

COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON - COMMISSIONER

October 20, 2008

Appearances:

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Rolf Pritchard/Jackie Brazil, Q.C. . Her Majesty in Right of NL

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. Testing Class Action

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Regional Integrated Health Authorities

LIST OF EXHIBITS

NO EXHIBITS ENTERED TODAY

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MS. HEATHER PREDHAM - RESUMES THE STAND

Examination by Sandra Chaytor, Q.C. - Cont'd . . . Pgs. 4 - 375

Certificate

- 1 OCTOBER 20, 2008
- 2 THE COMMISSIONER:
- 3 Q. Ms. Chaytor.
- 4 CHAYTOR, Q.C.:
- 5 Q. Good morning, Commissioner. Good morning, Ms.
- 6 Predham.
- 7 MS. PREDHAM:
- 8 A. Good morning.
- 9 CHAYTOR, Q.C.:
- 10 Q. Ms. Predham, last day I asked you about the
- 11 Clarenville situation, and you understood from
- 12 1997, 1998, they had been sending their tests
- 13 in to St. John's?
- 14 MS. PREDHAM:
- 15 A. Yes.
- 16 CHAYTOR, Q.C.:
- 17 Q. But after that, it was your understanding that
- 18 they were using Mount Sinai?
- 19 MS. PREDHAM:
- 20 A. Yes.
- 21 CHAYTOR, Q.C.:
- 22 Q. Was there ever any suggestion that perhaps
- 23 sporadically, Clarenville was using or sending
- 24 tests into St. John's for ER/PR?
- 25 MS. PREDHAM:

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1 A. No, I never heard that. I could imagine that
 2 it would have happened probably if there was
 3 some--they wanted some additional
 4 clarification because you did see that over
 5 the years. When I'd look at charts, I'd see
 6 that, you know, there was back and forth, I
 7 guess, between pathologists and wanting
 8 clarification, so I could imagine that it
 9 would happen, but it wouldn't be the sole
 10 test. I never heard that.
 11 CHAYTOR, Q.C.:
 12 Q. And do you know whether or not Clarenville had
 13 any search conducted after 1999 to determine
 14 if there were any tests sent in to St. John's?
 15 MS. PREDHAM:
 16 A. No, I don't know.
 17 CHAYTOR, Q.C.:
 18 Q. If we could have, please, P-1368. These are
 19 the minutes of the first panel meeting of
 20 October 13th, and I believe we started to go
 21 through this last day.
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. It refers to here that notification will be in

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1 writing and a mechanism will be put in place
 2 to confirm that the follow-up physician has
 3 received notification. Do you know whether or
 4 not any such mechanism was in fact put in
 5 place?
 6 MS. PREDHAM:
 7 A. Well, we made--it was our plan that once a
 8 quantity of letters got out, that we would
 9 follow up with the physician to make sure that
 10 they received that. It was more difficult
 11 than we anticipated.
 12 CHAYTOR, Q.C.:
 13 Q. So the follow-up was--who was intended to
 14 follow up with the physicians?
 15 MS. PREDHAM:
 16 A. Someone in our department would contact the
 17 physicians and follow up.
 18 CHAYTOR, Q.C.:
 19 Q. So someone from the QI Department would have
 20 the task of phoning all the physicians who
 21 received letters, and would that just be the
 22 physicians to whom the letter was addressed,
 23 or would it also be the physicians who were
 24 copied on the letter?
 25 MS. PREDHAM:

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1 A. No, we only went to the physicians it was
 2 addressed to.
 3 CHAYTOR, Q.C.:
 4 Q. And you did undertake or individuals in your
 5 department did undertake that at some point in
 6 time, but it was found to be difficult?
 7 MS. PREDHAM:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And so was the task then abandoned or was
 11 there anything done--any other mechanism put
 12 in place which could capture that information?
 13 MS. PREDHAM:
 14 A. It wasn't abandoned at that time, but it was
 15 revisited a couple of times after that.
 16 Eventually, what we did was a more systematic
 17 way of going through and reviewing cancer
 18 clinic charts, patient interactions, and then
 19 fundamentally when we couldn't find--at a
 20 certain we had to call the patients
 21 themselves.
 22 CHAYTOR, Q.C.:
 23 Q. And the letters that were to go out from the
 24 panel, who was assigned the responsibility of
 25 drafting those letters?

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1 MS. PREDHAM:
 2 A. The draft of the letter was done at the panel.
 3 Dr. Laing would give direction of what the
 4 letter should contain. A secretary in our
 5 department drafted the letters and then
 6 forwarded to Dr. Laing for review and for
 7 signature.
 8 CHAYTOR, Q.C.:
 9 Q. And was it always Dr. Laing or was it who
 10 chaired the panel?
 11 MS. PREDHAM:
 12 A. It was whoever chaired it, and the majority of
 13 time it was Dr. Laing.
 14 CHAYTOR, Q.C.:
 15 Q. And what criteria was used to determine who
 16 would chair the panel, what was the role of
 17 the chair?
 18 MS. PREDHAM:
 19 A. The role of the chair would take the primary
 20 role of going through the chart and getting
 21 the information, the clinical information out
 22 of that. I think the one time--and it was an
 23 oncologist. The one time it wasn't, Dr.
 24 Carter did it, we had Dr. Zulfiqar, I believe,
 25 who was there on the panel, and Dr. Carter

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1 took the role of chair. I can't remember the
 2 logistics of that, but I think it was just a
 3 logistical type of thing because Dr. Zulfiqar
 4 was going out of town, I think.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. So on that occasion when Dr. Carter,
 7 being a pathologist chaired, she still had the
 8 role of going through the chart and
 9 determining what clinical information may be
 10 of relevance to the patients?
 11 MS. PREDHAM:
 12 A. No, no, the oncologist did that, but Dr.
 13 Carter--I guess, where she was at the panels
 14 more often, she took that role to assist the
 15 secretary in getting the letters out.
 16 CHAYTOR, Q.C.:
 17 Q. So she chaired the panel. What was her role
 18 in chairing the panel that day?
 19 MS. PREDHAM:
 20 A. Mostly, I guess, to coordinate the follow-up
 21 with the letters that day. Dr. Zulfiqar had
 22 the role of going through the charts and
 23 reviewing the information.
 24 CHAYTOR, Q.C.:
 25 Q. And was Dr. Zulfiqar the only oncologist in

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1 attendance?
 2 MS. PREDHAM:
 3 A. I can't remember at that time--I can't
 4 remember. I'd have to go back and look at the
 5 patients that we reviewed to trigger my
 6 memory. I just can't remember that now.
 7 CHAYTOR, Q.C.:
 8 Q. And were there any surgeons in attendance?
 9 MS. PREDHAM:
 10 A. I'd have to look back and see what I could
 11 remember.
 12 CHAYTOR, Q.C.:
 13 Q. And if there had been surgeons in attendance,
 14 do you think perhaps the would have been the
 15 chair as opposed to Dr. Carter, as a
 16 pathologist?
 17 MS. PREDHAM:
 18 A. I can't remember why Dr. Carter--it was the
 19 only one that she was the chair of and signed
 20 letters, and I can't remember the
 21 circumstances that created that, but that
 22 would have been between her and Dr. Laing
 23 because Dr. Laing arranged for whoever was
 24 going to chair it after that.
 25 CHAYTOR, Q.C.:

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1 Q. And did you have an concerns about Dr. Carter,
 2 a pathologist, chairing the panel, and then
 3 ultimately signing the letters that went out
 4 with treatment recommendations?
 5 MS. PREDHAM:
 6 A. Not at that time, no.
 7 CHAYTOR, Q.C.:
 8 Q. How about since?
 9 MS. PREDHAM:
 10 A. No, I mean--you know, now that you suggest it,
 11 it would probably be best to have an
 12 oncologist sign it, but it didn't occur to me
 13 at that time.
 14 CHAYTOR, Q.C.:
 15 Q. And so the--before signing off on the letters,
 16 whether it's Dr. Laing, Dr. Carter, whoever
 17 signed off on the panel letters, before they
 18 did that, what information was available to
 19 them to cross check to make sure that, in
 20 fact, the content of the letter reflected the
 21 decision that had been made with respect to
 22 each patient?
 23 MS. PREDHAM:
 24 A. You mean when they signed the letter?
 25 CHAYTOR, Q.C.:

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1 Q. Yes. So the letter is put in front of them, I
 2 take it, to sign?
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. What did they have at that point in time to
 7 ensure that the content of the letter is
 8 reflective of what had been decided for each
 9 patient?
 10 MS. PREDHAM:
 11 A. Our secretary had a sheet of paper which had
 12 all the information on that, that she actually
 13 wrote when this was going on. So when it
 14 would get to the part--there was a part that
 15 she hand wrote, the recommendation at the
 16 bottom, and when she got to that part, she
 17 would always clearly say the--the letters
 18 formed a template which the critical
 19 information then would be the values that were
 20 there, but they'd also have the recommendation
 21 at the bottom. So she would say--so the
 22 wording on this letter, the recommendation on
 23 this letter would be, and then Dr. Laing would
 24 read it out or whoever the oncologist saying
 25 this is what our recommendation is after

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1 discussion happened. So then this sheet of
 2 paper would go with the letters to be verified
 3 because that was written contemporaneously.
 4 CHAYTOR, Q.C.:
 5 Q. So during the panelling process or while
 6 everybody is still together in the panel, Ms.
 7 Parsons would read out what she understood to
 8 be the decision and everyone would give their
 9 okay to what she had recorded?
 10 MS. PREDHAM:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. In her notes?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. And so that was done for each patient, and
 18 that was -
 19 MS. PREDHAM:
 20 A. Yes, each patient.
 21 CHAYTOR, Q.C.:
 22 Q. And that was part of the time that was used by
 23 the panel to make sure that she had recorded
 24 the information properly?
 25 MS. PREDHAM:

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1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. So then those handwritten notes got sent along
 4 with the stack of letters to be signed by the
 5 chair of the panel at the end of the day?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. Was there any consideration given to having
 10 patients copied on their own letters?
 11 MS. PREDHAM:
 12 A. No, I don't think we discussed that.
 13 CHAYTOR, Q.C.:
 14 Q. And who decided which patients would be
 15 panelled each session?
 16 MS. PREDHAM:
 17 A. The first couple of meetings, it ended up they
 18 were Dr. Kwan's and Dr. Felix' patients
 19 mostly, with some of--I don't know--I don't
 20 know who did up the list, but it ended up that
 21 it was Dr. Kwan's and Dr. Felix' patients
 22 mostly. After that, I would bring the list
 23 and we would go through a section of that list
 24 each time, whichever way it was generated,
 25 whichever way I had it there.

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1 CHAYTOR, Q.C.:
 2 Q. So Dr. Felix' and Dr. Kwan's patients, do you
 3 understand that they asked that their patients
 4 be brought forward all at the same time, do
 5 you recall any discussion around that?
 6 MS. PREDHAM:
 7 A. Well, see I wasn't part of the decision about
 8 the panel, setting up the panel at all. When
 9 I came to it, it was a done deal, there was a
 10 patient list, the charts were requested, all
 11 that was in place. So I have no idea.
 12 CHAYTOR, Q.C.:
 13 Q. Did that come up for discussion, though, at
 14 the panel as to any particular physicians
 15 requesting that their patients be brought
 16 forward?
 17 MS. PREDHAM:
 18 A. Not in a group. The only time that there was
 19 a request of a patient was if somebody was
 20 phoning and was particularly concerned, or
 21 there was some other circumstance that
 22 happened that we had to look at. There was
 23 one meeting I remember when we had panelled
 24 somebody, the oncologist had already seen her,
 25 had reviewed because--the panel was going

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1 along, but as soon as Dr. Cook had the
 2 pathology reports, those pathology reports
 3 were going out anyway. So in this
 4 circumstance, the oncologist had already got a
 5 copy of the pathology report, had seen the
 6 patient, and had changed the treatment. So
 7 when we had seen them at panel, we agreed--you
 8 know, we recommended that the treatment be
 9 changed, and then the oncologist asked us to
 10 panel the person again because he wasn't sure
 11 if we were saying--it wasn't clear to him if
 12 we were saying change the treatment again or
 13 keep the treatment the way he had just changed
 14 it. It was just the timing of it all. He had
 15 seen the patient just before we panelled her.
 16 CHAYTOR, Q.C.:
 17 Q. And who is the "we recommended"?
 18 MS. PREDHAM:
 19 A. It's not me. It's "we", the panel, but it's
 20 the oncologist with feedback and the
 21 pathologist on a certain thing, but it's
 22 definite the oncologist.
 23 CHAYTOR, Q.C.:
 24 Q. Did you participate in any decisions at the
 25 panels?

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1 MS. PREDHAM:
 2 A. Absolutely not.
 3 CHAYTOR, Q.C.:
 4 Q. So you were there as an observer?
 5 MS. PREDHAM:
 6 A. As an observer, and then just trying to keep
 7 track of who was panelled and who wasn't.
 8 CHAYTOR, Q.C.:
 9 Q. And in terms of any participation as to how to
 10 communicate to a patient, whether or not the
 11 patient should get a letter or not, did you
 12 participate in that aspect?
 13 MS. PREDHAM:
 14 A. During the panelling?
 15 CHAYTOR, Q.C.:
 16 Q. Yes.
 17 MS. PREDHAM:
 18 A. No.
 19 CHAYTOR, Q.C.:
 20 Q. So your role, you sat there, basically gave
 21 the chart or the list, is that what you're
 22 doing?
 23 MS. PREDHAM:
 24 A. I got the list. I--you know, we ensured
 25 everybody got there, they had all the

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1 information that they needed. We had to
 2 change rooms at one point because they wanted
 3 to have access to OPIS and access to Meditech
 4 and we couldn't get that in the other room, we
 5 tried to do it--so I was trying to get access
 6 in one room that we were in first. Then we
 7 had to switch to another room to get that, and
 8 it was only to this is the list, we've
 9 panelled all these, we didn't, or these were
 10 deferred, or they needed more information, and
 11 it was that type of thing.
 12 CHAYTOR, Q.C.:
 13 Q. And wasn't that, though, Ms. Parsons role to
 14 keep track of all that information?
 15 MS. PREDHAM:
 16 A. I guess it was a joint between the two of us,
 17 but mine--you know, Dr. Williams wanted the
 18 next morning to know who was--you know, the
 19 impact, I guess, of it all, who was being
 20 recommended treatment, who wasn't, it was that
 21 type of information.
 22 CHAYTOR, Q.C.:
 23 Q. And what did it mean by the impact of it all,
 24 what was it that Dr. Williams was asking for?
 25 MS. PREDHAM:

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1 A. Well, we decided to retest all these patients
 2 because we wanted to make sure that anyone who
 3 could avail of Tamoxifen or any adjuvant
 4 therapy, as I found out after, could do so.
 5 So he was very interested in wanting to know
 6 how many people--you know, how many people who
 7 got it, or how many people didn't get it first
 8 who could have gotten it and who got it after.
 9 CHAYTOR, Q.C.:
 10 Q. I just want to understand then your role. It
 11 was necessary, you're saying, to have two
 12 people from your department assigned to sit
 13 through the panels to keep track of this
 14 information, and you then, your task is to
 15 report back the information to Dr. Williams?
 16 MS. PREDHAM:
 17 A. Well, Ms. Parsons had to transcribe all the
 18 notes, make sure that she got the information,
 19 do all that. She requested the charts when it
 20 came. I had to make sure that there was a
 21 list that was going, so I had--but I was also
 22 keeping track of here's the master list and
 23 all these people have been called, they're
 24 confirmed negatives; these are the people who

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1 are deceased; these are the people who have to
 2 be panelled, and out of those lists there were
 3 so many that were deferred, so many were--so I
 4 was keeping track of it generally that all
 5 these people have to go there and get this
 6 information.
 7 CHAYTOR, Q.C.:
 8 Q. Yes, and you've spoken a bit about your
 9 workload and the pressures that you were under
 10 at the time, and I'm just wondering Ms.
 11 Parsons, couldn't she just have that list, be
 12 provided that list, and she could go and do
 13 the function that needed to be done at the
 14 panel? What extra were you bringing to
 15 sitting at the panel?
 16 MS. PREDHAM:
 17 A. I was just--you know, when you look at it that
 18 way, yes, I mean, I guess she could have done
 19 that, but from being able to tell Dr. Williams
 20 the information, it was better that I heard it
 21 myself, and part of understanding the whole
 22 issue that was ongoing, I learned a lot when I
 23 was sitting there listening to the panel and
 24 the different things that have changed over a
 25 period of time, and if--you know, we were

Page 21

1 always planning to do the analysis at the end
 2 of the day, and just listening to the fact
 3 that, you know, back in '97 there were certain
 4 people who, even if they had positive results
 5 at that time, wouldn't have been offered
 6 Tamoxifen because that wasn't the clinical
 7 indications for them at that time. Also they
 8 may have not been a candidate for Tamoxifen,
 9 but there weren't other drugs that they could
 10 offer them at that time because there was
 11 Arimidex and all those weren't available in
 12 '98 or whatever. I guess it was all nuances
 13 helped me from potential analysis that was
 14 going to happen after.

15 CHAYTOR, Q.C.:

16 Q. Were you going to be involved in that analysis
 17 or who was going to be doing that analysis?

18 MS. PREDHAM:

19 A. At that time, I was going to be involved in
 20 that analysis when that happened.

21 CHAYTOR, Q.C.:

22 Q. And who would be conducting the analysis?

23 MS. PREDHAM:

24 A. We were hoping to get the Health Research Unit
 25 or some other epidemiologist to do that

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1 analysis for us.

2 CHAYTOR, Q.C.:

3 Q. So in terms of deciding which patients were to
 4 be panelled each session, who made the
 5 decision and what criteria were you used?

6 MS. PREDHAM:

7 A. Of who would be panelled?

8 MS. PREDHAM:

9 A. Yes, who would be panelled.

10 CHAYTOR, Q.C.:

11 Q. We just worked our way down through the list
 12 basically.

13 CHAYTOR, Q.C.:

14 Q. So the way in which they came back from Mount
 15 Sinai?

16 MS. PREDHAM:

17 A. Yes.

18 CHAYTOR, Q.C.:

19 Q. First back was first to be panelled?

20 MS. PREDHAM:

21 A. Yes.

22 CHAYTOR, Q.C.:

23 Q. And if we look here on page four of 1368, this
 24 is your first minutes, there's a reference
 25 here and Doctor, and his name is redacted, but

Page 23

1 if my memory serves me correctly, I think it's
 2 Dr. Felix' patients at the next meeting. Do
 3 you recall anything about that, "the panel
 4 agreed to proceed through a particular
 5 doctor's patients at the next meeting"?

6 MS. PREDHAM:

7 A. Well, like I said, the panel was already set
 8 up, the list had already been done before I
 9 went to the first meeting, so I had no--this
 10 was the plan at the beginning. I had no
 11 involvement with this part.

12 CHAYTOR, Q.C.:

13 Q. Okay, but this appears to be a decision, the
 14 panel agrees to do this, this appears to be a
 15 decision at that first meeting of October
 16 13th?

17 MS. PREDHAM:

18 A. Yes.

19 CHAYTOR, Q.C.:

20 Q. So you don't recall how that came about and
 21 why a particular doctor's patients would get
 22 to go at the next meeting?

23 MS. PREDHAM:

24 A. No, I don't recall. The only thing I can add
 25 to that is I remember that both Dr. Felix and

Page 24

1 Dr. Kwan had their own charts that they
 2 brought to those meetings, and maybe it was
 3 just the fact that they had gathered all the
 4 charts up and they were there that we decided
 5 to go through them the next meeting.

6 CHAYTOR, Q.C.:

7 Q. And do you recall that actually happening
 8 then, that Dr. Felix and Dr. Kwan's patients
 9 were--in essence, jumped the queue?

10 MS. PREDHAM:

11 A. Maybe. I know we did--in November, we were
 12 still doing Dr. Felix' patients and throughout
 13 the whole time we were doing more of Dr. Felix
 14 and Dr. Kwan's patients, so this wasn't an
 15 exclusive list of their patients.

16 CHAYTOR, Q.C.:

17 Q. And you did also mention that if patients were
 18 calling and were particular anxious, those
 19 patients were pulled then to try to give some
 20 priority to them?

21 MS. PREDHAM:

22 A. Well, if you had--I remember one lady who I
 23 had called. As this progressed in October
 24 when we called to tell people who were going
 25 to be retested, I called this one lady and

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1 left my name and number and she would call
 2 every couple of weeks because she was going to
 3 her daughter's--going out of town to her
 4 daughter's for the winter. So I had all her
 5 contact information and she would continue
 6 contacting me because she didn't want to be
 7 missed when that came back, and when her--when
 8 we got the big batch--well, hers was a little
 9 bit different, but she was somebody who as
 10 soon as it came back, because she was calling
 11 a lot, I wanted to get her panelled as quickly
 12 as possible. So she would have been somebody
 13 I would have put on quickly.
 14 CHAYTOR, Q.C.:
 15 Q. And were there any other circumstances in
 16 which you personally would have requested that
 17 certain patients be panelled?
 18 MS. PREDHAM:
 19 A. I can't think of any right now. That would be
 20 the key--the key aspect.
 21 CHAYTOR, Q.C.:
 22 Q. So some physicians may have asked that certain
 23 patients be panelled, so that their patients
 24 be panelled, and you may have made requests
 25 from time to time based on who you were

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1 receiving phone calls from?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. Was there any other way in which patients got
 6 up to the panel quicker than they otherwise
 7 might have?
 8 MS. PREDHAM:
 9 A. Well, I guess, you know, the way that I would
 10 call it would be--anybody in our department as
 11 well was getting calls and they were concerned
 12 that somebody who was anxious would ask for
 13 that as well. The other--and the oncologists
 14 would be the same thing. If they had somebody
 15 who was--well, the oncologists wouldn't
 16 because they wouldn't need to, they'd just go
 17 ahead and see them, but, no, I think that's
 18 about it. I can't think of anything else.
 19 CHAYTOR, Q.C.:
 20 Q. Sorry, the oncologist would just go ahead and
 21 see their patients?
 22 MS. PREDHAM:
 23 A. See their patients and -
 24 CHAYTOR, Q.C.:
 25 Q. And do whatever had to be done?

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1 MS. PREDHAM:
 2 A. Right, they wouldn't need to wait for the
 3 panel.
 4 CHAYTOR, Q.C.:
 5 Q. And they wouldn't wait for the panel?
 6 MS. PREDHAM:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. But those patients ultimately got panelled as
 10 well?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. And what was the purpose in doing that?
 15 MS. PREDHAM:
 16 A. I really think it was only comfort level, you
 17 know, that this is a change and it's just
 18 having that additional--you know, we do the
 19 right thing, and you had a group of people
 20 reviewing it and confirming that that was the
 21 right decision to make.
 22 CHAYTOR, Q.C.:
 23 Q. And were those patients left to the end?
 24 MS. PREDHAM:
 25 A. I know they came up--and that was one of the

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1 difficulties in keeping track of things
 2 because you had some of the people who were
 3 the early ones in June/July, then they came
 4 back and that was verified, but I don't think
 5 they were all left to the end, but they were
 6 later on.
 7 CHAYTOR, Q.C.:
 8 Q. I think we see them spread throughout?
 9 MS. PREDHAM:
 10 A. Yes, yeah.
 11 CHAYTOR, Q.C.:
 12 Q. So even though they'd already been seen by
 13 their oncologist and given whatever change in
 14 treatment may have been warranted, they still
 15 came up through the panel, there was no
 16 attempt made to say, well, these people aren't
 17 as urgent, we've already dealt with them?
 18 MS. PREDHAM:
 19 A. Yeah. Well sometimes you didn't realize it
 20 until the--or I didn't, you know, I didn't
 21 pick up on it until they were in the
 22 panelling. Other times, it was--and it was
 23 very complicated going through that because
 24 we'd also get multiple results back on
 25 patients or we'd get multiple--we got multiple

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1 results on the same block. We also got
 2 different specimens for the same person, and a
 3 couple of times, we had already panelled them,
 4 or in fact, a couple of times, we had called
 5 to say that "you're confirmed negative" only
 6 to have more results come back and find out
 7 that they had converted on a different
 8 specimen or a different block, which was very
 9 difficult as well.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. So even when they came up though at the
 12 panel, those patients who had already been
 13 dealt with individually by their oncologists,
 14 did the oncologists say "well, no need to deal
 15 with that person now. Let's put that person
 16 to one side," just as when the deceased
 17 patients came up, they were put to one side
 18 and "we'll deal with it later." Was there any
 19 attempt by the oncologists to do that?
 20 MS. PREDHAM:
 21 A. Most times, when that came up, they'd say "oh,
 22 this person has already been dealt with.
 23 They've been seen by Dr. so-and-so and that's
 24 fine" and we'd just agree with that and then
 25 move on. It wasn't that in-depth discussion

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1 that, you know, most times, but no, there
 2 wasn't any attempt to put them off until
 3 later.
 4 CHAYTOR, Q.C.:
 5 Q. So they were dealt with as they came up?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And the letters to--the panel letters to those
 10 patients, then from what we've seen, the panel
 11 letters would go out and say that they've
 12 already been seen and they're on the right
 13 course of treatment and the panel therefore
 14 had no further recommendation?
 15 MS. PREDHAM:
 16 A. Right.
 17 CHAYTOR, Q.C.:
 18 Q. That's the type of letter, I understand, went
 19 out. Is that correct?
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, and then at the end of the day, when you
 24 were counting up--and I'll get to the 117
 25 number, which I understand you had some

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1 involvement in coming up with -
 2 MS. PREDHAM:
 3 A. Oh yes.
 4 CHAYTOR, Q.C.:
 5 Q. - 117 patients who required a change in
 6 treatment. Did those--did that number include
 7 those that had already been given a change of
 8 treatment prior to coming to the panel?
 9 MS. PREDHAM:
 10 A. Most likely not.
 11 CHAYTOR, Q.C.:
 12 Q. And why not?
 13 MS. PREDHAM:
 14 A. Because that number reflected what was done by
 15 the panel, and I guess that was the intent at
 16 the beginning. That's what I was asked to
 17 keep track of, what was done by the panel and
 18 what activity went on. The problem which came
 19 out, and I've kind of alluded to this as it
 20 went through, there were two different sides
 21 of any analysis with these results that came
 22 back. One was the treatment things that
 23 happened with patients and what the impact
 24 were on the individual patients. But then
 25 there was the true analysis of what actually

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1 happened and what treatment changes actually
 2 happened to all the patients. With the
 3 panelling results and what we went through
 4 with the panel, with the 117 and all that,
 5 that's what happened in the panel and that's
 6 what--the business that was done with by then
 7 and that's who the panel recommended treatment
 8 changes for. But with the actual numbers,
 9 when you look through with the numbers, you
 10 really need to do that in-depth analysis to
 11 get a true picture of what the change has been
 12 on this, and that whole side had to be done,
 13 because you know, as you rightly pointed out,
 14 there were people whose treatment changed
 15 before they were panelled, but they weren't
 16 reflected in those numbers.
 17 CHAYTOR, Q.C.:
 18 Q. And they changed as a result of the retesting
 19 process?
 20 MS. PREDHAM:
 21 A. Exactly.
 22 CHAYTOR, Q.C.:
 23 Q. They changed because they had had a repeat of
 24 their ER/PR and a treatment change was
 25 warranted?

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1 MS. PREDHAM:
 2 A. Exactly.
 3 CHAYTOR, Q.C.:
 4 Q. So the 117 number you're saying was never
 5 intended to be the total number of people who
 6 had changed results because of the review. It
 7 was the people who the panel, by the time they
 8 got to the panel, required a treatment change?
 9 MS. PREDHAM:
 10 A. Right.
 11 CHAYTOR, Q.C.:
 12 Q. So the actual number of people who required a
 13 treatment change would be somewhat greater
 14 than the 117?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And at the time the 117 number is being told
 19 publicly, were you aware of that?
 20 MS. PREDHAM:
 21 A. Yes. The problem I had with the numbers that
 22 were the summary of the panel activity is
 23 that's what those numbers were. Every time
 24 you asked a slightly different question of
 25 these numbers and everything, you got a

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1 different number. You got a different answer
 2 and it took time to go through and get those
 3 numbers. So the best numbers that I had was a
 4 summary of the panel activity, and that's all
 5 I had. When we went through the discussion,
 6 and I'm sure we'll get into much more
 7 discussion about that, with the error rate,
 8 that was a problem with using those numbers to
 9 calculate an error rate.
 10 CHAYTOR, Q.C.:
 11 Q. And there would be notes though, I guess, of--
 12 or the panel letters themselves may have been
 13 a record of those other patients, the ones
 14 that had already been dealt with by their
 15 oncologists. So in terms of calculating or
 16 coming up with the number of people, it was
 17 just a matter of adding in -
 18 MS. PREDHAM:
 19 A. No, the early ones didn't have any panel
 20 letters or anything. They were--we knew they
 21 changed, but I didn't know--like they'd be
 22 part of the panel letter. Wait now, no, can
 23 you ask that question again?
 24 CHAYTOR, Q.C.:
 25 Q. Okay. What I was suggesting was that there

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1 were panel letters that went out, I
 2 understood. Are you saying there weren't
 3 panel letters that went out to everyone?
 4 MS. PREDHAM:
 5 A. No, no, no.
 6 CHAYTOR, Q.C.:
 7 Q. That had a change of treatment?
 8 MS. PREDHAM:
 9 A. No, just ask your other--because I'm getting
 10 mixed up.
 11 CHAYTOR, Q.C.:
 12 Q. Okay. I understood that there were panel
 13 letters that went out to the people who had a
 14 change in treatment but had been dealt with
 15 earlier -
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. - by their oncologists or treating physician
 20 prior to getting to the panel. They, none the
 21 less, still went before the panel and a letter
 22 went out, but their letter was somewhat
 23 different?
 24 MS. PREDHAM:
 25 A. Yes.

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1 CHAYTOR, Q.C.:
 2 Q. Remember earlier I quoted to you the type of
 3 thing that would be in the letters.
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. Saying no further recommendation would be
 8 needed.
 9 MS. PREDHAM:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. So in terms of having a record of how many
 13 people actually required a change in
 14 treatment, you would have that either through
 15 review of the panel letters -
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. - you would have that?
 20 MS. PREDHAM:
 21 A. Yeah.
 22 CHAYTOR, Q.C.:
 23 Q. So it would be just a matter of adding up or
 24 including those in your 117 number?
 25 MS. PREDHAM:

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1 A. Yes, and verifying from the earlier names that
 2 were on those earlier lists back in July, June
 3 and May.
 4 CHAYTOR, Q.C.:
 5 Q. So did those people, the earlier list, did
 6 they also--though, I understood, I thought
 7 they made it through the panelling process as
 8 well.
 9 MS. PREDHAM:
 10 A. They did, but it would be--you'd have to
 11 verify it, you know.
 12 CHAYTOR, Q.C.:
 13 Q. Yes.
 14 MS. PREDHAM:
 15 A. You'd have to go through -
 16 CHAYTOR, Q.C.:
 17 Q. Go back and cross check.
 18 MS. PREDHAM:
 19 A. - and just verify that you--yeah.
 20 CHAYTOR, Q.C.:
 21 Q. So it wouldn't be a whole lot of effort to
 22 that, in terms of -
 23 MS. PREDHAM:
 24 A. No.
 25 CHAYTOR, Q.C.:

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1 Q. Yes, and who asked you to keep track of the
 2 panel ordered changes?
 3 MS. PREDHAM:
 4 A. That was what Dr. Williams asked me to do.
 5 CHAYTOR, Q.C.:
 6 Q. Okay, and did he ask you to keep track of the
 7 overall changes, the overall number of people
 8 who required a change?
 9 MS. PREDHAM:
 10 A. No, I didn't--I didn't--at that time, I think
 11 that we've done it now with the NLCHI
 12 database, and we've looked at who was
 13 treatment change, because these were
 14 recommendations from the panel. Once the
 15 physicians saw the patient, they mightn't
 16 order a treatment change because of whatever
 17 reasons or because of something that may have
 18 happened in the interim time. Maybe there was
 19 another contraindication that came up and they
 20 couldn't take Tamoxifen. So because the
 21 person was recommended to be started on this
 22 didn't really mean that they actually started
 23 on it, and besides the patient could refuse to
 24 take it as well. So you know, that would
 25 require another--to see the patients who

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1 actually received it, would be another part of
 2 it as well.
 3 CHAYTOR, Q.C.:
 4 Q. Yes, and I guess the concern of the panel or
 5 the concern in doing the panel and having any
 6 recommendation go out, the panel may not have
 7 up-to-date medical information on any given
 8 patient?
 9 MS. PREDHAM:
 10 A. We had, you know, the best that we had, but if
 11 someone was being followed by a family
 12 physician in the community, if anything
 13 happened with, you know, for the past six
 14 months to a year, we wouldn't have whatever
 15 was going on with that person for that period
 16 of time.
 17 CHAYTOR, Q.C.:
 18 Q. Was there any thought given or discussion at
 19 the panel that "we should make it clear to the
 20 treating physicians that we only have
 21 information up to a certain date"?
 22 MS. PREDHAM:
 23 A. I don't think it was specifically said, but I
 24 would think that, you know, most GPs, if they
 25 got this from a Cancer Clinic, would be aware

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1 of what information that the institutional
 2 physicians would have.
 3 CHAYTOR, Q.C.:
 4 Q. But was that stipulated in the letters
 5 anywhere as to what the panel had available to
 6 them and what they, in fact, reviewed with
 7 respect to the patient?
 8 MS. PREDHAM:
 9 A. No. I think there was only one letter in
 10 which we didn't have any clinical information,
 11 that we stipulated that, that there was no
 12 clinical information.
 13 CHAYTOR, Q.C.:
 14 Q. And for all the other patients, there was
 15 nothing put in writing back to the treating
 16 physician as to "here's what we have. We have
 17 the Cancer Clinic chart. We have the
 18 following records from Meditech, and we only
 19 have, for your patient, up to a certain date."
 20 That wasn't put in the panel letters?
 21 MS. PREDHAM:
 22 A. No. There were so many letters that were
 23 written that the physicians didn't feel
 24 comfortable making a recommendation, and they
 25 requested that the patient be seen, either by

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1 Dr. Laing or by another oncologists, prior to
 2 a recommendation being seen. So you know, in
 3 that case, those physicians didn't feel
 4 comfortable making a recommendation based on
 5 the information that they had.
 6 THE COMMISSIONER:
 7 Q. Are you talking about the physicians who
 8 received the letters or are you talking about
 9 the physicians who were on the panel?
 10 MS. PREDHAM:
 11 A. Yes, so the physicians on the panel, the
 12 letter actually said "we're unable to make a
 13 recommendation at this time because of the
 14 lack of information" or whatever and we would
 15 recommend that she get seen.
 16 THE COMMISSIONER:
 17 Q. Okay. And the other occurred as well, as I
 18 understand it. The physicians receiving the
 19 letters would sometimes say "we want this
 20 particular patient seen by an oncologist -
 21 MS. PREDHAM:
 22 A. Yes.
 23 THE COMMISSIONER:
 24 Q. - for this decision to be made."
 25 MS. PREDHAM:

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1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And Ms. Predham, other than people who were
 4 calling in and those that physicians may ask
 5 to come forward, was there any other
 6 prioritizing of patients to come before the
 7 panel?
 8 MS. PREDHAM:
 9 A. Not that I can think of right now, no.
 10 CHAYTOR, Q.C.:
 11 Q. For example, patients who had metastatic
 12 disease?
 13 MS. PREDHAM:
 14 A. They would be dealt with as soon as one of the
 15 physicians saw the results or whatever. They
 16 would be dealt with immediately, so they
 17 weren't dependent on the panel.
 18 CHAYTOR, Q.C.:
 19 Q. And did you know that to be the case at all
 20 times? We see in the records or the minutes
 21 and in the panel letters that there were, in
 22 fact, metastatic patients that came before the
 23 panel who hadn't already been dealt with by
 24 their physician.
 25 MS. PREDHAM:

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1 A. Well, see, certainly at--if anybody was from
 2 out of town, not anyone on the panel would be
 3 aware of that as well, right.
 4 CHAYTOR, Q.C.:
 5 Q. So there were some metastatic patients that -
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. - were dealt with?
 10 MS. PREDHAM:
 11 A. Yeah.
 12 CHAYTOR, Q.C.:
 13 Q. And what about patients that weren't already
 14 on hormonal therapy or hadn't already been
 15 offered it versus those that already had? Was
 16 there any attempt to prioritize on the basis
 17 of those who may in fact need the treatment
 18 and hadn't already received it?
 19 MS. PREDHAM:
 20 A. No, that was--we spent a lot of time trying to
 21 determine that, as we discussed I think the
 22 day before yesterday. But that wasn't
 23 utilized.
 24 CHAYTOR, Q.C.:
 25 Q. And by the time it got to the panel and I take

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1 it you could look at someone's chart and see
 2 they're already on treatment, so those weren't
 3 set to one side and then the next patient
 4 brought up?
 5 MS. PREDHAM:
 6 A. No.
 7 CHAYTOR, Q.C.:
 8 Q. And what--you get the list of patients and
 9 you're the person, I take it, bringing the
 10 list forward to the panel?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. Did you distribute that beforehand to the
 15 members on the panel?
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. Okay. So they would get the list. Would they
 20 get anything besides the list in advance?
 21 MS. PREDHAM:
 22 A. No.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, and you then, on your list, is your list
 25 done in alphabetical order? Is there any

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1 particular order to your list?
 2 MS. PREDHAM:
 3 A. There may not have been in the fall. Once we
 4 went to the different regions and got the big
 5 bulk of it, I think it was alphabetical order.
 6 CHAYTOR, Q.C.:
 7 Q. And so from then on, it was just according to
 8 whoever came up in alphabetical order when you
 9 had a batch of patients in at any given time?
 10 MS. PREDHAM:
 11 A. Yeah.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and the panel for out-of-town patients
 14 or outside St. John's region, what would the
 15 panel have available to it to be able to
 16 assess whether or not those patients needed a
 17 treatment change?
 18 MS. PREDHAM:
 19 A. The majority of them had Cancer Clinic charts,
 20 so they were requested. Either they had them
 21 at the Cancer Centre or at the peripheral
 22 clinics across the province. So they would
 23 have those charts requested in and if not, the
 24 region sent in their medical records that they
 25 had.

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1 CHAYTOR, Q.C.:
 2 Q. And I take it then, for any within Eastern
 3 Health, you also had available any records on
 4 Meditech?
 5 MS. PREDHAM:
 6 A. Within the old Health Care Corporation.
 7 CHAYTOR, Q.C.:
 8 Q. Okay, and how--what criteria was used to
 9 determine whether or not someone needed to be
 10 panelled? So you bring your list and
 11 everybody on the panel has your list and they
 12 show up for the evening of panelling and what
 13 was used to determine if a particular patient
 14 would be panelled?
 15 MS. PREDHAM:
 16 A. Anything that was negative/negative and then
 17 came back as zero/zero did not get panelled
 18 and we could go ahead and call them and say
 19 they were confirmed negative. Anything that
 20 there was a change would have to go to the
 21 panel. When they would go through that, some
 22 of them, you know, based on their criteria,
 23 would be very clearly identified as confirmed
 24 negative and others would require chart review
 25 and then they would--if they were--others

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1 required chart review and then be determined
 2 to be confirmed negative or need to be fully
 3 discussed and a panel letter written.
 4 CHAYTOR, Q.C.:
 5 Q. Okay. In going through the panel, did it
 6 become apparent as to whether or not
 7 particular oncologists were still using a 30
 8 percent cut off beyond what you had understood
 9 the cut off to be of January 2001?
 10 MS. PREDHAM:
 11 A. Oh absolutely not.
 12 CHAYTOR, Q.C.:
 13 Q. You didn't see that?
 14 MS. PREDHAM:
 15 A. Not 30 percent, no.
 16 CHAYTOR, Q.C.:
 17 Q. So you didn't see any -
 18 MS. PREDHAM:
 19 A. I didn't see any oncologists saying that 30
 20 percent was--30 percent and below, like in the
 21 20s, was a negative.
 22 CHAYTOR, Q.C.:
 23 Q. And in looking through the charts, you didn't
 24 see any instances of that where anybody was
 25 using--well, perhaps I should put it the other

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1 way--anything other than the ten percent cut
 2 off?
 3 MS. PREDHAM:
 4 A. No, I didn't--in the later years. In the
 5 early years, you saw that, but in the later
 6 years, no.
 7 CHAYTOR, Q.C.:
 8 Q. And the early years being 2001, 2002?
 9 MS. PREDHAM:
 10 A. 2000 and before.
 11 CHAYTOR, Q.C.:
 12 Q. Okay. So you didn't, in the panelling
 13 efforts, you didn't come across any patients
 14 that would cause you to question or any
 15 information in the patients' charts, the
 16 discussion you're hearing around the table,
 17 you didn't come across any situation which
 18 would cause you to check--to question "well,
 19 was this a firm cut off?"
 20 MS. PREDHAM:
 21 A. Oh no, not at all. There were situations when
 22 you went--and I mean, we did a, you know, a
 23 large chart review. So there were situations
 24 that happened that had nothing to do with that
 25 30 percent and ten percent. There was--you

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1 know, we came across one person who it looked
 2 like the results were never seen by the
 3 oncologist. So you know, that was a different
 4 situation altogether, and you know, there were
 5 issues like that that came up occasionally,
 6 not very many, but you know, those types of
 7 things, but nothing that would question the 30
 8 and ten.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and so, for example, the Commissioner
 11 has heard about Ms. Daphne Coffin's situation.
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And she was at 23 percent, and that was beyond
 16 the January 2001 cut off, but she hadn't
 17 received any hormone treatment then, and
 18 there's some references in her chart about
 19 that somehow being equivocal or borderline
 20 result. Were you present when her case was
 21 panelled?
 22 MS. PREDHAM:
 23 A. She was never panelled. She was never on my
 24 list.
 25 CHAYTOR, Q.C.:

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1 Q. Okay, and you don't recall anyone similar to
 2 Ms. Coffin coming up?
 3 MS. PREDHAM:
 4 A. No.
 5 CHAYTOR, Q.C.:
 6 Q. Which would be in that 15-20 percent range in
 7 those early years of 2001, 2002?
 8 MS. PREDHAM:
 9 A. No. When I heard about Mrs. Coffin's case,
 10 that was the first I heard of that situation.
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and she was never on your list, and has-
 13 -was any inquiry then made by you as to why
 14 she would not have been on your list?
 15 MS. PREDHAM:
 16 A. Well, she didn't meet the--I mean, the reason
 17 she wasn't on my list was because she didn't
 18 meet that criteria.
 19 CHAYTOR, Q.C.:
 20 Q. Being?
 21 MS. PREDHAM:
 22 A. The 30 percent to the end of 2000 and ten
 23 percent after.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. So she didn't end up on your list

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1 because of those cut offs that you understood
 2 were pretty well set in stone?
 3 MS. PREDHAM:
 4 A. Well, what I understood was not set in stone,
 5 but we were trying to be inclusive and make
 6 sure we didn't miss anyone. So they were the
 7 broadest parameter of it. You know, we wanted
 8 to--that's the reason we didn't include PR.
 9 We only focused on ER to select patients,
 10 because we wanted to be as inclusive as
 11 possible.
 12 CHAYTOR, Q.C.:
 13 Q. But wouldn't the most inclusive way of doing
 14 this have been anyone below 30 percent
 15 throughout the entire time period?
 16 MS. PREDHAM:
 17 A. Well, it started off anyone below ten percent,
 18 and I think there was reference to that in the
 19 notes, but as we got in and the discussion--
 20 and I say we, but I mean, I was only just a
 21 listener. The discussion came around that
 22 there was a possibility that in the early
 23 years, it could be up to 30 percent that
 24 people would be using as a negative and
 25 indeed, Dr. Khalifa had that reference on his

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1 pathology reports. So then, in order to make
 2 sure we didn't miss anyone, they wanted to
 3 know--and I can remember Dr. Cook asking
 4 several times "when did oncologists start--
 5 like when was the latest date that oncologists
 6 would use 30 percent as a cut off?" and we
 7 were told it would have been the end of 2000.
 8 CHAYTOR, Q.C.:
 9 Q. And we understand Central in fact just set it
 10 at 30 percent for the entire time period.
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. But there wasn't any consideration given to
 15 doing it that way in St. John's?
 16 MS. PREDHAM:
 17 A. No, and in fact if I rightly believe, I think
 18 some of those patients from Central weren't
 19 retested, but I could be totally wrong there.
 20 THE COMMISSIONER:
 21 Q. I'm sorry, say that again?
 22 MS. PREDHAM:
 23 A. No, I think that's--I mis--that's wrong.
 24 THE COMMISSIONER:
 25 Q. Okay.

