The patient is
 9 Elizabeth White. It's a progress note. It's
 10 entitled "Progress notes, 3rd, December,
 11 1999." It's a consultation note, and it's
 12 signed by a Dr. Panjwani?
 13 A. Yes.
 14 Q. Does that sound--a radiation oncologist?
 15 A. Yes.
 16 Q. Would that be the radiation oncologist you saw
 17 that day?
 18 A. Yes, it is.
 19 Q. Now, here under "Diagnosis" it's "Carcinoma of
 20 right breast" and a more detailed description.
 21 And Dr. Panjwani says, goes on to say, "Mrs.
 22 White was seen as per a referral from Dr.
 23 Alidina today. The details of her history and
 24 physical are on the chart and hence I will not
 25 repeat the same. Her tumor showed some,"

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1 think the "of" is crossed out, "some poor
 2 prognostic features. One, the ER and PR are
 3 essentially negative as the PR was present in
 4 only ten percent of the cells and the ER was
 5 present in 20-30 percent of the cells." And
 6 he goes on about the tumor size and channel
 7 invasion in two and three. And then
 8 continues, "Because of the above features Dr.
 9 Alidina has recommended adjuvant chemotherapy
 10 which should reduce the chances of recurrence
 11 by a third. I have mentioned to Mrs. White
 12 that the role of radiotherapy in her situation
 13 is debatable and given some poor prognostic
 14 features some radiation oncologists may
 15 recommend adjuvant radiotherapy to further
 16 reduce the chance of recurrence by another
 17 third. However, the absolute benefit from
 18 such adjuvant radiotherapy is likely to be
 19 small and hence many radiation oncologists
 20 would not offer her adjuvant radiotherapy.
 21 Mrs. White is an intelligent lady and she said
 22 that she would think about the benefits and
 23 the side effects associated with radiotherapy
 24 and let us know if she intends to go ahead
 25 with it. If not, we shall reassess her in

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1 routine follow-up in three month's time."
 2 Now, what Dr. Panjwani had recorded in that
 3 last paragraph, does that accord with your
 4 memory of it?
 5 A. We did discuss the radiation, yes. And for me
 6 thinking, going home and thinking about it,
 7 I'm not quite sure if that was the situation
 8 because, as I said, I went in with the
 9 understanding I wasn't going to have any other
 10 than my surgery and then I was in the
 11 situation where I could have both. So I
 12 honestly don't remember saying that I would
 13 think about having it or not having it. And
 14 if I could ask you something about, it says
 15 "The radiotherapy is likely to be small and
 16 hence they would not offer her that," if they
 17 didn't think it was going to be of any benefit
 18 to me, then why would it be offered to me and
 19 I would have to make the decision as to
 20 whether to have it or not?
 21 Q. Okay, so that's just an observation you're
 22 making?
 23 A. For me, yes. You know, if the doctor thought
 24 it was part of my treatment that was going to
 25 make me well and keep me well, I certainly

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1 would have had it, I certainly would have done
 2 whatever was necessary at the time. But
 3 apparently in this letter, if I understand it
 4 correctly, Dr. Panjwani's opinion was that it
 5 may not be of much of a benefit to me.
 6 Q. And if I could, Registrar, Exhibit C-32? And
 7 this is a letter on, it's dated December 3rd,
 8 1999, it's from Dr., if you look on the second
 9 page, Dr. Alidina, medical oncologist, and
 10 it's to Dr. Robert Randell, who I take it
 11 would be your surgeon?
 12 A. Yes, sir.
 13 Q. At the--okay. And the Carbonear General
 14 Hospital. And it's regarding yourself and he
 15 just asks, "I would be grateful if you would
 16 arrange chemotherapy for this patient as
 17 detailed below. I am enclosing copies of the
 18 first assessment summary and recent progress
 19 notes for your records, as well as guidelines
 20 for administration for the drugs." And that
 21 first assessment summary, if indeed that is
 22 the one, and the recent progress notes, the
 23 first assessment summary is that of December
 24 3rd, 1999, which is Exhibit C-30, please? And
 25 this is the one we looked at a little bit

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<p>1 earlier where the top of page 2, medications, 2 note, "She is on Tamoxifen." 3 A. Yes. 4 Q. And if we go back to C-29? And this is the 5 letter we looked at earlier in Dr. Randell's 6 stationery addressed to the Bliss Murphy 7 Cancer Centre, referring yourself there, and 8 this is the one where in the second paragraph 9 Dr. Randell advises the Cancer Centre that 10 "She has started Tamoxifen."? 11 A. Yes. 12 Q. Okay. And it's your memory, and you know you 13 did not start Tamoxifen? 14 A. I know I did not take Tamoxifen. 15 Q. Tamoxifen. Exhibit C-33, please? This is a 16 progress note or progress notes by Dr. 17 Panjwani dated 14, December, 1999. And under 18 "Diagnosis" in the second, or the first full 19 paragraph he has noted, "I have received a 20 message from Mrs. White through our staff 21 nurse, Jocelyn, that she has thought over the 22 pros and cons of post-mastectomy radiotherapy 23 and would like to have it done despite the 24 fact that it is not standard treatment as yet. 25 Accordingly, I have booked her for such</p>	<p>1 who is now short of breath. I'm going to get 2 an urgent MUGA scan to evaluate her left 3 ventricular ejection fraction." And it goes on 4 from there. And then, I'm sorry, I apologize. 5 Just get that there. There it is, it's under 6 "Assessment and Plan." And the middle of the 7 paragraph says, "If there is any drop in the 8 ejection fraction, then we will switch her 9 chemotherapy to CMF, otherwise we will 10 proceed." And so I take it that they were 11 doing some tests at the time? 12 A. Yes, they were. 13 Q. To see if they'd continue with that chemo or 14 switch you to another? 15 A. Yes. 16 Q. Now, before we leave that, second line, I note 17 it says, "receptor", second line of the page, 18 "receptor positive." Okay? 19 A. Um-hm. 20 Q. Could, Registrar, Exhibit C-35, please? This 21 is, again, a progress notes of January 20th, 22 2000. And if I could, again, this is Dr. 23 Alidina's notes. It's on--it's in the Medical 24 Oncology Clinic. And just begins, "History of 25 1.5 centimetre well-differentiated,</p>
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<p>1 radiotherapy." Do you have any recollection 2 of - 3 A. No, sir, I don't, no. 4 Q. C-34, please, Registrar? This is, again, 5 these are progress notes on Bliss Murphy 6 Cancer Centre stationery by Dr. Alidina, 7 dictated but not read, of 19, January, 2000 in 8 the Medical Oncology Clinic. And a couple of 9 things I'd like to refer you to here. It 10 begins, "Elizabeth's status post right 11 modified radical mastectomy on November 2nd 12 for a 1.5 centimetre lesion, well 13 differentiated, receptor positive, node 14 negative. She comes in today for a visit to 15 me after two cycles of chemotherapy. She has 16 been getting chemotherapy in Carbonear." And 17 he goes on to say, "Patient complains of 18 shortness of breath." And that's your, you 19 recall earlier you told me that - 20 A. Yes. 21 Q. That's the shortness of breath you're talking 22 about? 23 A. Yes. 24 Q. Under "Assessment and Plan" "Post menopausal 25 T-1 breast cancer is getting AC chemotherapy</p>	<p>1 infiltrating ductal carcinoma, receptor 2 negative, node negative in a woman who was 3 status post two cycles of AC chemotherapy 4 midpoint for her adjuvant treatment." Now, 5 during this period, looking at, we had just 6 looked at January 19th, which is literally the 7 day before, and now January 20th, Dr. Alidina 8 in the Medical Oncology Clinic on the 19th. 9 Again, he may have just simply mis-spoken, I 10 don't know, but it's receptor positive. On 11 January 20th in C-35 it's noted to be receptor 12 negative, you were. Was there any discussion 13 during this period with Dr. Alidina about your 14 receptor status? 15 A. No. 16 Q. I take it with respect to Alidina, Dr. Alidina 17 in January of 2000 it was about chemotherapy? 18 A. That's - 19 Q. That was what the discussion was? 20 A. That's basically what our discussions were all 21 about because that's what I was going through 22 at the time. 23 Q. Under "Assessment and Plan" on C-35, if I 24 could? The second full sentence, "Therefore 25 plans are to stop AC. We will start CMF</p>

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1 chemotherapy. She has already completed 50
 2 percent of her previous cycle, I will give her
 3 50 percent of this new regimen."
 4 A. Yes.
 5 Q. That's your memory of -
 6 A. Yes, that's right.
 7 Q. Okay. At the bottom of the page -
 8 THE COMMISSIONER:
 9 Q. Which page?
 10 COFFEY, Q.C.:
 11 Q. It's the same page, C-35, I'm sorry,
 12 Commissioner. The last paragraph says, "Since
 13 she is ER/PR negative, she does not need
 14 hormone therapy. She will also not require
 15 radiation therapy. Therefore, this completes
 16 her adjuvant treatment after the completion of
 17 CMF."
 18 A. Yes.
 19 Q. And you have no memory of discussing hormone
 20 therapy at this point in time -
 21 A. No.
 22 Q. - in January of 2000 with Dr. Alidina?
 23 A. No.
 24 Q. C-36, Registrar, please? This is a letter
 25 from January 20th, 2000. It's to Dr. Chandra-

