

COMMISSION OF INQUIRY
ON HORMONE RECEPTOR TESTING

BEFORE THE HONOURABLE JUSTICE CAMERON--COMMISSIONER

October 21, 2008

Appearances:

- Bernard Coffey, Q.C. Commission Co-counsel
- Sandra Chaytor, Q.C. Commission Co-counsel

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

- Jane Hennebury Doctors Kara Laing et al

- Daniel Simmons Eastern Regional Integrated
. Health Authority

- Chesley Crosbie, Q.C... Members of the Breast Cancer
. Testing Class Action

- Mark Pike, Q.C. NL Medical Association
- Jennifer Newbury Canadian Cancer Society (NL Division)
- Blair Pritchett. . . . Central, Western and Labrador-Grenfell
Regional Integrated Health Authorities

LIST OF EXHIBITS

NO EXHIBITS ENTERED ON THIS DATE

TABLE OF CONTENTS

- MS. HEATHER PREDHAM--RESUMES THE STAND

- Examination by Sandra Chaytor, Q.C. -Cont'd Pgs. 4 - 365

- Certificate

- 1 THE COMMISSIONER:
- 2 Q. Please be seated. Ms. Chaytor?
- 3 MS. HEATHER PREDHAM, EXAMINATION BY SANDRA CHAYTOR, Q.C.
- 4 (CONT'D)
- 5 CHAYTOR, Q.C.:
- 6 Q. Good morning, Commissioner. Good morning, Ms.
- 7 Predham.
- 8 MS. PREDHAM:
- 9 A. Good morning.
- 10 CHAYTOR, Q.C.:
- 11 Q. Registrar, if we could have, please, P-2026?
- 12 Ms. Predham, this is a fax transmission to you
- 13 on December 2nd, 2005 from Dr. Cook, and
- 14 you'll see that it's a copy of the July 18th,
- 15 2005 correspondence to Dr. McCarthy of the
- 16 initial tests that were carried out at that
- 17 time on the Ventana, the in-house testing.
- 18 MS. PREDHAM:
- 19 A. Yes.
- 20 CHAYTOR, Q.C.:
- 21 Q. And what was the purpose in sending this to
- 22 you in December of 2005?
- 23 MS. PREDHAM:
- 24 A. I think I just wanted to verify that I had all
- 25 the letters and that--we were going through

Page 5

1 the consults at that time as well, so I just
 2 wanted to make sure that I reviewed all of it
 3 and I didn't want to leave anything out.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and do you know--so you'll see there's
 6 handwritten notes coming down on the side.
 7 Are those your notes?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And it appears that there's--you'll see here,
 12 there's new results panelled of 80, 70. What
 13 is it that you're recording in your notes?
 14 MS. PREDHAM:
 15 A. I guess I'm just double checking that they're
 16 all on the list, but as well, there's one
 17 there that I can see was not on the list, so I
 18 had to verify that.
 19 CHAYTOR, Q.C.:
 20 Q. This one here you mean?
 21 MS. PREDHAM:
 22 A. No, there's one two -
 23 CHAYTOR, Q.C.:
 24 Q. Oh, not on list, yes, I see that, okay.
 25 MS. PREDHAM:

Page 6

1 A. Yes, so it was just confirming that, but
 2 looking at the consults as well.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, and it appears that you were doing this
 5 for a period of time because, for example, we
 6 see on page three of the exhibit, the third
 7 patient down, you have "contacted February
 8 2006."
 9 MS. PREDHAM:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. And what does this mean? Is that an issue?
 13 MS. PREDHAM:
 14 A. Confirmed negative.
 15 CHAYTOR, Q.C.:
 16 Q. Confirmed negative, okay, and so this patient,
 17 even though she would have been tested back in
 18 July of 2005, she didn't receive her
 19 confirmation of her negative results until
 20 February 2006?
 21 MS. PREDHAM:
 22 A. I can't say that for sure. She may have been
 23 contacted at that time, but I was just
 24 contacting her as a retest for Mount Sinai at
 25 that time.

Page 7

1 CHAYTOR, Q.C.:
 2 Q. Okay. So she may have been told what her
 3 results were on the Ventana machine?
 4 MS. PREDHAM:
 5 A. Back then, she may have been.
 6 CHAYTOR, Q.C.:
 7 Q. And then contacted again about Mount Sinai?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And do you know that, in terms of your
 12 discussion then with those patients, did
 13 anyone say to you "well, I was already told a
 14 result. What's this second result?"
 15 MS. PREDHAM:
 16 A. Sometimes--not in particular that. I can't
 17 really remember that, but I do know that
 18 sometimes when we called people and told them
 19 the results, they had already been informed by
 20 their doctor. It may have been coincidentally
 21 that they had seen their doctor and the
 22 results had gone there and they had a
 23 conversation.
 24 CHAYTOR, Q.C.:
 25 Q. And was there any record that you could have

Page 8

1 referred to at the time that would tell you
 2 whether or not these patients had in fact been
 3 notified back in the summer of 2005?
 4 MS. PREDHAM:
 5 A. If I had access to the OPIS charts in the
 6 Cancer Clinic, I would have seen a record of
 7 that.
 8 CHAYTOR, Q.C.:
 9 Q. So only if they, I take it, were current
 10 patients?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. If we could have, please, P-0693?
 15 THE COMMISSIONER:
 16 Q. Did you understand that all of the patients
 17 who were tested in 2005 on the Ventana were
 18 told prior to the--I'm a bit confused as to
 19 who was told what about -
 20 MS. PREDHAM:
 21 A. There was a period of time when obviously I
 22 didn't think that the negatives were told. I
 23 only thought the positives were told.
 24 THE COMMISSIONER:
 25 Q. Okay.

Page 9

1 MS. PREDHAM:
 2 A. But then, I did have the understanding that
 3 everybody had been told, probably in
 4 September, by their oncologist. But when I
 5 went through, not all of them had been told.
 6 The negatives had not been told, but some of
 7 the negatives had been told.
 8 THE COMMISSIONER:
 9 Q. So in respect of those who had been what I
 10 will call retested on the Ventana, some would
 11 have received their results and some would
 12 not?
 13 MS. PREDHAM:
 14 A. Yes.
 15 THE COMMISSIONER:
 16 Q. And could you figure out the logic of who was
 17 told and who wasn't, or it just seemed
 18 haphazard?
 19 MS. PREDHAM:
 20 A. No, the ones that weren't told were the
 21 negatives, the ones that stayed the same.
 22 THE COMMISSIONER:
 23 Q. Okay, and you have reason to believe that all
 24 of the ones that changed were told?
 25 MS. PREDHAM:

Page 10

1 A. Yes.
 2 THE COMMISSIONER:
 3 Q. As a result of the Ventana, as opposed to
 4 later on as a result of the retest at Mount
 5 Sinai?
 6 MS. PREDHAM:
 7 A. As far as I understood, all the ones that
 8 converted on the Ventana were told at that
 9 time.
 10 CHAYTOR, Q.C.:
 11 Q. And who told you that? Where'd you get that
 12 information?
 13 MS. PREDHAM:
 14 A. The oncologists.
 15 CHAYTOR, Q.C.:
 16 Q. And who would--which oncologist told you that?
 17 MS. PREDHAM:
 18 A. I can't remember specifically who it was, but
 19 it would have been--the letters went to Dr.
 20 McCarthy, so she would have been the one who
 21 would have had that information.
 22 THE COMMISSIONER:
 23 Q. Somewhere along the way, frankly, I had gotten
 24 the view that they were not all--that there
 25 was a point at which patients were--a decision

Page 11

1 was made to stop telling patients about
 2 results based on the Ventana and await the
 3 results from Mount Sinai, but you don't know
 4 anything about that?
 5 MS. PREDHAM:
 6 A. No.
 7 THE COMMISSIONER:
 8 Q. Okay, thank you.
 9 CHAYTOR, Q.C.:
 10 Q. So your understanding was it was the negatives
 11 that may not have been told?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. Some or all of the negatives, back in that
 16 time period?
 17 MS. PREDHAM:
 18 A. Some were definitely told, but you know, it's
 19 my memory that not all of them were told.
 20 CHAYTOR, Q.C.:
 21 Q. And so who brought that to your attention, and
 22 then--or was this just came up through your
 23 review of contacting people and going through
 24 your list?
 25 MS. PREDHAM:

Page 12

1 A. I think it came up that way.
 2 CHAYTOR, Q.C.:
 3 Q. 0693, you're e-mailing Dr. Williams, Ms.
 4 Pilgrim, Dr. Cook, Terry Gulliver and Pam
 5 Elliott and copying to Denise Dunn and
 6 Lorraine Woolgar. Who is Lorraine Woolgar?
 7 MS. PREDHAM:
 8 A. She's my administrative assistant.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and Denise Dunn?
 11 MS. PREDHAM:
 12 A. Dr. Williams' administrative assistant.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, and you're indicating that you're
 15 received a statement of claim regarding ER/PR
 16 and it's the action which was initiated by
 17 Michelle Hanlon. So I take it this is your--
 18 this is the first action that's commenced?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And then you notify the individuals here and
 23 send them a copy. Do you send them a copy of
 24 the Statement of Claim? You do, I think.
 25 MS. PREDHAM:

Page 13

1 A. No.
 2 CHAYTOR, Q.C.:
 3 Q. No?
 4 MS. PREDHAM:
 5 A. If they asked for it, and you know, now that
 6 we had a scanner and that, it's much easier,
 7 but usually the process, when we get a
 8 statement of claim is that we notify the
 9 program director and the clinical chief of the
 10 area that's involved and the executives for
 11 those areas and our executive.
 12 CHAYTOR, Q.C.:
 13 Q. And where would you have received the
 14 statement of claim?
 15 MS. PREDHAM:
 16 A. The statements of claim all come in to
 17 executive office and then they get forwarded
 18 on to our office.
 19 CHAYTOR, Q.C.:
 20 Q. So Mr. Tilley would already have been aware of
 21 it?
 22 MS. PREDHAM:
 23 A. Yes, it would have to be signed by a member--
 24 receipt of a statement of claim has to be
 25 signed by a member of executive.

Page 14

1 CHAYTOR, Q.C.:
 2 Q. If we could have, please, P-1351? And this
 3 appears to be another summary of results,
 4 January 30th, 2006, that you're sending to Dr.
 5 Williams et al, and "I've reviewed the results
 6 that we have received from Mount Sinai and
 7 here's the summary," and you've broken it down
 8 into those panelled, informed negative. What
 9 do you mean by that, "informed negative"?
 10 MS. PREDHAM:
 11 A. I guess confirmed negative and told.
 12 CHAYTOR, Q.C.:
 13 Q. To be panelled, negative to be told, and this
 14 no change?
 15 MS. PREDHAM:
 16 A. No results.
 17 CHAYTOR, Q.C.:
 18 Q. No results.
 19 MS. PREDHAM:
 20 A. Because results is over here at the top. I
 21 had to redo this and send it because it turned
 22 out this way.
 23 CHAYTOR, Q.C.:
 24 Q. And what about deceased?
 25 MS. PREDHAM:

Page 15

1 A. That would have been another column--the whole
 2 column--the table kind of went funny when I
 3 sent it.
 4 CHAYTOR, Q.C.:
 5 Q. Got skewed, yes, okay. And you write "please
 6 note these numbers are a bit different than
 7 I've given you before, and here are some of
 8 the reasons. The number to be panelled are
 9 high. The group decided that any change in
 10 ER/PR status would require review to confirm
 11 that appropriate treatment was given." And
 12 what's that referring to?
 13 MS. PREDHAM:
 14 A. Well, that's referring to--before that, Dr.
 15 Laing and I would go over the results, so it
 16 would, you know, the zero/zeros and the two
 17 and zero, if they came back to that, would be
 18 confirmed negative and there'd be a very brief
 19 review. But then they decided to review them
 20 all. I think I mentioned that earlier, that
 21 they went through all--anyone that had a
 22 change.
 23 CHAYTOR, Q.C.:
 24 Q. So at this point in time then, the number to
 25 be panelled, you're saying it has increased

Page 16

1 because the panel wants to see all of them?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. "There are 74 people that are deceased that
 6 are not on the list." And on which list are
 7 you referring to?
 8 MS. PREDHAM:
 9 A. I can't recall now.
 10 CHAYTOR, Q.C.:
 11 Q. So is that your findings, 74 more people that
 12 weren't on your list or on your deceased list?
 13 You had a separate list for the deceased.
 14 MS. PREDHAM:
 15 A. Yes, maybe I'm just not including the 74 and I
 16 had previously, like to be retested, I guess I
 17 may have included it, and I'm guessing now. I
 18 can't really recall what I meant by that.
 19 CHAYTOR, Q.C.:
 20 Q. There are three people at least that appear on
 21 the lists of more than one region. So I take
 22 it you were getting duplication?
 23 MS. PREDHAM:
 24 A. Yes, and that was--as I mentioned before, that
 25 was--sometimes it was people who had a biopsy

Page 17

1 in one region, had a mastectomy in another
 2 region, or had recurrences in two different
 3 regions, or there was just duplicate records.
 4 CHAYTOR, Q.C.:
 5 Q. And "the people with no results are samples
 6 that Mount Sinai have determined are DCIS or
 7 have no tumour. Obviously we didn't agree
 8 originally and these require follow up." And
 9 what was it that you obviously didn't agree
 10 with originally with respect to the DCIS
 11 patients or no tumour?
 12 MS. PREDHAM:
 13 A. Well, the blocks as sent--and as I understand,
 14 all blocks were reviewed before they went up.
 15 So obviously no one agreed that there was no
 16 tumour in the block, if they were sending it
 17 up to Mount Sinai. So another block would
 18 have to be selected, and I don't know the fine
 19 details of that. That's just that, and that
 20 also, you know, it was identified that they
 21 may have been infiltrating type of cancer, but
 22 all Mount Sinai could find was DCIS in the
 23 block that they had. So another block had to
 24 be selected. So there was just--there was
 25 follow up with pathology.

Page 18

1 CHAYTOR, Q.C.:
 2 Q. Okay, and was there--oh, so this is taking
 3 issue as to whether or not, in fact, it was
 4 DCIS or whether or not it was infiltrating?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. So there was some cases that Mount Sinai were
 9 coming back saying were DCIS that Eastern
 10 Health didn't initially--needed to review
 11 before they could agree?
 12 MS. PREDHAM:
 13 A. Yes, because sometimes, as far as I understand
 14 it, the blocks could take different parts of
 15 the tumour. So one block may have only DCIS
 16 tissue in it and another block would have
 17 infiltrating. So sometimes it was just to go
 18 back and pick another block and send up, and
 19 sometimes it required more investigation.
 20 CHAYTOR, Q.C.:
 21 Q. Okay. "There are several people that are
 22 missing off this list. I will have numbers
 23 later today." And do you recall what that was
 24 about and why there would be people missing
 25 off your list at this point?

Page 19

1 MS. PREDHAM:
 2 A. Could you just go up and see the date?
 3 CHAYTOR, Q.C.:
 4 Q. Sure. The date, January 30th.
 5 MS. PREDHAM:
 6 A. This was January 30th. So we had just gotten
 7 a large number of results back. I do remember
 8 there was one lady who had been calling me
 9 several times checking on her results. So
 10 when the list came in, I looked for her
 11 results and her name wasn't there. So I had to
 12 follow up on that.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, and you're "going to be informing the
 15 confirmed negatives starting this a.m." and I
 16 take it that means out of this batch, because
 17 you've already notified other confirmed
 18 negatives?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. You write "I suggest we send the regional list
 23 back to the regions this a.m. with the note
 24 that we will panel the patients on their list
 25 that are Cancer Clinic patients and if they

Page 20

1 would like a patient panelled, to contact us
 2 to arrange clinical information to be shared."
 3 So is this suggesting that, with respect to
 4 the patients in the other regions, that only
 5 the Cancer Clinic patients would automatically
 6 be panelled and if they wanted anyone else
 7 panelled, the onus would be on the regions to
 8 let you know?
 9 MS. PREDHAM:
 10 A. That was my suggestion, but that's not what
 11 happened.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and what would--what was the benefit of
 14 your suggestion? For example, the
 15 Commissioner has heard that the panel might be
 16 of assistance to the people who would need
 17 oncology expertise, and obviously they
 18 wouldn't have that out in the regions. So
 19 presumably -
 20 MS. PREDHAM:
 21 A. Well, I guess, that is my suggestion for them
 22 to contact us if they would need that, but it
 23 was the clinical information to be shared, I
 24 didn't know how much clinical information we
 25 would have on the patients who weren't Cancer

Page 21

1 Clinic patients. If they were seen and
 2 treated by, you know, a surgeon in one of the
 3 regions or by a family physician.
 4 CHAYTOR, Q.C.:
 5 Q. And presumably the people outside in the other
 6 regions might well be the people who would
 7 need the service of the panel the most, if the
 8 panel is there to provide that type of
 9 expertise?
 10 MS. PREDHAM:
 11 A. Oh, certainly, but that's why they would say
 12 "okay, yes, we need information based on the
 13 results here," and the basis that, you know,
 14 for instance, this person has never been on
 15 Tamoxifen. Then we'd need to arrange for the
 16 person to be panelled.
 17 CHAYTOR, Q.C.:
 18 Q. And if we could then look, I think we might
 19 have another version of this.
 20 MS. PREDHAM:
 21 A. I had to send this e-mail again because of the
 22 way the table came out.
 23 CHAYTOR, Q.C.:
 24 Q. Okay.
 25 THE COMMISSIONER:

Page 22

1 Q. I'm sorry, you had to?
 2 MS. PREDHAM:
 3 A. I had to send the e-mail again because of the
 4 way the table came out when I sent it.
 5 CHAYTOR, Q.C.:
 6 Q. I think it might be 1085, please, Registrar?
 7 And you say "I always have to clarify."
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And then attached here--and I take it you're
 12 having to clarify your table?
 13 MS. PREDHAM:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. And we see the "no results" now and the
 17 deceased.
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, and you clarify then, "the people with
 22 no results are samples that Mount Sinai"--
 23 that's the same, isn't it? "We didn't agree
 24 originally."
 25 MS. PREDHAM:

Page 23

1 A. Yes, it's the same thing. I just put the
 2 information in a table and then attached it,
 3 rather than trying to put it in the e-mail.
 4 CHAYTOR, Q.C.:
 5 Q. Okay, and here we see a total from Clarenville
 6 of 14. One was panelled, nine were to be
 7 panelled, confirmed negatives were four and
 8 nothing else in the other categories. So were
 9 those the patients from Clarenville in
 10 1997/1998 time period?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. If we could have, please, P-0400? And this is
 15 an e-mail which originates from Ms. Bonnell on
 16 the same date, January 30th, 2006, to yourself
 17 and others, and it's "key messages for
 18 potential media inquiries following The
 19 Independent story of January 29th" and
 20 included here "key messages. All patients
 21 whose samples were sent for retesting were
 22 contacted directly by officials from Eastern
 23 Health." At this point in time, January 30th,
 24 2006, in reading this, did you have any
 25 concern with that being a key message?