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1 MS. PREDHAM:
 2 A. You're right, it was 30 percent for Grand
 3 Falls the whole time.
 4 CHAYTOR, Q.C.:
 5 Q. Yes, okay, all right, and in St. John's, that
 6 wasn't done because you understood there
 7 wasn't any ambiguity as to the cut offs and
 8 the dates for the cut offs in St. John's?
 9 MS. PREDHAM:
 10 A. Dr. Cook, I can remember, I was in his
 11 presence at least three times when he asked,
 12 you know, because that was the intent. I
 13 mean, it didn't make any difference to us. I
 14 mean, if you were going--you were retesting so
 15 many, you might as well retest them all, you
 16 know, I mean, that was the point, you didn't
 17 want to miss anyone. So I can remember he
 18 asked at least three times "when would be--
 19 when did this change happen? Was there
 20 research that came out? Was there a memo that
 21 went around? Was there--you know, what caused
 22 this change?" And he asked numerous times,
 23 and I can remember that distinctly.
 24 CHAYTOR, Q.C.:
 25 Q. And who did he ask it of numerous times?

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1 MS. PREDHAM:
 2 A. Dr. Laing.
 3 CHAYTOR, Q.C.:
 4 Q. And was her answer always consistent?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And her answer was that there was no
 9 ambiguity, these are fixed in stone in terms
 10 of cut offs that we were all using?
 11 MS. PREDHAM:
 12 A. It would be the--you know, the broadest
 13 things. By that time, everyone would have
 14 switched to ten percent.
 15 CHAYTOR, Q.C.:
 16 Q. Okay, and there was no--she wasn't equivocal
 17 in giving that answer?
 18 MS. PREDHAM:
 19 A. No, there was--that was it.
 20 CHAYTOR, Q.C.:
 21 Q. The patients who were, you say, zero/zero and
 22 then confirmed negative/negative or zero/zero,
 23 they would be on your list and would come up
 24 for--to the panel, be on the list to go to the
 25 panel, but then there would just be some

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1 checking to make sure, in fact, they were a
 2 negative/negative, and then the panel wouldn't
 3 deal with those?
 4 MS. PREDHAM:
 5 A. We would just--well, we went ahead and called
 6 them anyway, in the interim, because that was--
 7 --you know, we would double check the original
 8 results and then we'd have the Mount Sinai
 9 spreadsheet, so we could see that they were
 10 zero/zero and then we'd go ahead and call them
 11 and then I just verified that with the panel.
 12 CHAYTOR, Q.C.:
 13 Q. So you may already have called those patients
 14 before they ever came before the panel?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, and you said there was a case or two
 19 where that had happened and then there was
 20 another specimen done where, I take it, the
 21 patient had to be told different news?
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. And the patients who were zero zero and

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1 confirmed to be so, was there anything entered
 2 on their charts as to the fact that they had
 3 been retested and what their results were.
 4 Were they also given an addendum on their
 5 chart?
 6 MS. PREDHAM:
 7 A. Yes, they were.
 8 CHAYTOR, Q.C.:
 9 Q. And I'm going to talk to you a little bit
 10 later about your contacting of the patients,
 11 but do you know why the decision was made that
 12 it was okay for someone other than a physician
 13 to relay the news that a patient was confirmed
 14 negative.
 15 MS. PREDHAM:
 16 A. I guess it was the fact there was no treatment
 17 change and I, you know, I guess that was the--
 18 the discussion is that if you, you know, if
 19 you have blood work done and you call up to
 20 your doctor's office and everything is fine,
 21 your doctor's assistant is going to tell you,
 22 so it was that same type of premise, I guess.
 23 CHAYTOR, Q.C.:
 24 Q. But I guess when we think that through, it
 25 doesn't necessarily, telling someone that

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1 they're confirmed negative may not necessarily
 2 be telling them that everything is fine if in
 3 fact they were hoping for a treatment change.
 4 MS. PREDHAM:
 5 A. No, that's true. But some people--when we
 6 called, some people were hoping for a
 7 treatment change and hoping for that treatment
 8 option, but a lot of people were thankful that
 9 there wasn't--because Tamoxifen is a very
 10 harsh drug, as far as I understand and
 11 numerous people made the comment to me, "Thank
 12 heavens I don't have to go down that route."
 13 CHAYTOR, Q.C.:
 14 Q. And did you have any understanding as to, in
 15 terms of prognosis, what it might mean to be
 16 ER negative?
 17 MS. PREDHAM:
 18 A. I do know that there are prognostic factors to
 19 it, but I'm not sure right now I can even tell
 20 you. I think I knew at the time.
 21 CHAYTOR, Q.C.:
 22 Q. So was there any discussion at all before you
 23 and your colleagues in the Quality Department
 24 were tasked with making these phone calls, was
 25 there any discussion at all that perhaps

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1 telling a person that they're confirmed
 2 negative, might not be good news for that
 3 person?
 4 MS. PREDHAM:
 5 A. Oh definitely, I mean, these were very
 6 difficult calls to make. This whole thing was
 7 difficult and, you know, causes a lot of
 8 concern and we're also on a very high learning
 9 curve, as we already talked about, on what we
 10 could tell people. But it was very clear that
 11 we're just giving you this information now,
 12 you know, you need to talk to your doctor
 13 about this and you have to go on that way.
 14 CHAYTOR, Q.C.:
 15 Q. And if we could look then please at P-2552?
 16 And this is, I believe to be your second--yes,
 17 meeting No. 2, October 20th, 2005. Did you
 18 find, Ms. Predham, as time went on that it was
 19 more difficult to get physicians, the same
 20 number of physicians out and to get physicians
 21 to participate in the panel?
 22 MS. PREDHAM:
 23 A. No, there was always the core group, but the
 24 surgeons were difficult because, of course,
 25 they were not always free out of surgery and

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1 that was difficult, but that was just a
 2 problem that you had to work through.
 3 CHAYTOR, Q.C.:
 4 Q. Okay. And you'll just see a variety here,
 5 including people who come up as already having
 6 been treated and no change required. And if
 7 we could have then, please, P-0657? And this
 8 is, I just brought you to those minutes to
 9 see, there's a variety of different outcomes
 10 for the different patients and then this
 11 appears to be your update the next morning,
 12 Friday morning to Dr. Williams regarding that
 13 panel session.
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. "I just wanted to give you an update re: the
 18 panel yesterday evening. We reviewed 11
 19 patients. We actually reviewed 17, but five
 20 were not appropriate for the panel and one was
 21 a patient not tested of Dr. Felix's who
 22 inquired about the retesting and he needed
 23 some advice." Why would five not be
 24 appropriate for the panel?
 25 MS. PREDHAM:

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1 A. I can't remember now, I'd have to go through
 2 the list and tell you, but I can't remember
 3 now.
 4 CHAYTOR, Q.C.:
 5 Q. But what circumstances, without specifically
 6 thinking of, well those five, what
 7 circumstances made it such that somebody was
 8 not deemed appropriate to be panelled?
 9 MS. PREDHAM:
 10 A. Like I said, I can't think of what they would
 11 be right now.
 12 CHAYTOR, Q.C.:
 13 Q. Would that be your zero zeros?
 14 MS. PREDHAM:
 15 A. It could have been, it could have been.
 16 CHAYTOR, Q.C.:
 17 Q. Would it be people who are decreased?
 18 MS. PREDHAM:
 19 A. Actually that's probably what it was.
 20 CHAYTOR, Q.C.:
 21 Q. Were there any other people who were excluded
 22 or deemed not appropriate for panelling?
 23 MS. PREDHAM:
 24 A. I think they had one person who was--who was
 25 actually retested by mistake, I think it was

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1 someone, you know, similar names or similar
 2 MCP numbers and somebody who was very strongly
 3 positive and who was retested and came back
 4 strongly positive, but should never have been
 5 included in the first place.
 6 CHAYTOR, Q.C.:
 7 Q. And you go on to say, "Of the 11 patients, six
 8 required no intervention, three were
 9 recommended for Tamoxifen, one requires a
 10 retest on another sample and one patient's
 11 condition has changed requiring further
 12 treatment and follow up." So I take it, the
 13 six requiring no intervention would be those
 14 already on Tamoxifen, whether originally or in
 15 the interim -
 16 MS. PREDHAM:
 17 A. Right, and I guess this is before we actually
 18 came up with our kind of categories that we
 19 agreed to on how I was going to categorize
 20 these, you know, with the no recommendations
 21 or with recommendations for treatment.
 22 CHAYTOR, Q.C.:
 23 Q. And how did you come up with those categories
 24 and who agreed on those?
 25 MS. PREDHAM:

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1 A. The panel agreed on those. I just wanted to
 2 have what would I call all these things as we
 3 went through.
 4 CHAYTOR, Q.C.:
 5 Q. So in saying required no intervention, what
 6 you're saying is eventually that became,
 7 required -
 8 MS. PREDHAM:
 9 A. No recommendation for treatment change.
 10 CHAYTOR, Q.C.:
 11 Q. - no recommendation from the panel.
 12 MS. PREDHAM:
 13 A. Yeah.
 14 CHAYTOR, Q.C.:
 15 Q. So, "We have reviewed 23 patients and eight
 16 have had to be notified and offered Tamoxifen.
 17 Twenty-three letters will be typed today and
 18 sent to Kara for signing and mailing on
 19 Monday. We have a list of 20 patients for
 20 next Thursday, which leaves 31 patients to be
 21 reviewed." I guess that's out of your first
 22 batch that came back from Mount Sinai.
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. And the patient that Dr. Felix brought to the
 2 panel--if we just go back to P-2552 for a
 3 moment please? I believe that person was
 4 referred to in the notes. I don't know that
 5 it's in the minutes, but perhaps it was in the
 6 notes that we've seen prior that there was
 7 reference to her. Do you recall what the
 8 issue was or why the person, if they hadn't
 9 been part of the retesting, why would they be
 10 at the panel at all?
 11 MS. PREDHAM:
 12 A. I just have a vague memory of Dr. Felix
 13 bringing something up and just--he wanted
 14 advice, I guess, on how to proceed, but I
 15 can't remember anything else.
 16 CHAYTOR, Q.C.:
 17 Q. And if we could have, please, P-3160? And
 18 this is an e-mail communication from yourself
 19 to Ms. Pilgrim and Ms. Thomas-Pennell and it's
 20 October 25th, 2005 and it's regarding response
 21 to, we understand, questions being posed by
 22 the reporter at the Muse. And Ms. Pilgrim
 23 writes saying "my response to the Muse, I know
 24 you will edit, so feel free. By the way, I'm
 25 not proposing leaving the last sentence

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1 dangling, there is an invitation just in case
 2 they decide to print this as is, I just
 3 noticed this as I re-read, thought I would
 4 mention it just so neither of you have
 5 palpitations when you read it." And you come
 6 back with, "I made a couple of changes, you
 7 know, I bet we get more feedback from this
 8 than the others." And why were you
 9 anticipating that you might get more feedback
 10 on this?
 11 MS. PREDHAM:
 12 A. It was just, I guess I was surprised that the
 13 university newspaper would be running a story
 14 on it and I just thought, you know, wouldn't
 15 it be funny if we got more feedback on the
 16 university story than we did on the other main
 17 media.
 18 CHAYTOR, Q.C.:
 19 Q. So were you surprised about the low level of
 20 feedback from the main media?
 21 MS. PREDHAM:
 22 A. Oh no, no, no. I just was surprised that the
 23 university was covering this story, that's
 24 all.
 25 CHAYTOR, Q.C.:

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1 Q. And then if we look at page two, the ER/PR
 2 testing response to the Muse, "The result
 3 issue is still currently under investigation
 4 by Eastern Health. Retesting of previous
 5 results is a critical part of this
 6 investigation." What's that referring to, how
 7 are the retesting and the results a critical
 8 part of the investigation?
 9 MS. PREDHAM:
 10 A. Well it is a critical part because then you
 11 could see, you know, was there a period of
 12 time when you had more conversions as opposed
 13 to another? Were there other--from the
 14 documentation that we had, were there things
 15 that played a part in that? Dr. Mullens'
 16 results indicated what he felt about fixation
 17 and whether internal controls were present, so
 18 you know, what you need to do is go through
 19 and say, okay, of all the ones with poor
 20 fixation--or of all the ones that actually
 21 converted once that's, you know, decided how
 22 you're going to measure that, how many of
 23 those had poor fixation and how many had poor
 24 fixation of the ones that remained the same.
 25 How many of the ones that converted had

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1 internal controls read--or had internal
 2 controls and how many didn't. So you needed
 3 that part, and also then you'd have to go by
 4 year or even by month to see is there an area
 5 where there were more than there was somewhere
 6 else. And again, was there more before 2003
 7 or after 2003?
 8 CHAYTOR, Q.C.:
 9 Q. Okay. And as of October 25th, I think this
 10 is, 2005, what investigation was ongoing to
 11 determine what had gone wrong?
 12 MS. PREDHAM:
 13 A. I wasn't part of that investigation at that
 14 part, but I know that the, looking at the
 15 results and looking at the end, you know,
 16 doing that analysis at the end was a critical
 17 part of it and still is.
 18 CHAYTOR, Q.C.:
 19 Q. And, however -
 20 THE COMMISSIONER:
 21 Q. Are you saying that has or has not been done?
 22 MS. PREDHAM:
 23 A. I think that's underway now.
 24 THE COMMISSIONER:
 25 Q. Thank you.

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1 CHAYTOR, Q.C.:
 2 Q. And that's something that came up or began to
 3 be redone through NLCHI, I take it?
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And if we could have then, please, P-2975?
 8 And this appears to be further discussion
 9 about the response to the Muse. This is,
 10 again you'll see where you say you'll get more
 11 feedback and then Deborah Thomas-Pennell says,
 12 "We need to answer how many are affected by
 13 this question diplomatically." And your
 14 response, "I think we've answered that in some
 15 other media interviews. I'm not sure which
 16 right now, but we should be consistent.
 17 Doesn't Dr. Williams say 70 to 100 could be
 18 affected?" And, Ms. Predham, why would you be
 19 concerned about looking back on what had been
 20 said in the past and being consistent,
 21 wouldn't it be more important to update your
 22 numbers and be accurate?
 23 MS. PREDHAM:
 24 A. Well the media interviews were ongoing, it
 25 wasn't looking back so much in the past, I

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1 think it was probably only a week or so. You
 2 know, Dr. Williams had ongoing--done media
 3 interviews and I know he was saying that what
 4 he felt could be affected there, it was all
 5 supposition I guess at that point, of how many
 6 the total would be and my point was just, well
 7 if we're already out there saying something,
 8 we should say the same thing if that's what
 9 we're saying.
 10 CHAYTOR, Q.C.:
 11 Q. And you just, in terms of being on the panel
 12 and providing that feedback to Dr. Williams,
 13 if in fact you had new knowledge as to the
 14 numbers that were showing to be affected or
 15 impacted, and your impression, therefore, had
 16 changed since Dr. Williams had spoken on the
 17 issue, wouldn't it be important to look at
 18 that and get some indication and give the
 19 facts, give--well here's how many to date have
 20 changed, here's where we are with it?
 21 MS. PREDHAM:
 22 A. Well, we'd only had two panel meetings, maybe
 23 three at this--two I think, so the last e-mail
 24 that you showed, we had eight that required
 25 intervention. We didn't get the bulk of--the

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1 results weren't back, so it was still just, at
 2 this point, it was still just imagining or
 3 anticipating.
 4 CHAYTOR, Q.C.:
 5 Q. And, well you had eight that required
 6 intervention, but there were others who
 7 required a change in treatment because they
 8 had already been dealt with.
 9 MS. PREDHAM:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. And you also had the 57 from over the summer
 13 who had been dealt with and put on whatever
 14 change in treatment that was required. So I'm
 15 just suggesting that why not give the numbers,
 16 why not say, well here's where we are, it's
 17 early in the process, but out of this many,
 18 here's how many we have back?
 19 MS. PREDHAM:
 20 A. I never really thought about it. Sure, we
 21 could have given the numbers at that time, but
 22 my only thought when I saw that, if Deborah
 23 was aware of that and she just wanted--and she
 24 was asking, I just made the suggestion, well
 25 Dr. Williams is out there now in the media

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1 saying something, shouldn't we be consistent
 2 and not come up with a new number? But I
 3 mean, you're right, I mean that was--but I
 4 wasn't even thinking here's the number that we
 5 have now.
 6 CHAYTOR, Q.C.:
 7 Q. And if we could, the suggestion then, I guess,
 8 of Ms. Thomas-Pennell, she says "we've used
 9 anywhere from five to 10 percent of the people
 10 who are tested, but I'm not sure we know a
 11 number until the test results come back." And
 12 you respond, "So our response could be at this
 13 point in time we can't say exactly, but we
 14 anticipate that five to 10 percent of the
 15 patients who are having their samples
 16 retested, may be affected by the new results."
 17 And how is that, why not say you can't say
 18 exactly but here's the numbers, how are you
 19 anticipating, on what basis or what numbers
 20 are you anticipating that five to 10 percent
 21 of the patients who are having their samples
 22 retested may be affected?
 23 MS. PREDHAM:
 24 A. I'm only anticipating because that's what she
 25 said the number was used before. I wasn't

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1 doing any anticipation, that was Dr. Williams
 2 was doing the anticipation of what would be
 3 affected.
 4 CHAYTOR, Q.C.:
 5 Q. And you're agreeing with it or suggesting that
 6 as an appropriate answer to give to the media?
 7 MS. PREDHAM:
 8 A. I only asked to use the same thing that was
 9 being said at the time and I only suggested
 10 that wording based on what she told me was
 11 being said at the time.
 12 CHAYTOR, Q.C.:
 13 Q. So it's similar to sticking with the story
 14 that you said and repeating it again?
 15 MS. PREDHAM:
 16 A. Well, I guess at that point, but we only had
 17 part of the information. The early results
 18 were not as random as it was going to be. We
 19 didn't have a good picture on what we were
 20 going to find out in this and we could have
 21 went out with numbers, but Dr. Williams had
 22 been out in the media and he was saying
 23 something, a percent or a number of whatever
 24 and all I was suggesting is, well, whatever
 25 he's out there currently in the media saying,

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1 you might as well say the same thing to the
 2 Muse.
 3 CHAYTOR, Q.C.:
 4 Q. And that's the same one, if we could have,
 5 please, P-2976? And Ms. Pilgrim writes, "Here
 6 is the final version from me. You will
 7 change." What did you understand her to be
 8 saying by that?
 9 MS. PREDHAM:
 10 A. Oh I guess she anticipated that I would edit
 11 it again, but I don't think I did.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, so you could make, if you saw fit, you
 14 could make further changes?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. But she wasn't telling you--she's not telling
 19 you to make her changes, she's done that.
 20 MS. PREDHAM:
 21 A. No. Yeah.
 22 CHAYTOR, Q.C.:
 23 Q. But she's saying but feel free to go ahead and
 24 change it if you see fit?
 25 MS. PREDHAM:

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1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. I'm sorry, this is ER/PR testing response to
 4 the Muse, "What went wrong with the test? Do
 5 you feel the error was primarily human. The
 6 ER/PR test is still currently under
 7 investigation by Eastern Health. Retesting of
 8 the previous results is a critical part of
 9 this investigation." So that doesn't change.
 10 MS. PREDHAM:
 11 A. Right.
 12 CHAYTOR, Q.C.:
 13 Q. "We have had experts from other parts of
 14 Canada visit our laboratory as part of this
 15 process. We need to complete our
 16 investigation before we can make any
 17 conclusions about this issue." And why not
 18 give the information as to what had been
 19 determined to date?
 20 MS. PREDHAM:
 21 A. Well, you know, part of what has been
 22 determined to date is--part of it is verifying
 23 it against those results, you know, fixation
 24 was suggested as being an issue there, but
 25 until you actually see how many played a role

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1 in it, you, you know, you really can't tell
 2 what part, how big a role it will play.
 3 MS. PREDHAM:
 4 A. And so in terms of listing out concerns that
 5 had been--things that you knew had been
 6 determined to be short comings in the test,
 7 why not tell that?
 8 MS. PREDHAM:
 9 A. From my perspective, we were still in the
 10 middle of investigating it, you know, the
 11 investigation was going on within the lab and
 12 I wasn't part of that and it was premature to
 13 come out and say that these are the reasons
 14 for this.
 15 CHAYTOR, Q.C.:
 16 Q. And was it premature to say that these are
 17 some problems that we have detected, however,
 18 with the test?
 19 MS. PREDHAM:
 20 A. Well, again, we could have said that, but we
 21 didn't.
 22 CHAYTOR, Q.C.:
 23 Q. And No. 3, "How many women do you think will
 24 be affected, how will you remedy this problem?
 25 And the number has been put at eight to ten

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1 percent of those retested will be affected,
 2 and those affected will be contacted by their
 3 physician to discuss the results." So the
 4 eight to ten percent, how is that then being
 5 calculated by the time this goes to the Muse?
 6 MS. PREDHAM:
 7 A. I have no idea.
 8 CHAYTOR, Q.C.:
 9 Q. And did you have any question about it? You
 10 don't think you made any changes, though, to
 11 this.
 12 MS. PREDHAM:
 13 A. No.
 14 CHAYTOR, Q.C.:
 15 Q. So I take it you were comfortable with sending
 16 this information off as is to the Muse?
 17 MS. PREDHAM:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. And do you have any idea who provided the
 21 eight to ten percent?
 22 MS. PREDHAM:
 23 A. No.
 24 CHAYTOR, Q.C.:
 25 Q. And did you have any concern with the fact

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1 that it was suggesting that eight to ten
 2 percent of those being retested will be
 3 affected?
 4 MS. PREDHAM:
 5 A. No, I didn't pick up on that.
 6 CHAYTOR, Q.C.:
 7 Q. And is that consistent with what Dr. Williams
 8 had been saying?
 9 MS. PREDHAM:
 10 A. No, I think he was saying that it was eight to
 11 ten percent of all patients would be affected.
 12 CHAYTOR, Q.C.:
 13 Q. And you have no idea who came up with that
 14 answer?
 15 MS. PREDHAM:
 16 A. No.
 17 CHAYTOR, Q.C.:
 18 Q. And it didn't catch your attention that it may
 19 not be consistent with what you've been saying
 20 before and it may not, in fact, be accurate,
 21 given what we're seeing so far to date?
 22 MS. PREDHAM:
 23 A. I never picked up on it that it was eight to
 24 ten percent of those being retested.
 25 CHAYTOR, Q.C.:

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1 Q. If we could have, please, P-1384? And this is
 2 the third panel meeting and it begins with a
 3 reference to a deceased patient. "While
 4 signing the letters going out to physicians
 5 from the October 13th meeting, Dr. Laing
 6 learned that a particular patient was
 7 deceased. No follow up letter will be
 8 forwarded from the review panel at this time.
 9 The deceased patients will be reviewed at a
 10 later date." So I take it, Ms. Predham, that
 11 patient, whatever information was made
 12 available to the panel, the panel had gone
 13 ahead on October 13th and panelled that
 14 patient.
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And unbeknownst to the panel members, through
 19 review of his or her chart that they had since
 20 died?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And I take it that person wasn't on the list
 25 that you were compiling for deceased patients?

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1 MS. PREDHAM:
 2 A. No, I think it was someone who recently died.
 3 CHAYTOR, Q.C.:
 4 Q. And did this cause you, when this happened,
 5 did this cause you concern as to the
 6 completeness of the list of the deceased that
 7 you had?
 8 MS. PREDHAM:
 9 A. Oh, I always had a concern with the
 10 completeness of that list.
 11 CHAYTOR, Q.C.:
 12 Q. And was that list, though, continued to be
 13 relied upon?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. If we could have, please, P-1320?
 18 MS. PREDHAM:
 19 A. And this appears to be your update then the
 20 next morning to Dr. Williams and it also goes
 21 to Ms. Pilgrim. "And at this point we've
 22 reviewed 23 patients. Two that we picked up
 23 didn't require panelling as they didn't
 24 convert. QSI will contact them and let them
 25 know." So the plan is those are your

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1 confirmed negatives.
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. And your department will call them. "Nine
 6 required no action." So I take it, those are
 7 people already on Tamoxifen, whether
 8 originally or in the interim from the
 9 retesting to getting to the panel had been
 10 picked up by their treating physician?
 11 MS. PREDHAM:
 12 A. Or they could have been, there was a low risk,
 13 so they were not recommended to be on
 14 Tamoxifen because, you know, of their clinical
 15 presentation and the length of time that had
 16 passed by.
 17 CHAYTOR, Q.C.:
 18 Q. "13 will be recommended for Tamoxifen. One
 19 had died and will be added to that list to be
 20 dealt with at a later date. So with the
 21 numbers from the previous two weeks, that
 22 gives us a total out of 46, 21 whose treatment
 23 has been impacted." I'm just wondering in
 24 light of that and what had been proposed two
 25 days before to be told to the Muse that five

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1 or eight to ten percent of those being
 2 retested may have treatment impacted. Did
 3 this cause you concern that we have
 4 information going out that clearly may not be
 5 accurate?
 6 MS. PREDHAM:
 7 A. Well these weren't--the 46 was not all the
 8 people we had results on, so we had results on
 9 more that didn't change. But also, like I
 10 said, I didn't pick up that line in that Muse
 11 thing said eight to ten of those retested.
 12 CHAYTOR, Q.C.:
 13 Q. So this is 46 out of--who are the 46?
 14 MS. PREDHAM:
 15 A. Forty-six are out of the people whose results
 16 had come back, they were the ones whose
 17 results had changed.
 18 CHAYTOR, Q.C.:
 19 Q. And 21 of those have had their treatment
 20 impacted?
 21 MS. PREDHAM:
 22 A. Right.
 23 CHAYTOR, Q.C.:
 24 Q. So 46 have had a change in result and 21 of
 25 those have had their treatment changed?

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1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. And in telling the Muse eight to ten percent
 5 of those being retested may have their
 6 treatment impacted, meaning, I take it, a
 7 treatment change?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. In this e-mail, it also goes on to say that,
 12 "it seems that Dr. Cook has more results back
 13 than I was aware of, so I'm taking some time
 14 this morning to review all the names and
 15 stats, comparing them to Dr. Cook's and
 16 hopefully Terry's latest list." What's that
 17 referring to?
 18 MS. PREDHAM:
 19 A. That was one of the complications that came
 20 forward in this as we went along, Mr. Gulliver
 21 had--was co-ordinating what came in and what
 22 was, you know, what came into Eastern Health
 23 in identifying the patients. Dr. Cook was
 24 reviewing those, they were going off to Mount
 25 Sinai and then Dr. Cook was getting them back.

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1 And then I was the one co-ordinating the panel
 2 and had to take that information and combine
 3 it together to come up with the list. Didn't
 4 seem to be a big of a problem when we started
 5 out, but because the three of us were on three
 6 different sites and had three little different
 7 pieces of it, it turned out to be a problem.
 8 And this was probably the first time that this
 9 timely communication between us seemed to be
 10 an issue.
 11 CHAYTOR, Q.C.:
 12 Q. And I take it even though you're in three
 13 different sites, you weren't also
 14 electronically connected with, for example,
 15 having all of you be able to access the same
 16 data in the same database.
 17 MS. PREDHAM:
 18 A. No.
 19 CHAYTOR, Q.C.:
 20 Q. Was there any thought given to doing that?
 21 MS. PREDHAM:
 22 A. No. It wasn't any thought, but, you know, it
 23 would have been a good idea.
 24 CHAYTOR, Q.C.:
 25 Q. So you're going to go away, it appears and

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1 look at, review the names and the stats and
 2 compare them to Dr. Cook's. So was Dr. Cook
 3 also keeping any kind of statistics?
 4 MS. PREDHAM:
 5 A. Yes, he had, you know, once NLCHI came over
 6 and we started looking at what we had, Dr.
 7 Cook actually had the most complete list
 8 because he had, he and Terry were doing it
 9 manually with Terry's list. Dr. Cook got
 10 everything thing that came back and then had
 11 it in Terry's spreadhsheet and then had the
 12 complete list there. So both Mr. Gulliver and
 13 Dr. Cook had lists. Mr. Gulliver didn't have
 14 the results, but he had who went out.
 15 THE COMMISSIONER:
 16 Q. So in this particular paragraph, what you're
 17 saying is that when results came back from Dr.
 18 Cook, you weren't always advised immediately
 19 that there were new results back, is that the
 20 substance of that?
 21 MS. PREDHAM:
 22 A. Yes.
 23 THE COMMISSIONER:
 24 Q. And when you talk about the second paragraph,
 25 "We've reviewed 23 patients (2 that we didn't

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1 pick up didn't) et cetera, et cetera.
 2 Are you saying there were 25 reviewed, two
 3 didn't belong in there, therefore, I am not
 4 counting them; or are you saying of the 23,
 5 two didn't require -
 6 MS. PREDHAM:
 7 A. No, we did 25 and two didn't require--two were
 8 confirmed negative.
 9 THE COMMISSIONER:
 10 Q. Thank you.
 11 CHAYTOR, Q.C.:
 12 Q. If we could have, please, P-2558? And this is
 13 a teleconference meeting of the panel and
 14 perhaps you could just tell us the logistics
 15 of how did that work? How did you hold the
 16 teleconference meeting of the panel?
 17 MS. PREDHAM:
 18 A. Because we only had three charts to review,
 19 Dr. Laing would have had the charts and went
 20 through it. We tried this out, I guess just
 21 because it was the volume, you know, the three
 22 of them here, but it didn't work out. We
 23 didn't do it after this.
 24 CHAYTOR, Q.C.:
 25 Q. And why didn't it work out? Who actually

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1 would have had the chart material on the
 2 phone?
 3 MS. PREDHAM:
 4 A. Dr. Laing, Dr. McCarthy would have been there
 5 with her.
 6 CHAYTOR, Q.C.:
 7 Q. So in terms of the rest of the panel being
 8 able to take part of verify any documentation,
 9 I guess that can't happen very well over the
 10 phone?
 11 MS. PREDHAM:
 12 A. No, and none of us, you know, I say "us", but
 13 the clinicians didn't like this format, so we
 14 didn't do that anymore.
 15 CHAYTOR, Q.C.:
 16 Q. And there's a note here, these letters were
 17 delayed in getting signed and letters are
 18 dated December 18th, so now this is a panel
 19 meeting of November 10th and it appears that
 20 it is over a month before the letters go out.
 21 Do you recall why there was the delay in
 22 getting those letters out?
 23 MS. PREDHAM:
 24 A. I don't recall why. I do remember there was a
 25 delay.

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1 CHAYTOR, Q.C.:
 2 Q. And who would, again your department or Ms.
 3 Parsons would be the person drafting the
 4 letters. Do you have any reason to suspect
 5 that the delay was on her part?
 6 MS. PREDHAM:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. So the delay would be on the person who was
 10 responsible for signing off on the letters and
 11 getting them out?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And in this context, the person chairing the
 16 committee with--well if Dr. Laing is present,
 17 she would be the person chairing the committee
 18 and responsible for getting the letters out.
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And there's a discussion at this meeting about
 23 a patient who had previously been panelled on
 24 October 20th, 2005 and the person is reviewed
 25 again following her inquiry to the information

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1 line inquiring whether or not her sample was
 2 sent for retesting and if the results were
 3 reviewed. "At the time of her initial review
 4 by the panel, it was recommended that a letter
 5 not be sent as this lady had refused treatment
 6 with Tamoxifen when diagnosed and she had a
 7 low risk tumour. The panel now agreed that a
 8 letter should go to Ms. (Blank) family's
 9 physician with the recommendation that she not
 10 be offered treatment with Tamoxifen at this
 11 time because of her low risk tumour." And Dr.
 12 somebody, "will be requested to communicate to
 13 her the results received from Mount Sinai
 14 Hospital." What do you receive about that
 15 situation and why that patient--why it was
 16 originally recommended that she not be sent a
 17 letter?
 18 MS. PREDHAM:
 19 A. She was the only one and I really can't
 20 remember the details of that, but I know it
 21 didn't sit well with anyone that a letter was
 22 not being sent for this particular
 23 circumstances. So they decided to send a
 24 letter.
 25 CHAYTOR, Q.C.:

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1 Q. And it didn't sit well, who originally made
 2 the decision not to send a letter?
 3 MS. PREDHAM:
 4 A. Well it would have been the physicians in, you
 5 know, as they went through, they would have
 6 made a consensus agreement with that.
 7 CHAYTOR, Q.C.:
 8 Q. And at the time, were you uneasy with that or
 9 did you contribute to the discussion at all as
 10 to why this person would be treated
 11 differently?
 12 MS. PREDHAM:
 13 A. I wouldn't have contributed, certainly not
 14 early on--well, no, I wouldn't have
 15 contributed to the discussion, but I probably
 16 would have been happier when a letter would
 17 go.
 18 THE COMMISSIONER:
 19 Q. So this is the physicians changing their mind
 20 as to how they should deal with this patient?
 21 MS. PREDHAM:
 22 A. Yes.
 23 THE COMMISSIONER:
 24 Q. At least not changing their mind in respect of
 25 the recommendation, but the communication

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1 there.

2 MS. PREDHAM:

3 A. Yes.

4 CHAYTOR, Q.C.:

5 Q. And I noticed in going through this and it's

6 no notes attached to this one, but in going

7 through there are times when the word

8 "minuted" is written next to, on the forms

9 that were being kept, and the word "minuted"

10 would show up sometimes. Do you know what

11 that's referring to?

12 MS. PREDHAM:

13 A. I guess there may have been a further comment

14 in the minutes.

15 CHAYTOR, Q.C.:

16 Q. And was every case that was discussed, though,

17 minuted or were there additional cases--apart

18 from your zero zeros, but were there other

19 cases discussed that may ultimately not end up

20 in the minutes?

21 MS. PREDHAM:

22 A. No, not that I recall.

23 CHAYTOR, Q.C.:

24 Q. And if we could have then, please, P-0684?

25 And this is an e-mail of November 24th, 2005

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1 from yourself to Dr. Williams, copied to Dr.

2 Cook, Ms. Elliott and Ms. Pilgrim. "As you've

3 requested, here's an update on ER/PR. There

4 hasn't been much activity, other than getting

5 two more converted results back. Dr. Kwan

6 made a suggestion at the last panel that I

7 should track those we may have potentially

8 harmed. We had agreed to classify patients as

9 being converted with or without

10 recommendations, but Dr. Kwan, and rightly so,

11 felt that it didn't accurately reflect those

12 who have been impacted. For example, if a

13 person was initially diagnosed with breast

14 cancer in the left breast and was ER/PR

15 negative and then had metastases to the right

16 breast, which was ER/PR positive, the patient

17 would be then treated with Tamoxifen. So when

18 we panelled the person after the first results

19 converted, the panel would have no

20 recommendations but there has been a potential

21 impact. At the last panel meeting, out of the

22 17 panelled, there was 7 patients that were

23 potentially negatively impacted. I will have

24 to review all the patients panelled, but I

25 will try to have this complete information for

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1 you by next week. As always, if you have any

2 questions, just call me." And what do you

3 recall about that?

4 MS. PREDHAM:

5 A. Oh, I distinctly recall this panel meeting and

6 that conversation. When I would give my

7 updates to Dr. Williams and, you know, then

8 he'd be making his calculations or whatever,

9 he, I guess none of it was good news, but the

10 ones that didn't have recommendations, he felt

11 were of better news than those who needed

12 recommendations. And he was kind of looking

13 at that black and white and I tried to clarify

14 with him, now just because there's no

15 recommendations doesn't mean that that's

16 always a good thing. And so -

17 CHAYTOR, Q.C.:

18 Q. You were trying to make that clear to Dr.

19 Williams.

20 MS. PREDHAM:

21 A. To Dr. Williams. And I'd remind him of that.

22 Now, usually what Dr. Williams would do is

23 he'd call me Friday morning and ask for the

24 numbers and ask, you know, how the panel went.

25 And then throughout the morning, Friday, he

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1 would end up talking to Dr. Kwan. So Dr. Kwan

2 brought it up, I guess it was a concern that I

3 was having from the perception of the way that

4 we had agreed to categorize the patients and

5 Dr. Kwan brought it up and had the same

6 feeling when talking to Dr. Williams, that he

7 was looking at it too black and white, when

8 you couldn't really look at it black and

9 white. So, and I distinctly remember this

10 meeting because, you know, of the 17 that we

11 panelled, 7 were potentially negatively

12 impacted. It was a very sad panel meeting and

13 I distinctly remember that one.

14 CHAYTOR, Q.C.:

15 Q. And even though those 7 patients were

16 potentially negatively impacted, that may not

17 be reflected in the fact that they had

18 recommendations for change.

19 MS. PREDHAM:

20 A. Or no recommendations.

21 CHAYTOR, Q.C.:

22 Q. Or no recommendations.

23 MS. PREDHAM:

24 A. So it was the, you know, we had to try to

25 classify them, have those categories, but you

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1 didn't want people to be just, you know,
 2 saying, okay, that's what that means and
 3 that's what that means. Everything about this
 4 whole issue had all these nuances with it.
 5 You couldn't really just say something without
 6 having a bunch of provisos after of anything.
 7 And I guess it was just at that point we were
 8 trying to get some kind of feeling that you
 9 couldn't just clarify them in categories and
 10 say that that's it.
 11 CHAYTOR, Q.C.:
 12 Q. And you were concerned by doing it this way,
 13 just black and white with or without
 14 recommendations, that you're not capturing
 15 those people, for example, as you're saying
 16 here, somebody who had developed a metastases,
 17 has another test done, already on treatment
 18 because perhaps the second test that they had
 19 done on their metastases was accurate, so it's
 20 not capturing those people who really may have
 21 been impacted had they had an accurate test
 22 done the first time around?
 23 MS. PREDHAM:
 24 A. You know, everybody was impacted, you know, to
 25 a degree.

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1 CHAYTOR, Q.C.:
 2 Q. Yes.
 3 MS. PREDHAM:
 4 A. But there were certain more harm to people, I
 5 guess, for a better term.
 6 CHAYTOR, Q.C.:
 7 Q. And your way of doing it with or without
 8 recommendations, and when I say "you", I mean,
 9 Eastern Health's way of doing it, was also not
 10 capturing those people that we spoke of a few
 11 minutes ago?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. That may in fact have had their treatment
 16 changed before their name ever comes before
 17 the panel?
 18 MS. PREDHAM:
 19 A. Exactly.
 20 CHAYTOR, Q.C.:
 21 Q. Or those for any other reasons that were put
 22 on Tamoxifen?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. Yes.
 2 MS. PREDHAM:
 3 A. So, you know, really what needed to be done,
 4 after we did all the panelling, then you
 5 almost needed to have a full chart review of
 6 looking for certain criteria and did looking
 7 at did their treatment actually change, rather
 8 than just look at the recommendations and try
 9 to classify them on the recommendations.
 10 You'd like to see how many people whose
 11 treatment actually did change because of this,
 12 and then use that as a category.
 13 CHAYTOR, Q.C.:
 14 Q. Yes, and whose idea was it just to use those
 15 converted with--recommendations and those
 16 converted without recommendations, and to rely
 17 on the panel's results? Whose idea was that?
 18 MS. PREDHAM:
 19 A. I guess that was the only--the only review of
 20 the results that was going on at that time.
 21 I'm not sure what else was going on, but this
 22 is what I was involved in, and from a--you
 23 know, I guess, as we went along, we became
 24 more standardized in how we were classifying
 25 people just to put them in groupings, and this

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1 is the way it worked out.
 2 CHAYTOR, Q.C.:
 3 Q. But the people coming before the panel, it
 4 wouldn't have been much more difficult for you
 5 or whoever to keep track of those, well, yes,
 6 they don't have a recommendation from the
 7 panel, but that's because they're already on
 8 Tamoxifen because of metastatic disease or
 9 whatever other reason, or because they had
 10 walked into their oncologists office last week
 11 and been put on--it wouldn't have been very
 12 difficult to track those people as well into a
 13 separate category?
 14 MS. PREDHAM:
 15 A. No, it wouldn't have been.
 16 CHAYTOR, Q.C.:
 17 Q. But that wasn't done. Was Dr. Kwan's
 18 suggestion ever followed up on?
 19 MS. PREDHAM:
 20 A. We did--I had to go by what the panel
 21 discussed. So if the panel said this is a
 22 person who is impacted, then I'd make a note
 23 of it.
 24 CHAYTOR, Q.C.:
 25 Q. And you believed this was the right thing to

Page 97

1 do, though?

2 MS. PREDHAM:

3 A. Yes.

4 CHAYTOR, Q.C.:

5 Q. And you forwarded this on to Dr. Williams, and

6 you're indicating to him that you're prepared

7 to review all the ones that have been

8 panelled, and come up with the complete

9 information for him. Did you ever do that?