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1 Sekhar in Carbonear regarding yourself. And
 2 this is, when you look at the second page it's
 3 from Dr. Alidina. And back to the first page.
 4 The first line or sentence indicates, "I will
 5 be grateful if you would arrange chemotherapy
 6 for this patient as detailed below." And
 7 there's a particular -
 8 A. Yes.
 9 Q. - chemotherapy regime set out. This
 10 presumably is the new one?
 11 A. The new one, yes, that's right.
 12 Q. Registrar, if I could, Exhibit C-38, please?
 13 Ms. White, this is a progress notes of 24th of
 14 April, 2000 in the Medical Oncology Clinic.
 15 A. Yes.
 16 Q. For yourself. And it indicates that, begins
 17 with "Mrs. White was reviewed in Medical
 18 Oncology Clinic today." And it goes on from
 19 there. I'm going to refer you to "Plan." And
 20 it reads, "She is currently on her last cycle
 21 of CMF and once this is completed we will
 22 follow up with her every four months for the
 23 first two years and then every six months for
 24 the next three years after that. We have told
 25 her to contact us if she has any other

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1 symptoms or problems prior to her next
 2 appointment. She is ER/PR negative, so she
 3 will not start Tamoxifen." Signed by a Dr.
 4 Colin Barry, who is apparently a resident for
 5 Dr. Alidina.
 6 A. Yes.
 7 Q. Do you remember Dr. Barry?
 8 A. I can't say I do remember Dr. Barry.
 9 Q. Okay. And again, at this point, which we're
 10 into the spring of 2000, well, late April of
 11 2000, was there any discussion, do you recall,
 12 with Dr. Barry or Dr. Alidina about your ER/PR
 13 status and Tamoxifen?
 14 A. No, I had no discussion with anybody. I don't
 15 think I had any reason to. I was under the
 16 impression I was negative from day one and I
 17 didn't need any--just the chemo, that's all I
 18 understood.
 19 Q. And, Registrar, Exhibit C-40, please? This is
 20 again progress notes of two pages, Dr.
 21 Siddiqui, and they're for yourself, you're the
 22 patient, for June 8th, 2001. And in the
 23 Medical Oncology Clinic. And it just begins
 24 with, "Mrs. White is a 58 year old lady with a
 25 history of cancer of the breast who was ER and

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1 PR negative." And it goes on about the tumor
 2 size and the fact that you have been a
 3 candidate for certain types of chemotherapy
 4 and what happened with respect to that. Now
 5 this is June 8th, 2001, you notice the date?
 6 A. Yes.
 7 Q. Okay, do you recall--and this is Dr. Siddiqui
 8 on the second page, it's indicated he had
 9 dictated it but had not read it. Look over,
 10 you'll see that. Do you recall meeting with
 11 Dr. Siddiqui at this time?
 12 A. No, but he told me he had seen me before when
 13 I went in for my visit in January, but I
 14 didn't remember him.
 15 Q. Now Mrs. -
 16 A. Excuse me?
 17 Q. Yes, I'm sorry.
 18 A. This paragraph, it says--and I took note of
 19 this last night as well, it says "however, the
 20 weight gain is now gross."
 21 Q. Yes.
 22 A. "And in my opinion, if that persists, she may
 23 need to see a cardiologist with it." But I
 24 never had a problem with gaining any weight
 25 when I was sick. That really just took me by

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1 surprise last evening when I saw it.
 2 Q. That's on the beginning of the second page.
 3 A. It's on the one dated June 8th.
 4 Q. Yes.
 5 A. On page two, I guess. And it says, "The
 6 weight gain is now gross." I never gained any
 7 weight, very--no.
 8 Q. That's just an observation in passing you made
 9 last night when you were reading -
 10 A. Yeah, I saw it last night, in fact, I thought,
 11 well in fact, my husband was standing behind
 12 me and he kind of made a joke about it, right,
 13 but no, I never ever gained--never had a
 14 problem with my weight. I don't know why that
 15 would be there.
 16 Q. And even related to the treatments, you never
 17 had a problem with weight gain?
 18 A. No.
 19 Q. Okay, and I'm not suggesting you did, I'm
 20 asking you -
 21 A. No, no, I know, I mean, it may have been a
 22 pound here or there with the treatments as
 23 such, but nothing to say that the weight gain
 24 is now gross and if it persists -
 25 Q. Okay, with respect to that, one thing I--so

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1 this is June 8th, 2001.
 2 A. Yes.
 3 Q. You're being seen in a Medical Oncology Clinic
 4 here in St. John's.
 5 A. Yes.
 6 Q. And you don't recall Dr. Siddiqui yourself,
 7 but you've indicated that in 2008 when you met
 8 with him, he confirmed that in fact he had
 9 met--not confirmed, he told you, look, I met
 10 you years ago.
 11 A. Yes, he did, yes, he did.
 12 Q. And here you were noted in the top right-hand
 13 side of page one of C-0040, you are noted to
 14 be ER and PR negative?
 15 A. Yes.
 16 Q. Now, Registrar, and this is June 8th, 2001?
 17 I'm going to ask, please, that the Registrar
 18 reopen now C-0026 please. Thank you. And
 19 page 3, I'll go down through it, we looked at
 20 this earlier, it's November 4th, 1999 and here
 21 in the addendum report for your right breast
 22 biopsy the estrogen receptors are described as
 23 positive 20-30 percent of cells and the
 24 progesterone receptors are described as
 25 positive ten percent of cells, do you recall

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1 that?
 2 A. Yes.
 3 Q. Okay. Now this will come up again, not so
 4 much with yourself, but I just want for those
 5 in the room to note that in passing. If I
 6 could, Registrar, please, Exhibit C-0041.
 7 Yes, and these are, I gather, long distance
 8 and usage, usage details for particular phone
 9 number, long distance calls for Bertram White?
 10 A. Yes.
 11 Q. Who is Bertram?
 12 A. My husband.
 13 Q. Must be your husband. And this is for July
 14 24th, 2007 and we look down through it and it
 15 can be difficult to see, screen, I believe
 16 there's probably three phone calls, July 16th
 17 on that day, one at 8:02 a.m.; one at 8:45
 18 a.m.; and one at 4:04 p.m. Do you recognize
 19 any of those phone numbers?
 20 A. That's the number to the cancer clinic where I
 21 called in on those particular days.
 22 Q. That's 709-777-6300.
 23 A. Yes.
 24 Q. The first number, twice, and I believe--it's
 25 hard to know if it's 6300 or 6600, but anyway,

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1 there's a number below, a 777 number again.
 2 A. Yes.
 3 Q. And these are--this is all on one day?
 4 A. Yes, that's when I called to check and see
 5 about my testing.
 6 Q. The first time, as you indicated after you had
 7 had the conversation you did and you began to
 8 hear things.
 9 A. Yes, I began to hear and this all came back in
 10 the media again and the more I heard about it,
 11 the more I thought, you know, I'm in there, in
 12 those numbers, so just check for my own peace
 13 of mind and see if I needed to be tested or
 14 not. And they didn't even know I existed.
 15 Q. On the first call.
 16 A. On the first call.
 17 Q. And so in the first call just refresh my
 18 memory, the first exchange you had, you -
 19 A. I called and got the receptionist or
 20 switchboard operator or someone, a young lady,
 21 and I asked who would I have to speak with
 22 concerning the faulty receptor testing? And I
 23 was referred to a Nancy Parsons, but Nancy was
 24 not in the office. She took a note for her
 25 that day. But she did get back to me, she

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1 did.

2 Q. And Nancy said, I take it, that she would look

3 into it?

4 A. Yes, she did, she assured me she would.

5 Q. C-0042 please, Registrar. Thank you. And

6 these are phone records of Bertram White.

7 This bill is dated September 24th, 2007 and

8 I'm going to take a stab at numbers, call

9 number or lines number 46, 47 and 48. It

10 appears to be September 20th and it would be

11 of 2007, calls are made to the 777, I think

12 it's 6500 and then another phone number in

13 777.

14 A. Yes.

15 Q. What do these calls reflect in September?

16 A. That was the second call I made to the cancer

17 clinic just checking to see what the status

18 was of the first call.

19 Q. And you were advised at that time?

20 A. And I was advised at that time that my

21 specimen was in Carbonear and they were going

22 to be in touch and take it from there.

23 Q. Registrar, C-0043 please? This is again

24 Aliant phone bill, I'm sorry, for--or in the

25 name of Bertram White and it's dated November

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1 24th, 2007 and under November--I believe

2 that's probably 13, but I'm going to come down

3 through it, just a second now, there you are,

4 yes, could be the 18th, but it's probably the

5 13th and I don't know that much really turns

6 on that. We do have better copies of this in

7 the originals. That day there are calls made

8 from your phone to 777-6500 and 6300 in St.

9 John's?

10 A. Yes.

11 Q. What was this?

12 A. That was the third call I made checking on to

13 see what had been done and that's when I was

14 told that it had been sent to Mount Sinai for

15 retesting.

16 Q. Now at that time and during the earlier two

17 phone calls, were you offered any explanation

18 as to why it was only then that you were being

19 retested?

20 A. No, no.

21 Q. Registrar, Exhibit C-0044 please? Now this is

22 a letter dated December 12th, 2007 on Eastern

23 Health letterhead, it's from a Dr. Kara Laing

24 and there is some handwriting on the bottom

25 right hand side, I suspect it reads "book for

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1 third week of January" and that would be

2 consistent when Dr. Siddiqui wanted to see

3 you, wasn't it?

4 A. Yes.

5 Q. And this is addressed by Dr. Laing to Dr.

6 Siddiqui. Now do you know Dr. Laing?

7 A. No, I can't say that I do.

8 Q. Has anyone ever explained to you who Dr. Laing

9 is?

10 A. No.

11 Q. Of course, it's to Dr. Siddiqui involving

12 yourself, or re: yourself and I appreciate

13 you're here now and you've seen your chart and

14 so on, but up until the time you've, for

15 example, came to be interviewed by the

16 commission counsel, before that, had you ever

17 seen this letter?