Page 24

1 MS. PREDHAM:
 2 A. Reading it now, I do. I didn't pick it up at
 3 the time.
 4 CHAYTOR, Q.C.:
 5 Q. But at the time, you would have realized that
 6 that's not the case?
 7 MS. PREDHAM:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And if we come down to "when a patient's
 11 results are returned from Mount Sinai, if the
 12 patient is cared for by the Cancer Clinic and
 13 the test results have not changed, an official
 14 from Eastern Health calls the patient
 15 directly" and is that correct?
 16 MS. PREDHAM:
 17 A. No.
 18 CHAYTOR, Q.C.:
 19 Q. And then your name appears in parentheses over
 20 here, and I think this might be actually an e-
 21 mail -
 22 MS. PREDHAM:
 23 A. I think that was the feedback that Ms. Parsons
 24 and I had.
 25 CHAYTOR, Q.C.:

Page 25

1 Q. Okay, and it says here "therefore we need to
 2 wait until the entire process is complete to
 3 accurately reflect the number of impacted
 4 individuals," and "Heather Predham, why are we
 5 saying this? There have been cases where we
 6 had to send more than one sample if the
 7 patient had cancer in both breasts or had a
 8 recurrence." Is this what you're saying?
 9 MS. PREDHAM:
 10 A. That's what I'm saying.
 11 CHAYTOR, Q.C.:
 12 Q. This is your feedback.
 13 MS. PREDHAM:
 14 A. It's in reference, in fact, to in some cases
 15 multiple samples from patients were sent and
 16 it was some reference to the screening of
 17 samples. We did a little prescreening of
 18 samples and, in fact, you know, it just didn't
 19 seem to be necessary to get into that detail.
 20 CHAYTOR, Q.C.:
 21 Q. So she's saying, "we are unable to give an
 22 accurate number of tests sent, tests returned,
 23 etcetera, at this time. To not delay the
 24 retesting any longer than absolutely
 25 necessary, we did very little prescreening of

Page 26

1 samples before sending them to Mount Sinai.
 2 In fact, we sent all negative test results and
 3 we are discovering that in some cases multiple
 4 samples from patients were sent."
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. I take it that's all true though?
 9 MS. PREDHAM:
 10 A. It's true, but it didn't seem to add to
 11 anything, and that was more Ms. Parsons and my
 12 feedback was that, you know, there were
 13 circumstances in which patients would have to
 14 have more than one sample sent, and it just
 15 seemed to be unnecessary.
 16 CHAYTOR, Q.C.:
 17 Q. Does it though accurately reflect some of the
 18 confusion around trying to coordinate the
 19 retesting?
 20 MS. PREDHAM:
 21 A. There were issues, but not the very little
 22 prescreening. I wouldn't agree with that.
 23 There was screening of the samples and
 24 selection of the appropriate block and that.
 25 So I wouldn't agree with that and I wouldn't

Page 27

1 agree that that was a cause of multiple
 2 samples were sent. The fact that multiple
 3 samples were sent and, you know, that people
 4 had recurrences and there were more than one
 5 results back did lead to the confusion, but it
 6 wasn't because we didn't prescreen the samples
 7 and send multiple samples.
 8 CHAYTOR, Q.C.:
 9 Q. So what you're suggesting, you're asking "why
 10 are you saying this at all? There have been
 11 cases where there have been more than one
 12 sample, as you say. Can we just say that some
 13 patients had more than one sample sent?
 14 Really, our priority at this time is making
 15 sure all our patients have their information
 16 and that it is accurate. We'll do the adding
 17 up after that, like you've said below." What
 18 was wrong though with telling the public about
 19 some of the problems that you were
 20 encountering in trying to coordinate,
 21 including the fact that it's been difficult to
 22 get a handle on an accurate number?
 23 MS. PREDHAM:
 24 A. Oh absolutely nothing. It was just the way I
 25 interpreted that sentence, it sounded like we

Page 28

1 just gathered up all the samples and sent them
 2 up and here we have a bigger problem because
 3 of that. But there was, as I understood,
 4 screening of the samples before we sent them,
 5 so it really wasn't--that wasn't the cause of
 6 any confusion.
 7 CHAYTOR, Q.C.:
 8 Q. Screening to send just the ER negatives?
 9 MS. PREDHAM:
 10 A. But also, you know, they reviewed the blocks
 11 to send the most appropriate block.
 12 CHAYTOR, Q.C.:
 13 Q. And then is this your comment at the end as
 14 well, "Susan, is this something for you to say
 15 to the media or to hand out? If it's
 16 something for you to use, it's fine. But if
 17 it's a handout, it starts off a bit abruptly."
 18 MS. PREDHAM:
 19 A. Yes, that sentence is mine. The rest part
 20 wasn't.
 21 CHAYTOR, Q.C.:
 22 Q. The rest of it is Susan, I guess, Bonnell.
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 29

1 Q. Telling you that there's been an inquiry from
 2 Mark Quinn. And if we could have, please, P-
 3 1352? Did that one, that's good. Let's try
 4 2997, please? And this is the next day then,
 5 January 31st, and you're e-mailing--you've
 6 received--it's an e-mail to Sharon Smith and
 7 "I have no eyeballs left. Here are the names
 8 of the patients for each region with MCP
 9 numbers, except Western. I'll finish that off
 10 tonight and send it over tomorrow. This took
 11 me a lot longer to do than expected. There is
 12 only one lady in Grand Falls that I couldn't
 13 find an MCP number on. I guess I can assume
 14 she's not a Cancer Clinic patient," and I can
 15 see the difficulty with having to read that
 16 information. And this is early in the
 17 morning, Ms. Predham, I believe, isn't it?
 18 MS. PREDHAM:
 19 A. No, this is just after lunch.
 20 CHAYTOR, Q.C.:
 21 Q. 1:50. There is another one, I think, comes
 22 earlier. So I take it, what is it that you're
 23 trying to coordinate here?
 24 MS. PREDHAM:
 25 A. Well, the Mount Sinai results, these were all

Page 30

1 the new results that came back, but they came
 2 back without MCP numbers. Of course, there
 3 was multiple patient names, so we had to
 4 verify who the patients were, and at that
 5 point in time, to--as these were all new
 6 results, it was easier for me to enter in the
 7 MCP numbers, believe it or not, in their
 8 spreadsheet, and the original results than it
 9 was for me to find the patient by specimen
 10 number in my spreadsheet. So it was a
 11 creation actually of a new list.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and why would you make the assumption
 14 that the woman from Grand Falls was not a
 15 cancer clinic patient?
 16 MS. PREDHAM:
 17 A. Because I couldn't find any record of anyone
 18 who fit the time frame and in our Meditech,
 19 our Health Sciences Meditech, and the
 20 registrations for visits would be there. So I
 21 couldn't find any one with that name in our
 22 Meditech system.
 23 CHAYTOR, Q.C.:
 24 Q. And would it make a difference? Would she be
 25 dealt with any differently by Eastern Health

Page 31

1 if she were a Cancer Clinic patient?
 2 MS. PREDHAM:
 3 A. No. This was to ensure that we had access to--
 4 --who we'd know we'd have access to charts,
 5 too. The problem here was, as I went on, she
 6 had to have been there because we did an ER/PR
 7 test on her. So there had to be a record in
 8 Meditech. So there was just a problem. I
 9 think it was the way the name was spelled or
 10 something, as it turned out.
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and if we could have 2999, please?
 13 MS. PREDHAM:
 14 A. And this is the one I skipped over. This is
 15 earlier in the morning, and your e-mail had--
 16 Ms. Smith had e-mailed you on January 30th at
 17 3:55 p.m. So you had e-mailed her first.
 18 Let's go to the beginning here. So we'd give
 19 it some context. Here we go. So the e-mail
 20 exchange originates with you to Ms. Smith.
 21 "Can you give some of the attached file of the
 22 out-of-town results and see if they determine
 23 if they are Cancer Clinic patients or not? We
 24 will definitely be panelling them if they need
 25 to be, but those that aren't, we can't.

Page 32

1 Western and Central have asked if I could tell
 2 them who we are panelling." And what are you
 3 referring to there, that--wouldn't they all be
 4 panelled?
 5 MS. PREDHAM:
 6 A. Well, if they go to be panelled, if we didn't
 7 have a Cancer Clinic chart, we wouldn't have
 8 any clinical information. So that had to be
 9 communicated to the regional boards.
 10 CHAYTOR, Q.C.:
 11 Q. The intention, however, was to panel everyone?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And the only thing you would need would be
 16 information to enable you to do that from the
 17 other regions?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. So what does it mean when you say "we will
 22 definitely be panelling them if they need to
 23 be, but those that aren't, we can't"?
 24 MS. PREDHAM:
 25 A. Well, if they stayed the same, we wouldn't be

Page 33

1 panelling. If they were determined to be
 2 confirmed negative, we wouldn't, you know,
 3 panel them the same way as we would someone
 4 whose results converted.
 5 THE COMMISSIONER:
 6 Q. So if there was no cancer, if it was somebody
 7 whose results as you say converted, and there
 8 was no cancer clinic chart, was it a case of
 9 sending to the regions for a chart or sending
 10 to the regions for certain information?
 11 MS. PREDHAM:
 12 A. No, we'd ask the regions to send in some
 13 clinical information.
 14 CHAYTOR, Q.C.:
 15 Q. And then Ms. Smith looks for clarification,
 16 "So that I'm correct here, all you want to
 17 know is if these individuals were seen here or
 18 in our regional clinics", and I guess she
 19 means here in the cancer clinic?
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. And then you e-mail back and say, "Yes,
 24 because if they have, we can panel them if
 25 need be. You know, I can make that a shorter

Page 34

1 list for someone to check. I'll take out the
 2 known deceased, which is getting longer the
 3 more people I call, and just leave the ones
 4 for potential panelling. It'll make it
 5 easier, so delete that file, and I'll send you
 6 the amended one in the a.m. Do you think
 7 someone could do it fairly quickly". I take
 8 it you're still at this point in time phoning
 9 to families only to learn that the patient has
 10 died?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. By this point in time, Ms. Predham, did you
 15 then start to question, well, can this list of
 16 deceased that I've been given, could this
 17 possibly be Vital Statistics Registry to be
 18 having so many of these instances happen?
 19 MS. PREDHAM:
 20 A. Somewhere around this, I did start questioning
 21 that and we did make inquiries and get a list
 22 of breast cancer deaths. Ms. Parsons followed
 23 up on that for me with Centre for Health
 24 Information.
 25 CHAYTOR, Q.C.:

Page 35

1 Q. And that list that you obtained, that was in
 2 2006. Do you recall how recently that had
 3 been updated?
 4 MS. PREDHAM:
 5 A. No, I wouldn't know that.
 6 CHAYTOR, Q.C.:
 7 Q. And I think there's one that's been entered
 8 into evidence here and it's up to 2004.
 9 MS. PREDHAM:
 10 A. Okay.
 11 CHAYTOR, Q.C.:
 12 Q. Does that sound correct?
 13 MS. PREDHAM:
 14 A. I can't remember. I know it wasn't very
 15 useful.
 16 CHAYTOR, Q.C.:
 17 Q. Why not contact Vital Statistics?
 18 MS. PREDHAM:
 19 A. I'm not really sure. I think we must have--I
 20 have no memory of planning that call. I just
 21 remember that this is where we called, so we
 22 must have gotten direction from somebody. I
 23 guess we asked who would be get a
 24 comprehensive list from.
 25 CHAYTOR, Q.C.:

Page 36

1 Q. And then your final response on this is the
 2 next morning, the 31st, at 9 o'clock in the
 3 morning, "I left my flash drive home and I
 4 have to get some help finishing off the MCP
 5 numbers", and we see the comment, "My eyes are
 6 shot". So at this point, I take it you're
 7 getting fairly fatigued?
 8 MS. PREDHAM:
 9 A. Well, I was up until about three in the
 10 morning typing MCP numbers on this Excel
 11 spreadsheet, and, yeah, it was--it was tiring.
 12 CHAYTOR, Q.C.:
 13 Q. "As soon as I get that all together, I'll pop
 14 it over to you. I've taken out all the
 15 confirmed negatives, the people that are
 16 confirmed deceased, and the ones we have
 17 already panelled, so it makes the list much
 18 shorter. I've kept in the ones Mount Sinai
 19 reported as DCIS or no tumour, as we'll have
 20 to follow up on them anyway one way or
 21 another. We might as well know while you're
 22 checking". If we could have, please, 1090,
 23 and this is an e-mail to Dr. Williams and
 24 others, and it appears you're providing an
 25 update, February 1st, 2006, "I thought I would

Page 37

1 give you an update before I brave the snow to
 2 go home", and then you've got list of
 3 confirmed negatives to be panelled, and again
 4 you're noting difficult contacting, either no
 5 answer, we don't have correct number, and
 6 there were 22 out of the 90 in that category?
 7 MS. PREDHAM:
 8 A. Uh-hm, had difficulty contacting would mean,
 9 you know, after the first or second call, we
 10 still haven't gotten an answer, so that was -
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and you say there are 97 people on my
 13 list that are not on the Mount Sinai list. "I
 14 have to review the results we have obtained as
 15 consults to see if the results have already
 16 been reported by another route. I will keep
 17 you updated on this part", and what other
 18 route could the results have been reported?
 19 MS. PREDHAM:
 20 A. Through the consult route.
 21 CHAYTOR, Q.C.:
 22 Q. And the fact that there's this many people, 97
 23 people on your list that are not on the Mount
 24 Sinai list, and you were going to go check and
 25 see if they were on the consult list, and we

Page 38

1 saw that and that had about over 120 people,
 2 what were you able to find out, were they
 3 consults or why weren't the two lists
 4 coinciding?
 5 MS. PREDHAM:
 6 A. I think mostly it was consults, but also there
 7 were late results that came in from the boards
 8 that I hadn't had up to that point that came
 9 in from different boards that I hadn't gotten
 10 from that point.
 11 CHAYTOR, Q.C.:
 12 Q. And they had gone to whom in Eastern Health
 13 when they came in from the other boards?
 14 MS. PREDHAM:
 15 A. I guess they would have gone to Mr. Gulliver
 16 and Dr. Cook.
 17 CHAYTOR, Q.C.:
 18 Q. And they hadn't provided them to you so you
 19 could update your list?
 20 MS. PREDHAM:
 21 A. Correct.
 22 CHAYTOR, Q.C.:
 23 Q. And at this point in time, you are the person
 24 coordinating the patient contact?
 25 MS. PREDHAM:

Page 39

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And you put in bold here, "I do need direction
 4 on who I should contact in Clarendville and
 5 Carbonear to discuss notification of the
 6 confirmed negative and the panelling. Could
 7 you let me know the best person? How about
 8 the COO". So were you not doing the contacts
 9 for Clarendville and Carbonear?
 10 MS. PREDHAM:
 11 A. Not to that point in time because we hadn't
 12 had any--we hadn't had any results from
 13 Clarendville or Carbonear until January. So it
 14 hadn't been an issue to that point, and where
 15 they were now Eastern Health, I just wanted
 16 clarification if we were going to do it or if
 17 somebody out there wanted to do it.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, and then you go on to say regarding
 20 other regions, "I have sent the potential
 21 names that will be panelled to the cancer
 22 clinic to let me know who is a cancer clinic
 23 patient", and I take it those were the e-mail
 24 exchanges we looked at with Sharon Smith?
 25 MS. PREDHAM:

Page 40

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. "Those who are will definitely be panelled. I
 4 will let the regions know their names, and if
 5 there are any others that they would like to
 6 have panelled, they will have to provide some
 7 clinical information to us". So I take it
 8 your suggestion that you put forward was still
 9 a go at this point in time, that only the
 10 cancer clinic patients would definitely be
 11 panelled and then it would be up to the
 12 regions to let you know if they want anyone
 13 else panelled?
 14 MS. PREDHAM:
 15 A. Yes, because if we didn't have the clinical
 16 information, we couldn't panel them.
 17 CHAYTOR, Q.C.:
 18 Q. And did anyone take any exception to your
 19 suggestion?
 20 MS. PREDHAM:
 21 A. I can't recall.
 22 CHAYTOR, Q.C.:
 23 Q. How is it then that changes and doesn't become
 24 adopted? How is it that it changes and that
 25 you end up anyone from wherever gets panelled?