10 MS. PREDHAM:

11 A. Oh, yes.

12 CHAYTOR, Q.C.:

13 Q. And you gave him those numbers?

14 MS. PREDHAM:

15 A. Yes.

16 CHAYTOR, Q.C.:

17 Q. Which included those who had overall been

18 impacted?

19 MS. PREDHAM:

20 A. Yes.

21 CHAYTOR, Q.C.:

22 Q. And do you know, do we have that?

23 MS. PREDHAM:

24 A. I think I had to try to recreate my list of

25 names for you.

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1 CHAYTOR, Q.C.:

2 Q. That's much later, though. You're talking

3 about the 22 that you create in August of

4 2006?

5 MS. PREDHAM:

6 A. Yes.

7 CHAYTOR, Q.C.:

8 Q. Okay. So are you saying that you started that

9 process in November, 2005?

10 MS. PREDHAM:

11 A. In my notes I would have made a note. If the

12 panel said this is a person who's been

13 impacted, I would have made a note as we went

14 along. So then in August, 2006, I would have

15 tallied it all up and said these are how many

16 people.

17 CHAYTOR, Q.C.:

18 Q. But did you then in your updates to Dr.

19 Williams provide him with that third category?

20 MS. PREDHAM:

21 A. I'm not sure if I did it regularly, but I did

22 it when I did up briefing notes, I think.

23 CHAYTOR, Q.C.:

24 Q. And you were going to go back and have

25 information go to him by the end of next week.

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1 So by the end of November, 2005, is there any

2 documentation that we could see to say what

3 you told Dr. Williams at that point in time to

4 be the overall review of people who had been

5 impacted?

6 MS. PREDHAM:

7 A. I don't know. I don't know. I can remember

8 distinctly this, and I can remember this

9 distinctly and making notes, but I can't

10 remember coming up with the complete

11 information, and I may have--what I may have

12 discovered when I went back--I had to go by

13 the panel making this decision, like, you

14 know, the clinicians always indicated this

15 person has been impacted. So probably what my

16 problem was is going back to do that, I'd have

17 to clarify with some members of the panel to

18 say who do they feel has been impacted so far

19 as we went through this.

20 CHAYTOR, Q.C.:

21 Q. And did you do that?

22 MS. PREDHAM:

23 A. As I'm saying this to, that sounds familiar.

24 I would have done something like that, but I

25 don't have any strong memories of it. I did

Page 100

1 have a -

2 CHAYTOR, Q.C.:

3 Q. And do you have any documentation of it?

4 MS. PREDHAM:

5 A. Of my list of names, there were people who

6 were panelled before this evening.

7 CHAYTOR, Q.C.:

8 Q. Yes.

9 MS. PREDHAM:

10 A. So I must have gone back and done that.

11 CHAYTOR, Q.C.:

12 Q. And provided the information to Dr. Williams?

13 MS. PREDHAM:

14 A. Yes. If I had it, I would have told him. I

15 mean, the whole purpose of me doing this was

16 to ensure that he had that differentiation of

17 those categories.

18 CHAYTOR, Q.C.:

19 Q. And in your follow-up, though, reports to him,

20 do you actually do that and break it down with

21 these are people that we've impacted, and

22 while there's no recommendations, these people

23 have been impacted?

24 MS. PREDHAM:

25 A. I don't know if I did. I may have done it

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1 verbally when I'd give him the broad numbers,
 2 and then when--he'd always call me that
 3 morning and then we'd have that discussion,
 4 and I would tell him after that.
 5 CHAYTOR, Q.C.:
 6 Q. And I guess we haven't seen any documentation
 7 after this in terms of if there was something
 8 put together for Dr. Williams, we haven't seen
 9 any documentation to that effect, but your
 10 recollection on it is that you did give that
 11 to him, whether--are you saying it may have
 12 been verbally?
 13 MS. PREDHAM:
 14 A. It may have been verbally. I talk to him
 15 every Friday morning, and, of course, I was
 16 keeping track of it and the purpose of me
 17 keeping track of it was primarily for him, and
 18 my keeping track of it--whenever I talked to
 19 him, I would have done a summary up of the
 20 numbers, but I would also have the notes from
 21 the panel there. So that's where I was
 22 keeping track of it from my panel notes.
 23 CHAYTOR, Q.C.:
 24 Q. So in your panel notes, you're keeping track
 25 of who's impacted even if they don't have a

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1 change in treatment?
 2 MS. PREDHAM:
 3 A. No--yes.
 4 CHAYTOR, Q.C.:
 5 Q. And when you say your panel notes, where are
 6 they, do we have those?
 7 MS. PREDHAM:
 8 A. They would be, like, lists, and they would be
 9 all highlighted with different colours and
 10 they'd have my notes written down the side.
 11 THE COMMISSIONER:
 12 Q. I just want to make sure I understand what was
 13 happening at least to this point. So you
 14 would have these panel meetings, after which
 15 you would give a verbal report to Dr.
 16 Williams, and then subsequently e-mails?
 17 MS. PREDHAM:
 18 A. I probably--when I would go home, I'd tally
 19 them up and then first thing in the morning I
 20 would e-mail him. Then he would call and go
 21 over that e-mail.
 22 THE COMMISSIONER:
 23 Q. Oh, okay. So you would have both a
 24 conversation about the previous event, and he
 25 would have whatever you provided him with

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1 within the e-mail?
 2 MS. PREDHAM:
 3 A. Yes.
 4 THE COMMISSIONER:
 5 Q. At some point along the way, you realized that
 6 Dr. Williams approach was, let us say, less
 7 nuance than perhaps it should have been?
 8 MS. PREDHAM:
 9 A. Well, it seemed that every Friday, I would
 10 have the conversation with--now remember just
 11 because they don't have--there's no
 12 recommendations, doesn't mean that that's a
 13 good thing.
 14 THE COMMISSIONER:
 15 Q. All right.
 16 MS. PREDHAM:
 17 A. Or some variation of that.
 18 THE COMMISSIONER:
 19 Q. So you began keeping track of those occasions
 20 when the oncologists present might indicate
 21 that somebody had been impacted on the basis
 22 of the record that they saw in front of them?
 23 MS. PREDHAM:
 24 A. Yes.
 25 THE COMMISSIONER:

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1 Q. So Dr. Williams was then getting--in addition
 2 to the kind of information that was in your
 3 regular e-mail, he was also being told that in
 4 addition to this information, you should know
 5 that it is the view of our oncologist that
 6 this number of people of those who we have
 7 panelled today were impacted?
 8 MS. PREDHAM:
 9 A. Yes.
 10 THE COMMISSIONER:
 11 Q. And did you on that occasion also say to him,
 12 and by the way, you should also know what I'm
 13 telling you who was a recommendation for a
 14 change of treatment this morning, that we know
 15 that of those reviewed, three had already been
 16 reviewed by the oncologist last week and, in
 17 fact, there are these extra ones you should be
 18 aware of as well?
 19 MS. PREDHAM:
 20 A. Yes.
 21 THE COMMISSIONER:
 22 Q. So you would tell him that in the
 23 conversation?
 24 MS. PREDHAM:
 25 A. Yes.

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1 THE COMMISSIONER:
 2 Q. Okay.
 3 CHAYTOR, Q.C.:
 4 Q. And if we could look then, please, at P-2994,
 5 and these are charts for review from the
 6 January 12th, 2006. For example, here now,
 7 Ms. Predham, "ER/PR to be panelled.
 8 Previously reported as positive. Results from
 9 other regions not on Heather's list". Is this
 10 a chart that you would have prepared?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. And then if I look over, for example, to be
 15 panelled, and I guess there's three people, it
 16 appears, and you've got written across here--
 17 is this your writing, "no impact"?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And then this is a asterisk with "impact".
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. On this particular person here, okay. This

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1 would be on what basis? Is this something
 2 you're hearing in the room?
 3 MS. PREDHAM:
 4 A. Hearing in the room.
 5 CHAYTOR, Q.C.:
 6 Q. You're making these notes that this person has
 7 had an impact?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And if we could look at 2940, please, and I
 12 think it's page 39 of this document. If we
 13 look here, we see there's--this is your note,
 14 I take it?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. "2487 tests", and there's some numbers over
 19 here, "retest 750, retest 327; 170 back, 158",
 20 what's that word?
 21 MS. PREDHAM:
 22 A. It looks like "relate". These notes--I was
 23 meeting with Dr. Williams and he was going
 24 through, you know, this statistical stuff, so
 25 I was--I was writing down numbers he was

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1 saying. So he was at this point in time
 2 trying to figure out how many people would be
 3 impacted. Now here the--the impacted here
 4 that he was talking about was not the impacted
 5 that I was talking about there.
 6 CHAYTOR, Q.C.:
 7 Q. That you were keeping track of?
 8 MS. PREDHAM:
 9 A. Right. This was the ones who were--treatment
 10 had been changed or something on that level.
 11 CHAYTOR, Q.C.:
 12 Q. So Dr. Williams continued to speak of or
 13 referred to impacted according to whether the
 14 panel decided that they needed a treatment
 15 change?
 16 MS. PREDHAM:
 17 A. Right.
 18 CHAYTOR, Q.C.:
 19 Q. But your definition in your mind on impacted
 20 had expanded beyond that to include all of the
 21 people who may have, for one reason or the
 22 other -
 23 MS. PREDHAM:
 24 A. Whose disease had progressed in the interim.
 25 CHAYTOR, Q.C.:

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1 Q. Yes, or were on Tamoxifen before they ever got
 2 to the panel?
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. Why didn't you give that information in
 7 writing to Dr. Williams? Why is there nothing
 8 that we have in all the volumes of documents
 9 that we have where it says you're telling Dr.
 10 Williams, well, the number that I'm looking at
 11 in terms of who's impacted is greater than
 12 those that the panel is saying received
 13 recommendations, the number is this, and as we
 14 move along now it's this? Why don't we see
 15 that in written documents?
 16 MS. PREDHAM:
 17 A. I'm not really sure. I'm not really sure. As
 18 it progresses, I didn't--I didn't always every
 19 Friday morning write him an e-mail either, but
 20 I did always get the phone call, so it might
 21 be because of that.
 22 CHAYTOR, Q.C.:
 23 Q. So were you concerned to put that kind of
 24 information in writing, did you have any
 25 concern?

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1 MS. PREDHAM:
 2 A. Oh, no, because it went in the briefing note
 3 when I--the next time I was asked to get a
 4 briefing note, which was later on, I put it in
 5 there.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. Is that the briefing note to the
 8 premier?
 9 MS. PREDHAM:
 10 A. It ended up there. I didn't realize that's
 11 where it was going, but -
 12 CHAYTOR, Q.C.:
 13 Q. But is that because you had a specific
 14 question as to those who were most impacted?
 15 MS. PREDHAM:
 16 A. No, it was in--that was already in my briefing
 17 note when I got asked that question.
 18 CHAYTOR, Q.C.:
 19 Q. We'll come to that in due course. If we could
 20 have then 2994. This is the document I think
 21 I just brought your attention to.
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. And these are--so you would prepare this

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1 document, I take it, charts for review, and to
 2 be panelled, previously reported as positive,
 3 tests referred from other regions. Is this
 4 what was sent to the panel members prior to
 5 coming to the panel?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And why would those previously reported as
 10 positive be coming to the panel?
 11 MS. PREDHAM:
 12 A. I'm not really sure. That was probably--it
 13 could have been the first ones that came back
 14 that were previously positive, and I wanted--
 15 and had been retested and I wanted direction
 16 on them.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, so these could be the first indication
 19 of the retro convertors?
 20 MS. PREDHAM:
 21 A. Well, those could be--can you just scroll down
 22 to the next part?
 23 CHAYTOR, Q.C.:
 24 Q. Sure.
 25 MS. PREDHAM:

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1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. Okay, and Ms. Predham, what about the people
 4 who went from ER negative/PR positive, to ER
 5 negative/PR negative, how were they dealt with
 6 by the panel, were they panelled?
 7 MS. PREDHAM:
 8 A. Oh, they were panelled. Any change in any of
 9 the numbers would be panelled. The only ones
 10 that we would look at for confirmed negatives
 11 would be either negative/negative or
 12 zero/zero, and then come back as zero/zero.
 13 CHAYTOR, Q.C.:
 14 Q. So those whose PR positivity changed, if they
 15 started off PR positive, and they came PR
 16 negative, they were panelled?
 17 MS. PREDHAM:
 18 A. Oh, yes.
 19 CHAYTOR, Q.C.:
 20 Q. And what was determined in terms of--their
 21 chart was looked through, I take it, to see
 22 whether or not the required treatment change?
 23 MS. PREDHAM:
 24 A. Oh, exactly the same, yeah.
 25 CHAYTOR, Q.C.:

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1 Q. And it was determined that they had already
 2 been given hormonal treatment, they were, I
 3 take it, advised of that fact that perhaps the
 4 should have, and if they were still on it,
 5 they were taken off the treatment?
 6 MS. PREDHAM:
 7 A. Well, the first thing that would happen when
 8 there was that type of conversion, the--Dr.
 9 Cook would have to take it and investigate it
 10 from a pathology point of view, have the
 11 slides reread, go through that whole process,
 12 probably send off another block or whatever,
 13 do whatever he had to do from a pathology
 14 point of view, and then the results would come
 15 back again.
 16 CHAYTOR, Q.C.:
 17 Q. So the previously reported as positive, as you
 18 say, when we look down here, it looks like
 19 they were 90/20, and that's on the Ventana?
 20 MS. PREDHAM:
 21 A. Uh-hm.
 22 CHAYTOR, Q.C.:
 23 Q. And they went to zero/zero, and 95/80, and
 24 Mount Sinai went to zero/zero, and the third
 25 one here, we don't see any result for?

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1 MS. PREDHAM:
 2 A. No, and this one here, I have a note here that
 3 there was a lot of background staining and it
 4 was interpreted as positive, but actually it
 5 was actually negative. So that was part of
 6 the review that had to take place when these
 7 things were done.
 8 CHAYTOR, Q.C.:
 9 Q. Okay, and if we look then at the--there's a
 10 number of forms here that have "delete"
 11 written on them. Do you know why that is?
 12 MS. PREDHAM:
 13 A. I can't think of it right now. I'd have to
 14 see -
 15 CHAYTOR, Q.C.:
 16 Q. The patient name to know?
 17 MS. PREDHAM:
 18 A. The patient names, yeah.
 19 CHAYTOR, Q.C.:
 20 Q. But these patients would have, you're saying,
 21 have been dealt with by the panel?
 22 MS. PREDHAM:
 23 A. Oh yes.
 24 CHAYTOR, Q.C.:
 25 Q. And even though we see, at page seven,

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1 positive/positive and we have delete, so the
 2 original report is positive/positive, and
 3 there was another one, okay, but you're
 4 confident that the positives would have been
 5 dealt with at that time?
 6 MS. PREDHAM:
 7 A. Oh, yes, if we were discussing them, yes.
 8 CHAYTOR, Q.C.:
 9 Q. Your chart also refers to "results from other
 10 regions not on Heather's list." So you still,
 11 at this point in time, you would not have
 12 access to the results from other regions, the
 13 original results?
 14 MS. PREDHAM:
 15 A. Well, in this circumstance, I had results that
 16 came back who I had never, you know, heard
 17 their name before or had any information on
 18 those people. So that was a problem
 19 obviously, and I'd have to check into it.
 20 CHAYTOR, Q.C.:
 21 Q. So even though the other regions were sending
 22 their results in to Eastern Health to then
 23 send on for them, at the time of receiving the
 24 results, the names of the patients and their
 25 original results from outside regions, that

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1 wasn't put into your list?
 2 MS. PREDHAM:
 3 A. That hadn't been sent on to me.
 4 CHAYTOR, Q.C.:
 5 Q. Sorry?
 6 MS. PREDHAM:
 7 A. That hadn't been sent on to me.
 8 CHAYTOR, Q.C.:
 9 Q. And it would have been--it would have come
 10 into the possession of Terry Gulliver and Dr.
 11 Cook?
 12 MS. PREDHAM:
 13 A. Mr. Gulliver, yes, and then of course, Dr.
 14 Cook before it left.
 15 CHAYTOR, Q.C.:
 16 Q. But hadn't you--I thought at some point you
 17 had put your list together -
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. - with Mr. Gulliver's list.
 22 MS. PREDHAM:
 23 A. But it was--you know, there were certain
 24 regions that information came in in pockets.
 25 They didn't all come in in one--you know, here

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1 it is, here's the block, and there were some
 2 lists that I didn't get copied on.
 3 CHAYTOR, Q.C.:
 4 Q. And who was defined to be on your list? For
 5 example, if the patient is residing outside of
 6 Eastern Health's territory, but was a patient
 7 of the Cancer Clinic, would we expect to see
 8 that patient on your list?
 9 MS. PREDHAM:
 10 A. It depends on whether or not their results
 11 were in Meditech, because of course, that's
 12 the primary way they were identified. If the
 13 results were in there and there were--and I
 14 had the Cancer Registry, but their estrogen
 15 and progesterone receptors weren't indicated
 16 on that, I wouldn't know what their results
 17 were to know whether they were in on the list
 18 or not. I'd just know that they would have an
 19 ER/PR test done. So until I got the list from
 20 Mr. Gulliver, I did not know who outside of
 21 town were being retested.
 22 CHAYTOR, Q.C.:
 23 Q. And if we could have, please, P-2034? And
 24 this is the same panel meeting, and on the
 25 second page, there's reference to a patient

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1 that you asked to have reviewed and her
 2 "original ER/PR results performed on the
 3 Ventana in early 2005 were interpreted by
 4 pathology in Carbonear were positive.
 5 Retesting by Mount Sinai indicated the sample
 6 was ER/PR negative. Dr. Cook reported that he
 7 and Dr. Carter reviewed the slides sent to
 8 Carbonear for interpretation and they felt
 9 that those slides indicated less than one
 10 percent staining instead of being positive as
 11 reported, and Dr. McCarthy is aware and the
 12 patient is taken off the medication."
 13 And you'll see--do you recall that
 14 situation and what was being discussed in the
 15 panel on that date about this patient?
 16 MS. PREDHAM:
 17 A. Well, that was--I think that was the first one
 18 we had identified that could have been a retro
 19 converter, what we termed as a retro converter
 20 after. But when the pathology--when they
 21 reviewed it, the slides were reading that it
 22 was less than one percent, well, I guess
 23 negative, rather than being positive as had
 24 been reported.
 25 CHAYTOR, Q.C.:

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1 Q. And was this patient, was a decision made to
 2 send a panel letter to this patient?
 3 MS. PREDHAM:
 4 A. Not to the patient.
 5 CHAYTOR, Q.C.:
 6 Q. Or to the treating physician?
 7 MS. PREDHAM:
 8 A. Yes. Well, yes, Dr. McCarthy was the treating
 9 physician.
 10 CHAYTOR, Q.C.:
 11 Q. And there's a patient here negative/negative
 12 and then two percent zero percent. There's no
 13 recommendation from the panel as the patient
 14 was confirmed to be negative by Mount Sinai.
 15 No follow up letter recommended by panel.
 16 MS. PREDHAM:
 17 A. So our department would contact her, and that
 18 was the--that was the questionable ones for
 19 me. I couldn't make that decision when I was
 20 screening them through. I'd only do
 21 negative/negative, zero/zero.
 22 CHAYTOR, Q.C.:
 23 Q. So those are the ones Mount Sinai were sending
 24 back anything one percent or more as being
 25 positive?

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1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. And when you called those patients or people
 5 in your department called those patients, were
 6 they told that in fact Mount Sinai's--"by
 7 Mount Sinai's definition, you're positive.
 8 But by our definition, using a ten percent cut
 9 off, you're negative"? Were they told that
 10 there was any discrepancy between Mount
 11 Sinai's report and what ultimately was
 12 determined to be positive or negative in St.
 13 John's?
 14 MS. PREDHAM:
 15 A. It depends on--it depended on the phone call
 16 and whether you told them the actual numbers
 17 or not totally.
 18 CHAYTOR, Q.C.:
 19 Q. So they--if they asked, they may get their
 20 numbers?
 21 MS. PREDHAM:
 22 A. Well, it depended on how the flow of the
 23 conversation went, and whether or not--you
 24 know, some people didn't understand that they
 25 were negative for ER/PR. So I mean, you were,

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1 you know, calling and saying that you had this
 2 test. Some people weren't even aware that
 3 they had this test done, and didn't even know
 4 that they had results or anything. They just
 5 knew that they weren't a candidate for
 6 Tamoxifen. So at that level, you may not get
 7 into the fact that well, it was
 8 negative/negative before and now it's two and
 9 zero. That being said, as far as I understood
 10 from Dr. Cook and Dr. Carter, you couldn't
 11 guarantee that what was reported as
 12 negative/negative was actually zero/zero.
 13 That could be any kind of number up there, up
 14 to a certain level.
 15 CHAYTOR, Q.C.:
 16 Q. Coming from St. John's originally?
 17 MS. PREDHAM:
 18 A. Right.
 19 CHAYTOR, Q.C.:
 20 Q. Yes. But my question was more aimed at were
 21 the people ever told that this is an issue of
 22 some discussion and while in St. John's we may
 23 be saying ten percent or less at this point in
 24 time, Mount Sinai is using one percent as
 25 positivity and on their definition, you may

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1 have been found positive?
 2 MS. PREDHAM:
 3 A. No, I didn't have that discussion with them,
 4 because that's not what I understood, because
 5 what I understood that Mount Sinai was
 6 reporting from a pathology point of view that
 7 was greater than one percent was considered
 8 positive from their reporting. So they would
 9 report the value of the number. Dr. Cook had
 10 a long discussion with this on a couple of
 11 times on how he felt pathologists shouldn't be
 12 doing interpretation, but that years ago,
 13 pathologists would know that the clinical cut
 14 offs, what they would be and would therefore
 15 say negative or positive. So therefore, and
 16 because the other part of when we started
 17 talking about the analysis, that you couldn't
 18 really guarantee that if something said
 19 negative, it meant zero, because it could mean
 20 that the pathologist was interpreting the
 21 clinical cut off in that.
 22 So as far as I understood, you know, you
 23 had two definitions of negative, which is part
 24 of the nuances of this entire thing. You had
 25 the clinical definition of what is a negative,

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1 based on the interpretation of the numbers,
 2 and then the pathology report on what is
 3 negative based on what they're seeing on the
 4 slide. So I would never have gotten into that
 5 discussion with them, because that's not what
 6 I understood from our pathologists.
 7 CHAYTOR, Q.C.:
 8 Q. And any of the patients who were called, was
 9 any thought given to following up with
 10 correspondence to them so that they would have
 11 all the information regarding their test and
 12 retest?
 13 MS. PREDHAM:
 14 A. There was thought at the beginning, because of
 15 course, our course of action was a letter, and
 16 then at the last minute, we decided to make it
 17 into phone calls, but it wasn't done.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, and -
 20 THE COMMISSIONER:
 21 Q. You thought at the beginning about following
 22 up with a phone--with a letter or just thought
 23 about using a letter?
 24 MS. PREDHAM:
 25 A. We'd always thought about using a letter. So

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1 when we made the phone call, I can remember
 2 there was some discussion "well, we'll have to
 3 send the letters later," that kind of
 4 discussion.
 5 THE COMMISSIONER:
 6 Q. Okay.
 7 CHAYTOR, Q.C.:
 8 Q. So there was some thought given to--once the
 9 decision, and I'll take you to that in a
 10 minute about how the decision gets made to go
 11 with phone calls, as opposed to letters, but
 12 even once the decision to make the phone call
 13 is made and you're hearing and some of the
 14 people that you're talking to you have reason
 15 to question, you know, how much of this
 16 they're really comprehending, there was some
 17 discussion that "well, perhaps we should
 18 follow up with letters to the people"?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And give them their information.
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. Okay, but that never happened?
 2 MS. PREDHAM:
 3 A. No.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and do you know why not, why that didn't
 6 happen?
 7 MS. PREDHAM:
 8 A. Just I guess the circumstances of the time and
 9 the length of time to get the results back and
 10 the work that went into just getting through
 11 all this, it didn't happen.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and I take it though, it wouldn't have
 14 been too difficult, that there's form letters.
 15 You put the numbers in, send out to the
 16 patients as you're talking to them, then
 17 letters can go out. "I've spoken with this
 18 person on this date, let's send a letter and
 19 confirm our conversation, and here are your
 20 original numbers and here are your numbers
 21 now."
 22 MS. PREDHAM:
 23 A. Oh that certainly wouldn't have been too
 24 difficult.
 25 CHAYTOR, Q.C.:

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1 Q. Okay. This idea of there--you're hearing
 2 about a discrepancy in what negative may
 3 actually mean from time to time and I'm just
 4 wondering when you first start hearing that,
 5 did it cause you concern?
 6 MS. PREDHAM:
 7 A. I guess I didn't look at it as a concern. I
 8 looked at it as a further complication of this
 9 entire, this entire thing. You had a
 10 pathology--pathologists who were interpreting
 11 and had definitions for a certain thing, and
 12 then you had oncologists who were interpreting
 13 and had definitions for certain things.
 14 CHAYTOR, Q.C.:
 15 Q. And then you have variation, I take it,
 16 amongst pathologists as to -
 17 MS. PREDHAM:
 18 A. Exactly.
 19 CHAYTOR, Q.C.:
 20 Q. - what the definition was.
 21 MS. PREDHAM:
 22 A. There was no--there wasn't anywhere that you
 23 could go and say this is it, this is--these
 24 are the rules of the game or you know, these
 25 are the rules of engagement or whatever way

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1 you want to put it. There was no standardized
 2 clinical guideline here. You know, there was
 3 no standardization, and as far as I
 4 understand, it would be different, depending
 5 on wherever you went and whatever people that
 6 you had. So it did give me concern that way,
 7 because it was another part of it all. Even
 8 if you do the analysis and if this original ER
 9 report could be--what year is it? Well, '05,
 10 but I mean, it could be--and especially in
 11 '05, that really should not never have been
 12 reported as negative/negative. At that point
 13 in time, it seemed to be more of the standard
 14 was to write down the number. But that could
 15 be technically up to anything up to ten
 16 percent.
 17 CHAYTOR, Q.C.:
 18 Q. Yes, and so the fact that there was no
 19 standard practice within Eastern Health, or
 20 its predecessor, for doing that, the fact
 21 there was no standard practice for
 22 pathologists, in terms of their manner of
 23 reporting, that was of some concern from a
 24 risk management or a quality perspective for
 25 you?

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1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. Okay.
 5 MS. PREDHAM:
 6 A. And from an oncologist's point of view, it was
 7 more difficult to have a standard
 8 negative/positive because given the
 9 circumstances, there were so many criteria
 10 which would be brought into play about
 11 Tamoxifen and whether or not you would offer
 12 it and, you know, there was a number of nodes
 13 and I mean, this is only from listening to
 14 them talk, you know, you have how many nodes
 15 and how much infiltration and the size of the
 16 tumour and how long ago it was and the type of
 17 disease. So they'd have to take that all into
 18 account and then look at the value or how much
 19 percentage of positivity and then make a
 20 decision on whether or not Tamoxifen could
 21 play a role in this. So I can see that being
 22 a bit more vague or having more leeway in
 23 there, and you could see that some of them,
 24 depending on the circumstances, there wasn't a
 25 set rule that you would go by. You couldn't

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1 have an algorithm which would outline it. But
 2 from a pathology report, you know, Dr. Cook
 3 was very clear that pathologists should only
 4 report the number of percentage of positivity
 5 that they saw.
 6 CHAYTOR, Q.C.:
 7 Q. Ms. Predham, the situation here with the
 8 patient from Carbonear, was there an
 9 occurrence report filled out for this
 10 situation?
 11 MS. PREDHAM:
 12 A. No.
 13 CHAYTOR, Q.C.:
 14 Q. And why not?
 15 MS. PREDHAM:
 16 A. I guess I didn't think of it at the time.
 17 CHAYTOR, Q.C.:
 18 Q. And in terms of that being a valuable piece of
 19 information to keep track in your database
 20 that you've told us about, do you think -
 21 MS. PREDHAM:
 22 A. Oh, it would be, and actually at that time,
 23 we'd have to have the discussion whether or
 24 not it would be in the database for Rural
 25 Avalon or in ours.

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1 CHAYTOR, Q.C.:

2 Q. Yes. So perhaps that's something that can

3 happen and be included in your occurrence

4 reporting?

5 MS. PREDHAM:

6 A. Oh yes, yes.

7 CHAYTOR, Q.C.:

8 Q. And what about--we've heard about people who

9 were originally diagnosed with invasive cancer

10 and ultimately it was determined that in fact

11 it was DCIS, were occurrence reports filled

12 out for those people?

13 MS. PREDHAM:

14 A. No, and like I said, usually when something

15 was big enough like that, there wouldn't be an

16 occurrence report, but from--you know, from

17 now on, we'd have to make sure we had that

18 process in place.

19 CHAYTOR, Q.C.:

20 Q. And that it's recorded somewhere?

21 MS. PREDHAM:

22 A. Yes.

23 CHAYTOR, Q.C.:

24 Q. Yes, and how about the retro converters, were

25 they--were any occurrence reports done for

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1 them? Were they recorded anywhere?

2 MS. PREDHAM:

3 A. No, the same issue.

4 THE COMMISSIONER:

5 Q. Ms. Chaytor, wherever you can find a spot,

6 we'll take the morning break.

7 CHAYTOR, Q.C.:

8 Q. Okay. If we could have, please, P-1346? And

9 this is then the next day, January 13th, after

10 the January 12th meeting. "It's an update to

11 my e-mail below," and actually, perhaps we'll

12 take the break because this one might take

13 some time then.

14 THE COMMISSIONER:

15 Q. All right. We'll take the morning break.

16 (BREAK)

17 THE COMMISSIONER:

18 Q. Please be seated. Ms. Chaytor?

19 CHAYTOR, Q.C.:

20 Q. If we could have 1346, please? Thank you,

21 Registrar. And this is Friday, January 13th,

22 2006, and you're e-mailing Ms. Smith, Ms.

23 Pilgrim, Ms. Elliott and Dr. Williams, ER/PR

24 update. Sorry, we'll take you down to January

25 11th, 2006 first, same individuals. "I just

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1 wanted to give you a heads up on another facet

2 of the ER/PR crystal. As you know, we have

3 sent all the samples that were negative for ER

4 from 1997 to 2004 for retesting. These are

5 the samples that were originally processed

6 using our DAKO system," and you go on to say,

7 "we also stopped all of our testing in August

8 2005 and have sent all samples to Mount Sinai

9 since that time. That left a group of samples

10 that were done on our automated Ventana from

11 April 2004 to August 2005 that were not

12 validated by Mount Sinai. The decision was

13 made in the fall to send these samples up to

14 Mount Sinai as well. We now have a lady whose

15 original sample showed a degree of positivity,

16 under the ten percent level, so it was sent to

17 Mount Sinai, but came back completely

18 negative. She has been informed and she has

19 been taken off Arimidex. We now have two more

20 results back with the same situation. I guess

21 you can say that they are false positives.

22 These two will be panelled at this Thursday's

23 meeting. The explanation from the lab is that

24 this can be expected because of the different

25 platforms for retesting, but it is, of course,

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1 a totally new aspect of this situation. I

2 just wanted to make sure you are aware and

3 will keep you updated."

4 And then you give an update to your e-

5 mail, "the good news is that it was my

6 mistake. The two samples that I was worried

7 about below is not a concern. I misread the

8 Mount Sinai report and it was HER2/neu

9 results, not ER/PR. The lady that came back

10 negative after being identified as positive

11 seems to be an interpretation issue" and that

12 appears to be the patient in Carbonear.

13 MS. PREDHAM:

14 A. Yes.

15 CHAYTOR, Q.C.:

16 Q. And "Dr. Cook and Dr. Carter reviewed the

17 slides. We did panel three cases. One, there

18 is no impact, as she was already interpreted

19 as positive based on the PR. One is still

20 considered negative, as the ER is less than

21 ten percent, and one is a conversion and

22 Tamoxifen is recommended. Also, Kara informed

23 us that she had gotten a call from the medical

24 oncologist in Fredericton. They have just

25 discovered an issue with their staining and

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1 was inquiring about our retesting process."
 2 A few things arise then in this e-mail
 3 exchange, and of course, one of the patients
 4 that you're referring to here is the patient
 5 from Carbonear that we've referred to.
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And you first were thinking there were false
 10 positives, but it appears then you've had
 11 other information and those, you were looking
 12 at HER2/neu results. What do you recall about
 13 that?
 14 MS. PREDHAM:
 15 A. Well, in the fall, we discovered that there
 16 were other people who were being tested and
 17 sent as consults. So they were either people
 18 who were on our list and the results were back
 19 already. The physicians had sent them away
 20 and asked for retesting at Mount Sinai as a
 21 consult, or they were people who had not been
 22 identified on our list and were retested as a
 23 consult in Mount Sinai. So when we were--we
 24 became aware of that, Dr. Cook would fax me
 25 every day the consults that came back from

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1 Mount Sinai. So I would compare those results
 2 with our list to see if there were any results
 3 of people on our list, and just trying to keep
 4 that covered off.
 5 So when I got these two reports of two
 6 people who were on our list, I misread the
 7 HER2 results as being ER/PR results, because
 8 they came on the same consult sheet, and
 9 misread that as being strongly positive, when
 10 in fact it wasn't. The ER/PR was still
 11 negative.
 12 CHAYTOR, Q.C.:
 13 Q. And what was different about those reports?
 14 By this point in time, you would have reviewed
 15 many reports, I take it, from Mount Sinai. So
 16 what was different about these reports that
 17 would have caused you to misread it?
 18 MS. PREDHAM:
 19 A. Well, there was two lots of consults, consults
 20 that were just sent up for ER/PR and consults
 21 that the oncologist wanted HER2/neu done, and
 22 I just mis--I wasn't used to reading the
 23 HER2/neu results and I misread them.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and "the explanation from the lab is

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1 that this can be expected because of the
 2 different platforms for testing, but is, of
 3 course, a totally new aspect of our
 4 situation." So I take it, at the time when
 5 you're thinking that you're looking now at
 6 false positives, you consulted with somebody
 7 from the lab and who would that have been?
 8 MS. PREDHAM:
 9 A. It most likely was Dr. Cook at that time,
 10 because if he had faxed me over the consult
 11 reports and I had discovered this, I would
 12 have called him back.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, and the explanation then that Dr. Cook
 15 gave you was this was to be expected because
 16 of different platforms?
 17 MS. PREDHAM:
 18 A. And that's all I knew. That was probably a
 19 direct quote actually.
 20 CHAYTOR, Q.C.:
 21 Q. And when the issue of retro converters in fact
 22 does come up again, is that same explanation
 23 put forward from the lab?
 24 MS. PREDHAM:
 25 A. I can't remember about the different

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1 platforms. I can't remember that discussion,
 2 but I do remember that it was felt that there
 3 was an expected false positive aspect of this
 4 test.
 5 THE COMMISSIONER:
 6 Q. I'm sorry, I'm getting confused as to what's
 7 going on here. So we might as well resolve
 8 this now. These are not people who were sent
 9 to Mount Sinai on a consult basis to get them
 10 out of this system, to get their results
 11 faster or are they?
 12 MS. PREDHAM:
 13 A. No.
 14 THE COMMISSIONER:
 15 Q. Or are you referring to them being done on the
 16 Ventana system?
 17 MS. PREDHAM:
 18 A. Yes, and that's just to give background, and I
 19 think mostly for that, Ms. Smith had just
 20 started so I was kind of giving her a bit of a
 21 background there when I tried to explain it.
 22 What happened here, what I think happened, and
 23 I'd have to go back and look at the actual
 24 reports that I would have gotten, is that most
 25 likely the oncologists had ordered HER2/neu

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1 testing for these patients. As part of
 2 HER2/neu testing, it seems that Mount Sinai
 3 would do ER/PR as well at the same time. So
 4 when the consults came back, Dr. Cook would
 5 get them back to the lab, he would fax over a
 6 copy of them. When I saw the names and the
 7 names were already on my list, "oh look, these
 8 results have come back" and I misread the
 9 reports as being ER/PR when actually it was a
 10 HER2/neu results.

11 THE COMMISSIONER:
 12 Q. So was this all a tempest in a teapot, which
 13 everybody should ignore?

14 MS. PREDHAM:
 15 A. Yes.

16 THE COMMISSIONER:
 17 Q. Okay.

18 CHAYTOR, Q.C.:
 19 Q. And you're including now, in your
 20 correspondence, as of January '06, Sharon
 21 Smith, and why is she now being included?

22 MS. PREDHAM:
 23 A. Because she's the Director of the Cancer Care
 24 program.

25 CHAYTOR, Q.C.:

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1 Q. Okay, and is she--did her role, did she take
 2 anything over from Dr. Laing?

3 MS. PREDHAM:
 4 A. Oh no, she was just--there wasn't anyone in
 5 that position when we started with the
 6 panelling or when this whole issue started and
 7 I was just including her as she had begun in
 8 that role.

9 CHAYTOR, Q.C.:
 10 Q. Okay, and if we could have, please, 2995? And
 11 this is an e-mail from Ms. Parsons to
 12 yourself, January 12th, 2006, and you'll see
 13 it's about a patient "diagnosed with breast
 14 cancer, February 2003. The original report
 15 ER/PR showed negative staining for both. A
 16 repeat from Mount Sinai was 50/zero. The
 17 physician panel recently discussed the patient
 18 and recommendation was she should be offered
 19 Tamoxifen and the letter was to be signed by
 20 Dr. Laing" and Ms. Parsons says "I don't think
 21 she said. Do we have results on her right
 22 breast back? She was discussed at November
 23 3rd meeting where both breasts were discussed
 24 and documented. When the letter was done
 25 though, Dr. McCarthy asked that I wait until

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1 results back. November 10th, we had a
 2 teleconference meeting and in my notes, I
 3 wrote to add her for the next meeting. On
 4 November 17th, there was a letter referring to
 5 left breast only. This letter is one of the
 6 ones for Dr. Laing's signature today and both
 7 letters are included. The good news is
 8 neither one is gone." And then you can see
 9 the second letter is there as well, November
 10 4th, 2005 dealing with the left and right
 11 breast. What do you remember about this
 12 particular patient's situation?

13 MS. PREDHAM:
 14 A. There were a couple of patients that were very
 15 complicated, and if I recall rightly with her,
 16 she had results on two biopsies and two
 17 mastectomies that were originally tested for
 18 ER/PR and were retested but not four times in
 19 a row. They came back at different times, and
 20 when we panelled, it was trying to decide what
 21 to do and based on it, and if I have the right
 22 person, because there was a couple of people
 23 that were like that, if I have the right one,
 24 only one of those samples changed.

25 CHAYTOR, Q.C.:

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1 Q. And this one, if you just look at the original
 2 letter that was to go on November 4th, her
 3 left breast showed negative for both and from
 4 Mount Sinai it was ten and zero, and then the
 5 original report on her right breast showed
 6 negative for both and Mount Sinai hadn't -

7 MS. PREDHAM:
 8 A. It hadn't come back yet.

9 CHAYTOR, Q.C.:
 10 Q. - hadn't come back.

11 MS. PREDHAM:
 12 A. And I guess it was the second letter was only
 13 about the right breast, but I think what we
 14 ended up -

15 CHAYTOR, Q.C.:
 16 Q. Well, it wasn't sent, it says.

17 MS. PREDHAM:
 18 A. Yes.

19 CHAYTOR, Q.C.:
 20 Q. It was not sent. Sorry, go ahead.

21 MS. PREDHAM:
 22 A. And I think what we ended up doing was we had
 23 to send it and then we would write a new
 24 letter once all the results came back.

25 CHAYTOR, Q.C.:

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1 Q. Okay, and in this particular time, it's now
 2 January '06. Her original letter was dated
 3 November 4th '05 and I take it Dr. McCarthy
 4 had asked to hold off on sending it at that
 5 time, waiting until the other results were
 6 back. Is that what's happening here?
 7 MS. PREDHAM:
 8 A. Yes, and I think Dr. McCarthy was involved in
 9 her case, but again, I guess she felt that the
 10 information would be more beneficial if all
 11 the results were back.
 12 CHAYTOR, Q.C.:
 13 Q. And the letter then that's proposed to go out,
 14 December 18th, '05, it's still, it's just
 15 referring to the original report negative
 16 staining for both. There's no breakdown for
 17 the two different right breast, left breast.
 18 So do you know whether or not the patient, any
 19 information went out in the patient's letter,
 20 whether or not this is, in fact, this December
 21 18th letter is what went out and whether or
 22 not there was ever any further follow up on
 23 the right breast?
 24 MS. PREDHAM:
 25 A. The first letter went out.

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1 CHAYTOR, Q.C.:
 2 Q. The first letter?
 3 MS. PREDHAM:
 4 A. Or a variation of the first letter. It was a-
 5 -and again, I'm assuming that I remember who
 6 this is. There was a couple of patients like
 7 that, but I'm assuming that I'm thinking of
 8 the right patient, and the original format of
 9 the letter went out with the results. But
 10 again, I'd have to check based on patient
 11 name.
 12 CHAYTOR, Q.C.:
 13 Q. And in terms of following up, for example, in
 14 this case, the letter was originally intended
 15 to go out the beginning of November and then
 16 there was a hold obviously put on that, and
 17 what system was put in place to ensure that
 18 the follow up was carried out and the patient
 19 got whatever further testing or inquiry made
 20 so that eventually the letter could go out and
 21 the patient didn't fall through the cracks?
 22 MS. PREDHAM:
 23 A. There was a--anything that was deferred or
 24 anybody who was deferred from a panel meeting
 25 was put into a deferral file and then that was

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1 reviewed at various times.
 2 CHAYTOR, Q.C.:
 3 Q. And who kept track of that?
 4 MS. PREDHAM:
 5 A. Ms. Parsons.
 6 CHAYTOR, Q.C.:
 7 Q. If we could have, please, P-2041? And these
 8 are the minutes for the January 26, 2006 panel
 9 meeting, and you'll note that there's -
 10 MS. PREDHAM:
 11 A. Only one oncologist.
 12 CHAYTOR, Q.C.:
 13 Q. - only one oncologist, and when that would
 14 happen, was there any concern? There's one
 15 oncologist, two pathologists present, and
 16 yourself and of course, Ms. Parsons, the
 17 recording secretary. Was there any--did you
 18 have any concern about the panel and being
 19 able to go ahead with recommendations for
 20 these people when there's one oncologist in
 21 place?
 22 MS. PREDHAM:
 23 A. I'd have to rely on the physicians to guide
 24 that, but I do believe after this meeting, Dr.
 25 Laing felt it was too hard with just her

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1 there.
 2 CHAYTOR, Q.C.:
 3 Q. And in terms of the purpose for this to be a
 4 panel that could discuss treatment
 5 recommendations, I take it there's no one else
 6 present in the room that Dr. Laing could be
 7 bouncing her ideas off, in terms of treatment
 8 recommendations?
 9 MS. PREDHAM:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. And was there any rule, in terms of a quorum,
 13 what would constitute a quorum of the panel?
 14 MS. PREDHAM:
 15 A. I don't think we had up to that time, because
 16 it hadn't come up as an issue, but there were
 17 times when we knew that, for instance, the
 18 surgeons were coming, but you know, for
 19 reasons, you know, related to their clinical
 20 practice, they couldn't get there. So this
 21 may be one of those circumstances, but--and I
 22 do believe it was after this meeting that Dr.
 23 Laing didn't feel comfortable doing these any
 24 more with just herself. She found it too
 25 hard. And of course, there was an option, if

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1 anything was too complicated, that she would
 2 wait.
 3 CHAYTOR, Q.C.:
 4 Q. And there's a reference, the last patient that
 5 appears to have been panelled that day, on
 6 page four of the exhibit, refers to
 7 "recommendation: review of the patient's chart
 8 revealed that the patient's ER results were
 9 positive from the beginning and missed by
 10 clinician and the patient was not treated,"
 11 and you and one of the physicians were to
 12 follow up with respect to that patient. What
 13 do you recall happening in that case?
 14 MS. PREDHAM:
 15 A. The physician called the patient in and
 16 followed up with her directly.
 17 CHAYTOR, Q.C.:
 18 Q. Sorry?
 19 MS. PREDHAM:
 20 A. The physician called that patient in and
 21 followed up with her directly on her own,
 22 without me.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, and did you do anything in terms of
 25 follow up?