18 A. No.

19 Q. This indicates, it reads "Mrs. White was

20 diagnosed with breast cancer on October 19th,

21 1999. The original report of the estrogen and

22 progesterone receptors showed 20-30 percent ER

23 and 10 percent PR staining, respectively. A

24 repeat report from Mount Sinai Hospital has

25 shown the tumor to be 90 percent ER and 10

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1 percent PR straining, respectively. The

2 patient was discussed at the physician review

3 panel on December 10th, 2007. The

4 recommendation of the panel is that the

5 patient be offered hormonal therapy with

6 Tamoxifen or Aromatase inhibitor to be

7 considered if she is post menopausal. And we

8 ask that you communicate this information to

9 your patient as soon as possible." So in

10 respect of this, and the contents of this, I

11 take it that based upon what you understand

12 about the phone call that came from Dr.

13 Siddiqui to your sister-in-law and the phone

14 message that was left on your answering

15 machine.

16 A. Yes.

17 Q. That Dr. Siddiqui, apparently did act upon

18 this to contact you fairly quickly?

19 A. Yes, he did.

20 Q. Ma'am, in the second paragraph it says, "This

21 patient was discussed at the physician review

22 panel on December 10th, 2007." Has anyone

23 from Eastern Health or Dr. Siddiqui or anyone

24 else, for that matter, other than lawyers,

25 okay, has anyone ever explained to you what

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1 the physician review panel is?
 2 A. No.
 3 Q. If I could, Registrar, please, Exhibit C-0045
 4 and Commissioner if you want to interject, I
 5 will tend to get carried--I pay no attention
 6 to time myself, so I would ask that if you
 7 would intercede at times and again, I don't
 8 know what time -
 9 THE COMMISSIONER:
 10 Q. Are you asking me what time the break is?
 11 COFFEY, Q.C.:
 12 Q. No, I'm not.
 13 THE COMMISSIONER:
 14 Q. Or are you telling me you want a break or
 15 should I read anything into this?
 16 COFFEY, Q.C.:
 17 Q. No, just that I, at times, can sometimes lose
 18 track of the times, so again, I have no--we
 19 haven't discussed that as to when I don't
 20 think the break will be in the afternoon, so -
 21 THE COMMISSIONER:
 22 Q. I think I said it at one time, but I have to
 23 figure it out again. All right, I will
 24 interrupt at some point, so -
 25 COFFEY, Q.C.:

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1 Q. Okay, thank you, Commissioner. C-0045, these
 2 are progress notes of December 17th, 2007.
 3 They are notes of Dr. Siddiqui, Medical
 4 Oncology Clinic and this apparently records
 5 Dr. Siddiqui's actions when he got--or after
 6 he received the letter from Dr. Laing. I'm
 7 going to take you through this, okay. He
 8 says, "I received a letter from Dr. Laing
 9 regarding Mrs. White which was dated December
 10 12th and which was received at my office on
 11 December 14th, which was this past Friday"--
 12 and I note that this is Monday, the 17th,
 13 according to the progress note. "Mrs. White
 14 is a 65 year old lady with a history of cancer
 15 of the breast, was initially seen by Dr.
 16 Alidina, was treated in the adjuvant setting
 17 for a particular breast cancer, initially with
 18 AC and then with CMF. She was considered
 19 ER/PR negative. She was last seen here in
 20 December 2001 and was discharged back to her
 21 family physician." So that portion of what's
 22 written there, you would agree that that is
 23 the case.
 24 A. Yes, that's fine.
 25 Q. Okay. He goes on to say, "The panelling done

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1 on December 12th, 2007 had shown that the
 2 PDR/PR at Mount Sinai"--it's actually Mount
 3 Sinai, it's written Mount Scio and I, because
 4 of a prior career, I was taken aback for a
 5 second when I looked at it. Mount Sinai it
 6 should be. RER, 90 percent ER and 10 percent
 7 PR respectively. The patient was panelled on
 8 December 10th and the recommendation was the
 9 patient be offered hormonal therapy with
 10 Tamoxifen and Aromatase inhibitor should be
 11 considered. I have just called the patient's
 12 home and there was no response, so I called
 13 her brother's house at a particular number. I
 14 spoke with Mrs. John Cumby"--and that would be
 15 your -
 16 A. My sister-in-law.
 17 Q. "She has informed me that Mrs. White is doing
 18 well and she is on vacation in New Brunswick
 19 right now. She will be"--presumably it should
 20 be "she will be there until very close to New
 21 Year. I think we need to discuss that in
 22 detail with Mrs. White. I will book her on
 23 Mrs. Cumby's suggestion to come back and see
 24 us in the third week of January. At that
 25 point, we will discuss with her the use of

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1 hormonal manipulation."
 2 A. Yes.
 3 Q. So that, again, accords with what you
 4 understand?
 5 A. Yes.
 6 THE COMMISSIONER:
 7 Q. I think it is the time for the afternoon
 8 break, Mr. Coffey, this is a convenient place.
 9 COFFEY, Q.C.:
 10 Q. All right.
 11 THE COMMISSIONER:
 12 Q. We'll take fifteen.
 13 (BREAK)
 14 (3:22 p.m.)
 15 COFFEY, Q.C.:
 16 Q. Commissioner?
 17 THE COMMISSIONER:
 18 Q. We were looking at C-0045.
 19 COFFEY, Q.C.:
 20 Q. Yes. And in fact, Mrs. White had confirmed
 21 that in fact this is her recollection of what-
 22 -her understanding of what had transpired.
 23 After Dr. Siddiqui received Dr. Laing's letter
 24 and in terms of Dr. Siddiqui's attempts to
 25 contact her. If I could, Registrar, C-0046

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1 please? These are progress notes of, again
 2 Dr. Siddiqui, January 17th, 2008, Medical
 3 Oncology Clinic. The first paragraph
 4 indicates the following, "65 year old lady
 5 with a history of breast cancer" and the
 6 particular type of cancer is described. "She
 7 was initially considered to be ER/PR negative;
 8 however, her pathology was reviewed in Mount
 9 Sinai and a specimen labelled 07/RE27 received
 10 a new pathology on the 4th of December 2007
 11 showing that the estrogen receptor is present
 12 in 90 percent of cells and progesterone in 10
 13 percent, following that her case was reviewed
 14 in the tumor board panel on December 10th,
 15 2007, the recommendation of the panel was that
 16 this patient be offered hormonal therapy with
 17 Tamoxifen or Aromatase inhibitor." Presumably
 18 that should be the recommendation of the panel
 19 or by the panel. And he goes on to note, "She
 20 was asked to come in. Today she is in for
 21 follow-up, fortunately she has done very well,
 22 there is no evidence of disease recurrence.
 23 She is doing quite well, she has no complaints
 24 to offer today." I take it that that -
 25 A. That's correct.

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1 Q. That's correct. Under "Assessment and Plan",
 2 just take you down here a little bit, thank
 3 you, Dr. Siddiqui has written or dictated, "I
 4 have informed Mrs. White that a receptor
 5 change has been detected and she is a
 6 candidate for hormone manipulation. There is
 7 some role identified even after 10 years after
 8 diagnosis. We went through her past medical
 9 history. She gives history of developing deep
 10 venous thrombosis three times"--and it goes on
 11 about when. "I think Tamoxifen would not be
 12 the best choice for her. We discussed the
 13 other option with Aromatase Inhibitor, such as
 14 Femara" and he goes on to talk about a bone
 15 mineral density done on the 20th of April,
 16 2005.
 17 A. Yes.
 18 Q. Which you did refer to bone density issues and
 19 if I could, on the second page, Dr. Siddiqui
 20 has dictated, "I have talked to her about the
 21 possible use of Aromatase inhibitors with
 22 Femara. We discussed the side effects in
 23 detail that include, but are limited to weight
 24 gain, hot flashes, fluid retention, increased
 25 risk for osteoporosis, worsening of

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1 osteoporosis with increased risk for
 2 spontaneous fractures, increased risk of
 3 cardiovascular events, which means heart
 4 attacks, as well as strokes. She was also
 5 given some information about Actonel."
 6 A. Yes.
 7 Q. "Because if she decides to go on Femara, I
 8 would think she would need Actonel also going
 9 through her bone mineral density. She was
 10 given information about that. She's going to
 11 think about that over a month and at her
 12 request, we'll bring her back in a month."
 13 A. That's right.
 14 Q. So that paragraph accords with your
 15 recollection of -
 16 A. That's right.
 17 Q. - your dealings with Dr. Siddiqui.
 18 A. Yes, yes.
 19 Q. And that is the drug, the Actonel was the bone
 20 density drug.
 21 A. Yes.
 22 THE COMMISSIONER:
 23 Q. The one you decided not to take?
 24 A. Yes. The Actonel was to offset any side
 25 effect that the Femara might have on my bone

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1 density, so I choose, because of the stomach
 2 issue, I chose to try to take care of my bone
 3 problem myself with different things, to try
 4 it.
 5 COFFEY, Q.C.:
 6 Q. And in fact when we turn, if we could, to C-
 7 0047, Registrar, thank you. This is progress
 8 notes of 14th of February, 2008, Medical
 9 Oncology Clinic. This is signed by Dr.
 10 Siddiqui and it's for yourself and it
 11 indicates--he notes at the bottom of the
 12 diagnosis, first paragraph, last sentence,
 13 "The recommendation of the panel was to offer
 14 her hormonal therapy with Tamoxifen or
 15 Aromatase inhibitors." And it goes on to say
 16 then, "She was last seen on January 17th and
 17 she was offered that. She has a prior history
 18 of DVT, therefore, she was not offered
 19 Tamoxifen or Femara. We had spoken about the
 20 side effects in detail last time. She wanted
 21 to think about it. Today she is in for
 22 follow-up. She tells me that she is willing
 23 to go ahead for that; however, she has decided
 24 against Actonel. She would like to treat
 25 herself with calcium and vitamin D. She was

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1 given a prescription for Actonel, she was
 2 given literature last time. Today she did not
 3 have any questions to ask. She was given a
 4 prescription and he says he'll do a baseline
 5 bone mineral density again in three months or
 6 so." He would see you in three months. Now,
 7 in terms of this February 14th, 2008 visit -
 8 A. Yes.
 9 Q. Which is just over a month ago.
 10 A. Just over.
 11 Q. In the second paragraph, second line, it
 12 indicates "Therefore, she was not offered
 13 Tamoxifen or Femara". I take it that that's
 14 incorrect?
 15 A. I'm taking Femara as of then.
 16 Q. And in fact, Dr Siddiqui had on this January
 17 17th, 2008, in the progress notes, indicated
 18 that he had discussed the other option of
 19 Aromatase inhibitor, such as Femara; in other
 20 words, he had brought it up with you, himself.
 21 A. Yes, and I had literature on that to take home
 22 and review, yes.
 23 Q. So that's probably, frankly, just a typo, but
 24 she was not offered Tamoxifen, you would not
 25 be offered Tamoxifen?