Page 41

1 MS. PREDHAM:
 2 A. I can't remember.
 3 CHAYTOR, Q.C.:
 4 Q. Well, did it happen, did it change, or did you
 5 only panel the cancer clinic patients and
 6 anyone who was requested to be panelled from
 7 outside?
 8 MS. PREDHAM:
 9 A. Everyone who--everyone that we did not have
 10 information on, we requested information on.
 11 We did differentiate--we didn't say, you let
 12 us know. That part never happened. It was
 13 just these are the people we don't have
 14 information on, you're going to have to send
 15 us in some charts.
 16 CHAYTOR, Q.C.:
 17 Q. Okay. So -
 18 MS. PREDHAM:
 19 A. And it may have evolved over that period of
 20 time. I really can't remember how the change
 21 was.
 22 CHAYTOR, Q.C.:
 23 Q. So was there a period of time when there were
 24 patients from outside regions who weren't
 25 cancer clinic patients, didn't get panelled?

Page 42

1 MS. PREDHAM:
 2 A. Was there a period of time when?
 3 CHAYTOR, Q.C.:
 4 Q. When this, in fact, was what was happening,
 5 that you identified the cancer clinic
 6 patients, they were panelled, and anyone else
 7 wasn't?
 8 MS. PREDHAM:
 9 A. No, because we sent the regions out--we went
 10 through the list with the regions, with the
 11 quality person in the regions. Also Dr. Cook
 12 sent the list to the lab people, and we said
 13 these are the ones that we can panel, no
 14 problem, and these are the ones that you're
 15 going to have to send in clinical information.
 16 So there was a change, but I really can't
 17 remember when that change happened.
 18 CHAYTOR, Q.C.:
 19 Q. And so the--and the whole concept of it being
 20 advantageous to those who did not have an
 21 oncologist, and the concern that that might be
 22 the best benefit to those people, was that
 23 raised, do you remember anyone saying, well,
 24 this doesn't make sense to do it this way
 25 because the whole purpose of the panel is to

Page 43

1 help those physicians out there who may need
 2 this type of assistance?
 3 MS. PREDHAM:
 4 A. Well, that's what we determined. I guess the
 5 point I was trying to make here is that we
 6 couldn't panel anybody if we didn't have the
 7 information.
 8 CHAYTOR, Q.C.:
 9 Q. Was there a concern that Eastern Health could
 10 have no authority over those patients and make
 11 any treatment recommendations for those
 12 patients without the consent of the treating
 13 physicians from the region?
 14 MS. PREDHAM:
 15 A. Absolutely not, that never came up.
 16 CHAYTOR, Q.C.:
 17 Q. That was never thought of in terms of could
 18 you really make any treatment recommendations
 19 for people who weren't your patients?
 20 MS. PREDHAM:
 21 A. Absolutely not. I don't recall that being
 22 discussed at all. The only--the only point I
 23 was trying to make was that if the clinicians
 24 on the panel didn't have a chart or clinical
 25 information, that they couldn't even discuss

Page 44

1 the patient really.
 2 CHAYTOR, Q.C.:
 3 Q. So I take it the panel operated on the
 4 assumption that the regions had no difficulty
 5 with the panel providing whatever input into
 6 their patients?
 7 MS. PREDHAM:
 8 A. I never heard anything -
 9 CHAYTOR, Q.C.:
 10 Q. No complaint?
 11 MS. PREDHAM:
 12 A. No complaint.
 13 CHAYTOR, Q.C.:
 14 Q. Okay. If we could have, please, P-1092, and
 15 this is an e-mail that you're sending to Ms.
 16 Elliott, February 2nd, 2006, "I think this is
 17 it. I tried to group it in sections", and
 18 you're giving her an update. So how involved
 19 is Ms. Elliott by February of 2006 in this
 20 issue?
 21 MS. PREDHAM:
 22 A. Well, when Dr. Williams would have a meeting
 23 when we'd meet to discuss it, Ms. Elliott was
 24 always there. At this time, we had met with
 25 Dr. Williams and we had come up with

Page 45

1 outstanding issues, and this is my attempt to
 2 type it up and--you know, just to type it up.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, so this is to summarize your meeting
 5 with Ms. Elliott and Dr. Williams?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And are the handwritten notes yours on this
 10 document?
 11 MS. PREDHAM:
 12 A. No, I think that's Ms. Elliott's.
 13 CHAYTOR, Q.C.:
 14 Q. So, "Overall determine which patient's results
 15 have not been returned, "Note, I'm not sure
 16 how to do this. Even after numerous attempts,
 17 there are patient names with returned results
 18 that is not on my list. I have 97 on my list
 19 with no results", and we saw that referred to
 20 in an earlier e-mail. "I'm going through the
 21 consults now". So in terms of trying to
 22 organize this and figure out how to go about
 23 it, I take it you're struggling with that in
 24 terms of how am I really going to get a handle
 25 on this?

Page 46

1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. And you're communicating that to Ms. Elliott
 5 and it was communicated to Dr. Williams in
 6 your meeting?
 7 MS. PREDHAM:
 8 A. Oh, definitely.
 9 CHAYTOR, Q.C.:
 10 Q. "Contact COOs Carbonear and Clarenville re;
 11 plan to handle communication and review
 12 results for those two areas", and then down
 13 for the other regions, "Confirm that regions
 14 have received all results". So is this--
 15 you're being tasked then to make sure that the
 16 regions have received all the results?
 17 MS. PREDHAM:
 18 A. I don't know if I'm being tasked for all this.
 19 It may be all what I've been tasked with, but--
 20 -it looks like it's everything I have to do.
 21 CHAYTOR, Q.C.:
 22 Q. "And get list of cancer clinic patients that
 23 are on the potential panelling list from the
 24 cancer clinic".
 25 MS. PREDHAM:

Page 47

1 A. And that would have been the list that Ms.
 2 Smith was doing for me.
 3 CHAYTOR, Q.C.:
 4 Q. And you're going to forward list to Dr.
 5 Jenkins and Dr. Alteen, and what list would
 6 you be forwarding to them?
 7 MS. PREDHAM:
 8 A. The cancer clinic patients, so they would be
 9 aware of who we had information on and who we
 10 didn't.
 11 CHAYTOR, Q.C.:
 12 Q. "And coordinate panelling of these patients
 13 and communication of information", and you're
 14 tasked with responsibility for that?
 15 MS. PREDHAM:
 16 A. Yes. One of the other issues that we
 17 discovered as we went through that, especially
 18 with that list of cancer clinic patients, is
 19 that a patient can be assigned an OPIS number
 20 and in their cancer records, but actually not
 21 be a cancer clinic patient, never be seen
 22 there. So that was another thing that we
 23 identified as we went through..
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and so how did that complicate things

Page 48

1 then, if they have an OPIS number?
 2 MS. PREDHAM:
 3 A. Well, then we would have requested the chart,
 4 we would have had that person slated for
 5 panelling, and we would not have communicated
 6 that information, only to find there was no
 7 chart and there was no information.
 8 THE COMMISSIONER:
 9 Q. So how do you get a number if you're never in
 10 the cancer clinic?
 11 MS. PREDHAM:
 12 A. I have no idea. It was a curiosity. I
 13 brought that to people's attention, but I
 14 didn't have to time to follow up on that, so I
 15 don't know how that happened.
 16 CHAYTOR, Q.C.:
 17 Q. And could it be that they were seen in
 18 peripheral clinics?
 19 MS. PREDHAM:
 20 A. No.
 21 CHAYTOR, Q.C.:
 22 Q. They weren't seen at all by any oncologist?
 23 MS. PREDHAM:
 24 A. No.
 25 CHAYTOR, Q.C.:

Page 49

1 Q. And if we could have, please, P-1099.
 2 Actually, sorry, Registrar, I think first it's
 3 2920, and this is Dr. Alteen, Terry Gulliver,
 4 "I was on the understanding that ER is more
 5 important than the PR if the ER is 5 percent
 6 and the PR is 90 percent", and are these your
 7 notes?
 8 MS. PREDHAM:
 9 A. That's my notes, very brief. Dr. Alteen would
 10 call me from time to time with questions about
 11 the patients, the results, or why somebody was
 12 already on Tamoxifen and a few things like
 13 that, and had some specific questions which I
 14 couldn't answer. So the questions that he
 15 had, which I can't remember exactly what they
 16 are now, but I arrange a conference call
 17 between him and Mr. Gulliver. I started
 18 taking notes, but, you know, the conversation
 19 was between the two of them and answering Dr.
 20 Alteen's questions.
 21 CHAYTOR, Q.C.:
 22 Q. Okay, and 1099, please. This is an e-mail
 23 from you to Dr. Williams, February 7th, 2006,
 24 and it's also to Ms. Pilgrim and Ms. Elliott,
 25 "I wanted to make you aware that a patient who

Page 50

1 had converted was seen by a social worker at
 2 the cancer clinic and was advised how to get
 3 in touch with the lawyers that are suing us.
 4 I believe the patient inquired if the social
 5 worker knew and was told which law firm it
 6 was. Nancy was speaking to this lady shortly
 7 after this and told this. She followed up
 8 with social work at the cancer clinic. The
 9 social worker there didn't see an issue with
 10 it, and indeed they recommend lawyers all the
 11 time for the patients re; wills, and the like.
 12 I have always told the previous Health Care
 13 Corporation social workers never to do the
 14 latter, as if the lawyer is a crook or
 15 incompetent, and we have referred him, we
 16 could be perceived to have some
 17 responsibility. We can refer them to the
 18 phone book or the Law Society and find the
 19 phone number once they choose, but we should
 20 never refer them directly to a law firm. With
 21 the other matter, I do have a problem with our
 22 own staff making it easier for patients to sue
 23 us, but I can admit that this may be a risk
 24 manager's slant and I would like your feedback
 25 on what to do with this situation. Thanks,

Page 51

1 Heather". So perhaps you could tell us what
 2 you recall about this situation and what your
 3 concern was?
 4 MS. PREDHAM:
 5 A. Well, there was two issues here. One was
 6 about the comment that the social worker had
 7 made that she was recommending lawyers all the
 8 time. We had an incident--actually, it was
 9 just before we became the Health Care
 10 Corporation where one of our social workers at
 11 the Waterford had recommended a lawyer, and
 12 the family felt that there was undue influence
 13 and it was a--it was a very unfortunate--it
 14 was very uncomfortable, I guess, situation and
 15 in fact the social worker retired and the
 16 family--there was one side of the family were
 17 not included in the Will and the family kept
 18 going to the social worker's house after she
 19 retired. So it was a very uncomfortable
 20 thing. After that, I always stressed to
 21 social workers not to refer someone by name,
 22 always--because you don't want to get into
 23 that perception of undue influence. The
 24 social worker, in fact, witnessed the Will as
 25 well as recommending the lawyer, so there was

Page 52

1 that concern. That's always been my take, and
 2 I was just communicating that, that I would
 3 probably be following up with social worker
 4 and reiterate that message because that's
 5 always what I said. The second part, I was
 6 just bringing forward, you know, maybe nobody
 7 had a problem with it, I hadn't come across it
 8 before, but, you know, now I just brought it
 9 forward to executive.
 10 CHAYTOR, Q.C.:
 11 Q. The second part being that you have a problem
 12 with your own staff making it easier for your
 13 own patients to sue you?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. And you brought that forward to see if you
 18 could get any feedback?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And did you?
 23 MS. PREDHAM:
 24 A. No.
 25 CHAYTOR, Q.C.:

Page 53

1 Q. So Dr. Williams, Ms. Pilgrim, nor Ms. Elliott
 2 got back to you to give you any feedback or to
 3 even voice any concern as to what you were
 4 saying in your e-mail?
 5 MS. PREDHAM:
 6 A. I can't remember, but they didn't have an
 7 issue with it.
 8 CHAYTOR, Q.C.:
 9 Q. How do you in doing this--in dealing with
 10 every aspect of the matter that you've had to
 11 deal with, how do you divorce yourself from
 12 your risk management perspective?
 13 MS. PREDHAM:
 14 A. It's--I guess the risk management perspective
 15 is you're trying to make the organization
 16 safer for your patients, and that's the
 17 perspective. The fact that you have to deal
 18 with lawyers and liability is almost like a
 19 side part. The main job of a risk manager is
 20 to make the organization safer and to reduce
 21 risk.
 22 CHAYTOR, Q.C.:
 23 Q. For the people you serve, which is -
 24 MS. PREDHAM:
 25 A. The patients.

Page 54

1 CHAYTOR, Q.C.:
 2 Q. The patients.
 3 MS. PREDHAM:
 4 A. Yes.
 5 CHAYTOR, Q.C.:
 6 Q. So why would there be this divide in terms of
 7 the risk manager's slant having concern with
 8 or making it any easier for your patients to
 9 bring an action in the event of an adverse
 10 event?
 11 MS. PREDHAM:
 12 A. It might have hit me wrong on that particular
 13 day, but I just thought, you know, okay, this
 14 is the lawyers who are suing us, I didn't
 15 think our staff should be doing that, but, you
 16 know, no one else had a problem with it, so
 17 fine, that's fine. I certainly didn't call up
 18 the social worker and tell her not to do it
 19 any more.
 20 CHAYTOR, Q.C.:
 21 Q. And did you have any concern then at this
 22 point in time with your objectivity in
 23 handling the matter?
 24 MS. PREDHAM:
 25 A. No.

Page 55

1 CHAYTOR, Q.C.:
 2 Q. And do you in looking back on it?
 3 MS. PREDHAM:
 4 A. No, I wouldn't see that that's a problem with
 5 objectivity. If I have an issue, I bring it
 6 forward. If I'm wrong, or if I got a
 7 different perspective on it, and people tell
 8 me, no, don't worry about that, okay, fine.
 9 CHAYTOR, Q.C.:
 10 Q. And you are having direct contact with the
 11 patients -
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. Throughout this whole time period?
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. And did you ever disclose to the patients that
 20 you were speaking to your role in risk
 21 management and how sometimes you bring a risk
 22 manager's slant, such as we read here, to bear
 23 on the issue?
 24 MS. PREDHAM:
 25 A. No, but I don't think there's a problem with

Page 56

1 having a risk management slant the majority of
 2 time. The focus of a risk manager, like I
 3 said before, is focused on making the
 4 organization safe and reducing risk in the
 5 organization for our patients. That's my
 6 primary slant. Every now and then I deal with
 7 lawyers and I deal with liability issues, and,
 8 you know, that was just a concern. I brought
 9 it forward, it wasn't an issue; fine.
 10 CHAYTOR, Q.C.:
 11 Q. And what wasn't an issue, was it not an issue
 12 for the social workers to tell the patient the
 13 name of the lawyer, or it wasn't an issue with
 14 your approach? What did you understand--in
 15 not having received any feedback, what did you
 16 understand wasn't an issue?
 17 MS. PREDHAM:
 18 A. No, I didn't say I didn't receive any
 19 feedback. It was just it wasn't an issue and
 20 was never followed up. It was not a problem
 21 that she gave the name of the lawyer.
 22 CHAYTOR, Q.C.:
 23 Q. So you did receive feedback?
 24 MS. PREDHAM:
 25 A. I can't remember any feedback, but there was

Page 57

1 no follow-up, there was no issue, there was no
 2 directive sent out. That was--you know.
 3 CHAYTOR, Q.C.:
 4 Q. So you have no recollection of any response
 5 that you may have received from your
 6 superiors?
 7 MS. PREDHAM:
 8 A. If they had told me this was inappropriate and
 9 I would have to follow-up and discuss with the
 10 staff member, I would remember it, but
 11 obviously nobody told me to do anything about
 12 it and not be concerned, so I don't remember
 13 anything.
 14 CHAYTOR, Q.C.:
 15 Q. And nobody told you that your approach was
 16 inappropriate either?
 17 MS. PREDHAM:
 18 A. No.
 19 THE COMMISSIONER:
 20 Q. Ms. Predham, if the task of the risk manager
 21 is to make the organization safer for
 22 patients, what distinguishes that you do and
 23 what quality people do?
 24 MS. PREDHAM:
 25 A. Well, the focus of a risk manager is solely on

Page 58

1 that, it's reducing risk and increasing
 2 safety, but from quality, it could be anything
 3 from increasing the flow, making things better
 4 from a user satisfaction. So not necessarily
 5 reducing the risk all the time, they are
 6 involved in that, and that's why risk
 7 management is in with quality because it
 8 overlaps so much, but a quality person could
 9 be doing a process improvement team or route
 10 cause analysis on something where there may be
 11 complaints, but there's no risk to the public.
 12 It may be a way we're doing the service, or
 13 increased waiting lists or something on that
 14 line.
 15 THE COMMISSIONER:
 16 Q. So that quality can include risk management,
 17 but risk management does not necessarily
 18 include quality?
 19 MS. PREDHAM:
 20 A. They are very integral into each other.
 21 That's why we have risk management in the
 22 quality department.
 23 THE COMMISSIONER:
 24 Q. That's my problem. I mean, I'm just--I take
 25 your point that everything that is done by

Page 59

1 quality people maybe do not fall within making
 2 the organization safer for your patients,
 3 although it seems to me that at least a great
 4 deal of what quality is involved in that we
 5 have heard about would fall into that
 6 category.
 7 MS. PREDHAM:
 8 A. Yes.
 9 THE COMMISSIONER:
 10 Q. But that's the job done by quality. So sort
 11 of why aren't you butting heads all the time?
 12 MS. PREDHAM:
 13 A. Well, we work together. You know, if
 14 something is not safe for the patient, you may
 15 have to--for example, during all this period
 16 of time, we had a critical incident where a
 17 high risk medication was not delivered to a
 18 patient, so we had to investigate that, we had
 19 to interview the staff, we had to talk to the
 20 family. You know, I spoke with the family,
 21 explained--when we did the investigation,
 22 explained what happened. One of the big
 23 components of that was the way the nursing
 24 staff were doing their work. So the quality
 25 facilitator linked with that area worked with

Page 60

1 the nursing staff to change the process in the
 2 way that they worked. I then did the quality
 3 round with the staff and explained this is
 4 what happened and this is how this all fell
 5 out. So my focus was on this incident, how it
 6 happened, and communicating that, and then the
 7 quality person took the process improvement
 8 side to make the change happen which would
 9 help it not happen again.
 10 THE COMMISSIONER:
 11 Q. Yes, except quality's job isn't limited to
 12 reacting to risk situations.
 13 MS. PREDHAM:
 14 A. No.
 15 THE COMMISSIONER:
 16 Q. Quality's job surely is to anticipate in
 17 respect of patient safety areas.
 18 MS. PREDHAM:
 19 A. Oh exactly.
 20 THE COMMISSIONER:
 21 Q. And to prevent them from happening, which is
 22 kind of what your job is as well, is it not?
 23 MS. PREDHAM:
 24 A. It is.
 25 THE COMMISSIONER:

Page 61

1 Q. You don't just react, do you?
 2 MS. PREDHAM:
 3 A. Well, I mean, you don't want to. You don't
 4 want to be in that situation, but the staffing
 5 that we've had of, you know, for the past few
 6 years, that seems to be all we ever do.
 7 Quality is involved in consumer feedback, in
 8 utilization issues, you know, broader issues
 9 as well other than that. So if a department
 10 wanted to do a satisfaction survey, a quality
 11 facilitator would be instrumental in that to
 12 develop the satisfaction survey, may even
 13 implement it, you know, do it by phone,
 14 collate the results and get that back and help
 15 the department develop a plan on how to deal
 16 with that.
 17 THE COMMISSIONER:
 18 Q. Just seems--okay. I'm still not sure I'm
 19 understanding how you managed to work with
 20 each other. I can see from your description
 21 that there are areas that are strictly risk
 22 and that there would be areas that would be
 23 strictly be quality -
 24 MS. PREDHAM:
 25 A. Yes.