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1 MS. PREDHAM:
 2 A. I let Ms. Smith know about that. It was a--
 3 but it seemed to be more of a--the report was
 4 very clearly there and the physician didn't
 5 see it, and Dr. Laing, in her role of clinical
 6 chief, would have to follow up on that.
 7 CHAYTOR, Q.C.:
 8 Q. And in terms of an occurrence report being
 9 completed, was there an occurrence report
 10 completed?
 11 MS. PREDHAM:
 12 A. No.
 13 CHAYTOR, Q.C.:
 14 Q. And why not?
 15 MS. PREDHAM:
 16 A. I just didn't get done at that time.
 17 CHAYTOR, Q.C.:
 18 Q. And is it the intention that any of these
 19 issues that arose or became apparent, is it
 20 the intention that they will be reviewed and
 21 occurrence reports completed and kept track of
 22 by your department?
 23 MS. PREDHAM:
 24 A. Oh yes, there--well, you know, we'll have to
 25 keep track of all that.

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1 CHAYTOR, Q.C.:
 2 Q. In terms of the learnings as to why this could
 3 have happened and how results could have been
 4 missed, and doing a review or investigation
 5 into that, did anyone do that?
 6 MS. PREDHAM:
 7 A. This one was--the report was in the chart. It
 8 was seen by the physician and really from a
 9 review beyond that, that would have to be a
 10 discussion between the clinical chief and the
 11 physician.
 12 CHAYTOR, Q.C.:
 13 Q. So there was evidence, in reviewing the chart,
 14 there was evidence to determine that, in fact,
 15 the--it wasn't a systems problem where the -
 16 MS. PREDHAM:
 17 A. No.
 18 CHAYTOR, Q.C.:
 19 Q. - result hadn't--or report hadn't come to the
 20 physician. It was actually in the chart and
 21 there was evidence to suggest the physician
 22 had seen the report in the chart?
 23 MS. PREDHAM:
 24 A. As I recall.
 25 CHAYTOR, Q.C.:

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1 Q. If we could have, please, P-2045? And this is
 2 February 2nd meeting and I'll just bring this
 3 one to your attention because it appears that
 4 the minutes were started and then there's a
 5 Post-it note saying "minutes are not
 6 completed. Letters from this meeting are
 7 enclosed." So it appears that Ms. Parsons did
 8 begin to take minutes for this meeting and
 9 then stopped, and why is that?
 10 MS. PREDHAM:
 11 A. Well, at this time, this is when--you know, we
 12 anticipated that the results would come back
 13 and it would be, you know, fairly steady and I
 14 guess there was a period of time when we had
 15 no more results back, and then they all came
 16 back towards the end of January, and with the
 17 volume, the priority being on the letters and
 18 trying to get the letters out, it was just--
 19 you know, and of course, this wasn't Ms.
 20 Parsons' primary job as well. There was just
 21 her inability to keep up with the volume of
 22 work.
 23 CHAYTOR, Q.C.:
 24 Q. And whose note is this?
 25 MS. PREDHAM:

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1 A. Ms. Parsons.
 2 CHAYTOR, Q.C.:
 3 Q. So the minutes didn't get finished for this
 4 particular--at this particular time, and
 5 thereafter, there was no formal minutes kept?
 6 MS. PREDHAM:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. And Ms. Parsons still, however, had to draft
 10 the letters based on her notes?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. And those notes then, or those letters were
 15 signed off by ever who chaired the panel?
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And so we'd be able to tell who chaired any
 20 given panel, but there's no record of who
 21 actually attended any panel, all of those
 22 panels for which there are no minutes?
 23 MS. PREDHAM:
 24 A. I don't know if there isn't any record for all
 25 of them. I do know that there are some

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1 records on the file folders. She does have
 2 notes written on who attended them, and I
 3 don't know if there are records somewhere.
 4 I've never looked to see if they are.
 5 CHAYTOR, Q.C.:
 6 Q. Okay. Well, is that something then, if you
 7 wouldn't mind, if you could check and let us
 8 know?
 9 MS. PREDHAM:
 10 A. Certainly.
 11 CHAYTOR, Q.C.:
 12 Q. If there's any record at all as to who
 13 attended the panels after minutes are no
 14 longer kept.
 15 MS. PREDHAM:
 16 A. Certainly.
 17 CHAYTOR, Q.C.:
 18 Q. Thank you. If we could have, please, P-1102?
 19 And this is an e-mail from Dr. Carter,
 20 February 13th, 2006, and she indicates she
 21 "has recently resigned her position with
 22 Eastern Health and quite busy covering call
 23 and attempting to clue things up. I will not
 24 be taking part in further ER/PR panel meetings
 25 and I wish you well in this endeavour. I will

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1 be happy to act, in the short term, in a
 2 consultative manner for any specific breast
 3 pathology issue that may arise from your
 4 meetings." And so I take it Dr. Carter, as of
 5 this point, is resigning, and what did you
 6 understand--did she attend though meetings
 7 after that, from time to time?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. Okay, and -
 12 MS. PREDHAM:
 13 A. I think the e-mail that's down below that is
 14 we're trying to set up the Saturday meetings.
 15 We tried to--you know, Thursday night, it was
 16 difficult, after they were working all day and
 17 they all had clinics on Thursdays. It was
 18 difficult to get through a lot of patients,
 19 and we had such a volume that they agreed to
 20 two Saturdays and she resigned then, I don't
 21 think she attended the two Saturdays. I can't
 22 remember her being there for those, but she
 23 did attend almost every one after that.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and so even though she was indicating

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1 that she was resigning from it, other than the
 2 two Saturdays, she did attend?
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. In the physician letters that went out, the
 7 panel letters that went out to the various
 8 physicians, did you ever receive any feedback
 9 from the physicians?
 10 MS. PREDHAM:
 11 A. I didn't.
 12 CHAYTOR, Q.C.:
 13 Q. Are you aware of whether or not any feedback
 14 was received?
 15 MS. PREDHAM:
 16 A. I can't think of any right now. I'm not--I
 17 may have been aware at the time, but I can't
 18 think of anything right now. But they
 19 wouldn't--the physicians wouldn't know who I
 20 was, because my name wasn't on the letters.
 21 CHAYTOR, Q.C.:
 22 Q. I'm just wondering though if then continuing
 23 with the panel, that it came up for any
 24 discussion as to "well, we're receiving
 25 feedback on our letters" and there's confusion

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1 being generated or physicians aren't clear on
 2 certain aspects, any discussion like that ever
 3 come up at the panel afterwards?
 4 MS. PREDHAM:
 5 A. The only thing I can recall right now is that
 6 one where the oncologist didn't know if we
 7 were agreeing with what he had done or if he
 8 had--because of the timing from when he saw
 9 the patient and when we panelled and when he
 10 got the letter, he wasn't sure if we were
 11 agreeing to what he already had done, because
 12 that's the way wording had been, or he was--
 13 are we agreed with what he had done
 14 beforehand, and he just wanted clarification.
 15 CHAYTOR, Q.C.:
 16 Q. Okay.
 17 MS. PREDHAM:
 18 A. That's the only one that comes to mind right
 19 now.
 20 CHAYTOR, Q.C.:
 21 Q. So that was one of those situations where the
 22 patient had already been put on a course of
 23 treatment by the physician before the patient
 24 ever came up for panelling?
 25 MS. PREDHAM:

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1 A. The day before, I think, or it was very tight
 2 turnaround, so he just needed clarification
 3 onto what we were -
 4 CHAYTOR, Q.C.:
 5 Q. And then the panel letter went out saying no
 6 recommendation or no recommendation for any
 7 change in treatment, and that caused some
 8 confusion as to "well, wait now, I've already
 9 put my client or my patient on a change of
 10 treatment"?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. Okay. So there was one physician who raised
 15 that as being -
 16 MS. PREDHAM:
 17 A. I can remember that distinctly.
 18 CHAYTOR, Q.C.:
 19 Q. Okay. If we could have, please, P-0352? And
 20 this is an e-mail from Joyce Penney, who is
 21 the assistant, executive assistant to Mr.
 22 Tilley, and she's sending this to yourself and
 23 Dr. Williams, Denise Dunn, Patricia Pilgrim,
 24 and "received in CEO's office today via fax
 25 from Roebbothan McKay Marshall. Please review

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1 correspondence. Advise to George Tilley
 2 accordingly." And then it's a letter written
 3 October 14th, 2005 by Lois Skanes advising
 4 that they've been retained by two breast
 5 cancer patients. So Ms. Predham, would this
 6 be the first time that you've become formally
 7 aware that there's lawyers involved?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And I take it however, the potential for
 12 litigation flowing from this whole issue was
 13 something though you were expecting?
 14 MS. PREDHAM:
 15 A. Oh yes.
 16 CHAYTOR, Q.C.:
 17 Q. And were you aware whether or not, prior to
 18 this, whether or not Mrs. Peggy Deane had
 19 retained a lawyer?
 20 MS. PREDHAM:
 21 A. Not that I recall.
 22 CHAYTOR, Q.C.:
 23 Q. And what did you do upon receipt of this
 24 letter? Why would it be forwarded to you?
 25 MS. PREDHAM:

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1 A. Well, the typical process for any lawyer's
 2 letters or statements of claim was that they
 3 would come in through executive, get forwarded
 4 to me, and then I would forward it on to the
 5 insurer.
 6 CHAYTOR, Q.C.:
 7 Q. And once there's been notification from a
 8 lawyer on behalf of the patients, is there
 9 anything different done? Is the matter
 10 handled in any different way?
 11 MS. PREDHAM:
 12 A. No, the only difference would be, you know,
 13 you would forward that on to the insurance
 14 company and then they would have requests for
 15 information that usually followed. So they
 16 would like to have a copy of the chart or copy
 17 of a policy or they want to interview staff or
 18 they'd have various requests. So that's the
 19 biggest change that would happen after that.
 20 You know, when something comes in, we would
 21 notify certain people and you know, we go
 22 through that process, but there wouldn't be
 23 any change in the investigation. It would be
 24 additional things that the insurer would need
 25 for us to do on that line.

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1 CHAYTOR, Q.C.:

2 Q. Okay, and I take it you were handling the

3 matter on the understanding that litigation

4 was likely in any event?

5 MS. PREDHAM:

6 A. Yes.

7 CHAYTOR, Q.C.:

8 Q. And if we could have, please, P-0353? And you

9 indicate here then that you have, in fact,

10 "forwarded the letter on to Dan Boone. He

11 will reply on our behalf. I'm sure I'll be in

12 touch" and that's your normal course of how

13 you would handle such a thing?

14 MS. PREDHAM:

15 A. Yes.

16 CHAYTOR, Q.C.:

17 Q. If we could have, please, P-0925, page 26?

18 REGISTRAR:

19 Q. What was that number again, Ms. Chaytor?

20 CHAYTOR, Q.C.:

21 Q. Sorry?

22 REGISTRAR:

23 Q. What was that number again?

24 CHAYTOR, Q.C.:

25 Q. 0925, Dr. Williams' notes.

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1 REGISTRAR:

2 Q. Page?

3 CHAYTOR, Q.C.:

4 Q. 26, sorry. And this is a meeting of October

5 17th then, 2006, and Nancy Parsons is in

6 attendance, as is Dr. Laing, yourself, Chris

7 Power, Susan Bonnell, Pat Pilgrim, Don Cook

8 and Bob Williams, and "do information for the

9 public. Susan is being tasked, it appears,

10 with that. Letter to patients, Heather is

11 being tasked. Notify patients with results

12 back negative. Chris Power to get listing of

13 all patients notified." What was the purpose

14 of this meeting, and coming out of the

15 meeting, what did you understand you were to

16 do?

17 MS. PREDHAM:

18 A. I can't really remember this meeting now,

19 looking at his notes. Just from looking at

20 this, I guess we're getting a letter to the--

21 we're getting the letter to the patients.

22 CHAYTOR, Q.C.:

23 Q. Okay, and so at this point in time then,

24 October 17th, the letter to the patients, we

25 know that the panel letters are going to the

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1 physicians, so -

2 MS. PREDHAM:

3 A. Right.

4 CHAYTOR, Q.C.:

5 Q. - these would be letters to patients to do

6 what?

7 MS. PREDHAM:

8 A. October 17th, I think we were already

9 notifying patients of their results, the

10 confirmed negatives, by that time. So this

11 must be the letter to the patients for--to

12 tell you that you've been retested, because

13 the results weren't coming back. It must be.

14 CHAYTOR, Q.C.:

15 Q. Could it be letters to patients to advise them

16 that you're likely--or that you are part of

17 the retest? So for the patients who you don't

18 yet have the results back from.

19 MS. PREDHAM:

20 A. Yes, that's what I was saying.

21 CHAYTOR, Q.C.:

22 Q. To be writing them and advising them in

23 advance that "you are part of the retest

24 group"?

25 MS. PREDHAM:

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1 A. Yes, because I think it was October, early in

2 October, 3rd, 4th, somewhere around there,

3 that we were calling the confirmed negatives,

4 or we started calling the confirmed negatives.

5 So this must be doing a letter for the

6 patients who will be--who are in the process

7 of being retested, but we have no results

8 back.

9 CHAYTOR, Q.C.:

10 Q. Which is the letter that was contemplated back

11 in July as well, which never got sent at that

12 time?

13 MS. PREDHAM:

14 A. Yes.

15 CHAYTOR, Q.C.:

16 Q. If we could look at, please, P-2483? And this

17 is also on the same date, and it says it was

18 requested and Deborah Thomas-Pennell is

19 sending you a transcript, it's October 17th,

20 and then you forward it on to Dr. Williams and

21 Ms. Pilgrim, and you say "hi, here's the

22 transcript from what Peter Dawe said...it's

23 very inflammatory" and a number of dots, and

24 first of all, Ms. Predham--and that's just

25 another copy, and you'll see here, it's a--it

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1 appears to have come from the evening news on
 2 October 14th 2005, an interview at NTV by Fred
 3 Hutton and Carolyn Stokes and Peter Dawe. Why
 4 had you requested this from Ms. Thomas-
 5 Pennell?
 6 MS. PREDHAM:
 7 A. I guess I had heard it the evening before and
 8 I must have had a discussion with Ms. Pilgrim
 9 or Dr. Williams and they hadn't heard it.
 10 CHAYTOR, Q.C.:
 11 Q. Okay.
 12 MS. PREDHAM:
 13 A. So they asked me if I could get a copy of the
 14 transcript.
 15 CHAYTOR, Q.C.:
 16 Q. And what was it in Mr. Dawe's remarks that you
 17 found to be inflammatory?
 18 MS. PREDHAM:
 19 A. Well, actually, reading back on it now, it's
 20 not inflammatory at all. I guess I was overly
 21 sensitive at the time. I know that Mr. Dawe
 22 had met with Dr. Williams and Dr. Williams had
 23 contacted me and told me that, you know, we
 24 were going to work together. He was going to
 25 keep him informed or some kind of relationship

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1 here, and I guess, you know, I was over
 2 sensitive and said--when he started off saying
 3 he thinks there was a really poor job, I guess
 4 I just reacted to that. I was working very
 5 hard at the time.
 6 CHAYTOR, Q.C.:
 7 Q. And Ms. Predham, when did you come to the
 8 realization that perhaps you were being overly
 9 sensitive?
 10 MS. PREDHAM:
 11 A. Probably--I hadn't really thought about it at
 12 the time until it came up here in the
 13 Commission and then I went back to reread what
 14 was said.
 15 CHAYTOR, Q.C.:
 16 Q. So in terms of at the time, you being able to
 17 sit back and look at the matter, whether you
 18 were starting to lose your objectivity at that
 19 point in time, you weren't aware of it? You
 20 weren't cognizant of the fact "perhaps I'm
 21 being a little overly sensitive here or
 22 perhaps I'm not -
 23 MS. PREDHAM:
 24 A. No, I didn't--at that time I didn't think I
 25 was being overly sensitive. I guess just the

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1 first line, after talking to Dr. Williams and
 2 that we had agreed to work together or they
 3 would agree to work together, and then start
 4 off saying it's a poor job, I just felt it was
 5 -
 6 CHAYTOR, Q.C.:
 7 Q. Yes. And the Commissioner has heard of a
 8 number of instances and they appear in some of
 9 the documentation that we have where different
 10 people at Eastern Health didn't really seem to
 11 be too pleased with Mr. Don--how he was, his
 12 public enunciations, basically, on the issue.
 13 Was that the subject of discussion within the
 14 group that was handling the matter?
 15 MS. PREDHAM:
 16 A. It wasn't--I wasn't part of that discussion.
 17 CHAYTOR, Q.C.:
 18 Q. And do you recall anyone saying anything, were
 19 you aware that there was any discussion going
 20 on if it were?
 21 MS. PREDHAM:
 22 A. Like I said earlier, I remember this one and I
 23 was, you know, actually a bit surprised when I
 24 went back and read it and said, you know,
 25 there really wasn't much of anything to that,

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1 but no, I don't recall any discussion, nothing
 2 that stands out, nothing, you know, beyond
 3 this. I think, you know, I might have had a
 4 discussion with, obviously Dr. Williams and
 5 Ms. Pilgrim at the time and I might have been
 6 a bit upset about the way it came across, but
 7 I really can't remember.
 8 CHAYTOR, Q.C.:
 9 Q. And you and Mr. Dawe, of course, went back a
 10 number of years, having worked together in
 11 your first job at the Waterford.
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. Did you ever speak to Mr. Dawe about your
 16 concerns?
 17 MS. PREDHAM:
 18 A. No, I spoke to him several times throughout
 19 this process when he had questions or--because
 20 one of the other things that Dr. Williams said
 21 was that he told Mr. Dawe if he had any
 22 questions or anything, he could always call me
 23 and Dr. Williams told to tell him whatever he
 24 wanted to know. And I had some conversations
 25 with him over, you know, the course of the

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1 entire thing, but no -
 2 CHAYTOR, Q.C.:
 3 Q. But you never brought to his attention any
 4 concerns about what you considered may be, for
 5 example in this case, inflammatory comments?
 6 MS. PREDHAM:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. And do you know whether or not anyone
 10 addressed with Mr. Dawe as to what he was
 11 saying maybe the source of--or causing
 12 consternation within Eastern Health?
 13 MS. PREDHAM:
 14 A. I have no idea.
 15 CHAYTOR, Q.C.:
 16 Q. And if we could look at, please, P-1301? And
 17 this is, again, the same date and it appears
 18 to be a draft to patient, and there's
 19 revisions being made. Are these your
 20 revisions?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. That's your handwriting. And you indicate,
 25 "We are contacting patients that have been

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1 diagnosed with breast cancer between 1997 and
 2 2004" and there's parts crossed out, and "the
 3 estrogen receptor results are used by your
 4 doctor to determine the appropriate therapy
 5 for your breast cancer." Why would you cross
 6 off "and progesterone"?
 7 MS. PREDHAM:
 8 A. Well, part there was where we had focused--it
 9 was just a bit of confusion and then we would
 10 have put that back in if we had decided to
 11 keep with a letter because part of the
 12 confusion was where we limited our search to
 13 estrogen receptors only. So that was just a
 14 reflection of that.
 15 CHAYTOR, Q.C.:
 16 Q. Because, of course, you would be aware that
 17 there were a number of patients who were
 18 treated on the basis of their progesterone
 19 status.
 20 MS. PREDHAM:
 21 A. Oh yes.
 22 CHAYTOR, Q.C.:
 23 Q. And up here you've crossed out the reference
 24 to a quality review, "as part of a quality
 25 review, the laboratory at General Hospital",

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1 and why is it that you're crossing off the
 2 reference to quality review?
 3 MS. PREDHAM:
 4 A. I think it was we just wanted to be clearer in
 5 what we were doing and I think instead of that
 6 entire sentence, we were going to have this
 7 type of sentence here.
 8 CHAYTOR, Q.C.:
 9 Q. So when you're doing this, is this just you
 10 sat down in your office coming up with these
 11 revisions or are you sat down with a group and
 12 this is being discussed by the group?
 13 MS. PREDHAM:
 14 A. This would have been discussed with, at least
 15 Ms. Parsons in our department and probably the
 16 rest of our department.
 17 CHAYTOR, Q.C.:
 18 Q. And the rest of your department meaning, would
 19 Ms. Elliott, for example, be involved or -
 20 MS. PREDHAM:
 21 A. No, she hadn't--she hadn't started this, she
 22 didn't start until October 31st. So it would
 23 have been, it would have been myself, Ms.
 24 Parsons, Ms. Emberley and Ms. Laidley.
 25 CHAYTOR, Q.C.:

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1 Q. And so you were going to indicate to the
 2 patient that your previously tested sample
 3 will be retested at Mount Sinai, presumably,
 4 "you are not required to have any additional
 5 testing and are not required to come into the
 6 hospital."
 7 MS. PREDHAM:
 8 A. We felt that was an important message to get
 9 across.
 10 CHAYTOR, Q.C.:
 11 Q. Okay, and if you have any questions or
 12 concerns, you may call and not the Health Care
 13 Corporation patient help line, the patient
 14 relations officer.
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. So Nancy Parsons is to take the phone calls
 19 was the intention.
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. And who would have drafted the original
 24 document that we're seeing there?
 25 MS. PREDHAM:

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1 A. I'm not really sure.
 2 CHAYTOR, Q.C.:
 3 Q. And why is the reference to people with
 4 diagnosis between 1997 and 2004, as opposed to
 5 up to 2005?
 6 MS. PREDHAM:
 7 A. It may have been--well obviously we didn't
 8 pick up on that when we were going through it
 9 at this time, but it may have been an earlier
 10 draft that we had from earlier, before we
 11 decided to send the Ventana results out.
 12 CHAYTOR, Q.C.:
 13 Q. And if we could look, please, at P-0308?
 14 Actually I think we have a better version of
 15 this, if we look at the letter attached, I
 16 think it's P-2590? Yes, this is better
 17 because the actual draft letter is attached to
 18 this one. So this is the next day and you're
 19 writing to Drs. Laing, Williams, Ms. Bonnell
 20 and Ms. Pilgrim and the subject is "Patient
 21 Letter" and you'll see here that there is an
 22 attachment with the draft letter. And you
 23 indicate, "I have attached the draft letter
 24 with the suggested changes. Before we send it
 25 out, we will need to consider the following:"-

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1 -and some of these are issues that you've
 2 brought up from time to time previously and
 3 we've seen in your documents.
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. One is the patients from St. Pierre, "is there
 8 a central medical contact we can discuss this
 9 with? Also we need to get the letter
 10 translated." So I take it up to this point,
 11 even though you have raised this issue before,
 12 this is still an issue that is on your radar
 13 that needs to be addressed?
 14 MS. PREDHAM:
 15 A. Yes, I hadn't gotten a clear answer to that
 16 yet.
 17 CHAYTOR, Q.C.:
 18 Q. And "Patients in nursing homes and personal
 19 care homes"--and again, you've raised that
 20 before. "Can we send the letters to the
 21 medical director of the nursing home board and
 22 the owner/operator of a personal care home for
 23 appropriate distribution, i.e. next of kin."
 24 And I take it you hadn't received an answer to
 25 that prior to either?

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1 MS. PREDHAM:
 2 A. Not to that point in time and we didn't send
 3 it to--it went through the medical director
 4 for the nursing home and flowed out from
 5 there.
 6 CHAYTOR, Q.C.:
 7 Q. And in terms of sending, though, to the
 8 patients in nursing homes and personal care
 9 homes, why not address the letter to the
 10 patient? Why would they be treated any
 11 differently?
 12 MS. PREDHAM:
 13 A. We could have addressed it to the patient and
 14 then have the nursing home directed as they
 15 saw fit, you're quite right, we could have
 16 done that, but that's not what we were
 17 thinking about at that time.
 18 CHAYTOR, Q.C.:
 19 Q. And was there any concern in terms of--because
 20 obviously if there's an issue of competency
 21 for any people, then it would be directed to
 22 the appropriate next of kin or the guardian,
 23 but did you have any concern of sending the
 24 letter to the owner/operator, for example, of
 25 a personal care home that this would be

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1 personal medical information for the resident?
 2 MS. PREDHAM:
 3 A. That was only an idea that we floated out, but
 4 we didn't do that, that wasn't the way it
 5 went.
 6 CHAYTOR, Q.C.:
 7 Q. So in terms of any letters that had and I
 8 realize no letter such as this eventually
 9 goes, but in terms of phone calls to those
 10 people, how was that handled?
 11 MS. PREDHAM:
 12 A. We actually didn't have any in a personal care
 13 home, so it didn't come up as an issue, but we
 14 would have contacted the personal care home to
 15 get the next of kin of the individual and then
 16 contacted that person, if the person was
 17 incompetent.
 18 CHAYTOR, Q.C.:
 19 Q. So you had people who were--you didn't have
 20 anyone in a personal care home that you had to
 21 make a phone call to?
 22 MS. PREDHAM:
 23 A. No.
 24 CHAYTOR, Q.C.:
 25 Q. And presumably if there were any of them who

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1 had changed results, a panel letter went out.
 2 MS. PREDHAM:
 3 A. Right.
 4 CHAYTOR, Q.C.:
 5 Q. And what about people in nursing homes?
 6 MS. PREDHAM:
 7 A. That was communicated through the medical
 8 director, but we also, we did make contact
 9 with the nursing home as well, as it came up.
 10 There weren't very many of those patients.
 11 CHAYTOR, Q.C.:
 12 Q. And so you would phone someone at the nursing
 13 home, as opposed to the patient?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. And then your third bullet is, "Will we send
 18 this letter out via registered mail through
 19 one central area, such as QSI." What's QSI?
 20 MS. PREDHAM:
 21 A. Quality and Systems Improvement, which was the
 22 name of our department at that time.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. So that changed.
 25 MS. PREDHAM:

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1 A. For another couple of weeks.
 2 CHAYTOR, Q.C.:
 3 Q. Okay. "We can then monitor the undeliverable
 4 mail." So, and I take it that was a
 5 reasonable suggestion that if we're going to
 6 send these letters, let's do it registered and
 7 then we'll know who doesn't receive their
 8 letter.
 9 MS. PREDHAM:
 10 A. Who doesn't get the letter.
 11 CHAYTOR, Q.C.:
 12 Q. "I guess we also have to remember that we will
 13 get a negative reaction from the letters,
 14 everything from timing, upsetting people with
 15 no information and, of course, we will send
 16 some unintentionally to people who have died.
 17 I guess we should compare the mailing list to
 18 the obituaries to ensure we don't send letters
 19 to the recently deceased." Finally, "I think
 20 we should be aware that we will not be able to
 21 notify everyone. Several on the list have
 22 moved and we have no other contact
 23 information. I'm going to send this on to Dan
 24 Boone as well. I'm not sure how HIROC will
 25 feel about notifying people at this point in

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1 time and whether the media attention will make
 2 any difference. Let me know what changes you
 3 want made. Heather." You're noting here that
 4 you're going to unintentionally send some to
 5 people who have died. So I take it you're
 6 aware by now, before you ever start making
 7 phone calls to people that you don't have
 8 everyone captured on your list of deceased?
 9 MS. PREDHAM:
 10 A. Well, I think at this point in time I still
 11 didn't have a clear idea that the information
 12 in the cancer registry was not from Vital
 13 Statistics, but I did know that even if it
 14 was, there was a lag time between what, you
 15 know, if we had made a request to Vital
 16 Statistics, there would be a lag time before
 17 they would be notified and would be able to
 18 give us a report on it. So my concern then
 19 wasn't on people who had passed away a time
 20 before, it was of those recently deceased.
 21 CHAYTOR, Q.C.:
 22 Q. And this would be a concern, I take it,
 23 regardless of whether you send out a letter or
 24 make a phone call?
 25 MS. PREDHAM:

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1 A. Oh, definitely.
 2 CHAYTOR, Q.C.:
 3 Q. That's going to be a concern.
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And you're indicating "We will not be able to
 8 notify everyone, several on the list have
 9 moved and we have no other contact
 10 information." So, Ms. Predham, as of October
 11 18th, 2005, were you already aware of short
 12 comings in terms of your ability to be able to
 13 contact everyone?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. And how had you already determined that people
 18 on your list had moved?
 19 MS. PREDHAM:
 20 A. I'm not sure how I would know that at that
 21 point in time, it may have been in calling
 22 people that were confirmed negative and that
 23 we realized that, you know, we had come across
 24 some people that we couldn't contact, that
 25 way.

1 CHAYTOR, Q.C.:

2 Q. So you're well aware that there are people

3 that you cannot and may never be able to

4 contact?

5 MS. PREDHAM:

6 A. Yes.

7 CHAYTOR, Q.C.:

8 Q. Whether it's via letter or otherwise.

9 MS. PREDHAM:

10 A. No--yes, I mean yes.

11 CHAYTOR, Q.C.:

12 Q. And you say you're going to send the draft

13 letter on to Dan Boone. "I'm not sure how

14 HIROC will feel about notifying people at this

15 point in time, whether the media attention

16 will make any difference." What is that

17 about?

18 MS. PREDHAM:

19 A. I guess, my memory of this is that we had

20 called the confirmed negative and then there

21 was a period of time when no one had talked

22 about doing further communication, like there

23 had been a week or so that we hadn't--no one

24 had said well what about the ones that we

25 haven't got the results back yet. So, I'm

1 CHAYTOR, Q.C.:

2 Q. So you had no idea what the response might be

3 up to this point in time?

4 MS. PREDHAM:

5 A. No, no.

6 CHAYTOR, Q.C.:

7 Q. And would it be--the theory that I was

8 floating with you last day, day before at some

9 point, that if you wrote the letter and the

10 notion of creating a cause of action by

11 informing these people, could it be that now,

12 well the people know about it anyhow through

13 the media, so the concern about creating a

14 cause of action through the letters might not

15 be there anymore because there's already been

16 media attention and people are hearing about

17 this, without Eastern Health making that

18 notification.

19 MS. PREDHAM:

20 A. I'm not sure, you know, I was just making--I

21 was going to send it on and I didn't know what

22 they were going to say. I had no preconceived

23 knowledge of what they could say about this.

24 CHAYTOR, Q.C.:

25 Q. Okay. And if we could look then, please, at

1 thinking Dr. Williams must have said we got to

2 get this moving, we got to get this going. So

3 it's something we hadn't--we hadn't talked

4 about that and I didn't know if they had any

5 feelings about it, you know, where it was in

6 the media and all this.

7 CHAYTOR, Q.C.:

8 Q. And what difference would the media attention

9 make?

10 MS. PREDHAM:

11 A. Oh, I'm not sure, I just, you know, I didn't

12 know if it would make any difference.

13 CHAYTOR, Q.C.:

14 Q. Why would you float that then as an idea,

15 whether the media attention will make any

16 difference, what were you thinking?

17 MS. PREDHAM:

18 A. I mean, you know, I don't know if they would

19 have come back and said, well, there's no

20 point in sending a letter out to these people

21 now, it's been in the media. I don't know and

22 I have absolutely no memory of what I meant

23 there, but I certainly wasn't sure, I didn't

24 have a concept that I was trying to get

25 across, I was only making the comment.

1 P-2967? I'm sorry, before we do that, maybe I

2 should have shown you the draft letter. If we

3 could go back please to P-2590, on page 3, the

4 draft letters to your patient, contacting

5 patients diagnosed with breast cancer and the

6 time period. And it appears to be very

7 similar to what I had showed you earlier with

8 your handwritten notes making the changes.

9 MS. PREDHAM:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. It does say that "the estrogen receptor or

13 ER/PR results are used by your doctor to

14 determine the appropriate therapy for your

15 breast cancer. Once the results of this

16 retesting are known, your surgeon or

17 oncologist will contact you to review your

18 results. Any impact that this may have had on

19 your past or present care will be discussed

20 with you by your doctor at that time, if you

21 have any questions or concerns." And the word

22 "quality" is not there, it says "as part of a

23 review of the laboratory at Eastern Health,

24 your previously tested tissue sample will be

25 retested at Mount Sinai and you're not

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1 required to have any additional testing."
 2 Okay, if we could go then, please, to P-2967?
 3 I'm just going to take you down to the bottom
 4 here, you'll see this is the e-mail that you
 5 sent, it's just another version of it with
 6 your three bullets.
 7 MS. PREDHAM:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And that was sent at 1:12 p.m. and one minute
 11 later you sent this on to Dan Boone. "Hi, I
 12 played innocent of your response, so you can
 13 surprise me ... Heather." So, Ms. Predham,
 14 prior to sending the e-mail to your superiors,
 15 had you already discussed the issue with Mr.
 16 Boone?
 17 MS. PREDHAM:
 18 A. When I was typing out the e-mail, when I got,
 19 you know, when I was just about to finish it
 20 off, he had called and he must have made some
 21 hesitation of sending it, but he said "Send me
 22 the e-mail and I will give you a written
 23 response because I'm sure that's what
 24 everybody would want." And I said, "Fine, but
 25 I will have to have it by 2:00 because I have

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1 to go to a meeting." So I sent him the e-mail
 2 and I sent it to him and I guess I just put in
 3 there that "I played innocent of your response
 4 so you can surprise me" because I didn't have
 5 time to retype it and get over to the Health
 6 Sciences at 2:00.
 7 CHAYTOR, Q.C.:
 8 Q. I'm sorry, you didn't have time to -
 9 MS. PREDHAM:
 10 A. Well I had to get the e-mail to him about the
 11 issue, so he could send me back a response and
 12 I had a meeting at 2:00 at the Health
 13 Sciences.
 14 CHAYTOR, Q.C.:
 15 Q. So you're telling Ms. Pilgrim, Dr. Williams,
 16 Dr. Laing, you're going to send it on to Dan
 17 Boone as well, "I'm not sure how HIROC will
 18 feel about notifying people at this point in
 19 time and whether the media attention will make
 20 any difference" and what you're saying is,
 21 though, before you pressed send on your e-
 22 mail, you had discussed the issue with Mr.
 23 Boone?
 24 MS. PREDHAM:
 25 A. Yes.

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1 CHAYTOR, Q.C.:
 2 Q. And so did you have any, as you say,
 3 preconceived notion of HIROC's position prior
 4 to sending this e-mail to your superiors?
 5 MS. PREDHAM:
 6 A. At the time I sent it, I did. His quick
 7 response was going to be he was a bit hesitant
 8 about it, that was all the detail that I had,
 9 that he had a hesitation on it and he said
 10 that he would send something back in writing
 11 to me. So I had to, I sent it as I had done
 12 it, instead of saying I had a very brief--
 13 instead of relaying all of that in that e-
 14 mail, I sent it on to Dan and I had to say
 15 something how I never made any comment about
 16 that phone call and I just sent it to him, I
 17 just hung up from him and now I'm sending
 18 this, so I said I played innocent of his
 19 response so he can surprise me with the
 20 written response.
 21 CHAYTOR, Q.C.:
 22 Q. And you knew the written response was going to
 23 be that in fact Mr. Boone has some hesitancy
 24 in you sending any letters to patients?
 25 MS. PREDHAM:

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1 A. Well I didn't know for sure because he was
 2 calling me about another issue and he said,
 3 you know, he was--his first thing on the phone
 4 of that discussion was that he was a bit
 5 hesitant, but he would send something to me in
 6 writing and he was going to try to get it to
 7 me before 2:00.
 8 CHAYTOR, Q.C.:
 9 Q. Well how are you playing innocent of his
 10 response if you don't know what his response
 11 is going to be?
 12 MS. PREDHAM:
 13 A. Well his, I mean, his first response was that
 14 he was a bit hesitant, you know, he was
 15 hesitant, so that's what I'm playing innocent
 16 of. And mostly that was for Dan to explain
 17 why I never said in that that I had just got
 18 off the phone with Dan because I wasn't
 19 rewriting the e-mail.
 20 CHAYTOR, Q.C.:
 21 Q. And Mr. Boone gets back to you fairly quickly,
 22 45 minutes later, and he copies it to two
 23 individuals including Mike Boyce at HIROC, and
 24 he writes, "My initial reaction is I do not
 25 agree with sending this letter at this time.

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1 There are a significant number of people whose
 2 results will not be changed. Notifying these
 3 people may be seen as raising their hopes for
 4 treatment possibilities. In most cases, these
 5 expectations or hopes will not be satisfied.
 6 There is a possibility that we could be sued
 7 in a class action by those people who receive
 8 this proposed correspondence whose test
 9 results do not change. Otherwise, these
 10 people would not have a cause of action. So
 11 sending the letter actually exposes us to a
 12 liability which does not now exist. I have
 13 not given significant thought to the issue
 14 from the perspective as to whether it is
 15 appropriate to test these specimens without
 16 advising the patients. However, again my
 17 initial thought is that the original consent
 18 would be brought enough to cover retesting.
 19 With the media coverage and the information
 20 already disseminated by you, I would think
 21 that most of the people who have tested
 22 negative would have enough information to
 23 consider whether they would like to be
 24 retested if they have not, and to inquire
 25 whether they have been retested. Therefore, i

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1 do not see how the letter advances the health
 2 care of the affected patients, and it
 3 increases our exposure to claims for damages.
 4 I would recommend against sending it". So Mr.
 5 Boone is stating that to send the letter,
 6 people who otherwise would not have a cause of
 7 action, you may in fact create a cause of
 8 action?
 9 MS. PREDHAM:
 10 A. I didn't get this e-mail until the next
 11 morning.
 12 CHAYTOR, Q.C.:
 13 Q. But that's what Mr. Boone is telling you?
 14 MS. PREDHAM:
 15 A. Oh, yes.
 16 CHAYTOR, Q.C.:
 17 Q. And you learn of that on October 19th?
 18 MS. PREDHAM:
 19 A. Yes, but the decision had already been made to
 20 phone everybody at that point.
 21 CHAYTOR, Q.C.:
 22 Q. Do you carry a Blackberry?
 23 MS. PREDHAM:
 24 A. I do now, but not at that time.
 25 CHAYTOR, Q.C.:

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1 Q. And so you didn't get it--even though it came
 2 in by 5 p.m, you didn't receive the e-mail?
 3 MS. PREDHAM:
 4 A. No, I was at the Health Sciences all
 5 afternoon. We had a meeting at 2 o'clock to
 6 discuss this issue. When I got over there, I
 7 did tell Dr. Williams I had a brief
 8 conversation with Dan and he seems hesitant,
 9 but he is going to give a written response. I
 10 didn't get it before I left, you can call him,
 11 and Dr. Williams said, no, it's too late for
 12 that now, we're not going down that road any
 13 more.
 14 CHAYTOR, Q.C.:
 15 Q. So when you--when you attended the meeting on
 16 that day in which the decision gets made not
 17 to send letters, you were aware that Dan Boone
 18 was hesitant in doing that?
 19 MS. PREDHAM:
 20 A. His initial reaction on the phone and a brief--
 21 on a phone message that was about something
 22 else, he was a bit hesitant about doing that.
 23 CHAYTOR, Q.C.:
 24 Q. And you told that to Dr. Williams and the
 25 others in attendance at the meeting?

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1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. And that's the meeting in which the decision
 5 is made not to send the letters?
 6 MS. PREDHAM:
 7 A. Yes, because we started getting into the
 8 logistics of the letters and Dr. Williams
 9 understood that it would take us a few days
 10 to--or about a week to get the letters
 11 actually out, and I distinctly remember that
 12 there was the discussion around the table
 13 about who was sending the letters out, how
 14 would we coordinate it, would it be
 15 registered, all those logistics, and he put
 16 his fist down on the table and said, call them
 17 all. I said, pardon me, and he said, call
 18 everybody. So then that was the decision that
 19 was made.
 20 CHAYTOR, Q.C.:
 21 Q. Ms. Predham, how is what's written here on
 22 October 18th, 2005, any different than HIROC's
 23 position articulated back in July?
 24 MS. PREDHAM:
 25 A. My memory of what was back in July was the

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1 fact of knowing what was going out with that--
 2 going out with the reasons behind what
 3 happened. I don't have any memory of this
 4 information back in July.
 5 CHAYTOR, Q.C.:
 6 Q. And even though there are--even though I've
 7 taken you through a note, your own handwritten
 8 note of the discussion with Dr. Williams, and
 9 another note of Dr. Alteen and his
 10 understanding from Dr. Williams of HIROC's
 11 position, it's not your recollection that
 12 this, in fact, was their position back in July
 13 as well?
 14 MS. PREDHAM:
 15 A. No, and I think that note from Dr. Alteen was
 16 in October, wasn't it?
 17 CHAYTOR, Q.C.:
 18 Q. Yes, but it's much earlier, October 7th or
 19 thereabouts.
 20 MS. PREDHAM:
 21 A. Okay.
 22 CHAYTOR, Q.C.:
 23 Q. So are you saying there was something new came
 24 in early in October from HIROC on their
 25 position?