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1 A. No.
 2 Q. And he indicates here, "We had spoken about
 3 the side effects in detail last time"--that
 4 would be back in January of '08, and that's
 5 correct, is it?
 6 A. That's right.
 7 Q. Okay. And the fact that you wanted to think
 8 about it, that's correct?
 9 A. Yes.
 10 Q. And you're in follow-up today and you had
 11 decided against Actonel?
 12 A. Yes, I did.
 13 Q. Ma'am, so the first time, to your knowledge,
 14 well in fact not to your knowledge, the first
 15 time you have ever been on hormonal or anti-
 16 hormonal treatment, anti-estrogen treatment
 17 was, you began in February of 2008?
 18 A. Yes.
 19 Q. And that was with Femara?
 20 A. Yes.
 21 Q. And you were originally diagnosed in October
 22 of 1999?
 23 A. Yes. On the 26th of October, actually.
 24 Q. Yes, so it's more than 8 years later?
 25 A. Yes.

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1 Q. That you're finally receiving hormonal
 2 treatment.
 3 A. Yes.
 4 Q. And if back in 1999 or early 2000 you had been
 5 told that your ER result was 90 percent
 6 positive or positive 90 percent -
 7 A. Yes.
 8 Q. - and hormonal treatment having been discussed
 9 with you at that time -
 10 A. Uh-hm.
 11 Q. Do you know or do you have any feelings or
 12 thoughts on whether or not you might have
 13 taken it at the time? If not Tamoxifen, then
 14 -
 15 A. I certainly would have because back in '99
 16 when I was diagnosed, I was prepared to do
 17 anything to get well and to stay well and I
 18 trusted the doctors, the medical staff that
 19 was treating me would do the same, so I
 20 probably would not have taken Tamoxifen
 21 because I'm very aware of the side effects, if
 22 you have blood clots, I've been there. But
 23 there would probably have been an alternative
 24 that I would have been able to take.
 25 Q. And in terms of whether or not there was at

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1 that time, we'll have to hear from some
 2 physicians about that.
 3 A. That's right.
 4 Q. But if there was, you would have explored it?
 5 A. Oh, I certainly would have.
 6 Q. And to date, no one has, on another note,
 7 explained why it wasn't until late 2007 that
 8 you were retested?
 9 A. No, I still don't understand what happened
 10 there, no. If I hadn't made the phone call
 11 myself, I would not have known at all
 12 probably.
 13 Q. Ms. White, has anyone from Eastern Health or
 14 any of your physicians told you what may have
 15 happened to cause or contribute to the
 16 discrepancy in your ER testing between 1999
 17 and 2007?
 18 A. Yeah, it has something to do with base
 19 numbers. I understand that maybe if you were
 20 looking at the numbers, the 20-30, you would
 21 say that's negative. Somebody else looking at
 22 it would look and say that's a positive. I
 23 don't think there was any base to go by.
 24 That's what I understand could have happened.
 25 Q. With respect to, if I could, and I appreciate

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1 you're talking about the classification of
 2 positivity in 1999 --
 3 A. That's all I know.
 4 Q. Yes. In terms of this, the original ER result
 5 in 1999 is written on the form we have as 20-
 6 30 percent?
 7 A. Yes.
 8 Q. We understand that Mount Sinai reported it in
 9 late 2007 as 90 percent?
 10 A. Yes.
 11 Q. There's a big difference between 20 and 30
 12 potentially to 90?
 13 A. Yes, quite a bit, yes.
 14 Q. So has anybody from Eastern Health or any
 15 doctor approached you or spoken to you, or
 16 communicated with you about what happened to
 17 cause the swing from 20-30 to 90?
 18 A. No.
 19 Q. Has anyone from Eastern Health or any
 20 physician of yours outlined any plan to you
 21 that is intended to rectify the harm and
 22 prevent recurrence of that sort of a problem
 23 in the future? Did anyone come to you and
 24 say, look, this is what we're going to do to
 25 avoid this?

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1 A. No, nobody -- just -- I know this inquiry,
 2 that's the purpose of that, that's all I know,
 3 but nobody has approached me directly, no.
 4 Q. Has anyone offered you the option of a family
 5 meeting to discuss this issue, that is, anyone
 6 from Eastern Health?
 7 A. Excuse me, a family meeting?
 8 Q. A family meeting to discuss -
 9 A. No.
 10 Q. Has anyone offered you any follow-up meeting
 11 of any kind to further discuss this issue if
 12 you wanted to?
 13 A. No.
 14 Q. Has anyone from Eastern Health or any of your
 15 physicians expressed to you any acceptance of
 16 responsibility?
 17 A. No.
 18 Q. Has anyone expressed any regret to you or
 19 apologized to you?
 20 A. Too bad it happened. Just, you know, in
 21 conversation, "too bad this has happened".
 22 Q. And who is that?
 23 A. That was just my family doctor that I just go
 24 to for my B12 shot, "Too bad it happened, but
 25 you're lucky, you're doing really well.

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1 You're one of the lucky ones".
 2 Q. With respect to your family doctor, that's one
 3 thing I did want to canvas with you. Have you
 4 ever -- well, obviously you've spoken to your
 5 family doctor about this issue?
 6 A. Yes.
 7 Q. Do you recall what your interaction with your
 8 family doctor about this has been?
 9 A. Well, I just -- he knew about the testing
 10 obviously. Not about mine, but about the
 11 testing, and I --
 12 Q. In a general way, I take it?
 13 A. Yes, and I just told him about my second
 14 testing and what I had discovered, and that I
 15 had to be referred, I was referred to the
 16 Cancer Clinic again. That's just in general
 17 conversation, and that's when, you know, too
 18 bad this has happened, but, you know, you're
 19 lucky, you're one of the lucky ones. So
 20 that's -- no explanation or -- of course, I
 21 didn't ask him.
 22 Q. So you weren't seeing your family physician
 23 about your cancer?
 24 A. No.
 25 Q. Your family physician is located where?

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1 A. In Winterton.
 2 Q. Ma'am, could you tell us please about now,
 3 from your perspective as a patient, any
 4 thoughts or comments you have about how
 5 Eastern Health responded to the situation you
 6 found yourself in in terms of their
 7 communication with you?
 8 A. Well, I think the fact that I had (fire alarm)
 9 Q. Ms. White, I'll repeat the question. I'm
 10 going to ask if you could express any thoughts
 11 or reflections you have upon, you know, from a
 12 patient's perspective on how this matter was
 13 responded to by Eastern Health and their
 14 communication or lack of it with you
 15 concerning what was going on with the
 16 retesting, and in particular, with your own
 17 retest?
 18 A. Well, all kinds of questions have come to mind
 19 for sure; how could something like this have
 20 happened, and how long -- I can understand a
 21 mistake being made.
 22 Q. You can.
 23 A. I can.
 24 Q. Yes.
 25 A. But to be made over such a long period of

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1 time, the same mistake; was it human error,
 2 was it equipment, or was it somebody just
 3 rushing to get home at the end of a long day,
 4 who knows, and the fact that -- that was one
 5 mistake on my part, not on my part, but
 6 concerning me. The second was not notifying
 7 me to have my specimen retested. That was the
 8 second time apparently, so I fell through the
 9 cracks there. So I think that's something
 10 else that -- what happened, I don't know.
 11 Nobody has offered me an explanation one way
 12 or the other. I haven't spoken to anybody
 13 only the doctors at the Cancer Clinic, Dr.
 14 Siddiqui, and you guys, that's it.
 15 Q. And you guys would be the Commission lawyers.
 16 A. I'm sorry --
 17 Q. No, no, that's fair enough, that's an apt
 18 description.
 19 THE COMMISSIONER:
 20 Q. I'm sure Mr. Coffey has answered to things
 21 that sound much worse.
 22 COFFEY, Q.C.:
 23 Q. That's a fair insight, Commissioner.
 24 A. And I thought I had all this cancer thing put
 25 to rest. After eight years, of course, you

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1 would. Back in '99, like I said before, you
 2 would do anything that you had to do to get
 3 well and to stay well, and you put your trust
 4 in the medical system to do the same for you,
 5 you trust them. So then all of a sudden, this
 6 is all brought, right -- I'm living through it
 7 again because I'm making trips to the Cancer
 8 Clinic every three or four months like I did
 9 back then, I'm on medication for cancer
 10 treatment, it's just taken over again, you
 11 know. So you're reliving it again, and I
 12 don't think I should have to. So you need an
 13 explanation from someone. I have three
 14 daughters, so who's to say that they may not
 15 be stricken, so it has to be right.
 16 Q. Is there anything else, ma'am?
 17 A. No, thank you.
 18 COFFEY, Q.C.:
 19 Q. Thank you very much. Now some of my fellow
 20 counsel may have questions. That is certainly
 21 all I have unless the Commissioner has some.
 22 THE COMMISSIONER:
 23 Q. Thank you, Mr. Coffey. We'll do the usual
 24 round starting with you Mr. Pritchard.
 25 MR. PRITCHARD:

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1 Q. Mrs. White, thank you for your evidence today.
 2 I don't have any questions.
 3 THE COMMISSIONER:
 4 Q. Thank you. Mr. Simmons.
 5 MR. SIMMONS:
 6 Q. I have no questions either. Thank you, Mrs.
 7 White.
 8 THE COMMISSIONER:
 9 Q. Mr. Browne.
 10 MR. BROWNE:
 11 Q. No, Commissioner Cameron. Thank you for your
 12 evidence today, Mrs. White.
 13 THE COMMISSIONER:
 14 Q. Ms. Newbury.
 15 MS. NEWBURY:
 16 Q. I have no questions. Thank you.
 17 THE COMMISSIONER:
 18 Q. Mr. Eaton?
 19 EATON, Q.C.:
 20 Q. No questions.
 21 THE COMMISSIONER:
 22 Q. Thank you, Mrs. White. I do appreciate your
 23 getting on the road to come and talk to us
 24 this morning in circumstances where I suspect
 25 you wouldn't want to get on the road

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1 otherwise.
 2 MRS. WHITE:
 3 Q. Well, it was iffy this morning, believe me.
 4 THE COMMISSIONER:
 5 Q. We do very much appreciate you coming to
 6 assist us. Thank you very much. While the
 7 next witness is coming forward, I've been
 8 asked to provide you with some information.
 9 We had promised that transcription of the days
 10 events would be on our website by 8 o'clock on
 11 the evening of the testimony. I've been
 12 informed that the weather gremlins are at it
 13 again, and because of power outage in the area
 14 where the transcription is being done, we
 15 don't make that deadline this evening. So once
 16 again, please be patient, we'll get it up when
 17 we can. Mr. Coffey.
 18 COFFEY, Q.C.:
 19 Q. Thank you. Commissioner, the next witness is
 20 Norman White.
 21 MR. NORMAN WHITE (AFFIRMED) EXAMINATION BY COFFEY, Q.C.:
 22 Q. Mr. White, would you tell us your date of
 23 birth, please?
 24 A. September 19th, '37.
 25 Q. And where are you from?

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1 A. Summerside, Newfoundland.
 2 Q. Is that where you're living now? Still living
 3 in Summerside?
 4 A. Still living in Summerside.
 5 Q. Mr. White, would you tell the Commissioner,
 6 please, what your occupation -- I take it
 7 you're retired now, I understand?
 8 A. Yes.
 9 Q. What was your occupation?
 10 A. Well, I was an employee of Western Health Care
 11 for 35 years. I worked in about four
 12 different classifications. When I retired, I
 13 was Biomedical Technician. So a sophisticated
 14 name for a medical equipment repairman.
 15 Q. Okay, and what facilities did you work in
 16 during your career?
 17 A. Just Western Memorial Regional Hospital.
 18 Q. That's the main hospital in Corner Brook?
 19 A. I should go back perhaps to '57 when I was
 20 first employed, it was the West Coast
 21 Sanatorium at that time.
 22 Q. When was it you retired, sir?
 23 A. I retired in July of '92.
 24 Q. Mr. White, I understand you had been diagnosed
 25 with and had surgery for breast cancer?

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1 A. Yes.
 2 Q. Could you tell us please when that was and
 3 your recollection of what happened?
 4 A. Well, in '99 I discovered the tumor in my left
 5 breast, and I immediately contacted my family
 6 physician, who in turn arranged a biopsy.
 7 Q. You say -- now you know it was a tumor. At
 8 the time, I take it, it was some kind of a
 9 lump?
 10 A. I felt a lump on the inside of my left nipple
 11 like the size of a pit of a cherry.
 12 Q. And you went to see your GP. Go ahead and
 13 tell us.
 14 A. I certainly was concerned with that. I could
 15 feel it moving. So with some experience as an
 16 LPN at the hospital where I worked, as I said
 17 several classifications, I immediately
 18 contacted my family physician, and working in
 19 the environment where I was and knew all these
 20 people, I got things moving fast.
 21 Q. So you went to see your GP?
 22 A. Yes.
 23 Q. What happened then?
 24 A. He suggested not to be too alarmed about it,
 25 probably a benign cyst, as he called it, so he

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1 wasn't really overly alarmed, but I was. I
 2 insisted that we get something done about it,
 3 which did happen in a couple of weeks.
 4 Q. So what did he do?
 5 A. He biopsied my breast found out that -- well,
 6 even when he removed it, it was quite large,
 7 but he was still confident that it was a
 8 benign cyst. Three or four days later -- this
 9 was on a Friday. On Monday, I had a call from
 10 him telling me that the pathologist had talked
 11 to him and it was carcinoma.
 12 Q. The pathologist had talked to your GP and was
 13 saying it was carcinoma?
 14 A. Yeah.
 15 Q. What happened then?
 16 A. Well, then he got me going to a surgeon then,
 17 so I had a visit to Dr. Caroline Dobbin who
 18 was the surgeon at the time, and she suggested
 19 a radical mastectomy. Although they had
 20 tissue samples at the time and it was in the
 21 tumor itself, but there was nothing on the
 22 outside tissue where the tumor was removed.
 23 Consequently, what had happened in the end we
 24 know that the tumor was capsulated so
 25 therefore everything came with the tumor.

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1 Q. So your GP was the one who actually took out
 2 the tumor?
 3 A. Yes.
 4 Q. And, in fact, you were advised got it all, as
 5 it turns out?
 6 A. That's right.
 7 Q. But you did have the more major operation by
 8 Dr. Dobbin?
 9 A. That's right, yes.
 10 Q. Okay. Having had the surgery then by Dr.
 11 Dobbin, what happened then in terms of cancer
 12 treatment?
 13 A. Nothing, I didn't have any treatment at all.
 14 Q. And why was that?
 15 A. Well, I was supposed to see an oncologist,
 16 which I did. In about six to eight weeks
 17 post-op, I saw an oncologist, Dr. Hong, I
 18 think it was. And he suggested that the 1 to
 19 5 percent of estrogen wasn't warranting any
 20 treatments at all.
 21 Q. Wasn't worth Tamoxifen or anything like that?
 22 A. No. I suggested to him -- I asked, actually,
 23 should I have chemotherapy, radiation, or
 24 Tamoxifen, and he said neither.
 25 Q. Okay. So that was that?

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1 A. That was that.
 2 Q. And were you followed up afterward?
 3 A. Yes, I was followed up every six months for --
 4 well, up to last year actually, so about six
 5 years.
 6 Q. And where were you going for the follow up?
 7 A. At the Cancer Clinic at Western Memorial
 8 Hospital.
 9 Q. With respect to what has been referred to, and
 10 I'm sure a number of times in the future will
 11 be referred to a the ER/PR issue that the
 12 Commission is dealing with, when did you first
 13 hear or learn about that?
 14 A. I learned about that in 2005, in the summer or
 15 early fall, something like that.
 16 Q. And how?
 17 A. I received a call from -- I'm not sure who the
 18 person was, somebody at Eastern Health, a
 19 lady, and she asked me -- do you want me to
 20 continue?
 21 Q. Yes, go right ahead, you tell me.
 22 A. About permission to have my tissue retested,
 23 and I didn't even ask why. I had no idea what
 24 was going on, so I just said "yes", and I
 25 hadn't heard anything of that until October,

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1 2007.
 2 Q. Okay, so you --
 3 A. I'm sorry, October, 2006.
 4 Q. So you recalled some time in late summer,
 5 early fall of 2005, getting this phone call
 6 about retesting, and your recollection is they
 7 asked for your permission?
 8 A. Correct.
 9 Q. And you said "sure, go right ahead"?
 10 A. That's correct.
 11 Q. And then it was about a year later before you
 12 heard anything further?
 13 A. Yes.
 14 Q. Can you tell us about that?
 15 A. Well, that year later wasn't a result of them
 16 not informing me.
 17 Q. Tell us then how it all came about. What I'm
 18 going to do just so you understand, Mr. White,
 19 I'm going to take you back through the
 20 documents because we have documents here about
 21 that, but just your understanding, your memory
 22 of it, and then we'll go through the documents
 23 themselves?
 24 A. Okay, the information I have is that 2006, of
 25 March, I should have been informed, and the

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1 oncologist attempted to inform me, but,
 2 unfortunately, I was out of the province for
 3 seven months or six months. I didn't arrive
 4 back until October. By that time, my family
 5 physician had the information. He relayed it
 6 on to me from Dr. Ganguly.
 7 Q. From Dr. Ganguly?
 8 A. Yes.
 9 Q. Who had been trying to track you down?
 10 A. He was, yes, indeed. He tried several times.
 11 Q. And the information was to what effect?
 12 A. Well, the information was that 1 to 5 percent
 13 in '99 was now 60 percent estrogen, 2005. And
 14 they suggested then, the panel of physicians,
 15 tumor panel or whatever, they suggested I
 16 wouldn't -- I shouldn't need any treatment as
 17 there was no evidence of a further recurrence
 18 of this particular tumor.
 19 Q. And you discussed that with whom?
 20 A. Just my family physician.
 21 Q. Family physician?
 22 A. Yeah.
 23 Q. Have you ever -- your family physician is who?
 24 A. Dr. O'Driscoll.
 25 Q. And he's located where?

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1 A. Corner Brook.
 2 Q. It is a "he"?
 3 A. Yes, it is.
 4 Q. And you have not been a patient of the Cancer
 5 Centre or Clinic in Corner Brook now for a
 6 year or two?
 7 A. That's right.
 8 Q. You were discharged back in '06 is your
 9 memory. So you don't actually have an
 10 oncologist right now?
 11 A. No, I don't.
 12 Q. So the one --
 13 A. The only oncologist we have, excuse me, is the
 14 one who visited from the city here in St.
 15 John's.
 16 Q. From St. John's, somebody like Dr. Ganguly?
 17 A. Yeah.
 18 Q. Comes out on --
 19 A. Him sometimes. I've had three or four
 20 different -- Dr. White was the last one I saw.
 21 Q. So with respect to that, you know, in terms of
 22 what the, what I'll refer to as the panel
 23 letter says about you, you've learned that
 24 through your GP?
 25 A. Yes.