Page 62

1 THE COMMISSIONER:
 2 Q. But it seems to me also that there's a large
 3 area in the middle, where you're running into
 4 each other all the time.
 5 MS. PREDHAM:
 6 A. Well, the way we have the department
 7 structured now, the quality and clinical
 8 safety leaders that are linked to a portfolio,
 9 a big component of what they do is risk
 10 management. Right now my position is risk
 11 management consultant, so I'm only there to
 12 give advice or support them in doing that.
 13 But they have the entire spectrum of quality
 14 in their control. So they would act as a risk
 15 manager for their portfolio, as the quality
 16 and clinical safety leader.
 17 THE COMMISSIONER:
 18 Q. But that's a more recent development, is it
 19 not?
 20 MS. PREDHAM:
 21 A. Yes. But that was how we intended it to work
 22 with the quality facilitators and the risk
 23 manager originally back in '96 when the Health
 24 Care Corp. started up, but it more evolved
 25 that it all came to me in around 2000, 2001

Page 63

1 because we started having a great deal of
 2 turnover in the quality facilitators.
 3 THE COMMISSIONER:
 4 Q. Uh-hm.
 5 MS. PREDHAM:
 6 A. So the skillset wasn't there. We were getting
 7 people for six months at a time. We had
 8 someone who was seconded to a position that
 9 was seconded for three month periods for three
 10 years. She never did come back to our
 11 department, so we couldn't replace her because
 12 she was only gone for three months.
 13 THE COMMISSIONER:
 14 Q. So do I take it sort of on the ground level
 15 within the divisions of the organization,
 16 quality and risk really are in the same
 17 people?
 18 MS. PREDHAM:
 19 A. Yes.
 20 THE COMMISSIONER:
 21 Q. It's at the sort of higher level that they
 22 separate out?
 23 MS. PREDHAM:
 24 A. That's a good way of putting it, yes. As a
 25 risk manager all these years, I wouldn't do a

Page 64

1 satisfaction survey as such; however, I did
 2 have quality facilitation roles with certain
 3 programs, so I would assist to a limited
 4 ability from a quality perspective there, but
 5 my focus was on risk, while the quality
 6 facilitators were doing all the indicators and
 7 that type of thing, goals and objectives with
 8 programs.
 9 THE COMMISSIONER:
 10 Q. Is there any element of this that because of
 11 the fact that you, as a risk management person
 12 would have to do investigations, you have to
 13 be a bit divorced from the development of
 14 quality initiatives within an area, is there
 15 any element of that to keeping you separate at
 16 your level? I'm just trying to figure out why
 17 the organization is as it is.
 18 MS. PREDHAM:
 19 A. Well it is helpful, but I don't think that was
 20 pre-planned or determined to be that. The
 21 other issue is that a risk manager in health
 22 care is not a risk manager in other
 23 industries. We're not involved in all the
 24 insurance or solely on that risk management
 25 side that other industries do with all their

Page 65

1 technical terms that I don't even, am aware
 2 of. A health care risk manager is solely
 3 focused on the patient, like I'm not involved
 4 in any risk issues or statements of claim that
 5 come in about construction issues or human
 6 resources or any of those issues. It's solely
 7 in regards to the patient.
 8 THE COMMISSIONER:
 9 Q. Okay, thank you.
 10 CHAYTOR, Q.C.:
 11 Q. And Ms. Predham, with your risk manager slant,
 12 having a problem with that because of that
 13 with your own staff making it easier for your
 14 patients to sue you, I take it you would have
 15 a problem telling them any information that
 16 may make it easier or assist them in a legal
 17 action against the organization.
 18 MS. PREDHAM:
 19 A. If it's a fact, absolutely not.
 20 CHAYTOR, Q.C.:
 21 Q. Including what may have caused the problem in
 22 the ER/PR situation?
 23 MS. PREDHAM:
 24 A. Absolutely not. I have -
 25 CHAYTOR, Q.C.:

Page 66

1 Q. And why not, why is it a problem to give them
 2 the name of a lawyer so that that might assist
 3 them in enabling them to bring an action, but
 4 you have no problem giving them the
 5 information which may then assist in pursuing
 6 the action?
 7 MS. PREDHAM:
 8 A. Ms. Chaytor, you're putting too much weight on
 9 that sentence there from my perspective. I
 10 don't know, it seemed odd to me, you know, I
 11 mean, maybe it struck me the wrong way that
 12 day, but it just seemed odd. I brought it
 13 forward, nobody else had a problem with it,
 14 fine.
 15 CHAYTOR, Q.C.:
 16 Q. Well you don't know if anyone had a problem
 17 with it because you can't recall what, if any,
 18 feedback you received.
 19 MS. PREDHAM:
 20 A. I can recall that I didn't do anything, nobody
 21 said, well you know, go over and talk to them
 22 or stop that right now or anything like that.
 23 I do recall that there was no cause of action
 24 that I had to do, but I don't recall, you
 25 know, that somebody said no, don't worry about

Page 67

1 it. I obviously didn't do anything, so
 2 whatever feedback I did receive, it wasn't
 3 anything--and it wasn't anything I was overly
 4 concerned about because I certainly can't
 5 remember doing anything else other than send
 6 that e-mail.
 7 CHAYTOR, Q.C.:
 8 Q. Yes. And I'm just trying to think about your
 9 perspective or your slant, as you say, and if
 10 that same perspective causes you concern to
 11 disclose the lawyer's name to assist the
 12 patient, then wouldn't that same perspective
 13 cause you concern to disclose information that
 14 might assist in the legal action against the
 15 institution?
 16 MS. PREDHAM:
 17 A. Absolutely not.
 18 CHAYTOR, Q.C.:
 19 Q. If we could have, please, P-2751? And this is
 20 an e-mail from Bonnie Walker to Dr. Jenkins
 21 and Kelly O'Brien, February 7th, 2006 and I
 22 believe you might be the Heather referenced in
 23 her e-mail. The third point she makes, "There
 24 are two of 63 clients I have to recall in
 25 order to reach." Excluding clients with no

Page 68

1 contact information she has three and not on
 2 original list, there's four. "Also Heather
 3 advises the decision to panel all positives is
 4 still to be decided, but she will keep us
 5 informed. A team (oncologists, pathologists,
 6 Heather ...) are looking at this over the next
 7 week or so." Do you recall any discussions
 8 with Bonnie Walker regarding testing or sorry,
 9 panelling all the positives?
 10 MS. PREDHAM:
 11 A. Well one of the issues that--well this was
 12 about panelling, this was the whole, people
 13 that came back that are now positive.
 14 CHAYTOR, Q.C.:
 15 Q. But what was the decision at this point in
 16 time, again this is February 2006, what was
 17 the decision that had to be made regarding
 18 panelling all positives?
 19 MS. PREDHAM:
 20 A. I really have no idea.
 21 CHAYTOR, Q.C.:
 22 Q. So do you recall any discussion with Ms.
 23 Walker about that or any discussion amongst
 24 the panel members as to having to make a
 25 decision on panelling the positives?

Page 69

1 MS. PREDHAM:
 2 A. You mean all positives, like retest all the
 3 positives, is that what you're asking?
 4 CHAYTOR, Q.C.:
 5 Q. No, this says to panel all positives. So
 6 presumably -
 7 MS. PREDHAM:
 8 A. I have no idea. As far as I know, I sat down
 9 with--myself and Ms. Parsons were on the phone
 10 talking to Bonnie and we went through the
 11 information that's here talking about contact
 12 information, I had to get MCP numbers from her
 13 for the Cancer Clinic and it was logistics
 14 that we were going through. I don't recall
 15 anything that that would even apply to.
 16 CHAYTOR, Q.C.:
 17 Q. So, for example, the people who would have
 18 been considered weak positives that would have
 19 been included in the retests, you don't recall
 20 anything what this may be about?
 21 MS. PREDHAM:
 22 A. Absolutely not.
 23 CHAYTOR, Q.C.:
 24 Q. Any different decision or any different
 25 handling of their tests or their panelling

Page 70

1 process?
 2 MS. PREDHAM:
 3 A. There's nothing that I can think of that we
 4 talked about that would fit that sentence.
 5 CHAYTOR, Q.C.:
 6 Q. And she says "Following she will inform us
 7 regarding that decision." And do you recall
 8 any follow up with Ms. Walker around that?
 9 MS. PREDHAM:
 10 A. No, like I said, I can't recall what that
 11 could possibly be.
 12 CHAYTOR, Q.C.:
 13 Q. And also "She will inform re: what clinical
 14 care that will be required from the attending
 15 physician. She says it will likely involve
 16 progress note, discharge summary, significant
 17 labs." So I take it this is the information
 18 that you will need to be able to panel -
 19 MS. PREDHAM:
 20 A. The non Cancer Clinic patients.
 21 CHAYTOR, Q.C.:
 22 Q. "In addition, Heather advises they will be
 23 deciding on how to approach the issue for
 24 patients that have since deceased. For our
 25 clients that have unavailable contact

Page 71

1 information, we will have to get creative on
 2 how to get a proper telephone contact." And
 3 she talks about some issue that she's had with
 4 contact information as well. So do you recall
 5 then any discussion with her around the
 6 deceased and deciding how to approach the
 7 deceased?
 8 MS. PREDHAM:
 9 A. Well that was always an issue. We had always
 10 said that we will have to leave the deceased,
 11 but we hadn't come to a decision.
 12 CHAYTOR, Q.C.:
 13 Q. But the decision up until this point was still
 14 that the deceased would be retested.
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. So there hadn't been any change in approach at
 19 this point, in terms of the deceased?
 20 MS. PREDHAM:
 21 A. No, no, but it was, you know, how are we
 22 going--what are we going to do. Once we got
 23 the retest results, what are we going to do
 24 with that?
 25 CHAYTOR, Q.C.:

Page 72

1 Q. And if we could have, please, P-3003? I'm
 2 sorry, could we just go back to that exhibit
 3 please? Yes, there is another point here.
 4 Also "Heather advises we should be keeping
 5 documentation of calls made throughout this
 6 process. I have kept a spreadsheet of calls
 7 throughout this process." So I take it you
 8 had some advice for them in terms of keeping
 9 track of the phone calls.
 10 MS. PREDHAM:
 11 A. Oh yes.
 12 CHAYTOR, Q.C.:
 13 Q. Did they provide you then, did you exchange
 14 this information, did you give them
 15 information that may be pertinent to their
 16 patients as to the contacts and then vice
 17 versa, did they provide you any information
 18 that may be, enable you to check off on your
 19 list the people who had been contacted?
 20 MS. PREDHAM:
 21 A. If there was anyone--we went through, like I
 22 said, Ms. Parsons and myself were on one end
 23 of the phone and both, for Western and for
 24 Central, we went through all the list of
 25 patients and said what would happen to them,

Page 73

1 so who was going to be panelled, who they
 2 would call and we went through that and
 3 documented that; them, on their side, and
 4 myself on my side. And then if there were any
 5 questions of who called who, then we would
 6 have, you know, contact back and forth.
 7 CHAYTOR, Q.C.:
 8 Q. And after the fact then, was there an exchange
 9 though of that information, like did you
 10 receive their documentation -
 11 MS. PREDHAM:
 12 A. No.
 13 CHAYTOR, Q.C.:
 14 Q. - so that you could cross-reference and check
 15 people off?
 16 MS. PREDHAM:
 17 A. No, that would have been a good idea, but no,
 18 we didn't.
 19 CHAYTOR, Q.C.:
 20 Q. And P-3003, please, Registrar. And this is a
 21 panel list dated February 9th, 2006 and at
 22 this point in time there are no minutes of the
 23 panel.
 24 MS. PREDHAM:
 25 A. Yes.

Page 74

1 CHAYTOR, Q.C.:
 2 Q. But there's quite a number of patients that
 3 day that were panelled.
 4 MS. PREDHAM:
 5 A. I believe that was a Saturday.
 6 CHAYTOR, Q.C.:
 7 Q. And I think there's actually three--this page
 8 as well. And then we get into, these are the
 9 forms, I take it, that Ms. Parsons was
 10 keeping.
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. And on page 3 of the exhibit, if you come down
 15 here where we see this patient here, looks
 16 like a 1998 patient, thank you, Registrar,
 17 that's a bit better. Yes, this person here,
 18 negative for ER on the DAKO, 40 percent for PR
 19 and then Mount Sinai is 80 and 90 and then we
 20 have a letter written here. Whose notes are
 21 those?
 22 MS. PREDHAM:
 23 A. Ms. Parsons'.
 24 CHAYTOR, Q.C.:
 25 Q. And then if we come -

Page 75

1 THE COMMISSIONER:
 2 Q. Ms. Parsons who was -
 3 MS. PREDHAM:
 4 A. Debbie Parsons, the secretary.
 5 THE COMMISSIONER:
 6 Q. Okay.
 7 CHAYTOR, Q.C.:
 8 Q. And then if we come down to this patient,
 9 looks like an '02 patient, negative for ER on
 10 the DAKO and 40 percent for PR and then two
 11 for ER and 90 percent for PR and no letter.
 12 Why would those patients have been treated
 13 differently in terms of letter or no letter?
 14 MS. PREDHAM:
 15 A. We may have discovered that the one that has
 16 no letter was deceased.
 17 CHAYTOR, Q.C.:
 18 Q. And if we could look at page 9 of the exhibit,
 19 please. So would there also then be a note of
 20 that made, the reason for no letter?
 21 MS. PREDHAM:
 22 A. It should be, we would have to have a reason
 23 why we didn't send a letter.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, and we'll see here the patient with the

Page 76

1 negative 40 and 80 to 90 and there was a
 2 letter done. They were previously treated
 3 with Tamoxifen, no change in therapy. And
 4 then if we look at page 11 of the exhibit,
 5 February 9th, 2006, negative 42 to 90 and one
 6 of the doctors is to follow up, no letter.
 7 MS. PREDHAM:
 8 A. But then it says "letter" down there.
 9 CHAYTOR, Q.C.:
 10 Q. Where, sorry?
 11 MS. PREDHAM:
 12 A. Down follow up physician, it says Dr.
 13 somebody, letter. I can't, I recall can't
 14 recall unless I saw the patient name.
 15 CHAYTOR, Q.C.:
 16 Q. And if we could look, please, at page 23 of
 17 this exhibit, this appears to be the session
 18 on a Saturday, it was in fact a Saturday when
 19 Dr. Carter then was chairing, if in fact -
 20 MS. PREDHAM:
 21 A. No, it couldn't have been a Saturday, Dr.
 22 Carter didn't attend the Saturday sessions.
 23 CHAYTOR, Q.C.:
 24 Q. So all of these patients, if we could just go
 25 back then please to the beginning of the

Page 77

1 exhibit, would you have been able to panel all
 2 of these patients in an evening session?
 3 MS. PREDHAM:
 4 A. No, right--just if you scroll back -
 5 CHAYTOR, Q.C.:
 6 Q. Here, you take it.
 7 MS. PREDHAM:
 8 A. Okay, I think it must be the next page I saw -
 9 CHAYTOR, Q.C.:
 10 Q. Or you can, if you want to get to the next
 11 page, click up top.
 12 MS. PREDHAM:
 13 A. See right there, "Start February 10th or 16th,
 14 '06" and there's a line there, so I guess on
 15 February 9th we must have done to that line.
 16 CHAYTOR, Q.C.:
 17 Q. Okay.
 18 MS. PREDHAM:
 19 A. And I believe this page and page 3 is the same
 20 because the same specimen number is on top
 21 there. Yes, SU5544.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, all right and if we go back to page 23,
 24 please? And did you have a chance to check to
 25 see if there are any notes which would tell us

Page 78

1 who attended the panel meetings for which we
 2 have no minutes?
 3 MS. PREDHAM:
 4 A. That was being checked on yesterday, I don't
 5 know if any progress was being made.
 6 CHAYTOR, Q.C.:
 7 Q. Okay. And in this situation, who would be
 8 drafting the letter and making the changes to
 9 the letter if Dr. Carter is going to be
 10 signing it?
 11 MS. PREDHAM:
 12 A. It would be, I would assume Dr. Carter. I'm
 13 not sure what the logistics of that was.
 14 CHAYTOR, Q.C.:
 15 Q. Okay.
 16 MS. PREDHAM:
 17 A. The panel would have drafted the wording,
 18 would have suggested the wording, there would
 19 have been consensus around the table to
 20 suggest the wording.
 21 CHAYTOR, Q.C.:
 22 Q. And if we could have P-1100 please? And this
 23 is an e-mail where you're providing another
 24 update to Dr. Williams and others and it's now
 25 February 10th, 2006. So I take it this is