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1 MS. PREDHAM:
 2 A. No, no, I just remembered that was yesterday,
 3 and October was Dr. Alteen's letter was in
 4 October. I didn't know if it was after this
 5 or not.
 6 CHAYTOR, Q.C.:
 7 Q. I think it's about ten days before this.
 8 MS. PREDHAM:
 9 A. Oh, okay.
 10 CHAYTOR, Q.C.:
 11 Q. So how would--what you were thinking they
 12 meant back in July, how would that, if it was
 13 only about as you were thinking about telling
 14 them what type of changes--sorry, what caused
 15 the changes, how would the fact that it's now
 16 the subject of media attention, influence
 17 HIROC's position?
 18 MS. PREDHAM:
 19 A. All I was saying there is that I wasn't sure
 20 how they would feel about notifying at this
 21 point in time because we hadn't talked about
 22 it. Prior to this, we were going through the
 23 panelling and we called people with results,
 24 but we hadn't--we hadn't revisited notifying
 25 people and telling them about being retested.

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1 CHAYTOR, Q.C.:
 2 Q. So you've sent this off to Mr. Boone, had some
 3 discussion with him on it, played innocent,
 4 and your response, "You can surprise me", and
 5 you get the response, you go off--before you
 6 get the response, though, you've gone to the
 7 meeting at Dr. Williams office.
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And you tell him what you've gathered from the
 12 telephone discussion with him. The next day
 13 when you receive this, do you then send this
 14 on to others in the organization?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And was there anything surprising in what Mr.
 19 Boone said?
 20 MS. PREDHAM:
 21 A. I can't--I remember coming in and saying, oh,
 22 look, there it is, but it didn't make--it
 23 didn't make a difference as to what we were
 24 doing at that time.
 25 CHAYTOR, Q.C.:

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1 Q. Was there anything in that e-mail back from
 2 Dan Boone that you weren't already aware of?
 3 MS. PREDHAM:
 4 A. When I read that over the next morning, it was
 5 in the--oh, okay, and then move on, because I
 6 had an awful lot of work to do that next day,
 7 so I didn't really go through it and--we
 8 weren't paying attention to it, and I think
 9 Dr. Williams was going to follow up with Mr.
 10 Boone, but I certainly didn't go through it
 11 and give it much thought.
 12 CHAYTOR, Q.C.:
 13 Q. My question was whether or not there was
 14 anything in the e-mail when you read it the
 15 next morning that you weren't already aware
 16 of?
 17 MS. PREDHAM:
 18 A. I didn't read it through in great detail. All
 19 I know is that he was hesitant about sending
 20 the letter, so the fact that he started off
 21 with "I do not agree with sending the letter
 22 at this time", was something I didn't know
 23 about because what he told me he was hesitant
 24 about sending the letter when he told me on
 25 the phone. So other than that, I sent that

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1 on.

2 THE COMMISSIONER:

3 Q. That wasn't the question, though -

4 MS. PREDHAM:

5 A. Oh, sorry.

6 THE COMMISSIONER:

7 Q. The question was not what your reaction was in

8 the morning, it was whether or not the

9 information which had been conveyed to you was

10 new to you, didn't you know all this before

11 was really the point?

12 MS. PREDHAM:

13 A. No, I probably didn't know most of this

14 before. I mean, this was--you know, I can't

15 really remember even going in detail and

16 reading that letter. It was just, like, okay,

17 here it is, we aren't paying attention to that

18 recommendation, and I have to find out all

19 these phone numbers.

20 CHAYTOR, Q.C.:

21 Q. So HIROC taking the position that, "If you

22 send the letters to people; otherwise, people

23 would not have a cause of action, so sending

24 the letter actually exposes us to liability

25 which does not now exist, and it increases our

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1 exposure to claims for damages, I recommend

2 against sending it", as risk manager, did you

3 understand that if you were to go ahead and

4 send the letter, with a recommendation from

5 HIROC that that not happen because it could

6 create cause of action and expose them to

7 additional claims for damages, did you

8 understand that by doing that, you could be

9 negatively impacting Eastern Health's

10 insurance coverage for such claims?

11 MS. PREDHAM:

12 A. Dr. Williams made that decision that

13 afternoon.

14 CHAYTOR, Q.C.:

15 Q. No, that's not my question, that's not--my

16 question is would you understand what this

17 meant in terms of how this could impact your

18 insurance coverage?

19 MS. PREDHAM:

20 A. Yes, when I read -

21 CHAYTOR, Q.C.:

22 Q. If you went ahead in light of this and sent

23 the letters?

24 MS. PREDHAM:

25 A. Yes, and I sent that on to Dr. Williams and

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1 Ms. Pilgrim.

2 CHAYTOR, Q.C.:

3 Q. Were you aware when you went to the meeting on

4 October 18th that HIROC was taking this

5 position?

6 MS. PREDHAM:

7 A. No. Like I said, he was hesitant about

8 sending the letter. That was all the

9 information that I had when I went to that

10 meeting, and that's what I conveyed to Dr.

11 Williams.

12 CHAYTOR, Q.C.:

13 Q. And you didn't ask him why are you hesitant?

14 MS. PREDHAM:

15 A. No, we didn't get into it. I asked him if he

16 could put it in writing and he said that he

17 would do that.

18 CHAYTOR, Q.C.:

19 Q. And perhaps, Ms. Predham, you didn't have to

20 ask him why is he hesitant because you knew

21 the reason for the hesitancy back in July?

22 MS. PREDHAM:

23 A. I can't agree with that, Ms. Chaytor, because

24 that's not what my memory of what happened

25 back in July is.

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1 CHAYTOR, Q.C.:

2 Q. The issue of consent that's written here, "I

3 have not given significant thought to the

4 issue from the perspective as to whether it's

5 appropriate to test these specimens without

6 advising the patients", had you asked Mr.

7 Boone anything about consent, why is he

8 writing about this?

9 MS. PREDHAM:

10 A. I have absolutely no idea because at that

11 point in time we had them all--they were all

12 sent and we had results back, and we were

13 panelling. I don't know.

14 CHAYTOR, Q.C.:

15 Q. That's what I was going to say, there's

16 already -

17 MS. PREDHAM:

18 A. I have no idea.

19 CHAYTOR, Q.C.:

20 Q. Looking at the issue of consent seems to be a

21 little bit late, you've already retested

22 people and you're getting results back, and,

23 in fact have told many people their results?

24 MS. PREDHAM:

25 A. Yes, yeah.

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1 CHAYTOR, Q.C.:

2 Q. So you have no idea why he would have been

3 addressing the issue of consent at this stage?

4 MS. PREDHAM:

5 A. No, and there was no question about consent

6 being an issue throughout this whole thing.

7 CHAYTOR, Q.C.:

8 Q. So that's not an issue that had even come up

9 for discussion, whether or not there was

10 consent?

11 MS. PREDHAM:

12 A. No.

13 CHAYTOR, Q.C.:

14 Q. Was Mr. Boone suggesting--did you take this as

15 Mr. Boone suggesting that if you haven't

16 already retested them, leave the ball in their

17 court to come forward and identify themselves

18 if they want to be retested?

19 MS. PREDHAM:

20 A. No. We already had, you know, blocks and

21 specimens, if they weren't already up at Mount

22 Sinai, they were in the process of going up

23 there, so that would be very difficult, you

24 know, to do at that point in time. That was

25 never a discussion.

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1 CHAYTOR, Q.C.:

2 Q. You did it for the deceased patients?

3 MS. PREDHAM:

4 A. Well, we--yes, that's true.

5 CHAYTOR, Q.C.:

6 Q. So "with the media coverage and the

7 information already disseminated by you, I

8 would think that most of the people who have

9 tested negative would have enough information

10 to consider whether they would like to be

11 retested if they have not, and to inquire

12 whether they have been retested", what did you

13 understand him to be saying?

14 MS. PREDHAM:

15 A. I guess it sounds like there that we wouldn't

16 even tell people if they were negative, that

17 we would wait until the called, but that

18 wasn't the process that we were doing either.

19 CHAYTOR, Q.C.:

20 Q. Was there any further discussion around that

21 issue?

22 MS. PREDHAM:

23 A. No.

24 CHAYTOR, Q.C.:

25 Q. So on October 18th then, the decision is made

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1 to not go with letters, but rather to phone

2 people, and tell us about that, who attended

3 that meeting and what was discussed?

4 MS. PREDHAM:

5 A. Well, obviously it was Dr. Williams, myself,

6 and I'm not sure if Ms. Parsons was there or

7 not. Ms. Pilgrim would have been there. I

8 assume Susan Bonnell was there, I can't really

9 remember, and probably Chris Power was there

10 as well from the Cancer Clinic, and we went

11 through the letter--I mean, I did raise that

12 Dan was hesitant and that I had a brief--very

13 brief telephone conversation with him, and

14 that we went through the letter, but it was

15 talking about the logistics of the letter and

16 who would send it out, how quickly it would

17 get, you know, that kind of--there Was a lot

18 of discussion around the table about logistics

19 of getting the letter out and confirming about

20 the deceased and this kind of thing, and I

21 just--I distinctly remember--the two things I

22 distinctly remember Dr. Williams saying is

23 that when I mentioned that Dan is hesitant, he

24 said, well, it's too late for that now, we're

25 going ahead with this, and then after the

Page 200

1 discussion was outlining about the logistics

2 of sending the letter, then he just put his

3 fist on the table and said, we're going to

4 call everyone.

5 CHAYTOR, Q.C.:

6 Q. So Dr. Williams initial reaction was, it's too

7 late for that now, we're going ahead with the

8 letters, and then who talked about the

9 logistics of sending the letters?

10 MS. PREDHAM:

11 A. I guess that was between Ms. Power, myself,

12 and Ms. Pilgrim. It was just, like, how the

13 letters were getting out, and that, and there

14 must have been some discussion about the

15 contents of the letters and that kind of

16 thing.

17 CHAYTOR, Q.C.:

18 Q. What was the problem, what was the difficulty?

19 You had your list ready, you had all the

20 addresses ready.

21 MS. PREDHAM:

22 A. It was still going to take a period of time,

23 and Dr. Williams wasn't happy with that period

24 of time, he thought the phone calls would be

25 quicker.

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1 CHAYTOR, Q.C.:

2 Q. How long did the phone calls take?

3 MS. PREDHAM:

4 A. Oh, they took days as well, but that's what he

5 considered. Whatever the talking of the

6 logistics, he wasn't happy with the turnaround

7 time, I guess, on getting the letters out and

8 then he wanted to make a call.

9 CHAYTOR, Q.C.:

10 Q. So you told Dr. Williams and the others in

11 attendance at the meeting that the insurers--

12 that Dan Boone was hesitant?

13 MS. PREDHAM:

14 A. Yeah.

15 CHAYTOR, Q.C.:

16 Q. His initial reaction was, too late for that

17 now, we're going ahead with this. You present

18 a draft letter. You've already sent that on.

19 You've got a draft letter ready to go, you

20 have the list of names, you have addresses for

21 the people, and you raise logistics of getting

22 the letters out--what are the logistics,

23 what's the issue?

24 MS. PREDHAM:

25 A. Well, it's all the logistics of--it's okay to

Page 202

1 say send the letter, but it's still going to

2 take a period of time. So--and that's my

3 memory is logistics. There may have been

4 other issues that came up, but my clearest

5 memory was when Dr. Williams said we're going

6 to call everybody and forget the letter, it's

7 like it's too much trouble. Like, that was

8 the type of tone or my memory of it, we're

9 going to call everybody.

10 CHAYTOR, Q.C.:

11 Q. But -

12 THE COMMISSIONER:

13 Q. About this meeting, are you saying that the

14 meeting started with a discussion of the

15 letter, a draft of which has already gone

16 around?

17 MS. PREDHAM:

18 A. Well, we just--it wasn't a discussion of the--

19 well, I guess, we did, we had a review of the

20 draft.

21 THE COMMISSIONER:

22 Q. Perhaps I'm--when did you have your discussion

23 with Dr. Williams regarding the content of

24 your conversation with Mr. Boone?

25 MS. PREDHAM:

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1 A. At the beginning of this meeting, we started

2 to -

3 THE COMMISSIONER:

4 Q. And your recollection is Dr. Williams said,

5 too late now, we're going to -

6 MS. PREDHAM:

7 A. We're going to go ahead.

8 THE COMMISSIONER:

9 Q. So why did you talk about the letters at all,

10 the logistics, and the problems?

11 MS. PREDHAM:

12 A. Well, that's what the point of the meeting

13 was, was to get the letter out, to get the

14 letter finalized so everybody was happy with

15 it, and to get who was doing what to get the

16 letter out.

17 THE COMMISSIONER:

18 Q. Perhaps I--sorry, I'm being dense, it's the

19 end of the morning, maybe it's my sugar

20 levels. The--if Dr. Williams' response to

21 your information which you gave him at the

22 beginning of the meeting was too late now,

23 we're not sending letter, we're going out --

24 MS. PREDHAM:

25 A. No, no, that wasn't it. His immediate

Page 204

1 response to Mr. Boone's hesitancy was it's too

2 late, we're going ahead with the letter, we've

3 made the decision that we're going out now

4 with the letter.

5 THE COMMISSIONER:

6 Q. So he was saying whatever Mr. Boone's concerns

7 are, I'm not considering them?

8 MS. PREDHAM:

9 A. Right.

10 THE COMMISSIONER:

11 Q. And then once you start talking about the

12 practicalities of sending out the letter, he

13 says make the phone calls?

14 MS. PREDHAM:

15 A. Right, he got--he got irritated with us

16 because, I guess, we were--you know, people--

17 we may have been looking at the wording again

18 because we had to finalize it, and obviously

19 hopefully somebody picked up the couple of

20 mistakes that were in there, but I guess--he

21 got irritated because there was--you know,

22 it's been a long time that we've been talking

23 about letters and whether they were going out

24 or not, and I guess he got frustrated. I can

25 distinctly remember him putting his fist down

Page 205

1 saying phone everyone, forget the letter,
 2 phone everybody.
 3 THE COMMISSIONER:
 4 Q. And up to that point, had there been any
 5 discussion about the logistics of actually
 6 phoning everybody too?
 7 MS. PREDHAM:
 8 A. No, no, that was brand new.
 9 THE COMMISSIONER:
 10 Q. Okay.
 11 CHAYTOR, Q.C.:
 12 Q. Did you even have the phone numbers for the
 13 people?
 14 MS. PREDHAM:
 15 A. No, that was the--so the next morning, of
 16 course -
 17 CHAYTOR, Q.C.:
 18 Q. Wait now. So the logistics of the letters are
 19 of concern to you, but logistics of telephone
 20 calls, that's not of concern?
 21 MS. PREDHAM:
 22 A. Well, we figured we had the names. As soon as
 23 we had the names, the addresses, and the MCP
 24 numbers, it was--we'd get all these people to
 25 go in and look up these phone numbers and then

Page 206

1 we could start calling while other people were
 2 continuing to look up the phone numbers.
 3 CHAYTOR, Q.C.:
 4 Q. So that's an extra step, extra work, in the
 5 logistics of notifying people?
 6 MS. PREDHAM:
 7 A. Well, the letter hadn't been finalized--there
 8 may have been some problem with--but that was
 9 a draft that still had errors in it. It may
 10 have been some problem of getting--it could
 11 have been something that Dr. Laing wasn't
 12 present and wanted to see the version of the
 13 letter. I'm absolutely imagining right now.
 14 CHAYTOR, Q.C.:
 15 Q. Yes, because Dr. Laing is present. If we look
 16 at 925, please, page 27.
 17 THE COMMISSIONER:
 18 Q. Did you have wording for phone conversation at
 19 that point either?
 20 MS. PREDHAM:
 21 A. No, I don't think so.
 22 THE COMMISSIONER:
 23 Q. So the same kind of discussion you were having
 24 about the content of a letter would have had
 25 to have been made about the content of any

Page 207

1 phone conversation?
 2 MS. PREDHAM:
 3 A. Well, no, it would have been easier because we
 4 would have had--we would have had the
 5 experience of doing the phone calls with the--
 6 no, we did have the phone numbers, we did have
 7 the bulk of the phone numbers because we were
 8 making the calls on the confirmed negative.
 9 So we had made--we had gathered a lot of the
 10 phone numbers and we probably didn't have them
 11 all finished on the ones to be retested, but
 12 that would have been in process in
 13 anticipation of getting the results. So that
 14 would have been in the works as well. So we
 15 had already done the phone calls, we had
 16 already had that experience of talking with
 17 people with confirmed negative, so this is why
 18 Dr. Williams felt that it was easier to do
 19 that.
 20 CHAYTOR, Q.C.:
 21 Q. But you had no script for confirmed negatives
 22 at this point in time?
 23 MS. PREDHAM:
 24 A. We never had a script?
 25 CHAYTOR, Q.C.:

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1 Q. Not for the confirmed negatives, the people
 2 who are about to be told their results--sorry,
 3 that they are being retested? The whole point
 4 of this letter was you are going to be
 5 retested and letting everyone know that
 6 they're a part of the group that's going to be
 7 retested.
 8 MS. PREDHAM:
 9 A. But the script wouldn't be much different than
 10 the content of the letter, so it would have
 11 been only to tell them that information. We
 12 had already been talking to people, so we did
 13 have a comfort level with talking to people on
 14 the phone with this as much as we could. So
 15 this is why we were okay with that.
 16 CHAYTOR, Q.C.:
 17 Q. So if you're okay -
 18 THE COMMISSIONER:
 19 Q. So the difference between the two would be the
 20 time that it takes the letter to get there as
 21 opposed to the phone call, is that what it is,
 22 the two or three days?
 23 MS. PREDHAM:
 24 A. I guess, to get the letter out, our experience
 25 with getting these letters out is not--it's

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1 not a very short period of time, it's a very
 2 complicated process, and again--I'm very
 3 sorry, because I'm just imagining right now.
 4 All I can remember is that we went in talking
 5 about a letter, Dr. Williams got irritated
 6 about the conversation about the letter, and
 7 then said we'll call everyone.
 8 THE COMMISSIONER:
 9 Q. Okay.
 10 CHAYTOR, Q.C.:
 11 Q. What time in the day did this meeting of
 12 October 18th take place?
 13 MS. PREDHAM:
 14 A. My memory is at 2 o'clock.
 15 THE COMMISSIONER:
 16 Q. Ms. Chaytor, wherever you want to break for
 17 lunch, we can do that.
 18 CHAYTOR, Q.C.:
 19 Q. Yes. This says Dr. Laing, Dr. Tilley,
 20 yourself, Ms. Bonnell, Dr. Cook, Dr. Williams
 21 and Ms. Pilgrim, are gathered and you say the
 22 purpose of the meeting was to review the
 23 letter and Dr. Laing, "Minutes of meeting of
 24 panel meetings are fine, only a few
 25 suggestions to format". So it looks like

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1 there was some review of minutes of meetings
 2 of the panel. Did you bring along those
 3 minutes?
 4 MS. PREDHAM:
 5 A. No, I didn't.
 6 CHAYTOR, Q.C.:
 7 Q. "Review media releases and patient letter and
 8 suggestions made". So it appears there were
 9 media releases. Do you remember did Ms.
 10 Bonnell bring those along?
 11 MS. PREDHAM:
 12 A. She must have, but I don't have any memory of
 13 that.
 14 CHAYTOR, Q.C.:
 15 Q. And patient letter, and some suggestions were
 16 made, (a) suggestion is that we will call all
 17 people to be retested; (b) call all patients
 18 who have not converted, convertors will be
 19 dealt with by the physicians. Wasn't that
 20 already -
 21 MS. PREDHAM:
 22 A. That was already -
 23 CHAYTOR, Q.C.:
 24 Q. Happening?
 25 MS. PREDHAM:

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1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. "Decision get out information to media in
 4 print. Secondly, phone patients who are
 5 retested, phone patients who have been
 6 retested and are not convertors, patient
 7 panelled by tumour board to be contacted by
 8 physician. Western and Central to phone their
 9 patients". So it appears the suggestion is
 10 that we would call all people to be retested.
 11 Who made that suggestion?
 12 MS. PREDHAM:
 13 A. Dr. Williams.
 14 CHAYTOR, Q.C.:
 15 Q. Did anyone else?
 16 MS. PREDHAM:
 17 A. I would say it wouldn't be a suggestion. My
 18 only memory is that, and I distinctly remember
 19 him putting the fist on the table and saying
 20 call all patients, and that there was much
 21 discussion going on at the time when he did
 22 that. I can't remember the content of the
 23 discussion, but I know there was much
 24 discussion and he just kind of put an end to
 25 it by putting his fist on the table and saying

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1 call all patients.
 2 CHAYTOR, Q.C.:
 3 Q. And that's after you've raised issues with the
 4 logistics of getting the letters out?
 5 MS. PREDHAM:
 6 A. And, you know, that's--I would have raised
 7 that, well, what about this issue, like I did
 8 in the e-mail that I sent, I had questions to
 9 ask, you know, is it going to be this, is it
 10 going to be that, and I guess that was the
 11 ensuing conversation.
 12 CHAYTOR, Q.C.:
 13 Q. And if the content of the letter was of issue,
 14 why would the content of that letter be used
 15 as the basis of what you tell people in phone
 16 calls?
 17 MS. PREDHAM:
 18 A. I didn't see the content of the letter was an
 19 issue. Did I say the content of the letter
 20 was an issue?
 21 CHAYTOR, Q.C.:
 22 Q. Well, you had said that perhaps there was
 23 still some issues about the content of the
 24 letters being one of the logistics of the
 25 letters.

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1 MS. PREDHAM:
 2 A. And, you know, that was totally--I shouldn't
 3 have speculated, but that was total
 4 speculation.
 5 CHAYTOR, Q.C.:
 6 Q. So the letter was fine. Everyone is agreed
 7 now, the suggestions have been made, and
 8 everyone has agreement on what would go in a
 9 letter. So that's not an issue?
 10 MS. PREDHAM:
 11 A. Yes, to this, yes.
 12 CHAYTOR, Q.C.:
 13 Q. And so the only logistics to getting the
 14 letter out is to actually have the letters--
 15 the addresses put on the letters, stuffed in
 16 an envelope, sent out?
 17 MS. PREDHAM:
 18 A. And I cannot remember anything else that would
 19 stop us from sending that letter, but I
 20 remember distinctly Dr. Williams being
 21 irritated by the conversation that was going
 22 around the table, and then saying that we
 23 phone instead of the letter, not as--but just
 24 because there was some reason, there was
 25 something that was going on that--but I really

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1 can't remember.
 2 CHAYTOR, Q.C.:
 3 Q. And why did it have to be either/or, why
 4 wouldn't the people be phoned and followed up
 5 with a letter, why did the letter have to be
 6 abandoned at this point?
 7 MS. PREDHAM:
 8 A. Oh, I don't know. There was no reason why.
 9 It was just that's what happened.
 10 CHAYTOR, Q.C.:
 11 Q. Was it because you had been cautioned by Mr.
 12 Boone recommending against sending the letter?
 13 MS. PREDHAM:
 14 A. No.
 15 CHAYTOR, Q.C.:
 16 Q. What other reason is there?
 17 MS. PREDHAM:
 18 A. I can only tell you what I remember happening
 19 and I distinctly remember Dr. Williams making
 20 that decision and that decision was not based
 21 on that.
 22 CHAYTOR, Q.C.:
 23 Q. But the only information provided to Dr.
 24 Williams as to why not to send the letter is
 25 your conversation with Mr. Boone, his

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1 hesitancy, and some logistics that you bring
 2 forward?
 3 MS. PREDHAM:
 4 A. And that's all I remember. I don't remember
 5 anything else.
 6 CHAYTOR, Q.C.:
 7 Q. But what -
 8 MS. PREDHAM:
 9 A. It's not clear here from the notes. I mean,
 10 we talked about a patient letter and
 11 suggestions were made, and then on the bottom
 12 it says "phone patients who are retested".
 13 CHAYTOR, Q.C.:
 14 Q. Who have been retested and are not convertors,
 15 but number two says, "phone patients who are
 16 retested".
 17 MS. PREDHAM:
 18 A. Yes. So there's no link--I mean, we certainly
 19 reviewed the letter and made suggestions, but
 20 there's nothing there that clearly says why we
 21 changed our mind.
 22 CHAYTOR, Q.C.:
 23 Q. And do you have any notes of this meeting?
 24 MS. PREDHAM:
 25 A. No.

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1 CHAYTOR, Q.C.:
 2 Q. Why didn't you keep notes?
 3 MS. PREDHAM:
 4 A. I'm not sure. I couldn't find any notes for
 5 it.
 6 CHAYTOR, Q.C.:
 7 Q. And did you understand number two, "phone
 8 patients who are retested", did you understand
 9 that to mean those who are in the process of
 10 being retested?
 11 MS. PREDHAM:
 12 A. Oh, certainly.
 13 CHAYTOR, Q.C.:
 14 Q. And number five, "Western and Central to phone
 15 their patients". What patients were Western
 16 and Central to phone?
 17 MS. PREDHAM:
 18 A. At that point in time--I'd have to go back and
 19 look at e-mails with Dr. Alteen, in
 20 particular, to try to give me--to be specific,
 21 but right now it probably would only be those
 22 who were confirmed negatives. Originally we
 23 thought we would call everyone who was being
 24 retested.
 25 CHAYTOR, Q.C.:

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1 Q. This is a good place, please, Commissioner.
 2 THE COMMISSIONER:
 3 Q. Before we do, you haven't mentioned Mr.
 4 Tilley's participation in this meeting.
 5 MS. PREDHAM:
 6 A. Until I saw his name there, I never realized
 7 that he was there. I can't remember him being
 8 in that meeting.
 9 THE COMMISSIONER:
 10 Q. All right, 2:15. Thank you.
 11 (BREAK)
 12 THE COMMISSIONER:
 13 Q. Ms. Chaytor.
 14 CHAYTOR, Q.C.:
 15 Q. Good afternoon, Commissioner. Good afternoon,
 16 Ms. Predham.
 17 MS. PREDHAM:
 18 A. Good afternoon.
 19 CHAYTOR, Q.C.:
 20 Q. If we could look at P-925, please, page 27,
 21 and these were the notes taken by Dr. Williams
 22 on October 18th, 2006. Actually, I'm just
 23 noticing that it says 2006.
 24 MS. PREDHAM:
 25 A. Oh, so it does.

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1 CHAYTOR, Q.C.:
 2 Q. I'm assuming, though, that it really should be
 3 2005.
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. A year later, there would be no need to be
 8 having this discussion.
 9 MS. PREDHAM:
 10 A. No.
 11 CHAYTOR, Q.C.:
 12 Q. Your recollection is that this meeting took
 13 place 2 o'clock on that date. The issue of
 14 reviewing the media releases, do you recall
 15 that coming up, and then it appears under the
 16 first decision is "get out information to
 17 media and print". Do you recall that being
 18 discussed?
 19 MS. PREDHAM:
 20 A. I don't recall anything about the media
 21 releases at that meeting.
 22 CHAYTOR, Q.C.:
 23 Q. And you do recall Ms. Bonnell being at the
 24 meeting?
 25 MS. PREDHAM:

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1 A. I have some memory of her being there, not
 2 very distinct, but I do have a recollection of
 3 her being there.
 4 CHAYTOR, Q.C.:
 5 Q. How about Mr. Tilley?
 6 MS. PREDHAM:
 7 A. I have no memory of him being at that meeting.
 8 CHAYTOR, Q.C.:
 9 Q. And would it be unusual for Dr. Williams to be
 10 taking such a strong stand in terms of a
 11 decision if in fact Mr. Tilley were at the
 12 meeting?
 13 MS. PREDHAM:
 14 A. Well, my memory is that he was definitely--the
 15 decisions that I remember, it was definitely
 16 his decisions, and they were very decisive,
 17 but I don't remember Mr. Tilley there at all.
 18 CHAYTOR, Q.C.:
 19 Q. And do you recall the other individuals being
 20 there; Dr. Cook, Ms. Pilgrim, Dr. Laing?
 21 MS. PREDHAM:
 22 A. I really don't remember Dr. Laing being there.
 23 I do remember Ms. Pilgrim being there, and I
 24 remember Dr. Cook being there, I think.
 25 CHAYTOR, Q.C.:

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1 Q. Okay.
 2 MS. PREDHAM:
 3 A. I really--I can't distinctively remember Don
 4 Cook there.
 5 CHAYTOR, Q.C.:
 6 Q. And if the meeting were to take place 2
 7 o'clock in the afternoon, would it be an
 8 unusual time for Dr. Laing to be able to make
 9 herself available?
 10 MS. PREDHAM:
 11 A. No, sometimes the doctors--it depended on when
 12 their clinics were.
 13 CHAYTOR, Q.C.:
 14 Q. If we could have, please, P-0358. Come down
 15 to the second page. This is an e-mail
 16 exchange from Deborah Thomas-Pennell to Mr.
 17 Tilley, Dr. Williams, and yourself, and Denise
 18 Dunn, October 18th, 2005, at 2:03 p.m. Mr.
 19 Tilley responding to Deborah Thomas-Pennell
 20 and these are re; ad scenarios, and this was
 21 the issue about which types of ads to go with
 22 for your media ad campaign at the time?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. And he responds to that at 2:21 p.m. on
 2 October 18th, 2005. Then this one is later.
 3 So it appears if, in fact, Mr. Tilley was in
 4 the meeting, he's e-mailing back to
 5 communications people who work with Susan
 6 Bonnell, who's also in the meeting.
 7 MS. PREDHAM:
 8 A. Uh-hm.
 9 CHAYTOR, Q.C.:
 10 Q. And he's doing that at 2:21 p.m. on October
 11 18th, 2005, when the very subject matter is
 12 part of what's being discussed in the meeting?
 13 MS. PREDHAM:
 14 A. I have a very distinct memory of having to be
 15 at the Health Sciences for 2 o'clock. Now I
 16 may have linked the two together, but I have a
 17 very distinct memory of having to be at the
 18 Health Sciences for 2 o'clock.
 19 CHAYTOR, Q.C.:
 20 Q. And if we could go back, please, to 2967, Mr.
 21 Boone's response to you is at 2:04 p.m. and
 22 you're saying that you had not received this
 23 response prior to attending the meeting on
 24 October 18th?
 25 MS. PREDHAM:

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1 A. No.
 2 CHAYTOR, Q.C.:
 3 Q. If we could have, please, P-1496. This is
 4 another version, Ms. Predham, of the e-mail
 5 from Mr. Boone and then the next morning you
 6 forward it on saying, "Here's Dan's view on
 7 feedback", and you send it to Patricia
 8 Pilgrim, Dr. Williams, and Susan Bonnell, and
 9 what was your purpose in doing that, why would
 10 you send it on to them?
 11 MS. PREDHAM:
 12 A. Well, I mean, that's who the feedback is for.
 13 I'm only the conduit for the information, so
 14 once I get the information, I send it on to
 15 somebody else.
 16 CHAYTOR, Q.C.:
 17 Q. So even though you're saying that the issue
 18 was already dealt with, and we weren't going
 19 to be sending any letters, and that was
 20 decided the day before, you still forwarded
 21 this on?
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. And Ms. Bonnell replies later that morning,

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1 "Heather, not being a legal mind and all, but
 2 I disagree with Dan. What are your thoughts",
 3 and did you have any further communication
 4 with Ms. Bonnell?
 5 MS. PREDHAM:
 6 A. Not that I recall.
 7 CHAYTOR, Q.C.:
 8 Q. So in terms of sharing with her your thoughts
 9 on the issue?
 10 MS. PREDHAM:
 11 A. I don't recall talking about this after this
 12 at all.
 13 CHAYTOR, Q.C.:
 14 Q. What were your thoughts on what Mr. Boone had
 15 written?
 16 MS. PREDHAM:
 17 A. Like I said before lunch, I read it over
 18 quickly and sent it on, and then went on doing
 19 the other things that I had to do.
 20 CHAYTOR, Q.C.:
 21 Q. If we could have, please, P-0653.
 22 THE COMMISSIONER:
 23 Q. Excuse me, before you leave that, why those
 24 particular three people? If it had been the
 25 subject of the discussion the day before, why

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1 not send it to everybody who had been at the
 2 meeting?
 3 MS. PREDHAM:
 4 A. I can't remember.
 5 THE COMMISSIONER:
 6 Q. Or was there something about Ms. Pilgrim, Ms.
 7 Bonnell, and Dr. Williams, in terms of their
 8 role in this that -
 9 MS. PREDHAM:
 10 A. Well, they were the leaders of the--well, Dr.
 11 Williams and--Dr. Williams was coordinating
 12 the whole thing, and I reported to Ms.
 13 Pilgrim, and I guess that's who I just sent it
 14 off to. One of the things that I have noticed
 15 that myself and other people did, we didn't
 16 always send everything to everybody, and not
 17 meaning not to, but it's just that, I guess,
 18 you get something in your mind and you send it
 19 on and you only send it to certain people.
 20 Like, not everyone, and I think I mentioned
 21 that earlier, there wasn't a core group
 22 identified who saw everything. So that was--
 23 that's a downfall of this whole process.
 24 CHAYTOR, Q.C.:
 25 Q. And your original e-mail exchange on that had

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1 also included Dr. Laing?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. So when you had originally indicated you were
 6 forwarding it on to Mr. Boone, you had also
 7 sent that e-mail to Dr. Laing?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. But she doesn't get included in your core
 12 group that you forwarded it on to?
 13 MS. PREDHAM:
 14 A. No.
 15 CHAYTOR, Q.C.:
 16 Q. Is that just an oversight or -
 17 MS. PREDHAM:
 18 A. I can't recall what I was thinking there, but
 19 I--you know, I didn't send it to her.
 20 CHAYTOR, Q.C.:
 21 Q. Or were these the people in the meeting who
 22 indicated that they would, in fact, like to
 23 hear Mr. Boone's view and receive his feedback
 24 after you received it?
 25 MS. PREDHAM:

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1 A. Oh, that could possibly be it, but I don't
 2 remember.
 3 CHAYTOR, Q.C.:
 4 Q. And 653, please, Registrar. This is October
 5 19th, 2005, 2:42 in the afternoon, and Susan
 6 Bonnell is e-mailing her counterparts in the
 7 other regions to let them know the plan
 8 apparently regarding advertisements, and the
 9 fact that the patients who are to be retested
 10 would be called by one of our QI nurses, it
 11 says, and she writes, "Additionally, all
 12 patients who are being retested are going to
 13 be called by one of our QI nurses", and "all"
 14 is in capital letters. "I believe that
 15 Heather Predham will be coordinating this
 16 effort and that Dr. Williams will be
 17 contacting your medical VPs to discuss this
 18 with them". So was it the plan at this point
 19 in time that you, in fact, in St. John's, were
 20 going to call all of the patients throughout--
 21 for all the regions?
 22 MS. PREDHAM:
 23 A. That was the original plan, and like I
 24 mentioned earlier, I can't really remember the
 25 timeline, but there is an e-mail exchange

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1 between myself and Dr. Alteen in which I
 2 started second guessing that, I think,
 3 especially after I made that first call to
 4 someone whose relatively recently died and the
 5 fact that we wouldn't have as up to date
 6 information as they would have, but that was
 7 the plan that we would be doing all the calls
 8 for those to be retested.
 9 CHAYTOR, Q.C.:
 10 Q. And, in fact, when you started out making
 11 those calls, you were calling all patients?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And how did you keep track of that, how did
 16 you keep track of who was being called?
 17 MS. PREDHAM:
 18 A. We had Excel spreadsheets with all the names
 19 on that and we enter made notes on that, or I
 20 think one or two of the people in our
 21 department had a separate list where they just
 22 tallied it off with the names on it.
 23 CHAYTOR, Q.C.:
 24 Q. And then was that inputted into the database
 25 that you were keeping?

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1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. So you would take their handwritten notes, if
 5 they had made the call, and whatever notes
 6 they had physically made, you would then put
 7 into your electronic version?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And if it were you, yourself, making the call,
 12 then you would just put it in, I guess,
 13 automatically into your database?
 14 MS. PREDHAM:
 15 A. No, no, I wrote it out first.
 16 CHAYTOR, Q.C.:
 17 Q. You wrote it out too, okay.
 18 MS. PREDHAM:
 19 A. Because we had to make these calls in the
 20 evening because we weren't leaving messages on
 21 phone messages, on message managers, and we'd
 22 have to make calls in the evening to make sure
 23 we get in touch with people.
 24 CHAYTOR, Q.C.:
 25 Q. If we could look, please, at P-0326, page 12.

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1 THE COMMISSIONER:
 2 Q. When you said you were not leaving messages,
 3 you mean even a message which says "please
 4 call us"?
 5 MS. PREDHAM:
 6 A. At that point in time, we didn't want to do
 7 that. We wanted to try to get the person
 8 first.
 9 THE COMMISSIONER:
 10 Q. At that point in time. Later you -
 11 MS. PREDHAM:
 12 A. When we made the calls--when we got to a
 13 certain point, if we had called numerous times
 14 and we had a message manager, then we'd leave
 15 a message, but we tried to have that personal
 16 contact first.
 17 CHAYTOR, Q.C.:
 18 Q. Ms. Predham, this is a handwritten note of Mr.
 19 Tilley, which we understand is October 18th,
 20 2005, and he's got Bob Williams written here,
 21 a number of points, Mark Quinn, and then
 22 letter, HIROC opinion, October 18th. In terms
 23 of whether Mr. Tilley is at the meeting or if
 24 this is telephone discussion, it appears that
 25 on that date he's being informed of HIROC's

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1 opinion regarding a letter.
 2 MS. PREDHAM:
 3 A. Well, I mean, Dr. Williams would have known
 4 that they were hesitant at that time because
 5 that's what I told them at that meeting, but
 6 that's all the information I had to tell them.
 7 I also said that--to Dr. Williams that, you
 8 know, you can call him. Now maybe Dr.
 9 Williams called him after the meeting, I don't
 10 know.
 11 CHAYTOR, Q.C.:
 12 Q. Do you have any reason to believe that
 13 happened?
 14 MS. PREDHAM:
 15 A. I have no reason to believe that happened.
 16 CHAYTOR, Q.C.:
 17 Q. Have you ever heard tell of that?
 18 MS. PREDHAM:
 19 A. No.
 20 CHAYTOR, Q.C.:
 21 Q. And that's speculation then on your part?
 22 MS. PREDHAM:
 23 A. Absolutely.
 24 CHAYTOR, Q.C.:
 25 Q. P-0650, please. This is the same day, 10:29

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1 in the morning, and it appears to be you're
 2 sending an update to Dr. Williams, "There were
 3 12 patients reviewed at the panel last
 4 Thursday, and the recommendations were as
 5 follows; four required no action, three were
 6 already receiving Tamoxifen, and, therefore,
 7 required no action, but if not already aware,
 8 will be told of the change in their ER/PR
 9 status; four will be offered Tamoxifen, and
 10 one will be assessed". Under what
 11 circumstances would no action be required?
 12 MS. PREDHAM:
 13 A. Well, this--so this would have been after the
 14 first meeting?
 15 CHAYTOR, Q.C.:
 16 Q. Yes.
 17 MS. PREDHAM:
 18 A. And I guess this was before we came up with
 19 the term of there was no recommendation.
 20 CHAYTOR, Q.C.:
 21 Q. So you're differentiating between those
 22 without a recommendation and those with no
 23 recommendation because they're already on
 24 Tamoxifen?
 25 MS. PREDHAM:

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1 A. No, what it appears to, and I can't remember
 2 other than reading this, but what it appears
 3 to be is that four had no recommendations and
 4 three it was unclear whether they were aware
 5 of the change. So the four may have been
 6 already aware of the change.
 7 CHAYTOR, Q.C.:
 8 Q. Didn't every patient require some action,
 9 whether it's phone call or letter?
 10 MS. PREDHAM:
 11 A. Like I said, this was before we came up with
 12 the classification of no recommendation or
 13 whatever, and I think I'm referring to the
 14 fact there was no recommendations as opposed
 15 to action.
 16 CHAYTOR, Q.C.:
 17 Q. So there was never a point in time where there
 18 was going to be no action with respect to
 19 those who were confirmed negative?
 20 MS. PREDHAM:
 21 A. Oh, no, and this wouldn't be talking about the
 22 confirmed negative, anyway. This would have
 23 been the panel meeting, so it would have been
 24 people that converted.
 25 CHAYTOR, Q.C.:

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1 Q. Okay. So if that's so, then wouldn't they all
 2 receive letters?
 3 MS. PREDHAM:
 4 A. The doctors--yes, the doctors would receive
 5 letters, but like I said, this was after the
 6 first one because the first one was October
 7 13th.
 8 CHAYTOR, Q.C.:
 9 Q. If we could have, please, 651. This is your
 10 e-mail of the same day to Dr. Williams, "I'm
 11 faxing over the first bunch of results form
 12 the on-line service", and what do you mean by
 13 the on-line service?
 14 MS. PREDHAM:
 15 A. It must have been just before that. One of
 16 the oncologists and myself met with the
 17 family, and when the oncologist--and it was to
 18 speak about a patient who had converted, but
 19 who had passed away, and when she was there,
 20 she had some printouts from this web-based
 21 service called Adjuvant Online, and what she
 22 had done to try to explain to this family
 23 about--I can't remember the terms now, the
 24 risk of recurrence or the, I guess, prediction
 25 of life span or something, there was some

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1 calculation in this on-line service so she
 2 could put in information about that tumour and
 3 the patients condition, the age, the patient's
 4 condition, all that, and there would be
 5 predictive things and you could change it. So
 6 what she had done was she changed it from
 7 having Tamoxifen or not having Tamoxifen, and
 8 then she could show on some kind of graphical
 9 representation what the predicted outcome or
 10 progression of the disease would be with
 11 Tamoxifen or not Tamoxifen, and I guess she
 12 used it as trying to explain what could happen
 13 or couldn't happen, and it was quite
 14 beneficial, but it was--I had never heard of
 15 this before, so I had talked to Dr. Williams
 16 about it and he wanted me to try it with
 17 different--like I said, different parameters
 18 in here, and this was just for his
 19 information.
 20 CHAYTOR, Q.C.:
 21 Q. And why, towards what end, what was he trying
 22 to determine?
 23 MS. PREDHAM:
 24 A. I guess he just wanted to see for his own
 25 information how much impact Tamoxifen would or

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1 wouldn't be on somebody. I'm not--and that's
 2 my recollection of why he wanted me to do
 3 this. I remember doing this, but you'd have
 4 to ask him why he really wanted it.
 5 CHAYTOR, Q.C.:
 6 Q. Okay, unless you were able to remember what he
 7 told you his purposes was in doing it?
 8 MS. PREDHAM:
 9 A. I can't remember the purpose. I remember he
 10 asked me to do that and put in a variety of--
 11 they ask you questions that you had to put in,
 12 you know, the tumour grade, what the hormone
 13 status was, the size of the tumour, and how
 14 many nodes were involved, and then whether or
 15 not the person was on Tamoxifen and the age,
 16 of course. So then it predicted this
 17 information. So I printed it out and then I
 18 faxed it over to him.
 19 CHAYTOR, Q.C.:
 20 Q. And you write to him, "Just playing around
 21 with it, it seems that node involvement is the
 22 most important variable, certainly not ER
 23 status or Tamoxifen". Wouldn't that type of
 24 an opinion be best obtained for Dr. Williams
 25 from the oncologist?