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1 Q. An the only physician you discussed--if we
 2 could, Registrar, please--before we get to
 3 that, I should have asked in the beginning and
 4 I will eventually get into the habit, I'm
 5 going to ask in respect of Mr. White,
 6 Commissioner, that Exhibits C-0049 through C-
 7 0051 be entered and as well, Exhibit P-0005.
 8 EXHIBITS C-0049 TO C-0051 ENTERED
 9 THE COMMISSIONER:
 10 Q. Okay. Exhibits C-0049 to C-0051 inclusive and
 11 P-0005 entered.
 12 COFFEY, Q.C.:
 13 Q. And I would point out for the benefit of my
 14 fellow counsel that unlike a number of the
 15 other exhibits which were more broken down
 16 individually, don't be mislead by the fact
 17 that it's only 49, 50 and 51 and 51. There
 18 are actually a number of exhibits or reports
 19 contained in each of those. But I'll be
 20 taking Mr. White through individual pages. I
 21 have it in a certain order. If we could,
 22 Registrar, please, C-0049 and whichever you're
 23 most comfortable with. We have the--C-0049
 24 should be right toward the very beginning of
 25 that. It's at the top centre of page. Okay,

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1 the first page -
 2 THE COMMISSIONER:
 3 Q. Your first page--that would be a list of
 4 documents, the next page over.
 5 COFFEY, Q.C.:
 6 Q. Right there, the top centre of the page, you
 7 should see a CIHRT exhibit C-0049. Do you see
 8 that?
 9 A. Yes.
 10 Q. Okay, great. And when we're referring to
 11 exhibits numbers, that number is what we're
 12 referring to. If we could, Commissioner, C-
 13 0049, page 1. Mr. White, this is on Western
 14 Memorial Regional Hospital, Corner Brook,
 15 Newfoundland letterhead, Department of
 16 Pathology, Pathology Report. And it's for
 17 yourself, top left hand side of the page,
 18 White, Norman dated obtained, June 18, 1999;
 19 date received, June 21, 1999. The pathology
 20 number is S-3900-99. So, the operation, the
 21 biopsy or incision, in fact, is what it would
 22 be technically called, I believe, by your GP.
 23 That would have been June 18, 1999?
 24 A. That's correct.
 25 Q. Does that sound about right?

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1 A. Yes.
 2 Q. Okay. And the diagnosis here is for an "exact
 3 source of a specimen is a lesion left side of
 4 chest. And Doctor Neil and Kulaga and Karn
 5 report excision of nodular lesion just above
 6 nipple, well differentiated, adenocarcinoma,
 7 marginally excised, see microscopic
 8 description". And under microscopic report,
 9 I'm going to come down the page a bit,
 10 microscopic report and remarks, "sections of
 11 the excised nodular lesion show a fairly well
 12 circumscribed area of fibrosis containing
 13 malignant glandular elements". And it goes on
 14 from there to describe it in some detail. And
 15 if you turn the page to page 2, the top, C-
 16 0049, page 2, Mr. White. Doctor Neil
 17 concludes with the "features of a well
 18 differentiated adenocarcinoma, although this
 19 appears well circumscribed and probably
 20 arising from breast tissue, metastatic origin
 21 has been considered, clinical correlation and
 22 follow-up is advised". The portions, I just
 23 read, does that accord with your recollection
 24 of what happened, you were told--you have the
 25 excision, the GP -

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1 A. Yes.
 2 Q. - the pathologist get at it and they come back
 3 and tell your GP you've got cancer.
 4 A. Yes.
 5 Q. And that's your memory of it?
 6 A. That's my memory, yes.
 7 Q. Okay. C-0049, page 3, right there, is--and
 8 perhaps the way to differentiate C-0049 page 1
 9 from C-0049, page 3 is on C-0049, page 3 there
 10 is a handwritten "PF" in the top right hand
 11 side of the page. Right up there? Yes. And
 12 again, if you look through, Mr. White, the
 13 whole of the first page is the same as the
 14 first page we just looked at. I apologize,
 15 no, it's not, I apologize, I'll come back to
 16 that. This is a--we'll continue on with page
 17 3 and the reason for my confusion or temporary
 18 confusion will be apparent in a moment. C-
 19 0049, page 3, this is again a pathology
 20 report, Western Memorial Regional Hospital for
 21 yourself. Here the exact source of the
 22 specimen is left breast and axillary contents
 23 and the date obtained is July 15, '99; date
 24 received, July 15, '99 and the pathology
 25 number here is S4438-99. Do you see that, Mr.

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1 White?

2 A. Correct.

3 Q. Okay. And here the diagnosis is left

4 mastectomy and it concludes with no residual

5 carcinoma identified. So, at the time then

6 that the mastectomy was done, you were told

7 what about the results?

8 A. There was none.

9 Q. No cancer left?

10 A. No cancer.

11 Q. Which I take it, from your perspective, was

12 good news?

13 A. That's correct.

14 Q. At page 4 of C-0049, under "microscopic report

15 and remarks", I'm just going to point you to

16 the fourth line, "no evidence of residual

17 carcinoma is identified, sections of nipple

18 and remaining tissue are unremarkable.

19 Sections of five lymph nodes show no evidence

20 of malignancy". So, you had no lymph node -

21 A. I was informed of that, yes.

22 Q. Yes, okay. C-0049, page 5, the next page,

23 this is a discharge summary on Western

24 Memorial Regional Hospital letterhead. It's

25 for yourself and the admission date is July

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1 15, 1999 and discharge date, July 19, 1999.

2 Is that -

3 A. That's correct.

4 Q. That accords with your recollection now of

5 when you were in hospital?

6 A. Yes.

7 Q. And Doctor Dobbin as being presumably the

8 attending physician, the diagnosis, primary,

9 left breast carcinoma, the operations are

10 primary left modified radical mastectomy. And

11 under "Summary", you're described as a "61-

12 year old gentleman who underwent biopsy of a

13 nodule underneath the left nipple by his

14 family doctor, Doctor Simpson. This has come

15 back showing an invasive adenocarcinoma of the

16 left breast. He now presents for a definitive

17 management of the same". And he goes on about

18 the surgery and -

19 A. Yes.

20 Q. - things, but we turn to page 2 of this

21 report, "Discharge Summary". It ends with the

22 comment, "final pathology showed no evidence

23 of residual carcinoma. There were five lymph

24 nodes obtained and there was no evidence of

25 any malignancy". So, that accords with, I

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1 take it, your recollection?

2 A. (No audible response).

3 Q. That's a yes? You're indicating yes. I'm

4 going to, more or less, try to do this in

5 chronological order. So, I'm going to ask

6 that Exhibit C-0050 be brought up please. And

7 we turn to page 3 and I'll scroll through to

8 page 3. And here, this is on Newfoundland

9 Cancer Treatment and Research Foundation, Dr.

10 H. Bliss Murphy Cancer Centre letterhead.

11 It's "first assessment summary (Corner Brook

12 clinic) for Norman White, August 18, 1999".

13 And there's a diagnosis, "carcinoma of breast"

14 and here there's a history of present illness,

15 61-year old gentleman who developed a very

16 small lump about the size of big pea, just

17 above and behind the left nipple recently. In

18 fact, it was only about a week or so before it

19 was excised"--should be--"by Doctor Simpson on

20 June 18. The lesion has been reported as a

21 nodular lesion just above the nipple. It was

22 a well differentiated adenocarcinoma,

23 marginally excised. He then had a wider

24 excision in the form of a modified radical

25 mastectomy on July 15 by Doctor Dobbin.

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1 Pathology shows no evidence of malignancy in

2 five removed lymph nodes, mastectomy specimen

3 do not show any sign of residual disease".

4 So, that, again, accords with the earlier

5 reports, doesn't it?

6 A. It does, yes, it does.

7 Q. And then, when we turn to--and just--the

8 second page, here, this is Doctor Hong is

9 described as a radiation oncologist that you

10 would have seen on your first assessment. And

11 that is the gentleman that you referred to

12 earlier?

13 A. Yes.

14 Q. Go back to C-0049, please. And you have the

15 advantage of just turning the page while we're

16 scrolling through the computer. Thank you.

17 Page 7. Now, again, Mr. White, and I take it,

18 this material that we're looking at, you've

19 never seen this before until really you

20 arrived here today.