Page 79

1 following the February 9th panel, yes?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. Okay. And on the bottom with respect to
 6 Central and Western, there's 70 patients
 7 (there are 46 patient results missing from
 8 this region). In Western, 81, they are trying
 9 to determine the number that are missing) and
 10 somebody has put a question mark here.
 11 MS. PREDHAM:
 12 A. I do believe that's Ms. Elliott's writing.
 13 CHAYTOR, Q.C.:
 14 Q. Okay, and it might very well--yes, it is, she
 15 is the source. What do you recall about that,
 16 why were there patient results missing from
 17 Central region?
 18 MS. PREDHAM:
 19 A. Well, I mean, it seemed so simplistic that,
 20 you know, you have a list, so the region sends
 21 you a list and say this is what they're
 22 sending in and then we have a list that comes
 23 back from Mount Sinai and this is what's sent
 24 back. And Mount Sinai was saying that this is
 25 it, so you would think you just match them up

Page 80

1 and away you go, but there was all these
 2 issues that had to come through. And I think
 3 at this time it was discovered that we didn't
 4 send all the ones that came from Central
 5 because they had sent ones that didn't meet
 6 the criteria and were kept back, and I'm not
 7 sure of that, but I do believe that that might
 8 have been one of the issues with a couple of
 9 them, but this was just working out logistics.
 10 It didn't--it didn't neatly match, so when the
 11 results came back from Mount Sinai, there
 12 wasn't--it didn't match up with the list I had
 13 to begin with, so there wasn't a neat match.
 14 So it was just working through what ones were
 15 missing.
 16 CHAYTOR, Q.C.:
 17 Q. Okay, that might be an important point then
 18 for us to clarify because we understood that
 19 yes, Central had used 30 percent as their cut
 20 off throughout and sent them in, all 30
 21 percent. Did you understand that there was
 22 then further filtering in St. John's of
 23 Central's results and they didn't all get
 24 forwarded on?
 25 MS. PREDHAM:

Page 81

1 A. I have some impression of that, I can't
 2 confirm it one way or another, you'd have to
 3 ask somebody in the lab that, but there is an
 4 impression that I have that there were ones
 5 that were not retested. I know there were
 6 ones that were retested, but I--there's an
 7 impression that some were not send.
 8 CHAYTOR, Q.C.:
 9 Q. And the fact that you're bringing out a
 10 discrepancy here that there's 70, I take it on
 11 your list for Central -
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And you've only received 46 patients missing
 16 from that region, 46 results have been
 17 received, your recollection around this
 18 discrepancy is that perhaps there was a
 19 filtering in St. John's that not all of
 20 Central's results that they sent in got
 21 forwarded on
 22 MS. PREDHAM:
 23 A. That could have been one of the dynamics
 24 there. There was, you know, like I said and
 25 there were more results that came back from

Page 82

1 Mount Sinai, this wasn't the last batch of
 2 results that came back as well.
 3 CHAYTOR, Q.C.:
 4 Q. And so do you know if eventually those 46
 5 patient samples were sent on?
 6 MS. PREDHAM:
 7 A. You know, the key thing here was getting the
 8 results, so I think, you know, I'm pretty sure
 9 we matched up all the results or we came up
 10 with an explanation before then.
 11 CHAYTOR, Q.C.:
 12 Q. But do you know whether or not if there had
 13 been filtering of Central's, do you know if
 14 ultimately the decision was made just send on
 15 everything that Central sent in to us?
 16 MS. PREDHAM:
 17 A. I can't recall. I remember that there was
 18 some issue about, especially Central that they
 19 had sent in ones that didn't meet the criteria
 20 and I have some impression that some of them
 21 may have not been sent, but I can't recall.
 22 CHAYTOR, Q.C.:
 23 Q. And the 81 from Western, you have 81, I take
 24 it, on your list?
 25 MS. PREDHAM:

Page 83

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And they are trying to determine the number
 4 that are missing. Why would there be--and is
 5 that results missing from Western or what is
 6 it, what's missing?
 7 MS. PREDHAM:
 8 A. I can't tell you.
 9 CHAYTOR, Q.C.:
 10 Q. Do you have any recollection around what that
 11 issue is for Western?
 12 MS. PREDHAM:
 13 A. No.
 14 CHAYTOR, Q.C.:
 15 Q. If we could have, please, P-3005? And this is
 16 a faxed coversheet to you from Joan Dalton,
 17 February 13th, 2006 and I take it she's with
 18 Research and Graduate Studies Human
 19 Investigation Committee. We only have, it
 20 says "As per your request" and there's nothing
 21 else, I'm just wondering--is this at all even
 22 relevant to this?
 23 MS. PREDHAM:
 24 A. Not relevant, that was a coversheet of when I
 25 got approval for my thesis and it's in there

Page 84

1 somewhere by mistake.
 2 CHAYTOR, Q.C.:
 3 Q. So don't know why it ended up with us.
 4 MS. PREDHAM:
 5 A. No.
 6 CHAYTOR, Q.C.:
 7 Q. Okay, well that solves that mystery, one down.
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. P-2007 (sic.) please? And this is an e-mail
 12 from you to Mr. Gulliver, February 16th, 2006.
 13 And it starts actually February 13th, 2006 to
 14 Mr. Gulliver and Mr. Cook, "Please find
 15 attached the patients who we have not received
 16 results from as yet from Central." And you
 17 obviously sent along the list, I take it, of
 18 those 46 people.
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And Mr. Gulliver on the 16th, "All of these
 23 cases were logged in our master list. None of
 24 them were negative, negative and did not meet
 25 the send off criteria for retesting. The

Page 85

1 original results are on our sheets and all
 2 these patients have a line going through
 3 them." So is this consistent with your
 4 recollection that these people appear to have
 5 been crossed off as not having met the send
 6 off criteria?
 7 MS. PREDHAM:
 8 A. Yes, I recall it now that I see this. I had
 9 gone, from my list of Central, I had gone--Dr.
 10 Alteen had sent me his list, so I had used
 11 that as what had gone off.
 12 CHAYTOR, Q.C.:
 13 Q. And Mr. Gulliver writes "none of them were
 14 negative, negative and did not meet the send
 15 off criteria", did you understand the send off
 16 criteria to be negative negative?
 17 MS. PREDHAM:
 18 A. No, and I think I clarified that with him
 19 after.
 20 CHAYTOR, Q.C.:
 21 Q. The response that we have back here is "What
 22 about somebody from Gander?" And then there's
 23 another response back from him, is the send
 24 number and "our records show she is on the MS
 25 consult list." So there's -

Page 86

1 MS. PREDHAM:
 2 A. So that was another consult--she was sent as a
 3 consult, she was on the Gander list, but she
 4 didn't come back from Mount Sinai on their
 5 list because she was sent as a consult
 6 somewhere along the way in amongst that as
 7 well.
 8 CHAYTOR, Q.C.:
 9 Q. So there was a question back regarding a
 10 particular patient.
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. But did you say that you also had a discussion
 15 with him about negative negative not being the
 16 send off criteria?
 17 MS. PREDHAM:
 18 A. Yes, I think it was after I had some fairly
 19 quick turnaround time in our conversation and
 20 I think it struck me in the afternoon that he
 21 said negative negative.
 22 CHAYTOR, Q.C.:
 23 Q. And you picked up on that and thought, oh,
 24 okay, hang on, maybe this is how these people
 25 are missed if he's only sent negative

Page 87

1 negative.
 2 MS. PREDHAM:
 3 A. Yes, but that wasn't the case.
 4 CHAYTOR, Q.C.:
 5 Q. And what did he tell you the case was?
 6 MS. PREDHAM:
 7 A. It was the ER 30 and 10, the same as we had
 8 identified.
 9 CHAYTOR, Q.C.:
 10 Q. So he had crossed patients off not having met
 11 the ER 30 or the ER 10 criteria.
 12 MS. PREDHAM:
 13 A. Yes.
 14 THE COMMISSIONER:
 15 Q. When you talk about Central, there's a Central
 16 East and the Central West business, is there a
 17 distinction here between how those in Gander
 18 and how those in Grand Falls were dealt with,
 19 you know, did your problem arise because of
 20 the shipment from Gander or Grand Falls or
 21 from both or from -
 22 MS. PREDHAM:
 23 A. It was just another thing to deal--because
 24 we're all just going through regionalization,
 25 so when we called out to Central or the

Page 88

1 Central Health Authority, they were still two
 2 separate boards, in essence, they really
 3 hadn't, you know, they were going through like
 4 we were going through, so you had instead of
 5 dealing with one person, you had to deal with
 6 two people because you had the two--all the
 7 structures underneath were two separate
 8 entities, so it was just a complication in
 9 that to make sure--they sent in all their
 10 information, like even when Dr Alteen sent it
 11 in, he had a Central East list and a Central
 12 West list. So it was, you had two different
 13 people picking out the names, two different
 14 people that, you know -
 15 THE COMMISSIONER:
 16 Q. Okay, but the problem regarding missing people
 17 -
 18 MS. PREDHAM:
 19 A. That wasn't that issue.
 20 THE COMMISSIONER:
 21 Q. And not being able to track people, was there
 22 a difference in Gander and Grand Falls in
 23 respect of that?
 24 MS. PREDHAM:
 25 A. No.

Page 89

1 THE COMMISSIONER:
 2 Q. Okay.
 3 CHAYTOR, Q.C.:
 4 Q. Do you know whether or not--and I think I may
 5 have asked you this a few minutes ago, but do
 6 you know whether all the patient samples that
 7 were sent from Central were eventually sent on
 8 to Mount Sinai?
 9 MS. PREDHAM:
 10 A. I'd have to--I'd have to go back and look at
 11 the ones that were missing and then see what
 12 happened to them. I have no idea.
 13 CHAYTOR, Q.C.:
 14 Q. And do you know whether or not Central was
 15 ever communicated with around this time period
 16 to tell them we have not forwarded everyone
 17 that you sent in to us?
 18 MS. PREDHAM:
 19 A. Oh definitely because that was, you know,
 20 there were results missing, so we were trying
 21 to figure out how come.
 22 CHAYTOR, Q.C.:
 23 Q. And if we could have, please, P-3008? And
 24 this is dated February 16th, 2006. And
 25 there's 15 pages here and you'll be happy to

Page 90

1 know I'm not going to take you through all of
 2 this. Our copying didn't turn out the best,
 3 actually and, of course, we've redacted the
 4 names and anything that we see as identifying
 5 information. Perhaps you can just tell us
 6 what these notes are?
 7 MS. PREDHAM:
 8 A. Well I mentioned to you how Mrs. Parsons--
 9 Nancy Parsons and myself were on the phone
 10 with the, with the regions and we had gone
 11 through all the names and this is what Mrs.
 12 Parsons was--I was going through the list and
 13 Mrs. Parsons was writing down what we were
 14 discussing on this conference call. And as
 15 you can see, you had on one sheet there
 16 earlier, it was not sent for retesting, so
 17 this is where we were confirming what was sent
 18 and what wasn't sent. And if they were being
 19 panelled or if they had to call them.
 20 CHAYTOR, Q.C.:
 21 Q. So this is going through with other regions
 22 and we'll see here, the top here says Gander?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 91

1 Q. And then onto the next page, it's still Gander
 2 and the third page appears to be Gander as
 3 well. And then page four is Grand Falls, so
 4 this is a conference call with people from
 5 Gander, Grand Falls -
 6 MS. PREDHAM:
 7 A. Gander and Grand Falls.
 8 CHAYTOR, Q.C.:
 9 Q. Gander and Grand Falls.
 10 MS. PREDHAM:
 11 A. And we had another one with Western.
 12 CHAYTOR, Q.C.:
 13 Q. Okay. And continues on here, "leave more
 14 Grand Falls"--and then on page 11, I believe
 15 it was.
 16 MS. PREDHAM:
 17 A. This is a different issue altogether.
 18 CHAYTOR, Q.C.:
 19 Q. Okay, and what is this?
 20 MS. PREDHAM:
 21 A. This was when we were doing our first attempt
 22 to clarify that panel letters had received
 23 physicians (sic.). So this is Mrs. Parsons'
 24 working notes on determining who she had to
 25 contact, the different names of the physicians

Page 92

1 that the panel letters were written to.
 2 CHAYTOR, Q.C.:
 3 Q. Okay, and this is difficult to see here, but
 4 on the copy that I have, it appears to say
 5 "Could not find pathology on these patients."
 6 Do you recall what that was about?
 7 MS. PREDHAM:
 8 A. No, I can't. Again, it's difficult without
 9 the patient names.
 10 CHAYTOR, Q.C.:
 11 Q. And there's--there was then a list of patients
 12 and then back to something about Gander
 13 patients. Page 13 seems to have a reference
 14 to St. John's, query need retesting. And then
 15 there's quite the number of patients and you
 16 can see, like there's ER and PR negative,
 17 1997; ER and PR negative, 2000; and this goes
 18 on to page 15, so it's two and a half pages of
 19 names where it appears to be "St. John's? need
 20 retesting". As of February 16th, 2006, what's
 21 this about?
 22 MS. PREDHAM:
 23 A. It may have been and I guess this is only
 24 speculation and I wouldn't be able to confirm
 25 it until I saw the names and figured it out,

Page 93

1 you know. It may have been Ms. Parsons
 2 looking in Meditech to confirm the original
 3 results and that the retest results weren't in
 4 there yet and then she didn't know if they
 5 were retested or not. That may be what it
 6 was, I'm not sure.
 7 CHAYTOR, Q.C.:
 8 Q. By this point in time, I think it's February
 9 14th, from Mount Sinai's perspective, they
 10 think they've seen the end of the
 11 retrospective study at that point.
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And there's, I believe when I counted them up,
 16 there's over 70 or close to 70, approximately,
 17 patients here that's being queried whether or
 18 not they need to be retested.
 19 MS. PREDHAM:
 20 A. In February of 2006, we shouldn't have a list
 21 that long for that, so there must be another
 22 explanation for it.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. And would it be or could it be that in
 25 querying whether or not are they on the

Page 94

1 deceased list and making sure in fact they
 2 are, I guess that wouldn't be it because you
 3 were still planning to retest the deceased as
 4 well at this point?
 5 MS. PREDHAM:
 6 A. Yes. I'm really, like I said, if I could sit
 7 down and look at--I could figure it out, but I
 8 don't know right now.
 9 CHAYTOR, Q.C.:
 10 Q. And maybe then if we get a chance, we can give
 11 you an unredacted version at one of the breaks
 12 and maybe if you could have a look. They do
 13 all appear to be ER negative.
 14 MS. PREDHAM:
 15 A. Okay.
 16 CHAYTOR, Q.C.:
 17 Q. If we could have, please, P-3010? And this is
 18 now February 17th, 2006, an e-mail from you to
 19 Dr. Williams and others. "I'm going to try
 20 this and see how this works for updating
 21 ER/PR. I've quadruple checked the addition!!!
 22 The others will require me to verbally explain
 23 to you our discussion and plan. I'll provide
 24 a further update on Monday." And the others,
 25 and I think there is another exhibit I'll take

Page 95

1 you through, because this one doesn't have
 2 anything other than that, the attachment is
 3 not there. So I think I'll just take you to
 4 another one. The reference to quadruple
 5 checking your addition and you obviously
 6 emphasize this in what you're writing here,
 7 had you sent other numbers that were in error
 8 or did you have reason to question whether or
 9 not the accuracy of what you were putting
 10 together?
 11 MS. PREDHAM:
 12 A. No, but everything--every time you'd touch
 13 this, every time you looked at it, every time
 14 somebody asked you a question, something
 15 changed on it or you learned something new
 16 which changed things. And, you know, it was
 17 just so very complicated and it was, it was
 18 very hard to keep track of, you know, to keep
 19 track of things and make sure you have
 20 everything. And I was always, if I was
 21 telling people numbers, I always wanted to
 22 make sure I was telling them as accurate as I
 23 could do.
 24 CHAYTOR, Q.C.:
 25 Q. And if we could look at, please, P-1358? And

Page 96

1 this is February 20th then and it's a panel
 2 summary, "I was looking at the table this
 3 weekend and I changed a bit from Friday to be
 4 clearer." And now we do have the attachment,
 5 would this be the same information that you
 6 had been forwarding on Friday?
 7 MS. PREDHAM:
 8 A. Yes, and what I was trying to do was--to make
 9 it easier on me, I think, was to have a
 10 running table of what was going on, so I could
 11 change it as it went on, instead of doing
 12 those long e-mails and giving that information
 13 and people could see the change as it went
 14 along. It really didn't work because of the
 15 others and it really didn't--it didn't work
 16 well.
 17 CHAYTOR, Q.C.:
 18 Q. And who are the "others" in this context?
 19 MS. PREDHAM:
 20 A. I've got two asterisks there and on the bottom
 21 I say, "They were initially identified as
 22 positive, but now on retesting are zero zero."
 23 CHAYTOR, Q.C.:
 24 Q. So those are two retro converters?
 25 MS. PREDHAM:

Page 97

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And if we could look, please, at P-3012? And
 4 this is your e-mail to Judy Budgell and Sherry
 5 Freake and I take it they're in Grand Falls?
 6 MS. PREDHAM:
 7 A. Yes, Grand Falls and Gander.
 8 CHAYTOR, Q.C.:
 9 Q. Grand Falls and Gander?
 10 MS. PREDHAM:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and February 21st, 2006, "We finished
 14 Grand Falls on Saturday and I've attached the
 15 results. I've sorted them by outcome, as you
 16 can see, there are a few we need more
 17 information on. If you can get them to me
 18 before Saturday, that would be great. We'll
 19 be meeting on Thursday and start in Gander."
 20 And then you attach here the results that, I
 21 take it from the panelling on -
 22 MS. PREDHAM:
 23 A. Well it was the entire results, so -
 24 CHAYTOR, Q.C.:
 25 Q. That's there entire results.