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1 MS. PREDHAM:
 2 A. Oh, certainly. This was only--I was only--I
 3 didn't even know who made this website, and
 4 who supported it at all, and really other than
 5 being able to fill in the blanks and put in
 6 some varieties, that's all I could do, and
 7 that's all he expected me to do.
 8 CHAYTOR, Q.C.:
 9 Q. If we could have P-0655, please. This is an
 10 e-mail to Dr. Williams, Patricia Pilgrim, Dr.
 11 Cook, from yourself on October 20th, 2005,
 12 "Okay, all the lists have been triple checked.
 13 We're meeting this morning to identify
 14 recently deceased and those who have already
 15 been told. All of the lists having been
 16 triple checked, which lists would that be?
 17 MS. PREDHAM:
 18 A. That was--well, that was the ongoing checking
 19 of the list as well, because during this
 20 period of time there were more lists coming
 21 over from Mr. Gulliver because there was more
 22 names coming in from the regions. So the list
 23 was expanding over this period of time and
 24 also the names--the names--it was just double
 25 checking the list, my list off of Mr.

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1 Gulliver's list.
 2 CHAYTOR, Q.C.:
 3 Q. So it's just yours and Mr. Gulliver's. Was
 4 Mr. Cook's--Dr. Cook's involved at all?
 5 MS. PREDHAM:
 6 A. No, because Dr. Cook had the information
 7 coming back.
 8 CHAYTOR, Q.C.:
 9 Q. And why are you triple checking and how did
 10 you triple check?
 11 MS. PREDHAM:
 12 A. Well, I was always--I didn't want to make
 13 mistakes and also it was a very manual
 14 process. So what I had was--I had two other
 15 people doing the same checks that I was doing.
 16 CHAYTOR, Q.C.:
 17 Q. So you and who else was involved in doing
 18 that?
 19 MS. PREDHAM:
 20 A. Staff in our department. Mr. McCormack was
 21 involved in it, and I'm not sure--it may have
 22 been Mrs. Emberley.
 23 CHAYTOR, Q.C.:
 24 Q. And you've noted that--well, you've got 344
 25 who you haven't gotten results back, there are

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1 77 confirmed as being negative, "I will review
 2 those with Kara today and we will call them
 3 tomorrow". So was that done, did you run
 4 those past Dr. Laing?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. So those were never brought in a list to the
 9 tumour panel?
 10 MS. PREDHAM:
 11 A. No.
 12 CHAYTOR, Q.C.:
 13 Q. And you write, "There are 59 that will be
 14 reviewed by the panel and informed in that
 15 way; 12 have been done already". So I guess
 16 they were done on a previous panel?
 17 MS. PREDHAM:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. And it looks like there are nine residents in
 21 some kind of nursing home, either private or
 22 public, and there are eight residents you've
 23 identified at this point in St. Pierre. So
 24 this is October 20th. So at this point in
 25 time, there'd been the two meetings, I guess,

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1 of the panel?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. And only -
 6 MS. PREDHAM:
 7 A. Well, the second meeting would have been that
 8 day.
 9 CHAYTOR, Q.C.:
 10 Q. That day, so perhaps this is just one meeting
 11 at this point?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. So only 12 out of those that needed to be
 16 reviewed had been done. Were you concerned
 17 then, at that rate, how long it's going to
 18 take, how many weeks it'll take for the panel
 19 to review the rest of the patients, even out
 20 of the 59 that need to be reviewed?
 21 MS. PREDHAM:
 22 A. I was concerned, but it seemed to be benefit
 23 to that way, but at the same time, we had gone
 24 through so many options before that that this
 25 is the one that the bulk of--that you know,

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1 the people who made the decisions to do this,
 2 this is the one they agreed with.
 3 CHAYTOR, Q.C.:
 4 Q. If we could have, please, P-2932? And this is
 5 an e-mail from Dr. Alteen to yourself and it's
 6 October 23rd, 2005, and he writes that he's
 7 "attaching two spreadsheets with the
 8 information from our area concerning ER/PR. I
 9 think we have all the data, but wanted to
 10 cross reference it with yours," and his
 11 calculations suggest "there are probably only
 12 51 from the old Central West and 32 from
 13 Central East, and I have based that on if ER
 14 or PR 30 percent or greater then there would
 15 be no need to retest the patient." And he
 16 says "I just want to make sure that we have
 17 agreement on the final list, so that any
 18 communication is based on the same base
 19 information. Can you review spreadsheets and
 20 let me know if you or others have any changes
 21 they wish to make?" And so then, Ms. Predham,
 22 did you do that? Did you review this and get
 23 back to Dr. Alteen?
 24 MS. PREDHAM:
 25 A. Yes, we did.

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1 CHAYTOR, Q.C.:

2 Q. And you'll see--I don't know if you can see it

3 on the--yes, on this, the way he's done his

4 spreadsheets, he's indicated the year, the

5 specimen number, the hospital number, the name

6 of the patient, MCP, address, phone number,

7 family physician, whether or not Tamoxifen was

8 given, ER percentage, PR percentage and then

9 comments. Did the manner and type of

10 information that Dr. Alteen was accumulating

11 for his patients, did that cause you to think

12 about whether or not some of this might be

13 useful or beneficial to include in your own

14 spreadsheet?

15 MS. PREDHAM:

16 A. Well, I did have--up to that point in time, I

17 did have name, MCP number and address, and of

18 course, we had obtained phone numbers. We

19 didn't have family physician, and we had done

20 a lot of review about Tamoxifen.

21 CHAYTOR, Q.C.:

22 Q. Did you ever have a spreadsheet that showed

23 the patient's phone number, identified their

24 family physician and whether or not they had

25 received Tamoxifen?

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1 MS. PREDHAM:

2 A. We had various lists that had that--not the

3 family physician, but had the other lists--had

4 the other information on it.

5 CHAYTOR, Q.C.:

6 Q. So you had a list readily available with the

7 patient's phone number?

8 MS. PREDHAM:

9 A. Yes.

10 CHAYTOR, Q.C.:

11 Q. And whether or not they had already received

12 Tamoxifen?

13 MS. PREDHAM:

14 A. What we could have obtained, because we spent

15 a lot of time reviewing charts to determine

16 that.

17 CHAYTOR, Q.C.:

18 Q. And I understood though that that was

19 abandoned because it was too time consuming?

20 MS. PREDHAM:

21 A. We went through--when we went through to look

22 at other information, I think we looked at

23 that the day before yesterday. When they were

24 in looking at charts to see whether or not

25 they were--if the patient was deceased or not,

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1 if they could find out if the patient was on

2 Tamoxifen, they made a note of that as well.

3 CHAYTOR, Q.C.:

4 Q. And if we could then look at, please, 2968?

5 And whose list would this be?

6 MS. PREDHAM:

7 A. This is mine. This is what I would bring to

8 the panel meeting.

9 CHAYTOR, Q.C.:

10 Q. Okay. So you have the name, MCP number,

11 diagnosis date, is that specimen?

12 MS. PREDHAM:

13 A. Specimen date.

14 CHAYTOR, Q.C.:

15 Q. Specimen number, DAKO ER/PR and then Mount

16 Sinai's, whether or not they're on Tamoxifen,

17 and there's--for most, it's not completed.

18 MS. PREDHAM:

19 A. Right.

20 CHAYTOR, Q.C.:

21 Q. And then a category for note, and what did you

22 use this for?

23 MS. PREDHAM:

24 A. Oh, that was just me. I think it was an

25 attempt first to have a sortable field that I

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1 could use, but I think I abandoned that after.

2 CHAYTOR, Q.C.:

3 Q. And then physician, and who were you filling

4 in as being the physician?

5 MS. PREDHAM:

6 A. I think it--I'd have to look at it to see who

7 the physician was, but it was probably from--

8 it must have been from the Cancer Registry

9 because that's what the source of most of the

10 fields here came from.

11 CHAYTOR, Q.C.:

12 Q. And then the panel, what would you use this

13 category for?

14 MS. PREDHAM:

15 A. As a summary of what the outcome was.

16 CHAYTOR, Q.C.:

17 Q. So are you saying there's another list that

18 you would have which would have had the

19 patients contact information?

20 MS. PREDHAM:

21 A. It may be in the same list, but hidden,

22 because I wanted to have it all on one page.

23 You know how you can hide fields in Excel?

24 CHAYTOR, Q.C.:

25 Q. Yes. Would we have a printed version of that?

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1 So what you're saying, it could be the version
 2 we have is printed with those categories
 3 hidden?
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. So your recollection is that your spreadsheet
 8 included addresses and phone numbers for the
 9 patient?
 10 MS. PREDHAM:
 11 A. Yes, because that was the information that I
 12 got from the Cancer Registry. But if I was
 13 bringing this to panel, I wouldn't need the
 14 addresses.
 15 CHAYTOR, Q.C.:
 16 Q. And are there any other fields that are
 17 hidden?
 18 MS. PREDHAM:
 19 A. There may be. At one point in time, I tried
 20 to include as well the Ventana or any other
 21 testing. I think we saw an earlier version of
 22 it where there were different categories of
 23 testing in it, back--I think that was in
 24 September.
 25 CHAYTOR, Q.C.:

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1 Q. And anything else?
 2 MS. PREDHAM:
 3 A. Not that I recall.
 4 CHAYTOR, Q.C.:
 5 Q. And if we'd just look down through this column
 6 here with--it's called note, and sometimes you
 7 write "convert" and what, at this--what would
 8 you be referring to a conversion?
 9 MS. PREDHAM:
 10 A. I think that was--like I said, there was--that
 11 was for a first attempt, a first run, just of
 12 me looking at it and saying that this was a
 13 conversion.
 14 CHAYTOR, Q.C.:
 15 Q. So you're not recording what others around the
 16 panel may -
 17 MS. PREDHAM:
 18 A. No.
 19 CHAYTOR, Q.C.:
 20 Q. This is you looking at this?
 21 MS. PREDHAM:
 22 A. Yeah.
 23 CHAYTOR, Q.C.:
 24 Q. What you were defining as a conversion?
 25 MS. PREDHAM:

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1 A. Yeah.
 2 CHAYTOR, Q.C.:
 3 Q. And when would these notes that are written
 4 over here, when would these be recorded?
 5 MS. PREDHAM:
 6 A. During the panel meeting.
 7 CHAYTOR, Q.C.:
 8 Q. So this is how you kept track of things at the
 9 panel?
 10 MS. PREDHAM:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. And afterwards, what would you do with this
 14 information that you've handwritten here?
 15 MS. PREDHAM:
 16 A. That's when I would--when we determined the
 17 categories, then under panel, I think was the
 18 thing. I would put that under there, the
 19 category, you know, converted with no
 20 recommendations or with recommendation.
 21 CHAYTOR, Q.C.:
 22 Q. And you would then type that into your
 23 database afterwards?
 24 MS. PREDHAM:
 25 A. Yes.

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1 CHAYTOR, Q.C.:
 2 Q. So you wouldn't have your computer with you
 3 and typing it in as you're going?
 4 MS. PREDHAM:
 5 A. No. No, I didn't have a laptop.
 6 CHAYTOR, Q.C.:
 7 Q. If we could have, please, P-1316? So even for
 8 the patients though, where you did have
 9 Tamoxifen received for those, when you were
 10 preparing the list for the next patients to be
 11 panelled and you came across that, well, this
 12 person already has Tamoxifen, there still
 13 wasn't any prioritizing on the basis of that,
 14 even if you did have it recorded that they
 15 were already on Tamoxifen?
 16 MS. PREDHAM:
 17 A. No, because it was decided not to go by that.
 18 CHAYTOR, Q.C.:
 19 Q. And this e-mail, this is an update, it appears
 20 that on October 25th, 2005, you're giving to
 21 Dr. Williams and others. "I wanted to give
 22 you an update on where we are as of this
 23 morning, and I've divided the ER/PR negative
 24 patients into three groups,
 25 converted/questionable, confirmed negative

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1 results not received. And the
 2 converted/questionable, these are the patients
 3 that are being reviewed by the panel. There
 4 have been letters written on 18 patients. The
 5 letters have been sent over to Kara for
 6 signing. There are 45 patients left to be
 7 reviewed. 25 have been selected for this
 8 Thursday's meeting. The confirmed negatives,
 9 41." You've contacted 33 of them. "Six,
 10 there has been still no answer after many
 11 tries. One is in another region. One
 12 requires clarification because she's not on my
 13 list, but she's on Terry's." So again,
 14 there's a discrepancy that needs to be worked
 15 through. The six that there's still no answer
 16 after many tries, what ultimately happened in
 17 those situations? You're calling repeatedly
 18 to people and not able to contact them.
 19 MS. PREDHAM:
 20 A. Well, we tried at different times of the day,
 21 the evening. You know, there were a few that
 22 we never got in touch with, but that was
 23 people who ended up, we've discovered, had
 24 moved away.
 25 CHAYTOR, Q.C.:

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1 Q. And were you ever able to make contact?
 2 MS. PREDHAM:
 3 A. There were several--I'm not sure about these
 4 six in particular, but I mean, there were
 5 several that we did make contact after, you
 6 know, numerous, numerous calls. But there
 7 were some that we did not get in touch with.
 8 CHAYTOR, Q.C.:
 9 Q. And for those where you're having to spend
 10 time phoning, no answer, and you're having to
 11 call again and again, why not send those a
 12 letter?
 13 MS. PREDHAM:
 14 A. That would have been a good idea.
 15 CHAYTOR, Q.C.:
 16 Q. And why wasn't it done?
 17 MS. PREDHAM:
 18 A. It wasn't done.
 19 CHAYTOR, Q.C.:
 20 Q. And do you know why?
 21 MS. PREDHAM:
 22 A. I certainly didn't think of it at the time.
 23 THE COMMISSIONER:
 24 Q. When you say results not received, that is
 25 results of for blocks which had been sent, I

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1 presume?
 2 MS. PREDHAM:
 3 A. Yes.
 4 THE COMMISSIONER:
 5 Q. As opposed to any kind of an estimate of how
 6 many more there are to go or anything like
 7 that?
 8 MS. PREDHAM:
 9 A. Yes, because anyone from out of town, we
 10 wouldn't know what their numbers would be.
 11 CHAYTOR, Q.C.:
 12 Q. So according to this so far, you have 41 in
 13 the confirmed negative category, and I guess
 14 it's 63 in converted or questionable, and
 15 you've got 320 that the results were still not
 16 received?
 17 MS. PREDHAM:
 18 A. Yes.
 19 THE COMMISSIONER:
 20 Q. And you say in this group, was that a--you
 21 know, does that indicate a group that had been
 22 sent and there might be another 200 in another
 23 group?
 24 MS. PREDHAM:
 25 A. No, no, just in this, the group of results not

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1 received right now, there was 320 in that
 2 group.
 3 THE COMMISSIONER:
 4 Q. In that classification?
 5 MS. PREDHAM:
 6 A. In that classification, yes.
 7 THE COMMISSIONER:
 8 Q. Okay.
 9 CHAYTOR, Q.C.:
 10 Q. And you write that "in total then, we have
 11 spoken to 101 people" and I take it that's the
 12 QI people, yourself and others who are doing
 13 the calls?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. "37, we are having difficulty reaching. Four
 18 have since moved and 47 are in other regions.
 19 I mention the other regions because Larry
 20 Alteen sent me his data yesterday to confirm
 21 our results with his," and we just looked at
 22 that e-mail, you'll recall.
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. "In our discussion yesterday, we both felt
 2 that we should call the people from his region
 3 on our list for consistency, but after
 4 reviewing his names last night, we only have a
 5 small portion of his patients. I will talk to
 6 him today. I think now it may be better if
 7 they do all the contacting for their region.
 8 How do you feel? Even with the Cancer Clinic
 9 pulling charts, us checking on Meditech and
 10 reviewing The Telegram obituaries and
 11 Memorials Online, we still called several
 12 people whose wife, sister, mother had died."
 13 So this is, I take it, then, Ms. Predham,
 14 when the decision is made, you ask--you throw
 15 it out there and say "how do you feel?"
 16 You're suggesting that you not call the people
 17 in the other regions, that you leave that to
 18 the regions to call their own patients?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And what feedback did you get on that? What
 23 was the ultimate decision?
 24 MS. PREDHAM:
 25 A. The ultimate decision was that the regions

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1 would call their own patients.
 2 CHAYTOR, Q.C.:
 3 Q. And at this point in time, when I look at this
 4 e-mail overall, you're having some difficulty
 5 reaching people. Even with the efforts that
 6 you've undergone to try and identify the
 7 deceased, you're obviously still calling
 8 people who are deceased. So you're
 9 recognizing--calling the families of people
 10 obviously who have died.
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. So you're obviously--there's some shortcomings
 15 that--in terms of the data that's -
 16 MS. PREDHAM:
 17 A. Oh yes.
 18 CHAYTOR, Q.C.:
 19 Q. - been acquired. And if we could have,
 20 please, P-2256? And this is from--it's
 21 October 24th, 2005 from yourself to Dr.
 22 Williams, I take it, is it?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. "I've left several messages for her and asked
 2 her to page me before I sent her anything, so
 3 I can discuss it with her. If I'm on the
 4 phone all the time calling patients, then ask
 5 her to page me. I don't know how more
 6 available I can be." And I should take you
 7 down here too so you can see what this is
 8 about.
 9 MS. PREDHAM:
 10 A. I think it's the one on the lowest part that--
 11 no, just keep going up.
 12 CHAYTOR, Q.C.:
 13 Q. Yes, here we go.
 14 MS. PREDHAM:
 15 A. Right here, "Hi, Ken. Left another message
 16 for Heather today." That's what I'm referring
 17 to.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, and it appears that he's inquiring, if
 20 we look at it here, "can you please advise on
 21 the message that you're giving to patients who
 22 are being retested? We'd like to take a
 23 consistent approach."
 24 MS. PREDHAM:
 25 A. Yes.

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1 CHAYTOR, Q.C.:
 2 Q. And then Dr. Williams asks you to follow up on
 3 that and you're saying "well, I've been trying
 4 to reach them."
 5 MS. PREDHAM:
 6 A. Trying.
 7 CHAYTOR, Q.C.:
 8 Q. Yes, okay. So at this point in time, the
 9 regions, I take it, they've been notified that
 10 they're going to be responsible for contacting
 11 their own people?
 12 MS. PREDHAM:
 13 A. Dr. Williams would have followed up on that
 14 with the different medical VPs.
 15 CHAYTOR, Q.C.:
 16 Q. And again, if it's someone though that was
 17 treated in the Cancer Clinic, did you--and
 18 even though they may be a resident in Grand
 19 Falls or Corner Brook, if they're on the
 20 Cancer Clinic list, did you keep
 21 responsibility for contacting them?
 22 MS. PREDHAM:
 23 A. No.
 24 CHAYTOR, Q.C.:
 25 Q. So even if they're still under treatment by a

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1 physician in St. John's, it strictly was done
 2 on the basis of where the person resided?
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. And how was that then--who figured out the
 7 logistics of that, of who told Central and
 8 Western who they had to call?
 9 MS. PREDHAM:
 10 A. Dr. Williams would have had that discussion
 11 with both--well, with all the medical
 12 directors. I know Dr. Alteen came into my
 13 office with his laptop and we went through the
 14 line--line by line, and I do believe that we
 15 had a discussion, myself and Ms. Parsons, with
 16 someone at Western, and went through who they
 17 would be calling.
 18 CHAYTOR, Q.C.:
 19 Q. So obviously the results come back. Someone
 20 has to have the results to look at to see
 21 who's confirmed negative?
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. Okay. So those that are confirmed negative

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1 are then to be contacted by the regions
 2 themselves?
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. So who then takes that information, figures
 7 out these are indeed confirmed negative and
 8 relays that on to the other regions?
 9 MS. PREDHAM:
 10 A. Myself and Ms.--well, Don Cook would have sent
 11 the information over and then -
 12 CHAYTOR, Q.C.:
 13 Q. Over to you?
 14 MS. PREDHAM:
 15 A. No, over to the boards, to the different
 16 boards, as well as to me, and then myself and
 17 Ms. Parsons would talk to the Quality people
 18 in those other boards and review them, each
 19 one, about what the plan was for each one.
 20 CHAYTOR, Q.C.:
 21 Q. And are you aware of whether or not any
 22 patients fell through the cracks because of
 23 that?
 24 MS. PREDHAM:
 25 A. I am now.

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1 CHAYTOR, Q.C.:
 2 Q. Okay, and what was found to be the reasons?
 3 Where were the shortcomings in that
 4 communication process?
 5 MS. PREDHAM:
 6 A. I'm really not sure how the shortcomings
 7 happened, but I know there were a few patients
 8 that were not contacted that should have been.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and if we could look at, please, P-0664?
 11 And this is an e-mail, and I think it follows
 12 up on your e-mail of Tuesday, October 25th.
 13 It's later--well, just one minute later.
 14 You're saying "Hi, again. I forgot to add, we
 15 had retested 150 people so far that have
 16 died." And I'm just wondering, where would
 17 that number have come from, 150 people?
 18 MS. PREDHAM:
 19 A. I must have identified that, but that's an
 20 over estimation of how many people.
 21 CHAYTOR, Q.C.:
 22 Q. And where would you have gotten 150? Where
 23 would the number have come from at this point
 24 in time?
 25 MS. PREDHAM:

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1 A. At this point in time, I know we had a lot of
 2 results of people who were deceased, and I
 3 probably meant that we had sent away the
 4 results of those people who were deceased, not
 5 that we have retested.
 6 CHAYTOR, Q.C.:
 7 Q. And if we could look at P-0314, please? So
 8 that was October 25th, 2005, and if we could
 9 have page ten of this document? Thank you.
 10 And this is November of 2006, so over a year
 11 later.
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And what's told to the Minister at that time
 16 is "patients who are deceased, 176, and 101
 17 were retested and results received."
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. So you're saying the 150, that number that you
 22 came up with, might have been the actual
 23 number of deceased that were retested?
 24 MS. PREDHAM:
 25 A. At that time, that we knew about at that time.

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1 CHAYTOR, Q.C.:

2 Q. Okay.

3 MS. PREDHAM:

4 A. It certainly wasn't the ones that we--it

5 certainly wasn't the number of the results

6 that we had received, because I had to send a

7 list of all the deceased away to Mount Sinai

8 to get them to stop testing those.

9 CHAYTOR, Q.C.:

10 Q. And then perhaps there's another 26 that get

11 retested in any event after that, if it goes

12 from 150 to 176.

13 MS. PREDHAM:

14 A. Well, see, at the time, you have to remember,

15 we were still--we didn't have all the names or

16 anything up to that time, in November.

17 CHAYTOR, Q.C.:

18 Q. And we just go back to 0664? So this here, in

19 saying that "we have retested 150 people so

20 far that have died," what you're saying is you

21 must have meant 150 had been sent for

22 retesting?

23 MS. PREDHAM:

24 A. Must have. That's the only explanation. We

25 certainly didn't--certainly in October,

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1 wouldn't have known that we retested 150

2 people.

3 CHAYTOR, Q.C.:

4 Q. So Ms. Predham then, in terms of the patient

5 contacting, I understand then, from what

6 you've told us, that your Quality Initiatives

7 people, yourself, Nancy Parsons and who else

8 would have been involved in making contacts

9 with the patients?

10 MS. PREDHAM:

11 A. Ms. Deanne Emberley and Ms. Janet Laidley.

12 CHAYTOR, Q.C.:

13 Q. Okay, and are you all nurses?

14 MS. PREDHAM:

15 A. Yes.

16 CHAYTOR, Q.C.:

17 Q. Okay, and so you were going to, first of all,

18 call the patients who were confirmed

19 negatives?

20 MS. PREDHAM:

21 A. Yes.

22 CHAYTOR, Q.C.:

23 Q. And you were going to call patients to advise

24 they were being retested?

25 MS. PREDHAM:

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1 A. Yes.

2 CHAYTOR, Q.C.:

3 Q. And that was originally thought it was going

4 to be for everyone, but then it was narrowed

5 down to you would just call Eastern Health's

6 patients?

7 MS. PREDHAM:

8 A. Yes.

9 CHAYTOR, Q.C.:

10 Q. And by the time then that you're making the

11 phone calls to advise people that they're

12 going to be retested, I take it that takes

13 place sometime after, late into October by the

14 time those calls start? It was October 18th.

15 MS. PREDHAM:

16 A. I think the calls were--for the retest is.

17 The calls for the confirmed negative have

18 already -

19 CHAYTOR, Q.C.:

20 Q. Started?

21 MS. PREDHAM:

22 A. - long started, and I think the calls for the

23 retesting started around the 20th of October.

24 CHAYTOR, Q.C.:

25 Q. Okay, and so in doing that, by the time you're

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1 making those calls in October, there were

2 results back on a number of people?

3 MS. PREDHAM:

4 A. Yes.

5 CHAYTOR, Q.C.:

6 Q. And you're also making those phone calls?

7 MS. PREDHAM:

8 A. Yes.

9 CHAYTOR, Q.C.:

10 Q. And before you would call and tell people that

11 their results are pending, that they are being

12 retested and their results are pending, would

13 you check to see whether or not their results

14 in fact had come back?

15 MS. PREDHAM:

16 A. At that time, I didn't have access to the

17 pathology reports.

18 CHAYTOR, Q.C.:

19 Q. And you didn't have access to Dr. Cook's list?

20 MS. PREDHAM:

21 A. No, I wasn't getting Dr. Cook's list. I would

22 get what he sent me from Mount Sinai.

23 CHAYTOR, Q.C.:

24 Q. You would get though, each week, in order for

25 the panel to be able to do its work, you would

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1 get a list of people whose results are back?
 2 MS. PREDHAM:
 3 A. I would get the list of results that came back
 4 from Mount Sinai when Dr. Cook would get them.
 5 CHAYTOR, Q.C.:
 6 Q. Yes.
 7 MS. PREDHAM:
 8 A. So then that would form the basis of the list
 9 to go into panelling.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. So before phoning people, would you
 12 check that list to see if, in fact, their
 13 results are back and it's a matter of waiting
 14 for them to be panelled?
 15 MS. PREDHAM:
 16 A. Oh, definitely.
 17 CHAYTOR, Q.C.:
 18 Q. So the people who you were calling were people
 19 whose results were not yet back?
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. Was there a script for what you would tell
 24 those people?
 25 MS. PREDHAM:

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1 A. Of those who were going to be retested?
 2 CHAYTOR, Q.C.:
 3 Q. Yes.
 4 MS. PREDHAM:
 5 A. I guess we used the--we didn't write out a
 6 formal script, but we used the ideas that were
 7 in that letter that we were drafting.
 8 CHAYTOR, Q.C.:
 9 Q. So you used the draft letter that we looked at
 10 earlier today?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. If we could look at P-2899, please? We
 15 understand there was a script for the people
 16 who were confirmed negative. Is this the
 17 script that you used for those who were -
 18 MS. PREDHAM:
 19 A. Yes, it looks familiar.
 20 CHAYTOR, Q.C.:
 21 Q. - confirmed negative? Okay. And you would
 22 identify yourself, where you're calling from,
 23 and ask them "have you already heard about the
 24 retesting of breast tissue for estrogen and
 25 progesterone that's been in the news?" And

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1 what would happen if they said no?
 2 MS. PREDHAM:
 3 A. Well, then we'd give them a bit of history,
 4 bit of background from it.
 5 CHAYTOR, Q.C.:
 6 Q. And "your previous test results indicate that
 7 you were negative for estrogen and
 8 progesterone. We are pleased to tell you that
 9 we have your retest results back and there is
 10 no change from what they were originally."
 11 And in saying that, and I think we spoke about
 12 this earlier this morning, telling the person
 13 you're pleased that you have the test results
 14 back and there's no change in what they were
 15 originally, you would have realized that it
 16 may not necessarily be good news for all
 17 people?
 18 MS. PREDHAM:
 19 A. Yes, and probably when I did up this script, I
 20 did not know that, or I didn't take in the
 21 fact that most people would be--would not take
 22 that as good news, not most people, but people
 23 might not take it as good news.
 24 CHAYTOR, Q.C.:
 25 Q. And when you were using the script, did it

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1 occur to you?
 2 MS. PREDHAM:
 3 A. Well, we didn't call people up and just read
 4 out what was on this thing. We'd have a
 5 conversation and these were almost like points
 6 that you would like to cover. It was quite
 7 easy to tell when you called with that, as
 8 soon as we said that "your test results
 9 indicated you were negative," you definitely
 10 had a sense whether or not that person was
 11 hoping that they were going to change or
 12 hoping that they weren't or what kind of issue
 13 that they were going to have.
 14 CHAYTOR, Q.C.:
 15 Q. And -
 16 THE COMMISSIONER:
 17 Q. I would assume they'd have known.
 18 MS. PREDHAM:
 19 A. This was--we were calling to tell them that
 20 they were confirmed negative. So if we called
 21 them and said, you know, "our records indicate
 22 that you were previously negative and we have
 23 your retesting results," in the course of the
 24 conversation, you got a sense whether or not
 25 they felt that that was a good thing to stay

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1 the same.

2 THE COMMISSIONER:

3 Q. Yes, but wouldn't that assume that people knew

4 they had had an ER/PR test?

5 MS. PREDHAM:

6 A. Yes.

7 THE COMMISSIONER:

8 Q. What it was about and whether a negative was

9 good news or bad news?

10 MS. PREDHAM:

11 A. That's true. When we started up at the

12 beginning, when you talked about that, that's

13 the other part that came out. "Oh, I don't

14 know anything about this test. My doctor said

15 I wasn't a candidate for that drug" and then

16 you went on from there.

17 THE COMMISSIONER:

18 Q. Okay.

19 CHAYTOR, Q.C.:

20 Q. And then it goes on to say, "if a patient asks

21 how did this happen: due to the discovery of

22 inconsistent results, Eastern Health has been

23 retesting breast cancer patients whose results

24 indicated that they were negative for estrogen

25 receptors. As the results of the test

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1 influence treatment, they felt it was

2 important to make sure all the test results

3 are accurate. That's why we are retesting all

4 people who tested negative."

5 Ms. Predham, does that give any answer to

6 how, in fact, it came about that this

7 happened? What question is that answering?

8 MS. PREDHAM:

9 A. Oh no, it does not answer "how does this

10 happen?" It answers "how does it happen

11 you're retesting me? Like why am I being

12 retested? or How did this come about?"

13 CHAYTOR, Q.C.:

14 Q. Okay, and if we could have, please, P-2981?

15 And I believe this is a script that you were

16 using for the people who were telling them

17 that they're going to be retested.

18 MS. PREDHAM:

19 A. Yes.

20 CHAYTOR, Q.C.:

21 Q. And you forward that on November 1st to the--

22 to Central West.

23 MS. PREDHAM:

24 A. I think that's Western actually.

25 CHAYTOR, Q.C.:

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1 Q. Western, is it? Okay. Yes, you're right.

2 And you indicate "we have not been leaving

3 messages or voice mail. If we cannot speak

4 with the individual, we'll just say we'll call

5 back." But in certain circumstances, you've

6 had to disclose the information to a family

7 member. "We've had to work through that in

8 individual circumstances, to confirm if it's

9 appropriate" and you were calling in the

10 evenings and on weekends. And again, you

11 would identify yourself and ask them whether

12 or not they've heard about the issue, and it

13 goes on to say "we are retesting your tissue

14 sample. This does not mean your treatment

15 will change at this time. We need to confirm

16 the validity of your previous test results"

17 and you make it clear that it's not

18 mammography, and the same thing about how did

19 it happen. In this particular scenario, were

20 patients given a phone number where they can

21 call back if they had any other questions?

22 MS. PREDHAM:

23 A. Yes, the regions gave--if they had more

24 details, if people would like to have, they

25 gave our phone number.

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1 CHAYTOR, Q.C.:

2 Q. But what were you giving out to your patients?

3 MS. PREDHAM:

4 A. Oh, we'd give my own--the patients that I

5 called, I gave my name and number.

6 CHAYTOR, Q.C.:

7 Q. And was that consistent for the others who

8 were making the calls as well?

9 MS. PREDHAM:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. And were the patients told anything in terms

13 of whether or not there would be any further

14 contact with them? Whether or not, for

15 example, they would hear anything else or no

16 news is good news or -

17 MS. PREDHAM:

18 A. Oh no, no, no.

19 CHAYTOR, Q.C.:

20 Q. - only if they required a change in treatment

21 would they be contacted, what were they told?

22 MS. PREDHAM:

23 A. Oh, you're right, it's not there either. They

24 were told that if their results changed,

25 stayed the same, that they would hear from us,

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1 and if their results converted, they would be
 2 notified through their physician.
 3 CHAYTOR, Q.C.:
 4 Q. And even though it's not on your standard
 5 script, when you made the phone calls, you're
 6 confident you would have told each and every
 7 patient that?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And do you know whether or not everyone else
 12 did the same?
 13 MS. PREDHAM:
 14 A. Yes, because that was the plan. There was a
 15 lot of communication with the boards and that
 16 was the plan that was going through.
 17 CHAYTOR, Q.C.:
 18 Q. And do you know whether or not this was told--
 19 even though it's not included in your standard
 20 script, and they were concerned to be
 21 consistent, do you know whether or not then
 22 people out in the other regions did that and
 23 said here's the plan, here's what you will be
 24 told?
 25 MS. PREDHAM:

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1 A. Yes, because--and that's why--and that's a
 2 perfect example, that I wanted to walk it
 3 through with somebody rather than just send
 4 them something and say, here you go, just in
 5 case I missed something when we sent that out.
 6 CHAYTOR, Q.C.:
 7 Q. And patients--were patients encouraged that if
 8 they hadn't heard in a given period of time,
 9 that they should call back to make sure?
 10 MS. PREDHAM:
 11 A. Oh, yes, and that caused--you know, and that
 12 caused problems because we anticipated the
 13 results would be back in a certain time, and,
 14 of course, they weren't. So then the patients
 15 were calling us wondering where our results
 16 were.
 17 CHAYTOR, Q.C.:
 18 Q. And I take it at this point in time when
 19 you're making two different lots of phone
 20 calls to what you hope are two different lots
 21 of people, that you're not calling the people
 22 whose results are back to tell them that
 23 they're going to be retested. Was there any
 24 thought at that point in time as to re-
 25 engaging information management and see if

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1 there is something they can do to assist you
 2 with these two lots of different spreadsheets
 3 and tasks now that you were having to manage?
 4 MS. PREDHAM:
 5 A. No.
 6 CHAYTOR, Q.C.:
 7 Q. And who was the VP for the department at that
 8 point in time for the information management?
 9 MS. PREDHAM:
 10 A. For information management?
 11 CHAYTOR, Q.C.:
 12 Q. Yes. Would it have been Mr. Dodge?
 13 MS. PREDHAM:
 14 A. I think it would be Mr. Dodge.
 15 CHAYTOR, Q.C.:
 16 Q. And I take it, he would attend executive
 17 management meetings?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And also, I guess, Ms. Bonnell would report to
 22 Mr. Dodge?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. And in terms of your difficulties with keeping
 2 track of people, you've told us that you made
 3 that known to the people you're reporting to?
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And we can see in your e-mails that there are
 8 certain things pointed out about difficulties
 9 in trying to contact people?
 10 MS. PREDHAM:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. So you feel that would have been well known to
 14 others who would sit around executive
 15 management table?
 16 MS. PREDHAM:
 17 A. Well, it was--you know, it was very clear to
 18 two of the executive members, so -
 19 CHAYTOR, Q.C.:
 20 Q. Being Mr. Pilgrim and Dr. Williams?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. So if they wanted to communicate that on to
 25 Dr. Dodge or seek any assistance he might be

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1 able to render, they were meeting weekly?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. And do you know whether or not that ever
 6 happened?
 7 MS. PREDHAM:
 8 A. I have no idea.
 9 CHAYTOR, Q.C.:
 10 Q. Looking back on it, do you think it was an
 11 oversight in not having then again looked at
 12 whether or not information management should
 13 be part of the process, and perhaps a key
 14 player in trying to handle the situation?
 15 MS. PREDHAM:
 16 A. Looking at it now with what I know now, yes.
 17 At the time, I didn't realize what assistance
 18 information management could provide to us.
 19 The ability to have a shared database between
 20 everyone and to have documentation of phone
 21 calls made, you know, in your computer so then
 22 it's logged in there is a great--it's a
 23 wonderful thing, but I didn't even know that
 24 we could do that.
 25 CHAYTOR, Q.C.:

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1 Q. Okay. In making the phone calls to patients,
 2 and in taking phone calls from patients, which
 3 we understand Nancy Parsons had the greatest
 4 burden in doing in taking calls, she says she
 5 was telling patients that asked what had
 6 happened, that she didn't know, and that she
 7 told you that, that that was the answer that
 8 she was giving out to patients. Did that
 9 cause you any concern that that's what Nancy
 10 was saying?
 11 MS. PREDHAM:
 12 A. I wasn't aware that that's what she was
 13 saying. I wasn't aware that -
 14 CHAYTOR, Q.C.:
 15 Q. You weren't aware of that?
 16 MS. PREDHAM:
 17 A. No, that she was just saying I didn't know.
 18 We had talked about it with our department
 19 about how to answer that question.
 20 CHAYTOR, Q.C.:
 21 Q. Yes.
 22 MS. PREDHAM:
 23 A. And what I would tell them, and what I thought
 24 was our consistent reply, is that there wasn't
 25 one thing that caused this problem, and there

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1 were numerous things, and the other part of it
 2 that I would always say is that when we looked
 3 into this, we started asking questions and
 4 that we would keep asking questions and we
 5 didn't get satisfactory answers, so then we
 6 stopped--we stopped retesting--we stopped
 7 testing, and then sent it away to Mount Sinai,
 8 and until we get everything done--the patients
 9 were our first priority, and until we get
 10 everything done, we won't know until that
 11 point what exactly happened.
 12 CHAYTOR, Q.C.:
 13 Q. And Ms. Parsons--Nancy Parsons says that she
 14 asked you herself what happened, and your
 15 response to her was we still do not know?
 16 MS. PREDHAM:
 17 A. Well, again, like I said, there was not one
 18 thing, there was not something that this is
 19 what happened, this one thing that happened,
 20 but not that--you know, I wouldn't say--you
 21 know, it was a combination of things, but we
 22 still haven't nailed down exactly what
 23 happened and exactly what role all the factors
 24 that we think influenced it, but -
 25 CHAYTOR, Q.C.:

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1 Q. Did you ever tell Nancy Parsons the
 2 combination of things that could have been
 3 contributing or causal factors?
 4 MS. PREDHAM:
 5 A. I can't remember telling her directly. I
 6 can't remember telling her directly.
 7 CHAYTOR, Q.C.:
 8 Q. So I take it if she says that she didn't know,
 9 you can't take issue with that, that she
 10 wasn't told those things by you, you don't
 11 recall ever telling her?
 12 MS. PREDHAM:
 13 A. I'm surprised that I wouldn't tell her that
 14 because I tended--I guess you can see here
 15 that I shared everything I knew with my staff,
 16 but I can't remember sitting down and going
 17 through that all with her.
 18 CHAYTOR, Q.C.:
 19 Q. So did you share with your staff the findings
 20 of Dr. Banerjee and Ms. Wegrynowski?
 21 MS. PREDHAM:
 22 A. I didn't share the reports with them, no.
 23 CHAYTOR, Q.C.:
 24 Q. Did you share the findings in the reports?
 25 MS. PREDHAM:

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1 A. I would have covered off that they found
 2 issues that we had, and it would have been
 3 just a general discussion about the types of
 4 things that they found.
 5 CHAYTOR, Q.C.:
 6 Q. Such as?
 7 MS. PREDHAM:
 8 A. Such as lack of documentation, QA, I probably
 9 mentioned fixation.
 10 CHAYTOR, Q.C.:
 11 Q. So you think you told that to Nancy Parsons?
 12 MS. PREDHAM:
 13 A. I can't tell you that she was there when I
 14 said that, but I would have shared that with
 15 my staff, the same as I shared everything
 16 else.
 17 CHAYTOR, Q.C.:
 18 Q. So you weren't aware that Ms. Parsons didn't
 19 feel informed on the issues that caused or
 20 contributed to the problems?
 21 MS. PREDHAM:
 22 A. No, I was not aware.
 23 CHAYTOR, Q.C.:
 24 Q. Nancy Parsons also classified the phone calls
 25 she was receiving as three out of the five, I

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1 think, and three being communication as
 2 opposed to five, I believe, was quality of
 3 care. Were you aware that that's how she was
 4 classifying the phone calls?
 5 MS. PREDHAM:
 6 A. No.
 7 CHAYTOR, Q.C.:
 8 Q. And is there any significance from a risk
 9 management perspective in terms of how these
 10 matters are classified?
 11 MS. PREDHAM:
 12 A. Not from her classification of her database of
 13 complaints, no.
 14 CHAYTOR, Q.C.:
 15 Q. So do you have yourself a classification?
 16 MS. PREDHAM:
 17 A. We have occurrence reporting system, but she
 18 has--she had a database of complaints
 19 management that she kept track, and she was in
 20 charge of that. So she was in charge of doing
 21 her own classification of that.
 22 CHAYTOR, Q.C.:
 23 Q. And what was her classifications used for?
 24 MS. PREDHAM:
 25 A. For her own reporting. She would report, you

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1 know, on that quarterly to Regional Quality
 2 Council.
 3 CHAYTOR, Q.C.:
 4 Q. And what about your own classification, how
 5 did you classify these matters? Did you have
 6 a similar classification system where
 7 something was quality of care versus just
 8 communication or -
 9 MS. PREDHAM:
 10 A. Oh, no, no.
 11 CHAYTOR, Q.C.:
 12 Q. Complaints or -
 13 MS. PREDHAM:
 14 A. No, I didn't have anything like that. We had
 15 occurrence reporting, so it would be trending
 16 for that, but this was--this would be
 17 classified in my mind as a critical occurrence
 18 or a sentinel event, so it was a separate
 19 entity, anyway.
 20 CHAYTOR, Q.C.:
 21 Q. And each of those would be classified in that
 22 manner, each patient?
 23 MS. PREDHAM:
 24 A. Each--well, this was just one overall file.
 25 It would be all considered part of this one

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1 large critical occurrence.
 2 CHAYTOR, Q.C.:
 3 Q. But each patient, in and of itself, would be
 4 an adverse event?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And if we could have, please, P-0095. This
 9 looks like it's another tally of contacts as
 10 of October 26th, I guess, and you say here are
 11 the latest numbers from ER/PR contacting, "I
 12 just want to note that Nancy Parsons, Janet
 13 Laidley, and Deanne Emberley, have done a
 14 tremendous job with this task", and,
 15 "Confirmed negative, there's 41. There's been
 16 no answer after many tries. There's five
 17 indicated at this point", and these are then--
 18 are these--so these are people that you have
 19 the results for and you can't get through,
 20 there's no answer, you can't get through to
 21 tell them that they are confirmed negatives?
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. And then the results not received, 292

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1 patients, these are the people that you're
 2 trying to call to let them know?
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. And again for those then you have "no answer
 7 for 35 people". You've determined that eight
 8 of them have moved and you're exploring ways
 9 to contact them. "Not on Terry's list". Then
 10 there's 24, "These appear to be other region
 11 or people we already tested over the summer.
 12 So right now it looks like we won't need to
 13 call them". So again there's this discrepancy
 14 with Mr. Gulliver's list and your list, I take
 15 it?
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. So overall you say you've spoken to 173
 20 patients and have 40 left to get in touch
 21 with, "We have eight that we have to try to
 22 figure out how to get in touch with", and then
 23 there's a reference to the St. Pierre
 24 patients. The patients who were tested over
 25 the summer, they were already tested over the

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1 summer, I take it those are the patients that
 2 were tested on--is that on the Ventana system?
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. And did you understand that all of them had
 7 been contacted even if they were confirmed
 8 negative?
 9 MS. PREDHAM:
 10 A. I think the ones that are in that group were
 11 ones who had converted. I wouldn't have
 12 assumed that they were all--even if they were
 13 confirmed negative, I wouldn't have assumed at
 14 this point that they had--that they had been
 15 notified.
 16 CHAYTOR, Q.C.:
 17 Q. So the ones that you think that are here that
 18 were already tested, those were the ones that
 19 converted?
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. Did you ever see anything in the way of
 24 documentation to tell you that all of the
 25 people who were tested in the summer months

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1 in-house, in fact, had been contacted?
 2 MS. PREDHAM:
 3 A. It was an assumption that I had made, but as
 4 it--as this point in time when I was
 5 clarifying this, I realized that I didn't have
 6 that. However, some of them were because the
 7 lady that I met with with the oncologist, the
 8 one that the oncologist brought the adjuvant
 9 online results, she was a lady who was
 10 retested and was confirmed negative, and she
 11 was retested during the summer. So she was
 12 informed. So some of them were, but I didn't
 13 get any clarification. As this was going on,
 14 I realized that I didn't have--I had made that
 15 assumption that they were notified.
 16 CHAYTOR, Q.C.:
 17 Q. And as things went along, were there other
 18 things that you were assuming that, in fact,
 19 you learned were not correct, and that this
 20 may have caused further confusion in your
 21 recordkeeping?
 22 MS. PREDHAM:
 23 A. Oh, yes.
 24 CHAYTOR, Q.C.:
 25 Q. And so, for example, the idea and importance

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1 of the specimen number is one thing. Perhaps
 2 you could explain how that caused some
 3 confusion in your recordkeeping?
 4 MS. PREDHAM:
 5 A. Well, when--I think--I'm not sure if it was at
 6 this point in time or even before. I know
 7 when Mr. Gulliver was sent off the list, that,
 8 you know, there would be a name in 2002, and
 9 then a name in 2003. It was the same name,
 10 and I thought it was a duplicate, but actually
 11 it was two specimens, things like that that
 12 would just cause confusion that we had to work
 13 through.
 14 CHAYTOR, Q.C.:
 15 Q. And had some DCIS patients been screened from
 16 retesting, and you weren't aware of that? Was
 17 that also an issue?
 18 MS. PREDHAM:
 19 A. I can't remember from that part that it was an
 20 issue, but there was issues with DCIS, but it
 21 wasn't until later that I discovered that
 22 whole thing. I think that was probably in
 23 November.
 24 CHAYTOR, Q.C.:
 25 Q. And you were--you had kept their names on the

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1 list only to learn that they had been screened
 2 out from being sent for retesting at some
 3 point?
 4 MS. PREDHAM:
 5 A. Yes, that may be correct.
 6 CHAYTOR, Q.C.:
 7 Q. And nobody kept a complete list of every
 8 specimen that was sent to Mount Sinai for
 9 retesting?
 10 MS. PREDHAM:
 11 A. Mr. Gulliver would have had a complete list,
 12 and Dr. Cook, therefore, would have had that
 13 list as he had Mr. Gulliver's sheets.
 14 CHAYTOR, Q.C.:
 15 Q. And did you understand that he also kept that
 16 for outside regions?
 17 MS. PREDHAM:
 18 A. Mr. Gulliver?
 19 CHAYTOR, Q.C.:
 20 Q. Yes.
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. So your understanding was he had a complete
 25 list of everyone that was sent to Mount Sinai?