21 A. No.

22 Q. This is the first -

23 A. That's correct, this is my first time.

24 Q. Yes. This is a final surgical report and

25 laboratory NPR-HCC. There's a run time at the

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1 top, left hand top of the page 21-07-05, run
 2 date, not a run time. And it's Health
 3 Sciences Centre, St. John's, Newfoundland.
 4 The gentleman's name is Norman White and the
 5 attending doctor is described as Doctor Paul
 6 Reginald Neil. Do you know Doctor Neil?
 7 A. I know him personally, yes.
 8 Q. Because he is a pathologist, I take it.
 9 A. He is a pathologist, yes.
 10 Q. Who worked for years with you in Western
 11 Memorial.
 12 A. Right.
 13 Q. Or at least, he worked in Western Memorial
 14 while you were there.
 15 A. Yes, he still working there.
 16 Q. And here, the specimen number is described as
 17 99:SU6399, it's described as being received
 18 August 17, '99 and then submitting doctor is
 19 Doctor Paul Neil and there is at the bottom of
 20 what's written there, "Peggy D. Welsh, 19-08-
 21 99". So, do you know Ms. Welsh?
 22 A. Not that I can remember.
 23 Q. Okay. For the benefit of counsel, I
 24 understand that subsequently there will be
 25 evidence which will indicate that this is a

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1 sort of report that will be done by Peggy
 2 Welsh who is, at the time in 1999, was the
 3 technologist with the Health Care Corporation
 4 and that date has some significance in terms
 5 of sending out slides back to Corner Brook.
 6 Just so counsel who may or may not already be
 7 aware of that. C-0049, page 8, now this is
 8 again on Western Memorial Regional Hospital
 9 letterhead and it's a pathology report for
 10 Norman White. Pathology number is S-3900-99
 11 and the diagnosis is "excision of nodular
 12 lesion just about nipple". And in fact, when
 13 one looks at that first page, or page 8 and
 14 goes back, and if you look back, Mr. White, to
 15 C-0049, page 1. They generally appear to be
 16 the same page?
 17 A. Yes.
 18 Q. And they're certainly the same pathology
 19 number, 3900-99.
 20 A. Sure.
 21 Q. At page 8, this particular one, again, this
 22 has handwritten in the top right hand side the
 23 word "Dobbin".
 24 A. Dobbin, yes.
 25 Q. Okay. And that's one way of differentiating

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1 this page from the C-0049, page 1. And we go
 2 to Exhibit C-0049, page 9, and here you'll
 3 find, Mr. White, that under EPRA, the
 4 following is written there, "estrogen
 5 receptors, positive (1-5 percent of cells),
 6 please see comment, progesterone receptors
 7 negative (0 percent of cells). And then
 8 there's a comment, "evidence from the
 9 available literature indicates that estrogen
 10 receptors immuno-reactivity detected in less
 11 than 30 percent of neoplastic cells would most
 12 likely correspond to a negative result in a
 13 biochemical assay of the same specimen (AMJ
 14 surgical pathology and 14:121-127 1990). Now,
 15 I'm not asking you to comment upon the
 16 comment, but I will ask you about the estrogen
 17 receptors positive 1 - 5 percent of cells.
 18 Does that accord with what you recall about -
 19 A. Yes.
 20 Q. - what you were told?
 21 A. Yes.
 22 Q. And your understood what from that?
 23 A. I understood that I was going to get away from
 24 having any radiation or any sort of cancer
 25 treatment and I thought I was cured which I

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1 felt pretty happy about (phonetic).
 2 Q. And in the terms of the estrogen receptor
 3 status, did you understand it was positive,
 4 but very low or negative or what? What did
 5 you understand about it?
 6 A. I didn't understand too much about that. I
 7 had no one to explain anything to me.
 8 Q. Okay. If we could, Commissioner, I'm going to
 9 ask, we move on to C-0049, page 10, if you
 10 could, Mr.--I got it actually up on the screen
 11 for you, Mr. White, if you like. Again, this
 12 seems to be the typed version of the same
 13 first page as C-0049 page 8, except that the
 14 handwriting, of course, differentiates it.
 15 And there is, as well, at the bottom of the
 16 page, I'm going to take you down through,
 17 scroll down through it, there's a date stamp,
 18 September 20, 1999.
 19 A. Yes.
 20 Q. Which does not appear on the other ones. The
 21 hand writing indicates, I believe, above the
 22 word diagnosis, is--I'm not sure what the
 23 first word is, maybe some counsel will know
 24 better than I do, then handwritten word, but
 25 it's estrogen/progesterone report, page 2.

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1 Suggesting, I gather, that in this particular
 2 copy, the estrogen and progesterone report is
 3 on the second page, the 1 - 5 percent and the
 4 0 percent. And there is handwriting--and you
 5 turn to page 11 of C-0049, you will see
 6 handwriting toward the bottom of the page and
 7 it's dated September 17, 1999 and so on.
 8 Actually, Ms. Chaytor just pointed out to me--
 9 she's better at deciphering handwriting that I
 10 am--she suggesting and I think she's probably
 11 right, that the handwriting on C-0049, page 10
 12 there is "includes estrogen/progesterone
 13 report, page 2". If I could, and again
 14 because of the dates that various documents
 15 were created, I'm going to ask that we turn to
 16 C-0050, page 1. Thank you, Registrar. This
 17 is dated August 13th, 1999, it's an initial
 18 visit summary for yourself, and there's
 19 handwriting saying, "Dr. Younus has not read
 20 this yet. Copy to hold you over", and when we
 21 turn to the second page of this document which
 22 is Exhibit C-0050, page 2, you'll see that
 23 there's a space for Dr. Younus' signature.
 24 The history of present illness, I'm not going
 25 to take you through. It reflects what we've

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1 already covered. If we turn to the C-0050,
 2 page 2, under "Assessment and Plan", there's
 3 something I'll take you through here now.
 4 First of all, who's Dr. Younus, do you recall?
 5 A. He was also an oncologist from here. He had
 6 never seen me. I had never seen him for any
 7 reason. I know who he was.
 8 Q. Okay, you understood he was an oncologist from
 9 St. John's?
 10 A. Yes.
 11 Q. And under Assessment and Plan on this August
 12 13th, 1999, document it reads, "Mr. White
 13 appears to have a very early stage male breast
 14 cancer. The size was only .8 centimetres, and
 15 except for one area with the tumor cells
 16 within the vascular spaces, there was really
 17 no adverse prognostic indicator.
 18 Unfortunately, I do not have the ER/PR status
 19 today, however, with this early stage tumor, a
 20 modified radical mastectomy should be a
 21 reasonable choice of treatment followed by
 22 observation alone. Current CIGG
 23 recommendation may be to continue with
 24 Tamoxifen with these early breast cancers if
 25 the ER/PR is positive. However, under the

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1 current circumstances, I believe that it is
 2 focal, and Mr. White could be just followed up
 3 without any intervention. As well, he is
 4 planning to be followed by Dr. Simpson, and,
 5 therefore, his regular follow-up should be
 6 every four months for a physical examination,
 7 and every six months he should have a CBC
 8 differential and LFTs. For the first two
 9 years, he may have the same schedule of
 10 follow-up, which could be switched every six
 11 months for the third, fourth, and final year".
 12 Now as you've indicated sir, you've never
 13 actually spoken to Dr. Younus?
 14 A. No.
 15 Q. Okay. Dr. Simpson is your --
 16 A. He was my family doctor, but he's retired.
 17 Q. He did the excision?
 18 A. He did the excision.
 19 Q. And when we look at C-0050, page 3, which
 20 you've already examined, this is just the
 21 first assessment summary on August 18th. So
 22 that's five years later you're in seeing Dr.
 23 Hong, and you do recall seeing Dr. Hong?
 24 A. Yes.
 25 Q. Do you recall back in 1999, Mr. White, anybody

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1 discussing with you, other than the reference
 2 to the 1 to 5 percent positivity, Tamoxifen,
 3 or anything like that?
 4 A. Nothing.
 5 Q. It was you, in fact, did a rate yourself in
 6 terms of --
 7 A. I did, yes.
 8 Q. Because of your background. If we could,
 9 Registrar, please, C-0051, page 1. Now this
 10 is on Eastern Health letterhead, sir. It's
 11 dated March 6, 2006. It's addressed to Dr.
 12 Ganguly regarding yourself, and it's from a
 13 Kara Laing, described as a Clinical Chief
 14 Cancer Care Program, and it's carbon'd to Dr.
 15 R. O'Driscoll, Corner Brook Peripheral Clinic.
 16 This, I take it, is the letter of March, 2006,
 17 that you referred to earlier?
 18 A. That's correct, yes.
 19 Q. Now while we're at it because it's the -- if
 20 we look at C-0051, page 1, and I'm going to
 21 ask you to turn then to C-0051, page 2,
 22 because it's the same letter, except that it's
 23 got some handwriting on the bottom right hand
 24 side of the page and I'm going to take you
 25 through that. Before we get to the

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1 handwriting, Dr. Laing -- before I go to what
 2 she's written, first of all, who's Dr. Laing,
 3 do you know?
 4 A. No.
 5 Q. You don't know.
 6 A. Don't know.
 7 Q. Okay. "Mr. White was diagnosed", she says,
 8 "with breast cancer in 1999. The original
 9 report of the estrogen and progesterone
 10 receptor showed 1 to 5 percent staining
 11 estrogen and negative staining for
 12 progesterone. A repeat report from Mount
 13 Sinai Hospital is showing the levels of
 14 estrogen and progesterone to be 60 percent and
 15 0 percent respectively. The patient was
 16 discussed at the physician review panel on
 17 March 4th, 2006. A review of the patient's
 18 health record revealed that he has a low risk
 19 of recurrence and, therefore, the panel would
 20 not recommend hormonal therapy at this time.
 21 We would ask that you communicate this
 22 information to your patient as soon as
 23 possible". Now at that point in March of '06,
 24 you were where?
 25 A. I was in Alberta.

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1 Q. Do you recall when you had left to go to
 2 Alberta?
 3 A. Oh, yes, I went in mid March.
 4 Q. Okay. So on March 6th, you were still around
 5 Corner Brook?
 6 A. I was still around. I went on the 14th,
 7 actually, to be exact.
 8 Q. The letter apparently hadn't caught up with
 9 you?
 10 A. No.
 11 Q. And you went west. You returned approximately
 12 when?
 13 A. Mid October, 2006.
 14 Q. And now here at the bottom of C-0051, page 2,
 15 there's written, "Patient was not available at
 16 home, failed multiple attempts. Called FP".
 17 A. "Patient moved to Alberta".
 18 Q. It goes on to say, "Patient has moved to
 19 Alberta. Discussed with Dr. O'Driscoll. Dr.
 20 O'Driscoll volunteered to pass on the info to
 21 patient when he comes home or contacts him",
 22 and it's signed. Bearing in mind that it's
 23 addressed to Dr. Ganguly, those initials
 24 probably are Dr. Ganguly's. Does that accord
 25 -- what's handwritten there, is that what

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1 you've been told about what happened?
 2 A. Exactly, yes.
 3 MR. BROWNE:
 4 Q. May I make a suggestion, Mr. Coffey, that "FP"
 5 should be family practitioner.
 6 COFFEY, Q.C.:
 7 Q. Thank you very much, Mr. Browne. I figured
 8 there was someone in the room who -- thanks.
 9 Now in Alberta, have you routinely over the
 10 years gone to Alberta for an extended period
 11 each year?
 12 A. Since 2005.
 13 Q. So you went out in '05, and you were gone for
 14 about how long?
 15 A. We usually go five to six months at a time.
 16 Q. And in 2006, you were gone for?
 17 A. From March to October.
 18 Q. So about eight months, and Dr. O'Driscoll, I
 19 appreciate he's your family physician, would
 20 he know where to track you down in Alberta?
 21 A. No.
 22 Q. I take it then that in terms of this March
 23 6th, 2006 letter, that its contents not
 24 catching up with you until October of 2006,
 25 you're not surprised by that?