Page 98

1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. And two patients on this list caught my
 5 attention at the beginning here where the
 6 original was less than 10, less than 10, and
 7 then Mount Sinai, zero zero. And then it's
 8 not Cancer Clinic patient, is that what "CC"
 9 is?
 10 MS. PREDHAM:
 11 A. It says "Not a Cancer Clinic patient. If
 12 never treated, confirm negative."
 13 CHAYTOR, Q.C.:
 14 Q. And why would it be if never treated, confirm
 15 negative?
 16 MS. PREDHAM:
 17 A. That was the direction that I had gotten from
 18 the panel. As far as I understand it, their
 19 thinking was less than 10 was reported that
 20 way as to be, you know, negative, that was how
 21 the pathologist reported it, instead of saying
 22 negative, they reported less than 10.
 23 CHAYTOR, Q.C.:
 24 Q. But regardless of whether they received
 25 treatment or not, are they not confirmed

Page 99

1 negative?
 2 MS. PREDHAM:
 3 A. Well, see this is the difficult part, if they
 4 were treated as positive, if some oncologist
 5 saw less than 10 and said, well that's not
 6 zero, I must put them on Tamoxifen, well then
 7 that's another issue altogether.
 8 CHAYTOR, Q.C.:
 9 Q. Yes.
 10 MS. PREDHAM:
 11 A. But if they were considered negative by the
 12 treating physician, then they were confirmed
 13 negative.
 14 CHAYTOR, Q.C.:
 15 Q. And wouldn't that have to be investigated so
 16 that the patient could be told that perhaps
 17 they received treatment and now they were
 18 being considered totally negative?
 19 MS. PREDHAM:
 20 A. Oh, exactly, but the panel didn't have any
 21 information, so what they were saying is that
 22 we don't have any information, if this person
 23 has never been treated, then they are
 24 confirmed negative, but if they were positive
 25 and treated, then they would--you know, there

Page 100

1 would need to be further investigation.
 2 CHAYTOR, Q.C.:
 3 Q. And was that made clear then to the people in
 4 Grand Falls so they could follow up on that?
 5 MS. PREDHAM:
 6 A. Yes, because we went through--we went through
 7 these verbally with them as well after.
 8 CHAYTOR, Q.C.:
 9 Q. And then if we come down the middle of the
 10 page, I don't know if I'll be able to find it
 11 here but I think it starts around here, and
 12 this looks like it's just--is that a strongly
 13 positive, ST positive?
 14 MS. PREDHAM:
 15 A. Probably.
 16 CHAYTOR, Q.C.:
 17 Q. And then less than 5, and then 100 and zero,
 18 and confirmed positive will not be panelled,
 19 and then there's a number of those which says
 20 "confirmed positive will not be panelled".
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And why would that be?
 25 MS. PREDHAM:

Page 101

1 A. Well, they--I'm not sure about the less than
 2 30 one, but the rest, the 80/10, the positive,
 3 the 30, were all -
 4 CHAYTOR, Q.C.:
 5 Q. uh-hm.
 6 MS. PREDHAM:
 7 A. Did not get screened out. I'm not sure about
 8 the less than 30 one looking at that now.
 9 Without the name, I wouldn't be able to tell
 10 you.
 11 CHAYTOR, Q.C.:
 12 Q. Yes, so--and who made that determination, that
 13 they are confirmed positive and would not be
 14 panelled?
 15 MS. PREDHAM:
 16 A. The clinicians on the panel.
 17 CHAYTOR, Q.C.:
 18 Q. So they were brought to the panel?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. So they were brought to the panel, and isn't
 23 then the determination confirmed positive?
 24 MS. PREDHAM:
 25 A. Yes.

Page 102

1 CHAYTOR, Q.C.:
 2 Q. So why does it say "will not be panelled"?
 3 MS. PREDHAM:
 4 A. I guess they wouldn't be notified by letter,
 5 there wouldn't be a letter going out to their
 6 physician.
 7 CHAYTOR, Q.C.:
 8 Q. And how would those patients learn of their
 9 results?
 10 MS. PREDHAM:
 11 A. I know there was some discussion at one point
 12 that they would not be informed, but if they
 13 had already been called and told that they
 14 were retested, obviously, they would have to
 15 be notified.
 16 CHAYTOR, Q.C.:
 17 Q. So there was some suggestion that they would
 18 not be, and who was suggesting that?
 19 MS. PREDHAM:
 20 A. I can't really recall. That was--you know, I
 21 can remember that that was a consideration at
 22 one point.
 23 CHAYTOR, Q.C.:
 24 Q. And if we could have, please, P-2922. This is
 25 still communication back and forth between

Page 103

1 yourself, Ms. Budgell, and Ms. Freake, and
 2 this is your original e-mail we just looked
 3 at. She comes back with a question, "What is
 4 going to happen now to the ones you have
 5 panelled and treatment changes recommended,
 6 such as to treat with Tamoxifen? Glad you
 7 asked that, because I meant to tell you a
 8 letter will be sent to the most responsible
 9 physician, copied to the others listed on the
 10 chart, as well as the Grand Falls peripheral
 11 clinic", and did that in fact happen, was
 12 there a copy that went to the peripheral
 13 clinics?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. "We had a question whether you, Dr. Alteen,
 18 would like a copy of the letter for the
 19 institution's perspective, or just the
 20 spreadsheet we provided or something else.
 21 Could you have that discussion with Larry and
 22 let me know. We're open to whatever you would
 23 like. Also in a couple of weeks, Nancy and I
 24 will be calling all the people who have been
 25 sent a letter to verify their receipt, and

Page 104

1 that the patient has been informed", and I
 2 think you've mentioned to us before that you
 3 attempted to do that, you and Ms. Parsons,
 4 Nancy Parsons?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. But you had to abort that attempt?
 9 MS. PREDHAM:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. It wasn't working out. Did you get back to
 13 Ms. Budgell and Ms. Freake, and tell them that
 14 that was no longer happening, that you
 15 weren't, in fact, verifying with the
 16 physicians that they had received the panel
 17 letters?
 18 MS. PREDHAM:
 19 A. I think in this process that we involved them
 20 in helping us do that with the physicians in
 21 their areas.
 22 CHAYTOR, Q.C.:
 23 Q. So your recollection is that you told them you
 24 weren't doing it any longer, and sought their
 25 assistance in doing it?

Page 105

1 MS. PREDHAM:
 2 A. No, what we did was we sought their assistance
 3 in doing it when we went to do it. We asked
 4 them if they would contact the physicians in
 5 their areas.
 6 CHAYTOR, Q.C.:
 7 Q. So you--the responsibility for the physicians
 8 in their areas became their responsibility?
 9 MS. PREDHAM:
 10 A. Well, we asked them if they would help us.
 11 CHAYTOR, Q.C.:
 12 Q. Okay, and were you then the central contact
 13 for that--the information that they were able
 14 then to verify, did then forward that in to
 15 you?
 16 MS. PREDHAM:
 17 A. No, Ms. Parsons did that for me.
 18 CHAYTOR, Q.C.:
 19 Q. So there was, though--you kept a record.
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. Of all the contacts in that regard in your
 24 database?
 25 MS. PREDHAM:

Page 106

1 A. Yes, I think.
 2 CHAYTOR, Q.C.:
 3 Q. And did they have difficulty, or did they
 4 continue on with the pursuit in reaching the
 5 physicians in their area?
 6 MS. PREDHAM:
 7 A. Right now, I can't remember. I don't think so
 8 at that time, but that's from knowledge that I
 9 know now, not from knowledge I knew at that
 10 time.
 11 CHAYTOR, Q.C.:
 12 Q. So was your database ever complete in that
 13 regard?
 14 MS. PREDHAM:
 15 A. No.
 16 CHAYTOR, Q.C.:
 17 Q. In terms of contacts?
 18 MS. PREDHAM:
 19 A. No.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, and that included for outside Eastern
 22 Health regions and within Eastern Health
 23 region?
 24 MS. PREDHAM:
 25 A. Yes.

Page 107

1 CHAYTOR, Q.C.:
 2 Q. That task was never completed?
 3 MS. PREDHAM:
 4 A. No.
 5 CHAYTOR, Q.C.:
 6 Q. What was the difficulty in doing that, in
 7 getting in touch with the physicians to
 8 verify?
 9 MS. PREDHAM:
 10 A. It was just getting--you know, getting to
 11 speak to them, and then following up and
 12 seeing whether or not they did. It was just
 13 getting them to verify it for us.
 14 CHAYTOR, Q.C.:
 15 Q. And if we could have, please, P-2054, and it
 16 appears you're doing another briefing note on
 17 February 22nd, 2006, "Here's the information
 18 for the board. I've tried to get this in a
 19 format as clear as possible, but, of course,
 20 get in touch with you questions. Hopefully
 21 it's a bit clearer than mud", and then we see
 22 this document where you've broken down all the
 23 numbers. So by now, February 22nd, 2006, Ms.
 24 Predham, I take it everything at that point in
 25 time that you were intending to send to Mount

Page 108

1 Sinai had been sent and was back?
 2 MS. PREDHAM:
 3 A. Not back. I'm not sure if they were all back
 4 at that point in time.
 5 CHAYTOR, Q.C.:
 6 Q. Okay.
 7 MS. PREDHAM:
 8 A. Results had not been returned on approximately
 9 14 patients.
 10 CHAYTOR, Q.C.:
 11 Q. Fourteen, yes, okay. So based on this, the
 12 total number of patients that we have sent for
 13 retesting was 939, and you give a breakdown,
 14 total completed to date, total remaining to be
 15 done. I take it these are 154 at that point
 16 were remaining to be panelled -
 17 MS. PREDHAM:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. Or reviewed. This is the first time then that
 21 we see your breakdown here of the 13 and the
 22 9, and you indicate, the people who have--the
 23 category, sorry, is patient status has
 24 changed, but there are no treatment
 25 recommendations, and there's 142 in that

Page 109

1 category and that includes patients who are
 2 deemed to be at low risk for recurrence or
 3 previously could not tolerate Tamoxifen, 40,
 4 and people who have been previously treated
 5 with Tamoxifen or another aromatase inhibitor,
 6 102, and this group includes patients--this
 7 group of patients include those not placed on
 8 Tamoxifen for their original disease, but for
 9 subsequent metastatic disease, and you've
 10 identified 13. So, Ms. Predham, how did you
 11 become aware of 13 out of the 142 who would
 12 not need a treatment recommendation because
 13 they're already on the Tamoxifen or the
 14 equivalent for metastatic disease? How would
 15 you realize that?
 16 MS. PREDHAM:
 17 A. The panel clinicians would identify those.
 18 CHAYTOR, Q.C.:
 19 Q. And did the panel physicians identify those in
 20 February of 2006, or is that something they
 21 were identifying as you went through the panel
 22 process?
 23 MS. PREDHAM:
 24 A. As we went through.
 25 CHAYTOR, Q.C.:

Page 110

1 Q. So were you keeping track of that, or was
 2 anybody keeping track?
 3 MS. PREDHAM:
 4 A. I was keeping track of that for the purpose
 5 of, you know, giving that nuance to that. It
 6 was nothing that we went back at the end of
 7 the day and confirmed that we had gotten
 8 everyone. The point wasn't to be an all
 9 inclusive list here, it was more to give an
 10 idea that this category was not necessarily a
 11 good category, you know, all--there was
 12 differences within that category.
 13 CHAYTOR, Q.C.:
 14 Q. Yes. So what you're trying to say here is
 15 while these people may not need a treatment
 16 recommendation does not necessarily say that
 17 they haven't been impacted by the original
 18 erroneous result?
 19 MS. PREDHAM:
 20 A. Exactly.
 21 CHAYTOR, Q.C.:
 22 Q. Ms. Predham, in terms of your record of those
 23 13, you say you kept track at the panel
 24 sessions. Where did you ultimately record
 25 that information so that on February 22nd when

Page 111

1 you're putting this together for the Board,
 2 that you could come up with the number?
 3 MS. PREDHAM:
 4 A. I would have that in my notes that I was--that
 5 I had when I went to the panel. So I'd have a
 6 certain package of material that I always took
 7 to panel meetings with me, so I would have it
 8 there, and I believe that I entered it in the
 9 database as well.
 10 THE COMMISSIONER:
 11 Q. Sorry, I wasn't following that. You would
 12 have it in the notes that you had when you
 13 went to the panel?
 14 MS. PREDHAM:
 15 A. Yes. So when I was at the panel, I would
 16 always write down what the category is,
 17 basically, what the category was, and that if
 18 the panel clinicians made a comment that, you
 19 know, this person has been impacted by this,
 20 then I would make a note.
 21 THE COMMISSIONER:
 22 Q. Oh, okay it was not that you had predetermined
 23 this, it was -
 24 MS. PREDHAM:
 25 A. No.

Page 112

1 THE COMMISSIONER:
 2 Q. It was just on the sheet of paper that you
 3 took when you went there.
 4 MS. PREDHAM:
 5 A. Yes, it was notes that I made when I was in
 6 the panel meeting.
 7 THE COMMISSIONER:
 8 Q. Yes, all right.
 9 MS. PREDHAM:
 10 A. And from reviewing those notes.
 11 THE COMMISSIONER:
 12 Q. And you said earlier it was nothing we were
 13 keeping track of, but -
 14 MS. PREDHAM:
 15 A. It wasn't--it wasn't--it was more something
 16 that--it wasn't that, you know, the panel
 17 said, okay, here's another one to add to the
 18 list. It was more when they were discussing,
 19 and they were discussing, oh, this person has
 20 been impacted by this, then I'd make a note of
 21 it. It was nothing--I could never say it was
 22 an all inclusive list.
 23 THE COMMISSIONER:
 24 Q. Well, that was my next question. So really
 25 your 13, as a number, was based on conclusions

Page 113

1 you drew from comments made during the
 2 process, which were not necessarily designed--
 3 the process of which was not designed to
 4 determine how many of those there were?
 5 MS. PREDHAM:
 6 A. Exactly.
 7 THE COMMISSIONER:
 8 Q. So it's possible that it might be more than
 9 13, although not likely that it's less than
 10 13?
 11 MS. PREDHAM:
 12 A. It wouldn't be less, but it may be more.
 13 THE COMMISSIONER:
 14 Q. All right, thank you.
 15 CHAYTOR, Q.C.:
 16 Q. And where would those--where would we find
 17 your notes in that regard? I mean, we've
 18 looked at your spreadsheets and your
 19 handwritten comments from time to time. Is
 20 that the notes that you're referring to?
 21 MS. PREDHAM:
 22 A. I think that's where I have them written.
 23 There are when you go through them--because
 24 when I had to try to recreate the list for you
 25 of names, that's what I did, I went through

Page 114

1 that list and picked them out.
 2 CHAYTOR, Q.C.:
 3 Q. So you went through your list with the
 4 handwriting?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And wherever you wrote "metastatic", is that
 9 it?
 10 MS. PREDHAM:
 11 A. Yeah, could--yes, metastatic, or impact, I
 12 made some note to myself that I would tally it
 13 up.
 14 CHAYTOR, Q.C.:
 15 Q. And what if no physicians sitting around makes
 16 any comment of impact or metastatic?
 17 MS. PREDHAM:
 18 A. Well, then I didn't pick that up.
 19 CHAYTOR, Q.C.:
 20 Q. They wouldn't be recorded in your 13?
 21 MS. PREDHAM:
 22 A. No, and like I said, this wasn't meant to be
 23 an all inclusive list of this. This was only
 24 to--really to get people that I'm telling
 25 this--I didn't want people to think that there

Page 115

1 was no impact in that category.
 2 CHAYTOR, Q.C.:
 3 Q. So if I were to tell you that between October
 4 13th, 2005, and at least March 4th, 2006, is
 5 the last regular meeting of the panel, that
 6 there were a number of additional people who
 7 in fact had metastatic disease in the interim
 8 and they're not included in your 22--
 9 ultimately 22, or this 13, that wouldn't
 10 surprise you?
 11 MS. PREDHAM:
 12 A. Oh, no, not at all.
 13 CHAYTOR, Q.C.:
 14 Q. And when you went back to piece it together
 15 for us, I think it was in relation to the
 16 number given to the government in August of
 17 2006?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. So at that point in August of 2006, did you
 22 attempt to update this number at all?
 23 MS. PREDHAM:
 24 A. Well, no, I never attempted to update it. I
 25 was trying to identify the names of the 22.

Page 116

1 CHAYTOR, Q.C.:
 2 Q. Okay, not in August '06?
 3 MS. PREDHAM:
 4 A. Oh, no.
 5 CHAYTOR, Q.C.:
 6 Q. That was for our piece just recently.
 7 MS. PREDHAM:
 8 A. Yes.
 9 CHAYTOR, Q.C.:
 10 Q. And I take it in August of 2006, so a few
 11 months later when you get involved, you just
 12 look at and rely on the numbers that you
 13 already had put together here?
 14 MS. PREDHAM:
 15 A. Well, I hadn't--after that, I hadn't
 16 identified any--there hadn't been that same
 17 discussion at the panel to identify that.
 18 CHAYTOR, Q.C.:
 19 Q. And then you also referred to nine patients
 20 who have been impacted by the delay--sorry,
 21 the status of these people, or the category,
 22 patients status has changed and there are
 23 treatment recommendations, and there's 76 in
 24 that group. "These patients are recommended
 25 to be placed in Tamoxifen or another aromatase

Page 117

1 inhibitor. This group includes patients who
 2 have been impacted by the delay in receiving
 3 Tamoxifen", and there's nine of those.
 4 MS. PREDHAM:
 5 A. And again the same--that discussion would have
 6 been held at the panel meeting, and there was
 7 a--you know, when they were going through, I
 8 mean, that potential was always there, but
 9 these were ones that they actually in the
 10 discussion said, you know, there's been an
 11 impact here on this person.
 12 CHAYTOR, Q.C.:
 13 Q. And what did you understand them to be saying
 14 in terms of an impact?
 15 MS. PREDHAM:
 16 A. Well, that they could have benefited from--
 17 there was a progression of the disease in the
 18 length of time between the two results, and
 19 that if they were on Tamoxifen in that interim
 20 time, there may have been a slowing of the
 21 progression or not as large a progression.
 22 CHAYTOR, Q.C.:
 23 Q. And the progression of the disease meaning the
 24 original disease as opposed to a metastatic
 25 disease?