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1 MS. PREDHAM:
 2 A. Except for the consults because he wouldn't
 3 have those.
 4 CHAYTOR, Q.C.:
 5 Q. And how did that further add to or complicate
 6 the issue, the consults, and at what stage did
 7 you even learn that there was such a creature?
 8 MS. PREDHAM:
 9 A. It might have been in November. We had--I
 10 think somebody had called, or we had called
 11 them to tell this lady that she was going to
 12 be retested and she was quite concerned and
 13 had called. Somewhere along the way, she had
 14 called either executive, or she had called
 15 someone, Department of Health, or someone, and
 16 she had in her mind that we were retesting
 17 based on alphabetical--or Mount Sinai was
 18 retesting based on alphabetical order, and she
 19 was quite concerned because her name began
 20 with a--you know, towards the end of the
 21 alphabet. So someone asked me--whoever it was
 22 where she called, someone asked me to call her
 23 and just talk to her about the whole process.
 24 So before I did at this point in time, I had
 25 gotten access on Meditech to PCI, and I had

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1 looked her up before I went to call her. When
 2 I did, her results were in Meditech. So it
 3 was how did this happen, and when we--so I
 4 told her of her results, and had that
 5 conversation, but then I had to find out how
 6 was it that this lady who was on our list that
 7 I didn't have any results back from Mount
 8 Sinai, has not only had results back, but
 9 they're already signed out of Meditech.
 10 CHAYTOR, Q.C.:
 11 Q. Was she confirmed negative?
 12 MS. PREDHAM:
 13 A. Confirmed negative, yes.
 14 CHAYTOR, Q.C.:
 15 Q. And had she not been confirmed negative, would
 16 you have been in a position to give her her
 17 results?
 18 MS. PREDHAM:
 19 A. No.
 20 THE COMMISSIONER:
 21 Q. (Inaudible) retested the second time then, or
 22 did you just pull them out of the list?
 23 MS. PREDHAM:
 24 A. I think she--she actually got pulled out of
 25 the list and got sent as a consult. It

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1 wasn't--I'm not sure how the logistics of that
 2 worked. And I think Mr. Gulliver or Dr. Cook
 3 would have to tell you that.
 4 THE COMMISSIONER:
 5 Q. Uh-hm.
 6 MS. PREDHAM:
 7 A. But she didn't have any subsequent results
 8 come back, that was the only lot of results
 9 that came back.
 10 THE COMMISSIONER:
 11 Q. Okay, so you didn't have two sets of results
 12 for her -
 13 MS. PREDHAM:
 14 A. No.
 15 THE COMMISSIONER:
 16 Q. But you would have had two sets of results for
 17 those who were done on the Ventana?
 18 MS. PREDHAM:
 19 A. Yes. We would have had Ventana retest results
 20 and then we would have had Mount Sinai retest
 21 results.
 22 THE COMMISSIONER:
 23 Q. Okay.
 24 CHAYTOR, Q.C.:
 25 Q. And so eventually was there a consult's list

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1 kept?

2 MS. PREDHAM:

3 A. Dr. Cook--when we discovered this, and of

4 course, I had no idea about consults or

5 anything on that nature, when we discovered

6 this, Dr. Cook agreed to fax me over any

7 consults as soon as they returned from--that

8 came back from Mount Sinai. And that included

9 all the ongoing testing, so everybody who was,

10 you know, just diagnosed and being tested now.

11 So then I would take that, whatever got faxed

12 over to me and I would cross-reference that

13 and try to identify if there's anybody in

14 there that came up that way.

15 CHAYTOR, Q.C.:

16 Q. And did that continue to cause any confusion

17 as time went on?

18 MS. PREDHAM:

19 A. Well, one of the biggest lots of confusion was

20 that when NLCHI came in and started their

21 review, they discovered that I didn't get all

22 the copies of the consults. So there was a

23 lot of patients who had been retested at Mount

24 Sinai that I was not aware of.

25 CHAYTOR, Q.C.:

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1 Q. And so I take it you had dealt with them in

2 the regular course, you, yourself, had gone

3 ahead and dealt with -

4 MS. PREDHAM:

5 A. Yes, so if they had changed results, I'd call

6 Dr. Cook and we'd work through that and then

7 they would go on the panel list and if they

8 were the same, I'd call him and verify that

9 and then contact them.

10 THE COMMISSIONER:

11 Q. I'm sorry, I not sure I follow that, discover

12 that there were people in the consults that

13 you had not been--you didn't know about.

14 MS. PREDHAM:

15 A. Right.

16 THE COMMISSIONER:

17 Q. Did you think they were just outstanding

18 people whose results did not come back or did

19 you just not know about them period?

20 MS. PREDHAM:

21 A. They may not have been identified. They may

22 have been someone that the oncologists were

23 seeing and knew that they were negative and

24 then sent them away for retesting--or it could

25 have been someone who was already on my list

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1 and who was anxious about it, for instance,

2 and that the oncologist said, well sure I'll

3 send it away and we'll see if we can get it

4 quicker or, you know, something on that line.

5 So it was one of those varieties. So either I

6 didn't know about them--so what I had to do

7 when I got the consult list, was to look up

8 their pathology reports and figure out when,

9 if they had an original test done or if this

10 was the original test done and if they had an

11 original test done, when was it and what was

12 the value. And once I found somebody that I

13 thought was a potential to it being in this

14 case, then I would call Dr. Cook to verify it.

15 THE COMMISSIONER:

16 Q. What I don't quite understand is why they

17 wouldn't have been on your list of people who

18 should have been sent?

19 MS. PREDHAM:

20 A. They were missed.

21 CHAYTOR, Q.C.:

22 Q. Okay, so it was--that was a case of the

23 oncologist picking up people who should have

24 been on the list, but were not, as opposed to

25 the oncologist looking at somebody who maybe

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1 was a little over the line or something and

2 saying, oh, maybe I'll have this person done.

3 MS. PREDHAM:

4 A. Right, well that could also be there, like

5 that could also be a reason why they were

6 there, but the ones of concern to me, of

7 course, were the ones that we had not

8 identified, but there were also people that we

9 had identified, but were on this consult list.

10 THE COMMISSIONER:

11 Q. Okay, thank you.

12 CHAYTOR, Q.C.:

13 Q. And how were the patients missed from your

14 list?

15 MS. PREDHAM:

16 A. Well we know now that one of the biggest

17 reasons were because their ER/PR was not

18 ordered in Meditech system.

19 CHAYTOR, Q.C.:

20 Q. Was there any other reason?

21 MS. PREDHAM:

22 A. I'm not sure whether or not they were just

23 missed amongst all the manualness of the

24 identification, but that would have been the

25 main issue--and this is when that issue

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1 started to come to light.
 2 THE COMMISSIONER:
 3 Q. So had we known now that all of these people
 4 have been picked up--I mean, I understand
 5 that, how, if somebody is coming in on their
 6 regular consult with their oncologist and the
 7 oncologist looks at it and says, oh, that's a
 8 person that should have been in the system and
 9 I don't see any evidence of it and I'll go
 10 off--but that means you're relying on somebody
 11 walking through the door, which is not exactly
 12 a fool-proof method for picking people up.
 13 MS. PREDHAM:
 14 A. No.
 15 THE COMMISSIONER:
 16 Q. So what did you do then when you realized
 17 there was these people out there?
 18 MS. PREDHAM:
 19 A. Well we brought it to the attention of Mr.
 20 Gulliver and Dr. Cook and they revisited what
 21 they were doing. But other than these
 22 searches in Meditech, there wasn't a lot that
 23 we could do, other than reinforcing the phone
 24 number out there and getting people to call
 25 us.

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1 THE COMMISSIONER:
 2 Q. Okay.
 3 CHAYTOR, Q.C.:
 4 Q. So at that point in time you're actually
 5 relying on patients to self identify?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And that fact was well known throughout
 10 Eastern Health?
 11 MS. PREDHAM:
 12 A. I do believe, yes.
 13 CHAYTOR, Q.C.:
 14 Q. The patients from the other regions who were,
 15 for whom panel letters were sent, were there
 16 copies of those letters sent along to the
 17 regional boards?
 18 MS. PREDHAM:
 19 A. I know we intended to do that or I think we
 20 brought it up, but it didn't get done.
 21 CHAYTOR, Q.C.:
 22 Q. And in hindsight, do you think that would have
 23 been helpful?
 24 MS. PREDHAM:
 25 A. Oh yes.

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1 CHAYTOR, Q.C.:
 2 Q. If we could look at, please, P-2837?
 3 THE COMMISSIONER:
 4 Q. Ms. Chaytor, when you can find a spot, we'll
 5 take the afternoon Break.
 6 CHAYTOR, Q.C.:
 7 Q. This is October 26th and is a message to you
 8 from Nancy Parsons and she's been speaking
 9 with Dr. Wurtzfeld and basically Dr. Wurtzfeld
 10 is saying that it would be a lot of work for
 11 her to find out which of her patients were
 12 being followed by the Cancer Clinic and she
 13 wants us to know then she's not going to do
 14 that. What did you do with this information
 15 when you received it?
 16 MS. PREDHAM:
 17 A. I let Dr. Williams know.
 18 CHAYTOR, Q.C.:
 19 Q. And do you know how this was followed up?
 20 MS. PREDHAM:
 21 A. I have no idea.
 22 CHAYTOR, Q.C.:
 23 Q. And so this seems to be suggesting the doctor
 24 had called to inquire about pathology results
 25 that she's been getting on her breast cancer

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1 patients who were retested, and she wanted to
 2 know who would be giving these patients their
 3 results and asked if the Cancer Clinic is
 4 getting in touch with them, and the ones that
 5 are active--the patients of the Cancer Clinic
 6 plan is, apparently, that they will be
 7 followed up with the Cancer Clinic, but
 8 otherwise she's indicating that well, she
 9 can't be doing that. She's a surgeon, I
 10 understand.
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, so you think Dr. Williams then followed
 15 up on this?
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. Did you have any similar calls or inquiries
 20 from physicians as to what they were expected
 21 to do and whether or not they had any concerns
 22 with their ability to actually make contact
 23 with patients?
 24 MS. PREDHAM:
 25 A. No, not that I recall.

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1 CHAYTOR, Q.C.:

2 Q. If we could look at P-2839 please? And this

3 is Ms. Parsons e-mailing to you on November

4 9th, 2005. And "I don't know if you're

5 keeping track of calls we get from relatives

6 of the deceased patients. If so"--she's

7 received a call from a husband. And were you

8 at this point in time, were you keeping track

9 of these phone calls?

10 MS. PREDHAM:

11 A. I was keeping track of people that called in,

12 but it wasn't like I had a list of relatives

13 of deceased patients that had called, no.

14 CHAYTOR, Q.C.:

15 Q. You didn't.

16 MS. PREDHAM:

17 A. No.

18 CHAYTOR, Q.C.:

19 Q. So in terms of, for example, calling this

20 gentleman back, was there any record kept of

21 that so that he could be called back and told

22 what happened with--or what the decision was

23 regarding the testing of deceased?

24 MS. PREDHAM:

25 A. We could have done that and we should have

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1 done that, but we didn't.

2 CHAYTOR, Q.C.:

3 Q. And P-2838 please? And this is Ms. Parsons

4 again on October 27th notifying you, she says,

5 "I don't mean to freak you out, but a patient

6 was retested at Mount Sinai. Should her name

7 be on our retesting results list? I checked

8 with Judy Thomas, Dr. Cook's secretary and she

9 says the patient was retested and her results

10 confirm negative, but I don't see her on our

11 list anywhere and Ms. (Blank) died, her

12 husband called. I told him someone would call

13 him when the results are available. Curious-

14 er and curious-er." Do you recall what this

15 was about?

16 MS. PREDHAM:

17 A. I don't recall specifically unless I saw the

18 name, what this one was about, but it was

19 again this issue that people were being

20 retested, but we hadn't got them on the list.

21 I think this was a consult issue, but we

22 didn't identify it as being a consult. I

23 think I was still in the process of talking to

24 Mr. Gulliver on how these names could be--how

25 we could be getting results back when they're

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1 not on our list, when the other issue came up

2 and it was more evident from that one.

3 CHAYTOR, Q.C.:

4 Q. And you were keeping a list of deceased

5 patients though?

6 MS. PREDHAM:

7 A. Yes.

8 CHAYTOR, Q.C.:

9 Q. And separate. And could it be that this

10 particular patient was on your deceased

11 patient list; whereas Nancy didn't realize

12 there was such a list and was only accessing

13 the living patient's list?

14 MS. PREDHAM:

15 A. Oh it could be that.

16 CHAYTOR, Q.C.:

17 Q. This is a good place for a break, thank you.

18 THE COMMISSIONER:

19 Q. We'll take a break.

20 (RECESS)

21 THE COMMISSIONER:

22 Q. Please be seated. Ms. Chaytor.

23 CHAYTOR, Q.C.:

24 Q. Thank Commissioner. Ms. Predham, Nancy

25 Parsons has told the Commissioner that there

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1 were times when she was uncomfortable in the

2 answers that she sometimes had to give to the

3 patients. For example, there were times when

4 she knew that the results were back, she could

5 go on Meditech and see that the results were

6 back and she would tell the patients that she

7 had no new information for them. Were you

8 aware that she was doing this?

9 MS. PREDHAM:

10 A. Yes.

11 CHAYTOR, Q.C.:

12 Q. And did you suggest any other possible answer

13 that she could give?

14 MS. PREDHAM:

15 A. We did discuss that with Dr. Laing and Dr.

16 Williams at the time and that was the only

17 suggestion that we had to do that, and get

18 them panelled as quickly as possible or

19 contact the oncologists.

20 CHAYTOR, Q.C.:

21 Q. So you took that to Dr. Williams and -

22 MS. PREDHAM:

23 A. And Dr. Laing.

24 CHAYTOR, Q.C.:

25 Q. And there was no suggestion for a different or

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1 better answer.
 2 MS. PREDHAM:
 3 A. No.
 4 CHAYTOR, Q.C.:
 5 Q. She also appears not to have been aware in the
 6 beginning about the issue of DCIS patients and
 7 she says that she had told you about a patient
 8 and you informed her that patient was DCIS and
 9 however, she wasn't given any direction on
 10 what to tell that patient and that there was a
 11 period of months went on before that patient
 12 was finally met with in June of 2006. Do you
 13 recall that situation?
 14 MS. PREDHAM:
 15 A. No, I don't, but I know that when patient
 16 results came back as DCIS from Mount Sinai,
 17 there was a process that pathology had to go
 18 through. As far as I understand it, if
 19 there's different blocks, there can be blocks
 20 where there would be DCIS tissue, but there
 21 can be other blocks where there's infiltrating
 22 tissue. So the pathologist had to go back and
 23 see if there was a better representative block
 24 to send off to Mount Sinai to be retested. So
 25 each one of the patients who were DCIS

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1 required that further investigation by
 2 pathology. If they--they also had to review
 3 the original diagnosis and in fact, if this
 4 was something that the patient was diagnosed
 5 originally as infiltrating and was in fact
 6 confirmed to be DCIS, well then that was most
 7 likely the scenario that you've brought up
 8 that had to be dealt with.
 9 CHAYTOR, Q.C.:
 10 Q. But in the meantime, couldn't the patient be
 11 told that this is happening?
 12 MS. PREDHAM:
 13 A. That the block came back as DCIS?
 14 CHAYTOR, Q.C.:
 15 Q. Yes, and there's further investigation
 16 happening to determine her results?
 17 MS. PREDHAM:
 18 A. That wasn't a direction that we received
 19 because that was only a preliminary step, the
 20 result came back that it was DCIS, there could
 21 have been any number of reasons, incorrect
 22 block--so it may not be even the correct
 23 information to give them back.
 24 CHAYTOR, Q.C.:
 25 Q. But in terms of at least letting the patient

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1 know that their particular test needs further
 2 investigation, who was giving you or your
 3 department direction as to what to tell the
 4 patients or what not to tell the patients?
 5 MS. PREDHAM:
 6 A. Well this was part of the discussion at the
 7 panel, this is what was going on. If any of
 8 the patients who called and I don't recall--I
 9 don't recall one of those patients calling and
 10 having to say that to them, any of them
 11 calling and saying that, but that was the
 12 process that was going through, they required
 13 further investigation by pathology.
 14 CHAYTOR, Q.C.:
 15 Q. And so what was the plan if those patients
 16 called? What were you told that the patient
 17 could be told?
 18 MS. PREDHAM:
 19 A. I don't recall that we ever discussed it.
 20 CHAYTOR, Q.C.:
 21 Q. "Ms. Parsons also spoke about her limited
 22 knowledge regarding retro converters and in
 23 fact said that she didn't know anything about
 24 the retro converters in fact until she took a
 25 phone call from the brother of a deceased

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1 patient. And when she inquired of you as to
 2 the status of the patient, that was the first
 3 time she learned of this notion of retro
 4 converters and that patient's brother was
 5 called back and told that she had no new
 6 information for him." Were you aware of that
 7 situation?
 8 MS. PREDHAM:
 9 A. I don't recall that at all.
 10 CHAYTOR, Q.C.:
 11 Q. Why would the primary person who was on the
 12 front line for the contact with the patients
 13 not be the most informed person?
 14 MS. PREDHAM:
 15 A. I didn't realize that she felt that she didn't
 16 have the information to give. We had a close
 17 working relationship and we discussed these
 18 issues a lot, so I was not aware that she had
 19 difficulty answering those questions.
 20 CHAYTOR, Q.C.:
 21 Q. So you weren't aware along the way of Nancy
 22 Parson's discomfort and feeling that she may
 23 not have had enough information to be doing
 24 her job to the best of her ability?
 25 MS. PREDHAM:

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1 A. Any issue that she had and brought forward to
 2 me, I, you know, looked to get a resolution
 3 for her. I was aware that she felt extreme
 4 discomfort answering those questions when she
 5 knew the results and couldn't give it to them
 6 and that was the best that I could do for her
 7 for that situation.
 8 CHAYTOR, Q.C.:
 9 Q. And if her knowledge was otherwise lacking
 10 with respect to types of issues, you weren't
 11 aware of that?
 12 MS. PREDHAM:
 13 A. Well, whenever she had a concern, she came to
 14 me and we figured out some resolution to that.
 15 CHAYTOR, Q.C.:
 16 Q. And while this was going on in the patient
 17 contract, is there--are you aware of
 18 frustration or stress levels on Nancy Parsons'
 19 part?
 20 MS. PREDHAM:
 21 A. We were all very frustrated and very stressed
 22 at this time, again, especially October and
 23 November, we were becoming Eastern Health, we
 24 had numerous--it was an amazing amount of
 25 critical occurrences that happened that fall

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1 that required some intensive follow up. We
 2 were doing that as well in other--previous
 3 other boards, like different areas that we
 4 were not familiar with. So, yes, I was very
 5 aware and up until the end of October when all
 6 the staff reported to me, it was very
 7 difficult for me to ask my co-workers to work
 8 and do everything that I asked them to do,
 9 which they gladly did, for no remuneration.
 10 So that was another stress that was on it.
 11 CHAYTOR, Q.C.:
 12 Q. And did you go to anybody and relay those
 13 stresses on behalf of yourself and your
 14 colleagues?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And who did you speak with?
 19 MS. PREDHAM:
 20 A. Both Ms. Pilgrim and Dr. Williams.
 21 CHAYTOR, Q.C.:
 22 Q. And was any assistance offered to you?
 23 MS. PREDHAM:
 24 A. We did get offered assistance to make calls,
 25 you know, we had mentioned it earlier, but it

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1 was at that point the calls weren't the
 2 biggest stress that we were going through, it
 3 was later on we almost had it all done.
 4 CHAYTOR, Q.C.:
 5 Q. And so were you offered then any other kind of
 6 assistance to cope with the other aspects of
 7 what you had to do?
 8 MS. PREDHAM:
 9 A. No.
 10 CHAYTOR, Q.C.:
 11 Q. And did you indicate that would be more
 12 helpful?
 13 MS. PREDHAM:
 14 A. It would have been helpful and I guess in one
 15 way, I did bring it forward and bring it
 16 forward as a concern, but in another way, I
 17 knew that there was limited amount anybody
 18 could do for us. The problem is people.
 19 Right now in our department with our Infoway
 20 funding, we have external funding for two
 21 positions and those two positions were posted,
 22 interviews were done and the jobs were offered
 23 in June and those two people have yet to
 24 start. So it's not--a lot of times it's not
 25 lack of money or will, it's just a lack of

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1 people and the ability to get these people to
 2 be released from their other jobs.
 3 CHAYTOR, Q.C.:
 4 Q. And Ms. Pilgrim has testified that she
 5 discussed with you bringing in other people to
 6 assist, but your response was that, was
 7 basically to turn that down because that would
 8 probably be more work for you to try and bring
 9 those people up to speed. Do you recall that?
 10 MS. PREDHAM:
 11 A. Yes, but it was towards the end we had made
 12 the--we were following up on calls that we
 13 were making. We had done the bulk of the
 14 calling and I can remember that at that point,
 15 it probably was harder to get people into this
 16 and up to speed on it, than it was to finish
 17 doing the calls.
 18 CHAYTOR, Q.C.:
 19 Q. If we could have, please, P-2982? And this is
 20 another update, a current tally for ER/PR.
 21 And one you're forwarding on to Ms. Elliott,
 22 Pam Elliott on November 1st, 2005. So what
 23 role was Ms. Elliott now playing?
 24 MS. PREDHAM:
 25 A. She was now the regional director for, I think

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1 her name at the time was quality enhancement.
 2 She just started on October 31st.
 3 CHAYTOR, Q.C.:
 4 Q. And so from this point forward, are you
 5 reporting to her?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And you're also, though, still reporting to
 10 Dr. Williams with respect to the ER/PR issue?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. But Ms. Elliott is kept apprised?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And did she from time to time also provide you
 19 with direction on how to handle things?
 20 MS. PREDHAM:
 21 A. From time to time, depending on the issue.
 22 CHAYTOR, Q.C.:
 23 Q. Well in particular, I'm speaking, of course,
 24 about the ER/PR issue.
 25 MS. PREDHAM:

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1 A. Yes, you know, if it was something clinical or
 2 what we were telling the patients or
 3 something, she wasn't giving me direction on
 4 that, but as time went on when, you know,
 5 she's provided feedback on briefing notes and
 6 that type of thing.
 7 CHAYTOR, Q.C.:
 8 Q. And if we could have, please, P-0097? And
 9 this is November 4th, 2005, well actually it
 10 starts with an e-mail of November 3rd, 2005
 11 from Moira Hennessey to Dr. Williams and Dr.
 12 Williams forwards it on to you. And in this
 13 e-mail, Ms. Hennessey is looking for an update
 14 on the contacting of patients, as well as
 15 she's inquiring if the reports have been
 16 received from the external reviewers. And she
 17 asks, "Can you please provide me an update of
 18 where you are with contacting the patients. I
 19 understand the process is ongoing and there
 20 have been some problems. Also have you
 21 received the report from the pathologist and
 22 the technologist? If yes, what is the general
 23 findings." And she's working, it appears, on
 24 a briefing note. What do you recall about
 25 this?

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1 MS. PREDHAM:
 2 A. I remember Dr. Williams either called me or
 3 forwarded on this e-mail to me, to give her an
 4 update on the communication side of this. I
 5 guess the first paragraph.
 6 CHAYTOR, Q.C.:
 7 Q. And did you have any discussions with Dr.
 8 Williams or anyone else about providing the
 9 external reports or providing information to
 10 the department regarding the findings of the
 11 external reviewers?
 12 MS. PREDHAM:
 13 A. No, I didn't. I didn't have very many
 14 discussions about the external reports after I
 15 got into the communication side of it.
 16 CHAYTOR, Q.C.:
 17 Q. But specifically with respect to the
 18 government, do you know if anyone else then
 19 answered this question for Ms. Hennessey?
 20 MS. PREDHAM:
 21 A. I think Dr. Williams told me, he must have
 22 called me about this and told me to tell Ms.
 23 Hennessey that he would be in touch or
 24 something, that seems to ring a bell, that he
 25 was going to--I didn't have to follow up on it

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1 is my fundamental memory.
 2 CHAYTOR, Q.C.:
 3 Q. So Dr. Williams asked you to follow up on the
 4 issue of the contacting of patients.
 5 MS. PREDHAM:
 6 A. Contacting patients.
 7 CHAYTOR, Q.C.:
 8 Q. And he was going to handle the other issue?
 9 MS. PREDHAM:
 10 A. That's my memory.
 11 CHAYTOR, Q.C.:
 12 Q. And do you know whether or not he in fact did
 13 that?
 14 MS. PREDHAM:
 15 A. Oh I have no idea.
 16 CHAYTOR, Q.C.:
 17 Q. Do you know whether or not anyone from
 18 government was given the information about the
 19 external reports or the findings of the
 20 reviews?
 21 MS. PREDHAM:
 22 A. I don't know.
 23 CHAYTOR, Q.C.:
 24 Q. So did this ever come up for discussion again
 25 between yourself and Dr. Williams or anyone

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1 else involved?
 2 MS. PREDHAM:
 3 A. Like I said, I had very limited conversations
 4 around the reports, especially after this
 5 time, there was too much on the go and I was
 6 focused in on contacting the patients.
 7 CHAYTOR, Q.C.:
 8 Q. So did it ever come up then for discussion
 9 again amongst your colleagues at Eastern
 10 Health or otherwise?
 11 MS. PREDHAM:
 12 A. I think I mentioned the next time I even
 13 talked about it in that light, that was when
 14 Mr. Tilley said he was going to forward on the
 15 reports to the Department of Health.
 16 CHAYTOR, Q.C.:
 17 Q. And that's in May of 2007?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And you have subsequent discussions with Ms.
 22 Hennessey.
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. And I'll talk to you about those later,
 2 particularly in July/August of 2006 and at
 3 that point in time during your discussions
 4 with her, did she appear to be aware of the
 5 findings of the reviewers?
 6 MS. PREDHAM:
 7 A. I can't remember talking to Ms. Hennessey
 8 directly. I do remember talking to Ms.
 9 McCormack, but only a vague memory and I can't
 10 really remember the details of those
 11 conversations.
 12 CHAYTOR, Q.C.:
 13 Q. And so the question being whether or not Ms.
 14 Hennessey appeared to be aware of the findings
 15 of the reviewers?
 16 MS. PREDHAM:
 17 A. I can't recall, I have no impression on that.
 18 CHAYTOR, Q.C.:
 19 Q. If we could look at P-0098 please? And you
 20 forward this e-mail then on Friday at 5:00 to
 21 Ms. Hennessey at gov.nf.ca and also to Dr.
 22 Williams and you say, "I understand you were
 23 speaking to Dr. Williams and require an update
 24 as to our communication efforts regarding the
 25 ER/PR situation." And what had you been told

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1 had been discussed between Dr. Williams and
 2 Ms. Hennessey?
 3 MS. PREDHAM:
 4 A. I don't recall, like I said, I have some vague
 5 memory of he was going to follow up on the
 6 reports, there was nothing I had to do, my
 7 focus was what he wanted me to do and what he
 8 wanted me to do, was to give this information
 9 to Ms. Hennessey.
 10 CHAYTOR, Q.C.:
 11 Q. And this is being written the same day, 1: 15
 12 p.m. on November 4th is when it had been
 13 forwarded to you by Dr. Williams to look
 14 after, so it's the same day. And did you
 15 understand from Dr. Williams that he had in
 16 fact been speaking with Ms. Hennessey?
 17 MS. PREDHAM:
 18 A. I can't remember.
 19 CHAYTOR, Q.C.:
 20 Q. And the following information, you give her
 21 information regarding representing " 611
 22 individuals, some of these individuals have
 23 more than one sample sent. I have broken down
 24 these 611 into following groups. And patients
 25 whose results have been reported but require

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1 review, there is a total of 59 patients." And
 2 you write, "These patients have been reviewed
 3 by a panel consisting of two medical
 4 oncologists, two pathologists, two surgeons
 5 with support from quality enhancement." And
 6 was that always the case, though, that there
 7 were two medical oncologists, two surgeons and
 8 two pathologists even up to this point in time
 9 by November 4th?
 10 MS. PREDHAM:
 11 A. I would have thought so unless one of the two
 12 surgeons couldn't come and that was nothing
 13 that was planned, like I said, that was in
 14 relation to their clinical work.
 15 CHAYTOR, Q.C.:
 16 Q. And you go on to say "Notification is by
 17 letter to the most responsible physician."
 18 And you break down "no treatment
 19 recommendations" and then "treatment
 20 recommendations". And who is keeping these
 21 results, these tallies that you're sending?
 22 Is this something that you're keeping?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

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1 Q. And are you also keeping a tally of the people
 2 we talked about earlier today, the people who,
 3 while they might not show up in the "no
 4 treatment" or "treatment" categories, had
 5 otherwise been impacted? I'm sorry, they
 6 might show up in the "no treatment
 7 recommendation" but they may indeed still have
 8 been impacted?
 9 MS. PREDHAM:
 10 A. No, not at that time. I think that was later
 11 in November that that came up.
 12 CHAYTOR, Q.C.:
 13 Q. And you do keep a written record of that?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. Patients whose results have been reported and
 18 they have been confirmed negative and the
 19 total number of those are 88, and you've
 20 indicated that there's still--you're down to
 21 three now at this point in time that you were
 22 still trying to contact after many tries.
 23 Patients whose results have not been received,
 24 there's 285 at this point in time, and you
 25 indicate, "Overall these phone calls have gone

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1 quite well with the individuals expecting to
 2 be contacted and understanding that the
 3 results may take a while. Several individuals
 4 wish we hadn't called until we had the
 5 results, but overall there were no strong
 6 emotional reactions either way. We're
 7 continuing to try and reach those 22. We have
 8 not been able to, but it is difficult without
 9 being able to leave messages", and that's the
 10 22 no answers?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. And up here there's another three that you
 15 haven't been able to contact. So this has
 16 been--again this is being told to Moira
 17 Hennessey, November 4th, 2005, and patients
 18 who are deceased, you've got a total of 158,
 19 and arrangements will be made to notify family
 20 members once all results have been received.
 21 "Unfortunately, we have discovered that
 22 several have passed away upon making contact
 23 with family members". So at this point in
 24 time, were you--why, I guess, didn't you
 25 indicate to her that in terms of their had

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1 been a hold put on in having any further
 2 testing of the deceased?
 3 MS. PREDHAM:
 4 A. I'm not really sure. I guess at this point in
 5 time, I probably assumed that she had known
 6 that.
 7 CHAYTOR, Q.C.:
 8 Q. And why would you assume that?
 9 MS. PREDHAM:
 10 A. Well, this -
 11 CHAYTOR, Q.C.:
 12 Q. What knowledge would Ms. Hennessey have of
 13 this issue up to this point in time, to your
 14 knowledge?
 15 MS. PREDHAM:
 16 A. Well, I think it's--you know, it was quite
 17 clear up to this point that we were focusing
 18 on the living, and that the deceased would
 19 remain until later, and I think that was in
 20 our media coverage, our media releases.
 21 CHAYTOR, Q.C.:
 22 Q. You go on to say, "I understand that Dr.
 23 Williams has attempted to reach you to discuss
 24 the quality review. He will be following up
 25 with you on Monday. If you need any further

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1 information, I will be happy to get it for
 2 you", and what did you mean by the quality
 3 review in this context?
 4 MS. PREDHAM:
 5 A. I guess it's in response to her other
 6 questions about the external reviews.
 7 CHAYTOR, Q.C.:
 8 Q. And after having sent this to Ms. Hennessey,
 9 did you then on Monday have any further
 10 discussions or any time the following week
 11 with Dr. Williams as to this issue, and
 12 whether or not he had spoken with Ms.
 13 Hennessey?
 14 MS. PREDHAM:
 15 A. No, I don't recall anything.
 16 CHAYTOR, Q.C.:
 17 Q. If we could have--do you know what the "1"
 18 means at the bottom of the page here?
 19 MS. PREDHAM:
 20 A. I think it--there might be a "2" on the bottom
 21 of this one because it went over the -
 22 CHAYTOR, Q.C.:
 23 Q. To the second page?
 24 MS. PREDHAM:
 25 A. Yeah.

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1 CHAYTOR, Q.C.:

2 Q. Okay, all right, and if we could have, please,

3 P-1325. This appears to be starting out as

4 the same e-mail that you sent to--it's from

5 Heather Predham to Dr. Williams, and it's also

6 going to Ms. Hennessey, and it's at 4:59 p.m.

7 and you'll recall the other one was at -

8 MS. PREDHAM:

9 A. Five.

10 CHAYTOR, Q.C.:

11 Q. Five o'clock, I believe, is the other one.

12 Yes, the other one was 5 o'clock, and this one

13 you're using, though, her Blackberry address,

14 and you'll see that it follows on down and

15 that appears to be the end.

16 MS. PREDHAM:

17 A. I didn't realize that I had--I only sent one

18 e-mail, I didn't send two.

19 CHAYTOR, Q.C.:

20 Q. And this says sent via Blackberry. So at this

21 point in time, do you have a Blackberry?

22 MS. PREDHAM:

23 A. I do now. I didn't then.

24 CHAYTOR, Q.C.:

25 Q. So on November 4th, 2005--that could be, I

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1 guess, back from Ms. Hennessey the next

2 morning, although it appears--it looks as

3 though her's came from gov.nl.ca.

4 MS. PREDHAM:

5 A. I only sent one e-mail to Ms. Hennessey.

6 CHAYTOR, Q.C.:

7 Q. You only sent one e-mail. So this one which

8 is going from you to Dr. Williams and to Ms.

9 Hennessey in her Blackberry account at 4:59

10 p.m. November 4th, 2005, and you'll see how it

11 gets cut off here -

12 MS. PREDHAM:

13 A. Uh-hm.

14 CHAYTOR, Q.C.:

15 Q. And if we could go back, please, to the other

16 one, 98, please, and this one appears to go

17 through. It's got the information regarding

18 the St. Pierre patients, it seems to be the

19 full -

20 MS. PREDHAM:

21 A. Yes.

22 CHAYTOR, Q.C.:

23 Q. "Thanks, Heather", so it's signed off by you,

24 and that one goes to @gov.nl and to Dr.

25 Williams and it's one minute later. So you're

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1 not able to explain that discrepancy?

2 MS. PREDHAM:

3 A. No.

4 CHAYTOR, Q.C.:

5 Q. If we could have, please, P-0149, and on

6 Monday morning then, you send along "for your

7 information" to Ms. Elliott and Ms. Pilgrim,

8 "I had to send this Friday afternoon to Moira

9 Hennessey for Dr. Williams", and you'll see

10 this is the 5 p.m. correspondence, and you're

11 letting--I take it, you're keeping your

12 superiors in the loop as to what's happening?

13 MS. PREDHAM:

14 A. I should have copied them on that. I guess I

15 realized over the weekend, I hadn't, but I

16 only sent one e-mail on that Friday.

17 CHAYTOR, Q.C.:

18 Q. If we could have, please, P-2839. This is an

19 e-mail from Ms. Parsons to yourself, November

20 9th, 2005. I don't know if you're keeping

21 track of calls--I'm sorry, we already looked

22 at this one, didn't we. Sorry. 2984, please.

23 Yes, this is the one. Remember we were

24 talking about the consults earlier today. We

25 have a list here.

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1 MS. PREDHAM:

2 A. Yes, so this is when--Dr. Cook gathered up the

3 consults up to that point in time. So this is

4 when it really--we discovered it probably a

5 few days before this, so he went and gathered

6 all the consults and wrote up this list, and

7 then he and I met over at St. Clare's and went

8 through each one, and you can see--this is his

9 writing here on the left, and my writing is

10 here on the right.

11 CHAYTOR, Q.C.:

12 Q. I'm sorry, do you want to just point out your

13 writing? You can use the mouse, please.

14 MS. PREDHAM:

15 A. Right here where it says ER/PR, and then these

16 numbers here is my writing.

17 CHAYTOR, Q.C.:

18 Q. Okay. So Dr. Cook physically had to write all

19 these out?

20 MS. PREDHAM:

21 A. Yes.

22 CHAYTOR, Q.C.:

23 Q. And we have some 121 people, or at least

24 specimens, as of November 14th, 2005?

25 MS. PREDHAM:

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1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. So over 120 of the patients were sent by
 4 consults?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. Pulled out of the batching and sent
 9 individually to Mount Sinai?
 10 MS. PREDHAM:
 11 A. Yes, and, you know, not necessarily, you know,
 12 in exclusion of that. It could have been
 13 another block, and this was when we had to go
 14 through--this was all the consults. So Dr.
 15 Cook and I had to go through them and figure
 16 out which ones were part of our grouping, and
 17 which was just normal testing.
 18 CHAYTOR, Q.C.:
 19 Q. And part of the current as opposed to the
 20 retrospect?
 21 MS. PREDHAM:
 22 A. Exactly.
 23 CHAYTOR, Q.C.:
 24 Q. Yes. Ms. Predham, then what did you do with
 25 this information, did you enter this into the

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1 database?
 2 MS. PREDHAM:
 3 A. Oh, yes, and if it was somebody who required
 4 to be panelled, I added it to there, and, you
 5 know, we went through--this was just another
 6 way of identifying people, so we went through
 7 that process.
 8 CHAYTOR, Q.C.:
 9 Q. I see some people crossed off as we go along,
 10 and do you recall why would people then,
 11 having first been put on the consult list,
 12 then be crossed off?
 13 MS. PREDHAM:
 14 A. Well, this was--he was going through a list of
 15 all the consults, and this is my copy of it.
 16 So he must have had those crossed off before I
 17 met with him because when I got there, he had
 18 a copy for me, and he had a copy for himself.
 19 CHAYTOR, Q.C.:
 20 Q. And what was the significance, if any, of the
 21 asterisks?
 22 MS. PREDHAM:
 23 A. I can't recall now.
 24 CHAYTOR, Q.C.:
 25 Q. And in looking down through this, and the

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1 manual way in which this was done, did this
 2 cause you any concern as to the accuracy of
 3 this list?
 4 MS. PREDHAM:
 5 A. It was why I was always concerned with any of
 6 the lists that we were doing. Everything
 7 seemed to be so manual, that we had no way to
 8 consolidate everything, and I was always
 9 asking members of our staff to double check
 10 things because of that. I mean, the--you
 11 know, coming from--someone with a background
 12 in system error and individual error, you
 13 know, any time you're copying things from one
 14 thing to another, there's a chance that you'll
 15 make a mistake.
 16 CHAYTOR, Q.C.:
 17 Q. If we could have, please, P-2985, and this is
 18 an e-mail message you sent to Mary Haynes.
 19 Who's Mary Haynes?
 20 MS. PREDHAM:
 21 A. She's a--she was a secretary over in Executive
 22 Office, and--I think she was at this time
 23 secretary for Mr. Wayne Miller, but she also
 24 shared responsibilities with Ms. Penney, who
 25 was Mr. Tilley's executive assistant. There

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1 was some overlap there.
 2 CHAYTOR, Q.C.:
 3 Q. So your intention is to--for this to go, I
 4 take it, to Mr. Tilley, this information?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. Dr. Williams was doing a clinic, and couldn't
 9 see it before he went to his meeting with the
 10 Minister, and suggested that I run it by Mr.
 11 Tilley.
 12 CHAYTOR, Q.C.:
 13 Q. And it's a briefing note that you drafted for
 14 Dr. Williams in preparation for the meeting
 15 with the Minister that evening, November 17th?
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And this is it here, and there is mention of
 20 Labrador. It says, "Both Western and Central
 21 will be contacting their own patients. The
 22 ten patients from Labrador will be contacted
 23 through Eastern", and is that in fact what
 24 happened, the Labrador patients were contacted
 25 by your people?