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1 A. Not at all.
 2 Q. That it would take that long.
 3 A. Uh-hm.
 4 Q. Now, sir, if I could--now sir, there's some
 5 questions I'm going to ask you about the
 6 communication or lack thereof, okay, and I'm
 7 not suggesting there wasn't communication.
 8 I'm going to ask you some questions about
 9 that. Has anyone from Eastern Health or
 10 Western Health in your case, because you're
 11 from the west coast of Newfoundland, has
 12 anyone from Eastern Health or Western Health
 13 or your physicians, in particular your GP,
 14 told you what may have happened to cause or
 15 contribute to the discrepancy in your testing,
 16 particularly the ER test going from one to
 17 five all the way up to, I believe it was 60.
 18 Has anyone spoken to you about why that was
 19 done?
 20 A. No, none whatsoever.
 21 Q. Has anyone from Eastern Health or Western
 22 Health or your physicians outlined to you any
 23 plan that either of them might have that's
 24 intended to rectify any harm that you may have
 25 suffered or prevent recurrence of this problem

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1 in the future?
 2 A. No, nothing.
 3 Q. Has anyone offered you the option of a meeting
 4 to discuss this issue, a family meeting?
 5 A. No.
 6 Q. And with that caveat, though, I do wish to
 7 note that Dr. Simpson has certainly spoken to-
 8 -I'm sorry, your GP.
 9 A. My GP is Dr. O'Driscoll.
 10 Q. O'Driscoll, I apologize, Dr. O'Driscoll, has
 11 spoken to you about it.
 12 A. Yes, he has, yes.
 13 Q. But other than Dr. O'Driscoll, Eastern Health
 14 and Western Health haven't called you?
 15 A. No. The only information I got from my GP was
 16 relayed to him by Dr. Ganguly.
 17 Q. Dr. Ganguly. But in terms of offering to meet
 18 -
 19 A. Nothing.
 20 Q. There's been nothing like that?
 21 A. Nothing.
 22 Q. Has anyone from Eastern Health or Western
 23 Health offered you any follow-up meeting of
 24 any kind to discuss this issue?
 25 A. Nothing.

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1 Q. Has anyone from Eastern Health or Western
 2 Health or any of your physicians expressed to
 3 you any acceptance of responsibility?
 4 A. No, they haven't.
 5 Q. Has anyone from Eastern Health or Western
 6 Health or your physicians expressed any regret
 7 or apologized for it?
 8 A. No, nothing.
 9 Q. As a patient, yourself, do you have any
 10 thoughts on how this matter was handled by
 11 Eastern Health and by Western Health in terms
 12 of communicating with patients?
 13 A. After the fact, yes.
 14 Q. Okay, could you tell us the -
 15 A. Well, the fact that I didn't get any help.
 16 When I learned of this--from this letter here
 17 then I said to myself, what in the heck is
 18 going on here? All this five years and this
 19 has been there and suddenly, you know, a
 20 sledgehammer comes down and you're devastated.
 21 They say now that I may not need the hormone
 22 therapy at this time. Who knows, you know,
 23 I've lost all faith, confidence in people who
 24 we put a lot of trust in, but no, it's very
 25 disturbing that I didn't get any information

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1 from any of the doctors or staff, whatever.
 2 Q. Looking at the letter itself, that's the
 3 letter of March 6, 2006, it indicates that
 4 "This patient was patient was discussed at the
 5 physician review panel on March 4th, 2006".
 6 See that?
 7 A. Yes.
 8 Q. Has anyone explained to you what the physician
 9 review panel is?
 10 A. No.
 11 Q. Has anyone explained to you why in your case
 12 hormonal therapy is not recommended for you?
 13 A. No.
 14 Q. Dr. O'Driscoll has just simply said to you,
 15 look, this is what this group in St. John's
 16 has written, Ganguly has passed it on. He
 17 didn't elaborate on it and that's it, that's
 18 where it stands. Anything else?
 19 A. No, I have nothing else, I'd just like to--I'm
 20 very disturbed about this and like I said
 21 earlier, there's been a lot of sleepless
 22 nights since October of 2006. Just living in
 23 hope now and hopefully that this here will
 24 bring an end to some negligence that hopefully
 25 nobody else will be caught like this.

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1 Q. And what in particular caused you to, you
 2 know, to toss and turn and lose sleep over it?
 3 A. Well, you know, initially I was told that the
 4 tumor didn't need to come out, it was just a
 5 benign tumor, it wasn't cancer as far as he
 6 was concerned, and you know, that still stuck
 7 in me that no one should ever say that and now
 8 I'm here with another ball in my park that I
 9 wasn't supposed to have any treatments and
 10 here I am with 60 percent, which I possibly
 11 could have had at least Tamoxifen for five-
 12 year treatment and I would have certainly
 13 been, you know, very confident over that. But
 14 now, I don't know, nor does anybody else, I
 15 guess, when this thing could recur, if and
 16 when. Hopefully it doesn't, but the reason
 17 I'm here today is because I just want to relay
 18 this story and hopefully it will help to solve
 19 some of the problems and nobody else will have
 20 to go through this.
 21 Q. Thank you, Mr. White. Those are the questions
 22 I have, Commissioner, thank you.
 23 THE COMMISSIONER:
 24 Q. Thank you. Mr. Pritchard.
 25 MR. NORMAN WHITE, EXAMINATION BY MR. ROLF PRITCHARD

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1 Q. Mr. White, thank you for your evidence today.
 2 I don't have any questions for this witness.
 3 MR. SIMMONS:
 4 Q. I have no questions either for you.
 5 THE COMMISSIONER:
 6 Q. Mr. Browne?
 7 MR. BROWNE:
 8 Q. Thank you, Mr. White, I have no questions
 9 either, thank you.
 10 THE COMMISSIONER:
 11 Q. Mr. Eaton?
 12 EATON, Q.C.:
 13 Q. No questions.
 14 THE COMMISSIONER:
 15 Q. I wasn't following the order, was I? I'm
 16 sorry.
 17 MS. NEWBURY:
 18 Q. I do have one question.
 19 THE COMMISSIONER:
 20 Q. Would you come forward then please?
 21 MS. NEWBURY:
 22 Q. Thank you. Jennifer Newbury appearing for the
 23 Canadian Cancer Society, Newfoundland and
 24 Labrador division. Good afternoon, Mr. White.
 25 MR. NORMAN WHITE, EXAMINATION BY MS. JENNIFER NEWBURY

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1 Q. Just had a quick question about your move to
 2 Alberta. That was a temporary move, I take
 3 it?
 4 A. Yes, babysitting actually.
 5 Q. Okay, and did you make any arrangements for
 6 your mail delivered to your home while you
 7 were in Alberta?
 8 A. Yes.
 9 Q. Okay, and what were those arrangements?
 10 A. Well my sister was taking care of my house.
 11 My house was vacant, my phone was disconnected
 12 for seven months, so -
 13 Q. Okay, so would she collect the mail and then
 14 forward it on to you in Alberta?
 15 A. Uh-hm, anything that was important, yes.
 16 Q. Okay, and she would review that with you
 17 regularly to see what was important or what
 18 wasn't?
 19 A. Yeah.
 20 Q. And you didn't receive anything from Eastern
 21 Health or Western Health?
 22 A. I haven't received any correspondence from
 23 Eastern Health.
 24 Q. Okay. Thank you very much, Mr. White, those
 25 are all the questions I have.

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1 MS. RUSSELL:
 2 Q. I have no questions.
 3 THE COMMISSIONER:
 4 Q. All right. Thank you, Mr. White, I do
 5 appreciate you coming. I know for you it's
 6 been several days trying to get here, in spite
 7 of all the weather problems on the east coast
 8 and the west coast and we do appreciate you
 9 coming.
 10 A. Thank you very much, it's a pleasure being
 11 here.
 12 Q. Thank you. Now, Mr. Coffey, I'm delighted to
 13 tell you you're right on schedule today.
 14 COFFEY, Q.C.:
 15 Q. I won't say, I won't -
 16 THE COMMISSIONER:
 17 Q. You're not going to promise it's going to
 18 happen any other day?
 19 COFFEY, Q.C.:
 20 Q. No. Anybody who knows me, no, Commissioner.
 21 THE COMMISSIONER:
 22 Q. Thank you, we'll adjourn then until tomorrow
 23 morning at 9:30. Thank you.
 24 Upon concluding at 4:45 p.m.

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1 CERTIFICATE
 2 I, Judy Moss, hereby certify that the foregoing is
 3 a true and correct transcript of the Commission of
 4 Inquiry on Hormone Receptor Testing heard on the
 5 19th day of March, A.D., 2008 before The Honourable
 6 Madam Justice Cameron, Commissioner sitting at the
 7 Commission of Inquiry, St. John's, Newfoundland and
 8 Labrador and was transcribed by me to the best of
 9 my ability by means of a sound apparatus.
 10 Dated at St. John's, Newfoundland and Labrador
 11 this 19th day of March, A.D., 2008
 12 Judy Moss

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