Page 118

1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. And in putting this together for the board in
 5 February of 2006, why include the numbers at
 6 all if you don't have any certainty around
 7 those numbers?
 8 MS. PREDHAM:
 9 A. Like I said, my whole point was that I just
 10 wanted to, you know, to see that there was an
 11 impact both on two sides and that you--and I
 12 didn't--of course, it started off with Dr.
 13 Williams always thinking that if there was no
 14 treatment recommendations that was, you know,
 15 the good side of it, but I just wanted to make
 16 people aware that there were people who were
 17 harmed more than all people, and it didn't
 18 affect everybody the same way.
 19 CHAYTOR, Q.C.:
 20 Q. And if we could have, please, 2055. Actually
 21 if we could go back, I'm sorry, 2054, for one
 22 moment. There was another question on page
 23 three. Actually, if I could just keep you
 24 here for a moment on the total numbers, 851
 25 patients had their results returned, and the

Page 119

1 939, how at this point in time did you come up
 2 with those numbers?
 3 MS. PREDHAM:
 4 A. I counted what we had.
 5 CHAYTOR, Q.C.:
 6 Q. And was it what was on your list?
 7 MS. PREDHAM:
 8 A. A combination of--well, it was ultimately what
 9 was on my list, but it was cross-referencing
 10 all the lists that came in from the regions
 11 and what came back from Mount Sinai, and what
 12 had been identified, Mr. Gulliver's list and
 13 Dr--no, I didn't have Dr. Cook's list, Mr.
 14 Gulliver's list.
 15 CHAYTOR, Q.C.:
 16 Q. And had you reconciled any discrepancies that
 17 you were previously aware of between your list
 18 and Mr. Gulliver's list?
 19 MS. PREDHAM:
 20 A. At this time, I had.
 21 CHAYTOR, Q.C.:
 22 Q. And under confirmed DCIS, you note that there
 23 are two, and these patients were not retested
 24 as they were diagnosed DCIS. "Review of the
 25 original pathology confirmed this. No action

Page 120

1 other than notification is required. It was
 2 an earlier practice to test these patients
 3 with this diagnosis for ER/PR, however, it has
 4 no impact in treatment. ER/PR testing is no
 5 longer done", and who--where would you get the
 6 information that it has no impact in
 7 treatment?
 8 MS. PREDHAM:
 9 A. Dr. Laing.
 10 CHAYTOR, Q.C.:
 11 Q. Dr. Laing told you that?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And under the regions, under St. John's, you
 16 indicate that you're still currently trying to
 17 locate five patients and these are the
 18 confirmed negatives, and it appears Corner
 19 Brook is having some issues as well, they are
 20 currently trying to locate seven patients, and
 21 with respect to the St. Pierre patients, Dr.
 22 Malluret has been written to convey the
 23 following information regarding that. Did you
 24 ever hear back about any difficulty in terms
 25 of the St. Pierre patients and whether or not

Page 121

1 the information had been relayed to the
 2 patients?
 3 MS. PREDHAM:
 4 A. Absolutely not. The patients who were
 5 panelled, the panel letter went to, if I do
 6 believe, oncologists at the cancer clinic, so
 7 they were communicated through that route as
 8 well, but I never heard back anything from--
 9 that wasn't working as we had planned.
 10 CHAYTOR, Q.C.:
 11 Q. And 2055, please, and it's page four of this
 12 document. This is February 23rd now, 2006,
 13 Corporate Quality Initiatives Committee
 14 meeting, and you'll see that you are in
 15 attendance and Ms. Pilgrim is chairing. Page
 16 four, under quality and risk management
 17 update, the members were presented with a copy
 18 of the November/December '05 and January '06
 19 quality and risk division monthly report.
 20 "Ms. Predham reviewed verbally and highlighted
 21 the following items. Under legal, a lot of
 22 work ongoing regarding the laboratory and
 23 ER/PR testing. Verbal review of number of
 24 patients tested and panelled was provided.
 25 Insurance company, HIROC, is reviewing.

Page 122

1 Statement of Claim received. Focus is on
 2 getting all the results communicated to the
 3 expert panel for the recommendation to the
 4 patient and patient's physician". That's
 5 similar to what had been the January 26th,
 6 2006, meeting, that I brought you to last day.
 7 MS. PREDHAM:
 8 A. I thought it was the same one.
 9 CHAYTOR, Q.C.:
 10 Q. Very similar. Cut and paste, I guess.
 11 MS. PREDHAM:
 12 A. I would think, yeah.
 13 CHAYTOR, Q.C.:
 14 Q. And what, at this point in time then, a month
 15 later, would HIROC be reviewing?
 16 MS. PREDHAM:
 17 A. They're still reviewing the case. I guess
 18 the--even the fact that it was cut and paste
 19 between the two lots of minutes is that it was
 20 still--you know, the work was just carrying
 21 on.
 22 CHAYTOR, Q.C.:
 23 Q. Yes, I believe it was the January 26th.
 24 Perhaps we could just look at P--I think it
 25 was P-0037, page nine.

Page 123

1 REGISTRAR:
 2 Q. What exhibit?
 3 CHAYTOR, Q.C.:
 4 Q. P-0037 maybe, page nine. I had a note that
 5 the other one was January 26th.
 6 REGISTRAR:
 7 Q. What was that number again?
 8 CHAYTOR, Q.C.:
 9 Q. 0037.
 10 REGISTRAR:
 11 Q. 0037?
 12 CHAYTOR, Q.C.:
 13 Q. Doesn't seem right.
 14 MS. PREDHAM:
 15 A. That's the Hay report.
 16 CHAYTOR, Q.C.:
 17 Q. No, that's not. Okay. Just seemed so
 18 familiar that I was second guessing if I had
 19 the right date. 2058, please? And this is an
 20 e-mail of February 24th, 2006, and again,
 21 you're providing a report to Dr. Williams and
 22 the others, and with respect to the retro
 23 converters, you've identified the--you say
 24 that "there's 26 results that had been
 25 reviewed last evening, and we also had a

Page 124

1 discussion and made some decisions regarding
 2 two groups, the DCIS or node tumour and retro
 3 converters, and this group are ones that are
 4 actually--were actually ER/PR positive, but
 5 it's come back from Mount Sinai as ER/PR
 6 negative. These will require review of both
 7 our slides and Mount Sinai slides, as well as
 8 the clinical history of the patient. We have
 9 five in this group right now that will be
 10 deferred to the end of the panelling, so they
 11 can be done as a group. Along with this five
 12 are four others that although had a degree of
 13 positivity when originally stained were
 14 considered clinically as negative, so they
 15 were not treated. All four have been
 16 considered as confirmed negative and
 17 contacted. They are calling"--well, I guess
 18 we don't need that part, do we?
 19 And what decision, why was it--the
 20 decision that those five will be deferred to
 21 the end of the panelling so they could be done
 22 as a group? Why was that decision made?
 23 MS. PREDHAM:
 24 A. Well, because they had to--I'm not sure why
 25 the decision they be done as a group, but they

Page 125

1 needed work done by the pathologists to review
 2 the slides, get them retested at Mount Sinai
 3 and do all that process. So it needed time to
 4 get that done.
 5 CHAYTOR, Q.C.:
 6 Q. And are those people who might be on Tamoxifen
 7 that might need to come off Tamoxifen?
 8 MS. PREDHAM:
 9 A. Could be, yes.
 10 CHAYTOR, Q.C.:
 11 Q. And was there any concern that that be done
 12 expeditiously? Why defer these people to the
 13 end?
 14 MS. PREDHAM:
 15 A. The deferring was to get the pathologists to
 16 do this background work. That's what the
 17 deferral meant, was that the pathologists had
 18 to do that work. You know, the clinicians
 19 around the table were--came up with that plan,
 20 and that was a decision that they made.
 21 CHAYTOR, Q.C.:
 22 Q. And nobody expressed any concern about that
 23 plan?
 24 MS. PREDHAM:
 25 A. Well, they came up with that plan.

Page 126

1 CHAYTOR, Q.C.:
 2 Q. And how did you--how was it determined that
 3 there's five, as of this point in time,
 4 there's five--there were nine altogether, I
 5 guess, and four had a degree of positivity and
 6 so it's been determined that they were
 7 clinically negative and had not been treated.
 8 So I take it the other five perhaps had been
 9 treated or were still being treated, and was
 10 that just ER positivity or was that also PR
 11 positivity?
 12 MS. PREDHAM:
 13 A. Well, I mean, a variation of that, and I
 14 probably should have been clearer, you know,
 15 in this e-mail, but they met the negative
 16 criteria, but they had a degree of positivity.
 17 So these were people who were retested that
 18 had a degree of positivity and because they
 19 were--they met the criteria for ER negativity
 20 from that clinical cut off that we had, they
 21 were retested. But when they came back, they
 22 came back as zero/zero.
 23 CHAYTOR, Q.C.:
 24 Q. Okay.
 25 THE COMMISSIONER:

Page 127

1 Q. So they would have been either, depending on
 2 the period of time, less than 30 or less than
 3 ten?
 4 MS. PREDHAM:
 5 A. In ER.
 6 THE COMMISSIONER:
 7 Q. In ER, but greater than one, presumably?
 8 MS. PREDHAM:
 9 A. Yes.
 10 THE COMMISSIONER:
 11 Q. And therefore met the requirement for
 12 retesting?
 13 MS. PREDHAM:
 14 A. Yes.
 15 THE COMMISSIONER:
 16 Q. But when they came back, there was no
 17 positivity because they came back as
 18 zero/zero?
 19 MS. PREDHAM:
 20 A. Or less than one, less than one. I can't
 21 remember the numbers right now, but yes,
 22 something dramatic like that, the other way.
 23 THE COMMISSIONER:
 24 Q. Okay.
 25 CHAYTOR, Q.C.:

Page 128

1 Q. So for example, if we could look at P-3006,
 2 page 34, please? And this would be out of the
 3 February 16th panel, 2006, and we have a
 4 patient who appears to have been 1998
 5 specimen. Original report, ER 25 to 30 and PR
 6 50, and came back from Mount Sinai zero/zero?
 7 MS. PREDHAM:
 8 A. Exactly. So they met the criteria for us to
 9 retest them, because based on their ER, they
 10 were considered to--the notes are here.
 11 Thought to be positive and had five years of
 12 Tamoxifen completed in 2003, and of course,
 13 needs to be told. There was not under active
 14 treatment there.
 15 CHAYTOR, Q.C.:
 16 Q. Yes, and it says "a draft letter is done.
 17 Needs to be told. Not under active treatment.
 18 Tamoxifen was unnecessary."
 19 MS. PREDHAM:
 20 A. And I guess--can you just scroll up to the
 21 date again for me?
 22 CHAYTOR, Q.C.:
 23 Q. Sure, February 16th.
 24 MS. PREDHAM:
 25 A. So this was at this time, so at this point in

Page 129

1 time, the discussion was, just to make sure
 2 that we had the right results, Dr.--and
 3 because we already had--I think it was earlier
 4 that we discovered one that had been misread
 5 and was actually background staining. So Dr.
 6 Cook wanted to get the slides reread, get the
 7 test results redone and go through that
 8 process.
 9 CHAYTOR, Q.C.:
 10 Q. And why was that felt necessary to be done for
 11 the retro converters? Was there some
 12 questioning of Mount Sinai's results?
 13 MS. PREDHAM:
 14 A. I guess it was just to confirm. We did have--
 15 over the period of time, we did have, you
 16 know, results that came back from Mount Sinai
 17 as different. Like we had one lot of results
 18 and then another lot of results came back as
 19 different. Not very often, but we did have
 20 that.
 21 CHAYTOR, Q.C.:
 22 Q. Very infrequently for 1,000 cases.
 23 MS. PREDHAM:
 24 A. Oh, exactly, but it did happen, and -
 25 CHAYTOR, Q.C.:

Page 130

1 Q. On a different block?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. Yes.
 6 MS. PREDHAM:
 7 A. But this is what, you know, the pathologist
 8 felt was necessary to do before we went
 9 further.
 10 THE COMMISSIONER:
 11 Q. So do I take it that Mount Sinai did them
 12 twice or when you talk -
 13 MS. PREDHAM:
 14 A. Mount -
 15 THE COMMISSIONER:
 16 Q. So when you got that result, would they then
 17 send them back to Mount Sinai and ask them to
 18 do them again?
 19 MS. PREDHAM:
 20 A. Yes.
 21 THE COMMISSIONER:
 22 Q. Okay.
 23 CHAYTOR, Q.C.:
 24 Q. Okay.
 25 THE COMMISSIONER:

Page 131

1 Q. Ms. Chaytor, wherever you can find a
 2 convenient spot, we'll take the morning break.
 3 CHAYTOR, Q.C.:
 4 Q. Well, actually, this might be a good place,
 5 because I was about to go into a different
 6 area.
 7 THE COMMISSIONER:
 8 Q. All right then.
 9 CHAYTOR, Q.C.:
 10 Q. I have other questions on the retro converters
 11 for you, but it comes up a little bit later,
 12 and so I'll bring you back to that.
 13 MS. PREDHAM:
 14 A. Okay.
 15 THE COMMISSIONER:
 16 Q. We'll take 15 minutes.
 17 (BREAK)
 18 THE COMMISSIONER:
 19 Q. Please be seated. Ms. Chaytor?
 20 CHAYTOR, Q.C.:
 21 Q. Thank you, Commissioner. If we could go back,
 22 I believe over the break you've had an
 23 opportunity to look at P-3008 and these were
 24 your handwritten notes.
 25 MS. PREDHAM:

Page 132

1 A. Nancy Parsons' handwritten notes.
 2 CHAYTOR, Q.C.:
 3 Q. I'm sorry, yes, and Ms. Predham, I had been
 4 asking you about, I think it was, page 13.
 5 There was a query about a list of patients in
 6 St. John's, "St. John's query, need
 7 retesting," and then there's two pages and a
 8 bit. Having just looked briefly over this, is
 9 there anything--any light that you can shed on
 10 what this might have been about?
 11 MS. PREDHAM:
 12 A. It appears--I recognized a lot of the names of
 13 those patients who were deceased, and in fact,
 14 some of them were ones that recently had been
 15 retested. So I think this was the outstanding
 16 deceased list, I would think.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, thank you. And if we could look,
 19 please, at P-3006, and it's page 38 of this
 20 document, please? Okay, and this is another
 21 patient appears that came up at the physician
 22 review panel on February 16th, 2006, and this
 23 person has an original ER/PR ten/ten and I
 24 think it says "before mastectomy" and then
 25 there's a 40/zero, and then that's crossed

Page 133

1 off, the ten/ten and Mount Sinai zero/zero is
 2 crossed off, biopsy five/zero, and then
 3 there's more numbers over here, maybe after
 4 mastectomy?
 5 MS. PREDHAM:
 6 A. It looks like that, yes.
 7 CHAYTOR, Q.C.:
 8 Q. Yes, ten -
 9 MS. PREDHAM:
 10 A. Or it looks like something mastectomy
 11 specimen.
 12 CHAYTOR, Q.C.:
 13 Q. Yes, mastectomy specimen, ten, zero, zero,
 14 zero. Biopsy result and mastectomy result.
 15 Previously treated with Tamoxifen, May 2005
 16 through October 2005, August 2005, looks like,
 17 recurrence of disease, but that might be
 18 crossed off, biop, biopsy, I guess. "We
 19 consider patient hormone negative" and
 20 MS. PREDHAM:
 21 A. Should not be given further hormonal
 22 treatment, ER/PR metastatic breast cancer.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, and if we look at P-3011, please, and
 25 page two of this document? There's a letter

Page 134

1 then on February 17th, the next day, written
 2 to Dr. McCarthy by Dr. Laing, so one of the
 3 panel letters, referencing a patient who is
 4 diagnosed with breast cancer in 2004. The
 5 original report from biopsy showed 40 percent
 6 staining and zero staining for progesterone.
 7 A repeat report from Mount Sinai shows the
 8 five/zero, and then a second specimen was
 9 taken in April 2005, post mastectomy, and
 10 original report showed ten/zero and repeat for
 11 Mount Sinai, zero/zero respectively. Patient
 12 was discussed on February 16th '06. The panel
 13 considers this patient to be hormone negative
 14 and recommends that she not be given further
 15 hormonal treatment for metastatic breast
 16 cancer, and it's asked to be communicated to
 17 the patient.
 18 So would this patient be someone
 19 considered to be a retro converter?
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. And would she have been included in the five
 24 people that we saw referenced in your update?
 25 MS. PREDHAM:

Page 135

1 A. I wouldn't be able to tell that for sure until
 2 I saw her name.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, but would you consider then that such a
 5 patient would be included?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. And do you know then whether or not her letter
 10 went out on February 17th, 2006?
 11 MS. PREDHAM:
 12 A. I know that we had--when we reviewed the list
 13 of retro converters in May, it may have been
 14 June, but I think it was in May, that there
 15 were some that already had letters sent out
 16 on. So I can only assume that that letter
 17 went as well.
 18 CHAYTOR, Q.C.:
 19 Q. So the decision to review then the retro
 20 converters, why did that come up in June then?
 21 Why was there a decision then--there were
 22 some, I take it, that were put on hold and not
 23 looked at until June, May or June?
 24 MS. PREDHAM:
 25 A. Yes.