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1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. If we could have, please, 390. This is
 5 briefing note to the Minister, November 17th,
 6 2005, update on estrogen and progesterone
 7 receptor testing, and it indicates that
 8 there's 835 individuals, testing to date is
 9 affecting 835 individuals. A total of 898
 10 samples. So it's the distinction, I guess,
 11 between the individuals and the number of
 12 samples, and then you break it down into a
 13 summary of the activity to date, including
 14 patients whose results have been reported by
 15 Mount Sinai, but require review, those whose
 16 results have been reported by Mount Sinai and
 17 have been confirmed, and you're indicating in
 18 your briefing note to the Minister that
 19 there's still that three that you have no
 20 answer after many tries?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. Patients whose results have not been reported
 25 by Mount Sinai and it's indicated at this

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1 point there's 15 that there's no answer, and
 2 six unable to locate at this time, "We are
 3 exploring ways to contact them". So included
 4 in your briefing note to the Minister is
 5 indication of issues with--difficulty with
 6 certain number of patients and your ability to
 7 contact them?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. If we could look at, please, P-0151. This is
 12 just another copy that--it's more difficult,
 13 though, to see, but it appears to be the same
 14 and this is what came out of--we understand,
 15 out of Dr. Williams' records. If we could
 16 have, please, P-0391. This is then the next
 17 day at 9:19 in the morning and it's from
 18 yourself again to Mary Haynes, and Denise
 19 Dunn. So I take it, Mr. Tilley's and Dr.
 20 Williams' assistants?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And it's, "High importance, forwarding ER/PR
 25 questions". Start down here, "high priority",

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1 coming from Tansy Mundon, who we understand
 2 was Communication Director with the Department
 3 at the time, November 18th, 2005, and she's
 4 forwarding this to Ms. Thomas-Pennell, Ms.
 5 Bonnell, and copying Mr. Tilley, Darrell
 6 Hynes, John Abbott. "Further to a briefing
 7 yesterday with George and Dr. Williams, I
 8 attach the following questions that the
 9 Minister would like answered in advance of the
 10 House of Assembly opening on Monday if at all
 11 possible. Many thanks". Then that gets
 12 forwarded on to you, and then you say, "FYI, I
 13 will be in touch when I have the answers
 14 done". So I take it then, you were tasked
 15 with coming up with the answers?
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And what do you recall about that?
 20 MS. PREDHAM:
 21 A. Well, I recall that--you know, I have to admit
 22 I was thinking am I the only person who can
 23 answer these questions, but once I got them,
 24 when I read them, I realized I couldn't answer
 25 so many, so I did get back in touch with Ms.

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1 Haynes to see if she could get someone from
 2 the lab to answer those questions, but, in
 3 fact, I had to go track somebody down in the
 4 lab myself.
 5 CHAYTOR, Q.C.:
 6 Q. Okay, and if we could look at P-0152, please,
 7 and I think this might be Mr. Tilley on that
 8 day saying that--tasking you with the
 9 responsibility saying, "Dr. Williams and I met
 10 with the Minister this afternoon to bring him
 11 the latest information. Thanks, Heather, for
 12 the information that you prepared. The
 13 Minister's communication director will be e-
 14 mailing a few questions to Susan they would
 15 like us to put a response to by the end
 16 tomorrow in anticipation for opening. We will
 17 undoubtedly need everyone's help". So I guess
 18 he--I guess it ends up coming back to you and
 19 then you look for people from the lab to help?
 20 MS. PREDHAM:
 21 A. Right.
 22 CHAYTOR, Q.C.:
 23 Q. And -
 24 MS. PREDHAM:
 25 A. So this one, I can't remember the date now,

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1 but this was--this went out the night before
 2 we got the questions.
 3 CHAYTOR, Q.C.:
 4 Q. Yes, and the last line here, "We will
 5 undoubtedly need everyone's help in ensuring
 6 key messages are getting across", what did you
 7 understand that meant?
 8 MS. PREDHAM:
 9 A. I guess just that--I really didn't put much
 10 thought into it, actually. If I'm putting any
 11 thought into it, it would be now looking at
 12 it, but at that time I don't think I put any
 13 thought of it at all.
 14 CHAYTOR, Q.C.:
 15 Q. What do you understand that to mean?
 16 MS. PREDHAM:
 17 A. I guess, we had certain key messages that we
 18 wanted to get across. I mean, I'm only
 19 reiterating what the sentence says.
 20 CHAYTOR, Q.C.:
 21 Q. And what--as of the middle of November, 2005,
 22 that key messages would you want to come
 23 across on the ER/PR issue?
 24 MS. PREDHAM:
 25 A. From--in November, 2005, my focus was on

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1 patient contact and getting the testing
 2 results. So any key messages that I had, they
 3 would have been focused around that, that we
 4 were, you know, panelling--if the results were
 5 changed, we were panelling, we were contacting
 6 people, if they stayed the same, those types
 7 of things.
 8 CHAYTOR, Q.C.:
 9 Q. And difficulties in contacting patients,
 10 issues arising in the whole process, would
 11 those be key messages that you might want to
 12 get across?
 13 MS. PREDHAM:
 14 A. That was key messages for me to bring forward
 15 to make sure everyone internally would know,
 16 but--you know, if that's what something Mr.
 17 Tilley or Dr. Williams wanted to bring
 18 forward, that would be their decision.
 19 CHAYTOR, Q.C.:
 20 Q. And would you have any difficulty with that,
 21 in letting the public and the patients out
 22 there in the public who are listening letting
 23 them know that there are some difficulties?
 24 MS. PREDHAM:
 25 A. Absolutely not.

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1 CHAYTOR, Q.C.:
 2 Q. Okay, and perhaps might that cause people to
 3 make sure they brought themselves forward and
 4 self-identified?
 5 MS. PREDHAM:
 6 A. Oh, definitely.
 7 CHAYTOR, Q.C.:
 8 Q. Do you know whether or not that was discussed
 9 as a key message that we should be getting out
 10 there?
 11 MS. PREDHAM:
 12 A. I don't think I had much face to face
 13 discussion about key messages or anything at
 14 that time. Like I said, we were--I mean, if we
 15 were reactive for the past couple of years, I
 16 don't even know how to term what we were that
 17 fall and into the next year.
 18 CHAYTOR, Q.C.:
 19 Q. And P-2989, please.
 20 THE COMMISSIONER:
 21 Q. I'm sorry, before you leave that, what about
 22 the manner of self identification? How much
 23 consideration was given to that idea, given
 24 your concerns about whether or not you were
 25 really getting hold of everybody, the

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1 difficulties in finding some people, they may
 2 have moved, etcetera, etcetera? Were there
 3 conversations about there's a point at which
 4 we've just got to say to people, if we haven't
 5 got in touch with you, you better in touch
 6 with us?
 7 MS. PREDHAM:
 8 A. I don't think we came out and said it that
 9 way. I wasn't involved in a conversation
 10 where we actually said "oh look, we have to
 11 say this," but we always--it was always
 12 important to make sure our number was there.
 13 "If you haven't heard from us" and I think
 14 there was one point in time where we actually
 15 had that, "if you hadn't heard from us, please
 16 call us."
 17 CHAYTOR, Q.C.:
 18 Q. 2989, please, Registrar? Here we go. And at
 19 9:30 in the morning then on November 18th,
 20 2005, you're writing to Ms. Haynes and you're
 21 asking her if Terry Gulliver could answer a
 22 question regarding whether review occurred to
 23 determine how this could have happened, and
 24 could the Minister ensure the public that this
 25 is not reflective of other unreliable

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1 messages. So you write to her and say "can
 2 you check the possibility of Mr. Gulliver
 3 answering two questions? I don't think I'm
 4 the best person to provide the answers to the
 5 Minister." And there's the two questions that
 6 you're not--you don't think you're the best
 7 person to answer. "Has a review occurred to
 8 determine how this could have happened? How
 9 could there be inaccurate test for a period of
 10 five years without being detected? Will there
 11 be disciplinary action taken?"
 12 In answering the question, "has a review
 13 occurred to determine how this could have
 14 happened?" how would Mr. Gulliver be in any
 15 better position to answer that aspect than
 16 you?
 17 MS. PREDHAM:
 18 A. Well, I mean, I knew that the review occurred,
 19 but during that period of time, they had come
 20 up--they were tasked with moving it forward,
 21 doing up the spreadsheets. They would have
 22 more in-depth information about the--and I
 23 guess it's in relation to my issue when I
 24 talked to you about an external review.
 25 Sometimes you have to--well, all the time,

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1 when you get an external review results back,
 2 you have to review it to ensure it's
 3 applicable to your context. So there may be
 4 recommendations there that just for some
 5 reason cannot be done. I had no involvement
 6 with the review after it was done and the
 7 spreadsheets were done. It was all in the
 8 hands of Mr. Gulliver and Dr. Cook.
 9 CHAYTOR, Q.C.:
 10 Q. Okay. Would it be though part of your
 11 responsibility as risk manager to determine
 12 how this could have happened and have an
 13 accurate test for a period of five years
 14 without being detected?
 15 MS. PREDHAM:
 16 A. Oh, it would, if I was acting as risk manager
 17 in this situation at this time. Right now, my
 18 whole focus was on patient contact and
 19 coordinating that.
 20 CHAYTOR, Q.C.:
 21 Q. So who is acting as risk manager on this issue
 22 at this point in time?
 23 MS. PREDHAM:
 24 A. No one really, from that perspective. There
 25 isn't anybody.

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1 CHAYTOR, Q.C.:
 2 Q. And if--that was still part of your job
 3 description?
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. So it's not that that's not your
 8 responsibility. Your focus is elsewhere?
 9 MS. PREDHAM:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and you had received, as we've seen,
 13 copies of both external review reports?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. As had Mr. Gulliver.
 18 MS. PREDHAM:
 19 A. Yes. But I hadn't been in any part of the
 20 conversation on what this means, how we're
 21 moving this forward. I didn't know which
 22 recommendations they had accepted, if they
 23 accepted them all or any of that information.
 24 CHAYTOR, Q.C.:
 25 Q. And you had interviewed the technical staff?

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1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. So why wouldn't you feel comfortable in being
 5 able to answer or at least put together a
 6 draft of an answer?
 7 MS. PREDHAM:
 8 A. Because I wasn't responsible for moving that
 9 whole issue forward. I was in one area and I
 10 wouldn't--what I assumed or what I didn't
 11 assume, I wouldn't do it justice. I was just
 12 not involved in that at that time.
 13 CHAYTOR, Q.C.:
 14 Q. And the question, "can the Minister ensure the
 15 public that this is not reflective of other
 16 unreliable methods of testing in the province?
 17 Is our health system safe?" Why wouldn't you
 18 be able to answer the portion of whether this
 19 was reflective of other unreliable methods of
 20 testing?
 21 MS. PREDHAM:
 22 A. Well, that was a pretty big question to ask
 23 and I wouldn't be--you know, in my role, I
 24 wouldn't be comfortable answering that
 25 question going to the Minister.

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1 CHAYTOR, Q.C.:

2 Q. And as risk manager, is it your responsibility

3 to know the answer to that question?

4 MS. PREDHAM:

5 A. Well, as we've identified, you know, the risk

6 manager doesn't get notified of everything.

7 So you know, there could have been other

8 issues that were ongoing that I wouldn't be

9 fully aware of. But I was not--in our

10 organization, the leadership team and the VP

11 that they report to are responsible for

12 quality and risk management in all those

13 areas.

14 CHAYTOR, Q.C.:

15 Q. And you say "Also, I have notes from our

16 internal meetings re: this question below. I

17 can draft the answer, but it may not be

18 completely accurate" and this particular

19 question is "when did the Health Minister find

20 out about the inaccurate cancer test results

21 and what direction did he give to Eastern

22 Health on how to handle this situation?" And

23 Ms. Predham, what notes do you have regarding

24 the Health Minister and when he found out

25 about this?

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1 MS. PREDHAM:

2 A. Well, I guess it's just those, the meeting

3 notes that I have, if somebody was going to

4 the Minister or whatever. It would have been

5 that or my memory on who told when, what, and

6 you know, like I said here, it may not be

7 completely accurate.

8 CHAYTOR, Q.C.:

9 Q. And are you able to point to anything in your

10 notes which refers at all to this question and

11 the possible answers to the question?

12 MS. PREDHAM:

13 A. Not anything specifically, but I would have

14 known that they went to meet with the

15 Minister. There would be reference to that,

16 and then I would have heard that--you know,

17 what had happened after that.

18 CHAYTOR, Q.C.:

19 Q. And you go on to say "let me know about the

20 answers for the first two. I'm working on the

21 rest." So even though you say you could draft

22 an answer but it may not be completely

23 accurate, to this particular question, you're

24 prepared to take a stab at it?

25 MS. PREDHAM:

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1 A. Actually, I don't think I did, but I kind of

2 left it there.

3 CHAYTOR, Q.C.:

4 Q. And you weren't at all prepared to try and

5 tackle these two questions here?

6 MS. PREDHAM:

7 A. Absolutely not.

8 CHAYTOR, Q.C.:

9 Q. If we could have, please, P-2990? And you

10 come up with a draft. It's 10:27 in the

11 morning, so it's less than an hour later, and

12 you do leave this one blank, and "why weren't

13 patients notified immediately, immediately

14 notified that the samples were being retested

15 and were forced to find out through the media?

16 Would the Minister not have knowledge that

17 this has created anxiety for all patients who

18 have been tested in the last number of years?"

19 and you write that "the decision whether or

20 not to notify patients about the retesting of

21 samples was very difficult to make and caused

22 much debate within Eastern Health and HCS," is

23 that the -

24 MS. PREDHAM:

25 A. I'm not sure what that stands for.

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1 CHAYTOR, Q.C.:

2 Q. - Health and Community Services, that would be

3 the Department?

4 MS. PREDHAM:

5 A. Probably.

6 CHAYTOR, Q.C.:

7 Q. Health and Community Services. What debate

8 was there about this issue?

9 MS. PREDHAM:

10 A. Well, I mean, I think we've covered that when

11 we went through the meetings there in July,

12 that you know, there was much discussion that

13 went on. The Department of Health wanted us

14 to go out and like I referenced yesterday, up

15 to the point of Dr. Laing actually saying that

16 she didn't want the letters out, at that

17 point, you know, we were still doing our

18 thing, getting ready, but at that point was

19 when I was convinced that we wouldn't

20 disclose.

21 CHAYTOR, Q.C.:

22 Q. So the debate within Eastern Health was

23 between whom?

24 MS. PREDHAM:

25 A. Was of much of the group. It was never that

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1 we would disclose. It was really when would
 2 we disclose.
 3 CHAYTOR, Q.C.:
 4 Q. But who was doing the debating?
 5 MS. PREDHAM:
 6 A. You know, there was--as there, I mean,
 7 discussion could be used as a word rather than
 8 debate, but you know, at the end of the day,
 9 in August, it was the oncologists who felt
 10 strongly about not going out and disclosing.
 11 So I guess that's who the debate was with.
 12 CHAYTOR, Q.C.:
 13 Q. And who was more in the other camp in wanting
 14 to get the message out there?
 15 MS. PREDHAM:
 16 A. Well, I mean, I--it would be Dr. Williams
 17 really wanted the message to be out. He
 18 wanted--he didn't feel comfortable not telling
 19 people. Ms. Bonnell, well, you know, even
 20 from the beginning, we were going out
 21 immediately, and then we delayed because the
 22 physicians wanted to have a time line, and
 23 then it went on from there.
 24 CHAYTOR, Q.C.:
 25 Q. You go on to write, "Eastern Health has made

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1 the commitment to candid and timely disclosure
 2 to every patient any knowledge of an adverse
 3 event. However, a critical component of this
 4 situation was that this is still an ongoing
 5 investigation. Until all the results from
 6 retesting are obtained, it is impossible to
 7 determine the scope and cause of the problem
 8 or the impact on the individuals," and the
 9 impact on the individuals is perhaps self
 10 explanatory. But what--how is your
 11 "commitment to candid and timely disclosure to
 12 every patient any knowledge of an adverse
 13 event. However, a critical component of this
 14 is that it's still an ongoing investigation."
 15 How--what are you referring to there?
 16 MS. PREDHAM:
 17 A. I don't know. I'm not really answering the
 18 question. I don't know. I guess just it's--
 19 one of the things with disclosure is that up
 20 to this point in time, other than most of our
 21 experience being with one single patient, we
 22 were disclosing outcomes. So you had an end
 23 story and there was never any debate about
 24 when you disclose or what you disclose. It
 25 was always pretty clear. You have a situation

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1 and you tell the patient. But here, this was
 2 different. This was we didn't have the answer
 3 to tell you at the end of the story. We
 4 didn't have this is--these are your results.
 5 So I guess that's what I'm trying to explain
 6 there.
 7 CHAYTOR, Q.C.:
 8 Q. How would it be that the results from the
 9 retest would help determine the cause of the
 10 problem?
 11 MS. PREDHAM:
 12 A. Well, like I've said before, for example,
 13 fixation, we know that that's a component or a
 14 probable component, but until we look at all
 15 the ones that converted and all the ones that
 16 stayed the same and saw how many were--poor
 17 fixation was a factor in, we wouldn't really
 18 know what a role fixation played.
 19 CHAYTOR, Q.C.:
 20 Q. And did Eastern Health ever undertake such an
 21 exercise?
 22 MS. PREDHAM:
 23 A. I think that's ongoing now.
 24 CHAYTOR, Q.C.:
 25 Q. And when did that start?

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1 MS. PREDHAM:
 2 A. I'm not really sure when that started, because
 3 it would have started in 2007, but with
 4 circumstances that came on, it got delayed,
 5 and then as soon as the Centre for Health
 6 Information got involved, it was just as well
 7 to wait until they finished their review to
 8 get a more complete database.
 9 CHAYTOR, Q.C.:
 10 Q. So up until the time this Inquiry was called,
 11 Eastern Health had not went down that path to
 12 initiate such an analysis?
 13 MS. PREDHAM:
 14 A. No.
 15 CHAYTOR, Q.C.:
 16 Q. And why not?
 17 MS. PREDHAM:
 18 A. Well, into November of 2006, was when we, you
 19 know, basically had everything gathered
 20 together. When we looked at--or when we
 21 started looking at the results, and I guess,
 22 you know, going out with the media as well,
 23 and I've alluded to this before, the numbers
 24 that we had really couldn't help us from an
 25 analysis perspective. We had to look at that.

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1 We also had a problem that we didn't have a
 2 complete lot of data because the deceased
 3 results hadn't been retested. So that was
 4 going to impact that as well. So then into
 5 2007, this is when we would have started doing
 6 that. We had approached, like I mentioned,
 7 the Health Research Unit back in May of 2006,
 8 who kind of gave us direction in the types of
 9 issues that we'd have to gather information on
 10 and the data that we would have to have. But
 11 in the spring of 2007, I couldn't take the
 12 lead in this, and when I came back from my
 13 situation, we got involved with the Burin
 14 radiology issue right away, and then this all
 15 came out in the public and away it went.

16 CHAYTOR, Q.C.:

17 Q. You go on to write, "it has always been the
 18 intent to inform each individual and to
 19 disclose the information regarding the problem
 20 publicly when the retesting results were done.
 21 There was no ill intent in the delay, but it
 22 was felt that not being able to give the
 23 results or an accurate time line as to when
 24 the results would be obtained would cause even
 25 greater anxiety in those affected." Ms.

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1 Predham, when the debate or discussion is
 2 taking place in Eastern Health as to whether
 3 to tell the patients in advance upfront or to
 4 wait, how long did you understand it was going
 5 to take to get results?

6 MS. PREDHAM:

7 A. Four to six weeks.

8 CHAYTOR, Q.C.:

9 Q. And Dr. Laing has told the Commissioner that
 10 she understood it was that time frame as well,
 11 and her opinion about holding off on telling
 12 the patients was contingent on there not being
 13 a long period of time to wait.

14 MS. PREDHAM:

15 A. Yes, exactly.

16 CHAYTOR, Q.C.:

17 Q. And I believe I mentioned that to you, and you
 18 were aware of that and understood that was her
 19 position at the time?

20 MS. PREDHAM:

21 A. Yes, exactly.

22 CHAYTOR, Q.C.:

23 Q. And you recall that being discussed?

24 MS. PREDHAM:

25 A. Yes.

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1 CHAYTOR, Q.C.:

2 Q. So how does that jive with "it was felt that
 3 not being able to give the results or an
 4 accurate time line would cause even greater
 5 anxiety in those affected"?

6 MS. PREDHAM:

7 A. I guess in the--at the time when we were in--
 8 at the time in August when we were talking
 9 about this, it was felt that four to six weeks
 10 was too long to just call and tell people that
 11 they were going to be retested, and right now,
 12 I guess, that's hindsight looking back on it
 13 and calling an accurate time line because as
 14 we knew by this time, that it was not
 15 accurate.

16 CHAYTOR, Q.C.:

17 Q. Yes, but Dr. Laing was--if it was going to be--
 18 I would take it she thought it was a fairly
 19 accurate four to six time line. Had she known
 20 it was going to be longer than that, her
 21 opinion might well have been different and she
 22 might well have said "go out and tell the
 23 patients."

24 MS. PREDHAM:

25 A. Oh yes, we all would have been like that, but

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1 at that time that she said not to, because we
 2 hadn't got the--the blocks and that weren't
 3 even sent up there yet.

4 THE COMMISSIONER:

5 Q. That's a part of this, frankly, Ms. Predham,
 6 that I don't quite understand, in the sense
 7 of--as I understand it, everybody agreed it
 8 would be four to six weeks from the time the
 9 blocks went to Mount Sinai, or at least from
 10 Eastern Health's perspective. Mount Sinai
 11 sees it somewhat differently, but that's
 12 beside the point, for the moment. But from
 13 the purpose of examining this from the
 14 perspective of Eastern Health, and then
 15 getting the blocks together, discovered to--
 16 you discovered to be a much more difficult
 17 exercise than anyone anticipated.

18 MS. PREDHAM:

19 A. Um-hm.

20 THE COMMISSIONER:

21 Q. And then when they went to Mount Sinai, it
 22 became evident that they weren't coming back
 23 in four to six weeks.

24 MS. PREDHAM:

25 A. No.

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1 THE COMMISSIONER:
 2 Q. Yet everybody seemed to cling to the four to
 3 six weeks and carry on as if it was going to
 4 be four to six weeks. Was there not a point
 5 at which somebody would have said "the
 6 underlying assumptions of our decision making
 7 are no longer valid. Should we not look at
 8 the decision?"
 9 MS. PREDHAM:
 10 A. And I think that's what we were doing in
 11 September when it broke in the media.
 12 THE COMMISSIONER:
 13 Q. So you believe that had it not broken in the
 14 media, it would have taken a different course?
 15 MS. PREDHAM:
 16 A. We would have notified people before--you
 17 know, before--not that the results would have
 18 taken any different. We had no anticipation
 19 that it was going to take as long as it was to
 20 get the results back, but I guess at that
 21 point in time, we hadn't gotten any results
 22 back and it was--that was the end of
 23 September. So we were having to -
 24 THE COMMISSIONER:
 25 Q. Well, you had, I think, one lot back by the

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1 end of September, didn't you?
 2 MS. PREDHAM:
 3 A. Yes, one lot back.
 4 THE COMMISSIONER:
 5 Q. So by then, you would have accepted that
 6 whatever the result might be, you were in a
 7 position where you actually had to tell people
 8 that they were going to be retested?
 9 MS. PREDHAM:
 10 A. I do believe, and like I said, it's very hard
 11 to go back and look at exactly when that was.
 12 I do know that there was grave concern about
 13 the time lines that these were taking and it
 14 wasn't what we anticipated in August, that
 15 this was taking much longer than we
 16 anticipated.
 17 THE COMMISSIONER:
 18 Q. Okay.
 19 CHAYTOR, Q.C.:
 20 Q. And then we have, in red, you have the
 21 question regarding the review, and "can the
 22 Minister ensure the public that it's not
 23 reflective of other unreliable methods of
 24 testing?" and those are the two questions
 25 you're looking for someone in the lab to

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1 answer?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. The issue "has any legal action been taken
 6 toward Eastern Health for how this situation
 7 has been handled?" "As of this date, there
 8 has been no legal action taken against Eastern
 9 Health." At this point in time, were you
 10 aware, however, that lawyers had been retained
 11 to represent individuals?
 12 MS. PREDHAM:
 13 A. Yes, but I guess my definition of legal action
 14 would have been a statement of claim received.
 15 CHAYTOR, Q.C.:
 16 Q. And you didn't think though it would be
 17 important to indicate that "while no actual
 18 action or statement of claim has been issued,
 19 we are aware that there have been lawyers
 20 retained and they've contacted us."
 21 MS. PREDHAM:
 22 A. No, I didn't.
 23 CHAYTOR, Q.C.:
 24 Q. If we could look at P-2362, please. And Ms.
 25 Predham, this is an e-mail that you sent later

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1 in the morning to Mr. Dyer. "We received a
 2 list of questions from the Minister that have
 3 to be answered today in anticipation of the
 4 House opening on Monday. I can't answer these
 5 two questions and Terry and Dr. Cook are on
 6 annual leave. Can you answer them for me?
 7 And those are the two questions regarding the
 8 review and how it could go on for a period of
 9 five years without being detected and whether
 10 the Minister can assure the public it's not
 11 reflected upon reliable methods"?
 12 So, what better knowledge would Barry
 13 Dyer of the reviews that were conducted than
 14 yourself?
 15 MS. PREDHAM:
 16 A. Like I said, I hadn't been--I didn't know what
 17 had taken place since probably the middle of
 18 September in this. And I didn't feel
 19 comfortable giving an answer to this.
 20 CHAYTOR, Q.C.:
 21 Q. And to your knowledge, had Barry Dyer ever
 22 seen the reports of the two external
 23 reviewers?
 24 MS. PREDHAM:
 25 A. I had no idea.

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1 CHAYTOR, Q.C.:

2 Q. And you were aware of who received the four

3 copies?

4 MS. PREDHAM:

5 A. Yes.

6 CHAYTOR, Q.C.:

7 Q. And Mr. Dyer wasn't on the list of recipients?

8 MS. PREDHAM:

9 A. No.

10 CHAYTOR, Q.C.:

11 Q. So, to your knowledge he had not received a

12 copy.

13 MS. PREDHAM:

14 A. But I would assume as being manager of that

15 area, he would be aware of what they entailed.

16 Also, I'm asking if he could answer them for

17 me because the two people who I felt could

18 answer them were on annual leave.

19 CHAYTOR, Q.C.:

20 Q. And if we could have please, P-2429. And this

21 is later the same day about ten to two in the

22 afternoon and you've forwarded on to Deborah

23 Thomas-Pennell in Communications, "here's the

24 latest, call me, Heather". And then the

25 answers that you previously provided and then

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1 the question of "has a review occurred to

2 determine how this could have happened? Will

3 there be disciplinary action? This is still

4 an ongoing investigation until all the results

5 from this retesting are obtained. It is

6 impossible to determine exact details of the

7 scope and cause of the problem. Three reviews

8 have taken place of our current testing

9 procedure, our pathology services and our

10 technical services. Recommendations have been

11 made and are being acted upon which will

12 ultimately ensure the quality and

13 reproducibility of results".

14 THE COMMISSIONER:

15 Q. Immediately.

16 CHAYTOR, Q.C.:

17 Q. I'm sorry.

18 THE COMMISSIONER:

19 Q. Immediately.

20 CHAYTOR, Q.C.:

21 Q. Immediately, sorry. Who drafted this portion

22 of the answer?

23 MS. PREDHAM:

24 A. I most likely drafted it after talking to Mr.

25 Dyer because I didn't cut and paste as I did

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1 the other parts.

2 CHAYTOR, Q.C.:

3 Q. And which parts did you cut and paste.

4 MS. PREDHAM:

5 A. The italicized part.

6 CHAYTOR, Q.C.:

7 Q. Okay. And these are the answers provided by

8 whom?

9 MS. PREDHAM:

10 A. Dr. Dan Fontaine.

11 CHAYTOR, Q.C.:

12 Q. Okay. So, Dr. Fontaine provided what's

13 written here?

14 MS. PREDHAM:

15 A. Yes.

16 CHAYTOR, Q.C.:

17 Q. And you say "these are the details supplied by

18 the lab. It was found there were problems

19 with interpretation and quality of specimens

20 used for interpretation. There was no QA

21 program in place being monitored by one

22 individual; too many individuals were involved

23 without delegated responsibility; and required

24 individuals may be unfamiliar with standards

25 required for interpretation. Actions,

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1 implementation of the subspecialty sign out so

2 only a few individuals will be responsible for

3 overseeing the performance and interpretation

4 and would also allow for individuals to

5 maintain expertise in subspecialty area;

6 continuing medical education will be provided

7 for interpretation; labs will undergo

8 accreditation". Not a bad answer.

9 MS. PREDHAM:

10 A. Oh, perfect answer, much better than I ever

11 would have written.

12 CHAYTOR, Q.C.:

13 Q. Okay. And then "can the minister ensure the

14 public that this is not reflective of other

15 unreliable methods of testing in the province?

16 Is our health system safe"?

17 MS. PREDHAM:

18 A. That was also cut and pasted, but I guess I

19 didn't italicize that.

20 CHAYTOR, Q.C.:

21 Q. Okay. So, this was also provided by Dr.

22 Fontaine?

23 MS. PREDHAM:

24 A. Yes.

25 CHAYTOR, Q.C.:

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1 Q. "All laboratories across the province" and
 2 perhaps something wrong with your cut and
 3 paste?
 4 MS. PREDHAM:
 5 A. Probably, yes.
 6 CHAYTOR, Q.C.:
 7 Q. "This incident has raised the awareness within
 8 Eastern Health of the need of focus resources
 9 for the immunohistochemistry service, for
 10 dedicated subspecialty sign out of pathology
 11 cases, also dedicated technologists to be
 12 assigned to perform of highly specialized
 13 tests. We are now also subscribing to
 14 external proficiency testing".
 15 So, in giving this answer, while you may
 16 not have answered the actual question, but
 17 he's also mentioning the issue of dedicated
 18 technologists and the need for to now be
 19 subscribing to external proficiency testing.
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. You indicated in your e-mail to Ms. Deborah
 24 Thomas Pennell to call you. Why did you need
 25 her to call you and did you subsequently

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1 discuss this with her or Ms. Bonnell?
 2 MS. PREDHAM:
 3 A. I have no memory of talking to them about
 4 that.
 5 CHAYTOR, Q.C.:
 6 Q. And if we look at P-1506 it appears that it
 7 gets forwarded on by Ms. Thomas Pennell to Ms.
 8 Bonnell at 1:54, so a few minutes later. And
 9 you'll see that this is the same version with
 10 the italicises. And if we could have please
 11 P-1524, I'm sorry, P-1523 and then it appears
 12 to be further forwarded onto yourself, Dr.
 13 Williams and Mr. Tilley. We understand this
 14 is the same and that might be clarified at P-
 15 1524. And in the middle here, we see how it
 16 is forwarded on at 4:07 by Ms. Thomas Pennell
 17 and then two days later, November 20th on a
 18 Sunday, Mr. Tilley responds to Dr. Williams,
 19 to yourself and Ms. Bonnell. "Please review
 20 and forward back to us for return Monday a.m.
 21 I have made some suggested changes. George".
 22 Did you understand this to be Mr. Tilley's
 23 changes to this document?
 24 MS. PREDHAM:
 25 A. Yes.

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1 CHAYTOR, Q.C.:
 2 Q. And if we come to the question, "has a review
 3 occurred to determine how this could happen?"
 4 How could there be inaccurate tests for a
 5 period of five years without being detected"?
 6 The answer now is, "it's still an ongoing
 7 investigation into this situation, however
 8 there is ample literature to suggest that
 9 these tests have limitations and are not
 10 guided by national standards. In the
 11 meantime, until all the results from retesting
 12 are obtained, it is impossible to determine
 13 the exact details of the cause of the problem.
 14 Three reviews have taken place of our current
 15 testing procedure, our pathology service and
 16 our technical services. Recommendations have
 17 been made and are being acted upon which will
 18 immediately ensure the quality and
 19 reproducibility of results". And there's no
 20 reference to Dr. Fontaine's answers of the
 21 specifics of what had gone wrong?
 22 MS. PREDHAM:
 23 A. No.
 24 CHAYTOR, Q.C.:
 25 Q. Did that cause you concern when you saw Mr.

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1 Tilley's answer?
 2 MS. PREDHAM:
 3 A. You know, to tell you the truth, at this point
 4 in time, when I came in and read it and this
 5 was all re-written, I didn't having anything
 6 else to say. Mr. Tilley made the changes, it
 7 was going on, you know, to him as his briefing
 8 and that was that.
 9 CHAYTOR, Q.C.:
 10 Q. You understood this was going to the Minister
 11 of Health?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. The question, "Can the Minister ensure the
 16 public that this is not reflective of other
 17 unreliable methods of testing in this
 18 province? Is our health system safe? Eastern
 19 Health responds successfully to the needs of
 20 thousands of patients in any one year,
 21 furthermore, it has quality monitoring
 22 programs in place and has highly qualified
 23 professionals on staff. While regrettable,
 24 the fact that this situation was identified in
 25 the first place is reflective of the

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1 importance of quality in the organization. I
 2 am confident that this is not reflective of
 3 the services provided." How comfortable, Ms.
 4 Predham, are you with that answer?
 5 MS. PREDHAM:
 6 A. Well, you know, this is what my CEO is
 7 writing, it's not what I wrote and it's
 8 different from what I wrote, so you know,
 9 that's all I can say about that.
 10 CHAYTOR, Q.C.:
 11 Q. Ms. Predham, as risk manager with the
 12 knowledge of how this issue was first
 13 detected, with the knowledge of what Ms.
 14 Wegrynowski and Dr. Banerjee found, with the
 15 knowledge of what you, yourself, found, did
 16 this assertion by Mr. Tilley cause you any
 17 concern?
 18 MS. PREDHAM:
 19 A. It certainly wasn't the way I would have
 20 worded it and it's certainly not the way that
 21 I wrote it in the first place.
 22 CHAYTOR, Q.C.:
 23 Q. Yes, it isn't. Were you concerned about the
 24 accuracy of this statement going to the
 25 government?

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1 MS. PREDHAM:
 2 A. Was I concerned at that time? In all honesty,
 3 no, I wasn't concerned at that time because
 4 this was the CEO making the decision that
 5 that's going forward.
 6 CHAYTOR, Q.C.:
 7 Q. And that caused you, as risk manager, no
 8 concern?
 9 MS. PREDHAM:
 10 A. Ms. Chaytor, if I had sat and pondered this
 11 and had the time to do that at the time, I may
 12 have had more concerns than I had.
 13 CHAYTOR, Q.C.:
 14 Q. These were the two questions that you were
 15 focused on that you were not comfortable
 16 yourself in answering because you were
 17 concerned that you might not be able to
 18 provide accurate answers to the Minister.
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And these are the answers going forward. Were
 23 you concerned?
 24 MS. PREDHAM:
 25 A. As I said, this is the CEO's decision to write

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1 it that way.
 2 CHAYTOR, Q.C.:
 3 Q. And no reference to what Dr. Fontaine put
 4 forward in terms of external proficiency
 5 testing either or in terms of the need for the
 6 technologists to be dedicated?
 7 MS. PREDHAM:
 8 A. As you can understand, I was very busy at the
 9 time and I did go to a lot of trouble to get
 10 accurate information brought forward.
 11 CHAYTOR, Q.C.:
 12 Q. And were you concerned, Ms. Predham, that this
 13 could be misleading?
 14 MS. PREDHAM:
 15 A. I certainly didn't appreciate it for it to be
 16 misleading at the time.
 17 CHAYTOR, Q.C.:
 18 Q. What do you think now?
 19 MS. PREDHAM:
 20 A. I would have preferred my wording to go out.
 21 CHAYTOR, Q.C.:
 22 Q. And Dr. Fontaine's wording.
 23 MS. PREDHAM:
 24 A. And Dr. Fontaine's wording.
 25 CHAYTOR, Q.C.:

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1 Q. And why?
 2 MS. PREDHAM:
 3 A. It was very clear.
 4 CHAYTOR, Q.C.:
 5 Q. And I would suggest to you it portrayed a
 6 totally different picture than what this
 7 answer portrays.
 8 MS. PREDHAM:
 9 A. And again, Ms. Chaytor, if I--if I sat and
 10 thought about it, you know, as I already
 11 illustrated, I was very busy at this time and
 12 this was an unexpected thing that took up most
 13 of that day to compile and I really didn't
 14 feel I was the right one to be gathering all
 15 of this information, but I did go to the
 16 trouble to do that and it was not taken.
 17 CHAYTOR, Q.C.:
 18 Q. And regrettably perhaps because you were
 19 trying to provide accurate information and
 20 this is ultimately what went out.
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. Ms. Predham, the issue or the statement that,
 25 "while regrettable the fact that this

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1 situation was identified in the first place is
 2 reflective of the importance of quality in the
 3 organization", do you believe that this
 4 situation was detected because of any quality
 5 assurance program in place at the time?
 6 MS. PREDHAM:
 7 A. Not because of quality assurance program, but
 8 I believe that the people who first identified
 9 it did see it as a bigger issue and did
 10 notice--did understand the benefit of bringing
 11 forward these issues to the organization for
 12 action, more so than was in 2003. There was a
 13 definite difference in response and I know
 14 there was an individual involved in this one,
 15 but there were, as you've illustrated to me,
 16 there were conversions that had not been
 17 reported, so there was a definite difference
 18 in that response and that was, you know, I
 19 take it as a positive thing from that patient
 20 safety focus.
 21 CHAYTOR, Q.C.:
 22 Q. And if the process had been followed years
 23 before, this would not have gone on as long as
 24 it had, in fact likely would have been picked
 25 up much sooner?

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1 MS. PREDHAM:
 2 A. The difficulty with anything with quality and
 3 occurrence reporting is getting the people who
 4 see the problem to bring it forward, so it can
 5 be acted on. And with this and with other
 6 issues that come forward, that is the key
 7 question--is the key issue and the key focus
 8 of anybody in quality.
 9 CHAYTOR, Q.C.:
 10 Q. And if that had been followed and what was
 11 expected by the Quality Initiatives Department
 12 had been followed in the first place, it would
 13 have been detected much earlier?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. If we could have, please, P-0154.
 18 THE COMMISSIONER:
 19 Q. Ms. Chaytor, it's 5:00, so we'll break when
 20 you deal with this issue, or the next
 21 document, whatever it is.
 22 CHAYTOR, Q.C.:
 23 Q. This is the note, briefing note that went to
 24 the Minister, November 21st. And it's from
 25 Ms. Thomas-Pennell to Tansy Mundon, copied to

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1 Susan Bonnell and you will see that it's Mr.
 2 Tilley's answers that go to -
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. Did anyone other than Mr. Tilley draft those
 7 answers?
 8 MS. PREDHAM:
 9 A. Oh, not that I'm aware.
 10 CHAYTOR, Q.C.:
 11 Q. Do you know whether or not anyone expressed
 12 any concern about the answers that Mr. Tilley
 13 was putting forward, his suggested changes?
 14 MS. PREDHAM:
 15 A. Not that I'm aware.
 16 CHAYTOR, Q.C.:
 17 Q. Thank you.
 18 THE COMMISSIONER:
 19 Q. 9:30 in the morning, thank you.

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

<p style="text-align: center;">-?-</p> <p>'05 [4] 126:9,11 141:3,14 '06 [2] 137:20 141:2 '97 [1] 21:3 '98 [1] 21:12</p> <hr/> <p style="text-align: center;">---</p> <p>-and [2] 142:5 170:1 -I [1] 355:18 -on [1] 187:21 -was [1] 50:13 -you [1] 55:7</p> <hr/> <p style="text-align: center;">-0-</p> <p>0664 [1] 261:18 0925 [1] 157:25</p> <hr/> <p style="text-align: center;">-1-</p> <p>1 [1] 324:17 10 [3] 70:9,14,20 100 [1] 67:17 101 [2] 252:11 260:16 10:27 [1] 347:10 10:29 [1] 230:25 10th [2] 85:19 139:1 11 [2] 59:18 61:7 117 [7] 30:24 31:5 32:4 33:4,14,18 36:24 11th [1] 130:25 12 [4] 228:25 231:3 238:15 239:15 120 [1] 329:3 121 [1] 328:23 12th [3] 105:6 130:10 138:12 13 [1] 79:18 1346 [1] 130:20 1368 [1] 22:23 13th [8] 5:20 23:16 77:5 77:13 130:9,21 150:20 233:7 14th [3] 155:3 161:2 328:24 15 [1] 334:1 15-20 [1] 50:6 150 [8] 259:15,17,22 260:21 261:12,19,21 262:1 1524 [1] 366:15 158 [2] 106:19 322:18 17 [3] 59:19 90:22 92:10 170 [1] 106:19 173 [1] 285:19 176 [2] 260:16 261:12 17th [7] 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