Page 136

1 CHAYTOR, Q.C.:
 2 Q. But there were some that were dealt with at
 3 the time. Why was there a distinction? Like
 4 there doesn't appear that anybody went off and
 5 reviewed her slides. For example, there's no
 6 reference to that.
 7 MS. PREDHAM:
 8 A. I guess the biggest thing was that she was
 9 currently receiving Tamoxifen. The last one
 10 that we looked at before the break, she had
 11 finished her course of Tamoxifen. So I guess
 12 it was--and I'm only guessing now. I'd have
 13 to see the names and do that, but I guess
 14 that's what the panel decided to do at that
 15 time.
 16 CHAYTOR, Q.C.:
 17 Q. And if we could go back, please, to 3006, page
 18 38? Okay, and did you see something here to
 19 say that she was currently on Tamoxifen?
 20 Previously treated -
 21 MS. PREDHAM:
 22 A. Well, it was -
 23 CHAYTOR, Q.C.:
 24 Q. - in October.
 25 MS. PREDHAM:

Page 137

1 A. In October of '05, and will she not be given
 2 any further hormonal treatment.
 3 CHAYTOR, Q.C.:
 4 Q. Um-hm. Not sure?
 5 MS. PREDHAM:
 6 A. Pardon?
 7 CHAYTOR, Q.C.:
 8 Q. Not sure if -
 9 MS. PREDHAM:
 10 A. No, it says there "should not be given any
 11 further hormonal treatment" so, you know,
 12 taking that again, not knowing the name, not
 13 looking at the information.
 14 CHAYTOR, Q.C.:
 15 Q. Not clear whether or not though she's
 16 currently on any treatment?
 17 MS. PREDHAM:
 18 A. To me, it wouldn't look like that, but you're
 19 right, I can't say for 100 percent sure.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, and if we could have, please, P-0117?
 22 And this is an e-mail from yourself--P-1117,
 23 sorry, I missed a one. That's better. E-mail
 24 of March 15th, 2006 from you to a number of
 25 people, Mr. Gulliver, Dr. Williams, Susan

Page 138

1 Bonnell, Patricia Pilgrim, Don Cook, Nash
 2 Denic, Pam Elliott, Sharon Smith. "Hi, just
 3 an FYI. My sources in Health Records informs
 4 me that Dr. Charlie Hutton has been retained
 5 by a law firm and is currently reviewing a
 6 number of charts related to ER/PR. She is
 7 compiling a list of all the charts and I will
 8 let you know the results. He does the
 9 majority of his work for Ches Crosbie, but he
 10 also does occasional job for Roebothan McKay
 11 and Marshall." Ms. Predham, what's this all
 12 about?
 13 MS. PREDHAM:
 14 A. Health Records informs us in Quality if they
 15 get a letter from a law firm that implies that
 16 there's medical malpractice so we can do a
 17 review to see if there's anything we should be
 18 aware of that we haven't discovered by any
 19 other source. It's the same way of occurrence
 20 reporting. It's the same type of thing, but
 21 it's one of the ones to cover off that, and
 22 they called me up to tell me that Dr. Hutton
 23 was there reviewing a large quantity of charts
 24 related to ER/PR and she thought I'd like to
 25 know.

Page 139

1 CHAYTOR, Q.C.:
 2 Q. But is it your normal practice that then you
 3 would tell that to such a broad number of
 4 people throughout the organization, including
 5 communications people?
 6 MS. PREDHAM:
 7 A. Well, it would be my normal practice. I would
 8 tell the program director and clinical chief,
 9 that would be no problem. Dr. Denic was
 10 coming on line as clinical chief there.
 11 That's why he's included. I would also tell
 12 Ms. Elliott and Ms. Pilgrim, because I report
 13 to them, and of course, I mean, this was such
 14 a broad issue. It involved the Cancer Clinic.
 15 I'm not really sure why I included Ms.
 16 Bonnell, but sometimes I do that.
 17 CHAYTOR, Q.C.:
 18 Q. And why would Mr. Gulliver or Dr. Cook or Dr.
 19 Denic be entitled to know the information?
 20 MS. PREDHAM:
 21 A. It's just making them aware, the same way I
 22 let them know that we've had a statement of
 23 claim.
 24 CHAYTOR, Q.C.:
 25 Q. So these are patients who would have retained

Page 140

1 Dr. Hutton and given him permission to look at
 2 their charts, and it's deemed appropriate that
 3 you could tell all these people that these
 4 particular patients have retained Dr. Hutton
 5 to be of assistance to them?
 6 MS. PREDHAM:
 7 A. I don't think I would let them know that it
 8 was this patient, this patient, and this
 9 patient. I guess I was going to let them know
 10 the results, if it was a majority of patients
 11 or which ones in particular, but that's a
 12 well-established practice in, I think, all
 13 hospitals that Health Records will let people
 14 in Quality and/or risk management know when
 15 there is a request for a chart for any kind of
 16 liability issue.
 17 CHAYTOR, Q.C.:
 18 Q. Yes, and you've equated that in your remarks
 19 when you began as no different than occurrence
 20 reporting, but when you get occurrence
 21 reporting, you don't go out and tell a whole
 22 broad range of people within the institution
 23 that "I've received an occurrence report" from
 24 a particular individual.
 25 MS. PREDHAM:

Page 141

1 A. Well, the occurrence report comes through the
 2 leadership team. It comes through the
 3 management and/or the program director, so it
 4 comes a different route.
 5 CHAYTOR, Q.C.:
 6 Q. And this includes people much broader than the
 7 leadership team of the lab.
 8 MS. PREDHAM:
 9 A. Well, this is such a broad issue. I mean, you
 10 know, Dr. Williams, Mr. Gulliver and Dr. Cook
 11 and Dr. Denic report to Dr. Williams, so it's
 12 not, you know, everyone who's around, but this
 13 is just key people that have been involved.
 14 CHAYTOR, Q.C.:
 15 Q. And it says "she's compiling a list of all the
 16 charts and I will let you know the results."
 17 So that, when I read that, you're going to let
 18 them know the list of the people whose charts
 19 have been reviewed.
 20 MS. PREDHAM:
 21 A. No. No, I would never send them and say
 22 "these are the people that are reviewing the
 23 charts."
 24 CHAYTOR, Q.C.:
 25 Q. So what were you going -

Page 142

1 MS. PREDHAM:
 2 A. I would tell them that there's 10 or there was
 3 20 or, you know, these are people who have
 4 already been panelled or some kind of synopsis
 5 like that.
 6 CHAYTOR, Q.C.:
 7 Q. So you agree it wouldn't be appropriate to let
 8 them know the names of the patients who have
 9 retained Dr. Hutton to review their chart?
 10 MS. PREDHAM:
 11 A. No, I would never have--I never send a list
 12 like that around.
 13 CHAYTOR, Q.C.:
 14 Q. And you would never provide that information
 15 to anyone else?
 16 MS. PREDHAM:
 17 A. It depends on the circum--you know, if -
 18 CHAYTOR, Q.C.:
 19 Q. To this list of people, who are -
 20 MS. PREDHAM:
 21 A. To this list of people, I would not send this
 22 list around, no, but if tomorrow, if somebody-
 23 -if Health Records called and said a patient
 24 has retained a lawyer and is looking at a
 25 chart and I review that chart and find out

Page 143

1 that we had an issue that I didn't know about
 2 and that the leadership team didn't know
 3 about, well obviously, I'm going to talk about
 4 that individual thing from the perspective of
 5 we've become aware that this issue has arisen,
 6 not from a perspective of they've retained a
 7 lawyer.
 8 CHAYTOR, Q.C.:
 9 Q. But you're well aware about this issue, and
 10 you're not going to be telling them that an
 11 issue has arisen. The only possible
 12 additional information would be who of the
 13 patients in fact are pursuing this and have
 14 retained a lawyer and Dr. Hutton to work with
 15 them in pursuit of their claim.
 16 MS. PREDHAM:
 17 A. It wouldn't be the names. I would only tell
 18 them the grouping of people, if there was a
 19 group, or the volume.
 20 CHAYTOR, Q.C.:
 21 Q. And in no instance would you be giving any of
 22 this information to Susan Bonnell?
 23 MS. PREDHAM:
 24 A. No, absolutely not. I would never tell her
 25 the names at all, and actually, I don't think

Page 144

1 I ever got a list from Health Records.
 2 CHAYTOR, Q.C.:
 3 Q. And potentially, could those same people be
 4 the people that you are phoning and speaking
 5 to on the phone?
 6 MS. PREDHAM:
 7 A. Oh, they could. You know, when we called
 8 people, people did tell us that they had
 9 already contacted Mr. Crosbie or someone else
 10 possibly.
 11 CHAYTOR, Q.C.:
 12 Q. Ms. Predham, were you involved in an ATIPP
 13 request or responding to an ATIPP request by
 14 Mark Quinn of the CBC in March of 2006?
 15 MS. PREDHAM:
 16 A. I received it because I was ATIPP coordinator
 17 for the Health Care Corporation and in the
 18 interim, I was acting as ATIPP coordinator for
 19 Eastern Health.
 20 CHAYTOR, Q.C.:
 21 Q. And if we could look, please, at P-0116
 22 (sic.)? Did you have any involvement in the
 23 decisions around information which was to be
 24 provided to Mark Quinn?
 25 MS. PREDHAM:

Page 145

1 A. No, I didn't want to be hands on with that,
 2 because I felt that was a conflict of
 3 interest.
 4 CHAYTOR, Q.C.:
 5 Q. And how so? Why would it be a conflict of
 6 interest for you to be involved in that?
 7 MS. PREDHAM:
 8 A. Well, I was so involved in the ER/PR issue, I
 9 wouldn't want to be seen to be hand picking
 10 things out that I didn't think had to go in
 11 that involved me.
 12 CHAYTOR, Q.C.:
 13 Q. So anything that might involve you?
 14 MS. PREDHAM:
 15 A. I mean, that was my perception. I just--I was
 16 so involved and my name was everywhere. I
 17 didn't want anyone to think that I was, you
 18 know, cherry picking anything out.
 19 CHAYTOR, Q.C.:
 20 Q. And this is an e-mail of March 13th, it
 21 originates, 2006, and it ends up being
 22 forwarded for your information, and that of
 23 Susan Bonnell and Robert Williams, a letter to
 24 Mark Quinn, CBC, from Deputy Minister re:
 25 ATIPP release of information PR/ER March 2006,

Page 146

1 and up here in the corner, it looks like "e-
 2 mailed to Pam Elliott and Heather Predham,
 3 March 14th, 2006." So do you recall receiving
 4 a copy of this letter which went to--a letter
 5 to Mark Quinn from the Deputy Minister? Do
 6 you recall receiving that?
 7 MS. PREDHAM:
 8 A. I don't have a strong memory of it.
 9 CHAYTOR, Q.C.:
 10 Q. And why would--I take it Joyce Penney is Mr.
 11 Tilley?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. Mr. Tilley is sending--why would he send that
 16 to--why would he send this to the three of
 17 you, Dr. Williams, yourself and Susan Bonnell?
 18 MS. PREDHAM:
 19 A. I guess Dr. Williams and Susan Bonnell because
 20 it was ER/PR, but myself because I was ATIPP
 21 coordinator, and I guess he was letting me
 22 know that we potentially were going to have an
 23 ATIPP request.
 24 CHAYTOR, Q.C.:
 25 Q. And did you provide any advice to Mr. Tilley

Page 147

1 on the issue of Government's response to the
 2 ATIPP request that Government had received
 3 from Mr. Quinn?
 4 MS. PREDHAM:
 5 A. No, this was the first I heard of that there
 6 was an ATIPP request in.
 7 CHAYTOR, Q.C.:
 8 Q. And you would, as you say, have been the ATIPP
 9 coordinator for Eastern Health at the time?
 10 MS. PREDHAM:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. Okay, and if we could look, please, at P-1675?
 14 If Mr. Tilley were to consult with somebody in
 15 Quality and Risk Management on an issue
 16 regarding ATIPP, who would you expect him to
 17 contact?
 18 MS. PREDHAM:
 19 A. I would expect him to contact me.
 20 CHAYTOR, Q.C.:
 21 Q. Page three of this document, and you'll see,
 22 Ms. Predham, this is--the cover letter is just
 23 coming to us from Mr. Pritchard, and page
 24 three is a page from the briefing note of July
 25 20th, 2005, and you'll see highlighted in

Page 148

1 green here is the paragraph that refers to Dr.
 2 Williams having asked that an investigation be
 3 conducted into the five-week stoppage of
 4 immunoperoxidase staining for ER/PR receptors
 5 in 2003 by Dr. Ejeckam, and we have heard from
 6 others, the Commissioner has heard that in
 7 this request or response to the request by the
 8 Government to Mr. Quinn, this paragraph was
 9 deleted from what they provided, and there's
 10 been evidence--Mr. Tilley testified that he
 11 would have passed the information on to Reg
 12 Coates. It says here "spoke to George Tilley,
 13 QA removed. Should be kept out" or "QA should
 14 be kept out." And Mr. Tilley has said that--
 15 or Mr. Coates has said that he spoke to Mr.
 16 Tilley and it was Mr. Tilley's advice that
 17 this should be removed as being part of a
 18 quality initiatives basically. And Mr. Tilley
 19 then testified that he would have passed this
 20 information on to Mr. Coates on the advice of
 21 someone from the Quality Initiatives
 22 department.
 23 MS. PREDHAM:
 24 A. He certainly didn't ask me.
 25 CHAYTOR, Q.C.:

Page 149

1 Q. Did Mr. Tilley speak to you about this issue
 2 at all?
 3 MS. PREDHAM:
 4 A. No.
 5 CHAYTOR, Q.C.:
 6 Q. So are you the person who advised, either
 7 directly or indirectly, Mr. Tilley that this
 8 paragraph should be deleted as part of a QA
 9 process?
 10 MS. PREDHAM:
 11 A. Absolutely not.
 12 CHAYTOR, Q.C.:
 13 Q. Do you know who did?
 14 MS. PREDHAM:
 15 A. No.
 16 CHAYTOR, Q.C.:
 17 Q. Have you, other than through this process,
 18 heard of such an assertion?
 19 MS. PREDHAM:
 20 A. No.
 21 CHAYTOR, Q.C.:
 22 Q. Have any knowledge whatsoever as to how this
 23 paragraph would have come to be deleted?
 24 MS. PREDHAM:
 25 A. No.

Page 150

1 CHAYTOR, Q.C.:
 2 Q. And at this point in time, in QI, you would
 3 be, however, the person responsible for
 4 responding to Eastern Health's ATIPP request?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. Do you agree with the assertion that this
 9 information should be removed because it's
 10 related to quality initiatives?
 11 MS. PREDHAM:
 12 A. No.
 13 THE COMMISSIONER:
 14 Q. Do I understand then that the premise that
 15 references to matters which have to do with
 16 quality initiatives should not be made
 17 available under an ATIPP request is not
 18 something that you're familiar with?
 19 MS. PREDHAM:
 20 A. Oh, I am familiar with that, but I don't think
 21 that meets that criteria. That was not--you
 22 know, Dr. Williams investigating that five-
 23 week stoppage, I wouldn't look at as a QA
 24 activity to meet that criteria.
 25 CHAYTOR, Q.C.:

Page 151

1 Q. And when Eastern Health responded to Mr.
 2 Quinn's ATIPP request, do you know if this
 3 paragraph was deleted from Eastern Health's
 4 package?
 5 MS. PREDHAM:
 6 A. I do remember a discussion. Like I said, I
 7 wasn't directly involved in that. I was
 8 providing some assistance in logistics with
 9 the person in our department who had to do
 10 that because with--just as a background with
 11 the ATIPP legislation, there has to be an
 12 ATIPP coordinator, and then there has to be a
 13 backup ATIPP coordinator identified and the
 14 backup ATIPP coordinator was Nancy Parsons.
 15 So neither one of us felt comfortable being
 16 involved in this. I do remember there was
 17 discussion that the Department of Health had
 18 released information and that something was
 19 blacked out of ours and that they felt that it
 20 should be the same. Whatever reason the
 21 Department of Health didn't do, we should
 22 black out ours to reflect that as well.
 23 CHAYTOR, Q.C.:
 24 Q. So that was communicated at the time?
 25 MS. PREDHAM:

Page 152

1 A. Yes, I can remember that discussion, but I
 2 didn't know what it was that was blacked out.
 3 CHAYTOR, Q.C.:
 4 Q. And you say Nancy Parsons was the backup ATIPP
 5 coordinator?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. Do you have any reason to believe if Nancy had
 10 been contacted by Mr. Tilley, do you believe
 11 that you would know about it?
 12 MS. PREDHAM:
 13 A. Oh, if Nancy was contacted, yes, she would
 14 have asked me about it, because at that point
 15 in time, we've had ATIPP requests, but we
 16 didn't have a lot and the ATIPP requests that
 17 we have had, I'd been there for all of them.
 18 So Nancy wouldn't have had much experience in
 19 dealing with one, so she definitely would have
 20 approached me.
 21 CHAYTOR, Q.C.:
 22 Q. And are you saying, to your knowledge, that
 23 Government suggested that Eastern Health
 24 should omit the same information that
 25 Government had omitted?

Page 153

1 MS. PREDHAM:
 2 A. No, no.
 3 CHAYTOR, Q.C.:
 4 Q. Who made that suggestion?
 5 MS. PREDHAM:
 6 A. There was some suggestion within Eastern
 7 Health that they knew, someone knew, that
 8 there was a section withheld from this ATIPP
 9 request and that ours should look like that.
 10 CHAYTOR, Q.C.:
 11 Q. And who would know that? Who's having that
 12 discussion?
 13 MS. PREDHAM:
 14 A. I can't--it could have been Mr. Tilley. I
 15 don't know.
 16 CHAYTOR, Q.C.:
 17 Q. If we could look at P-0403, please? And this
 18 is your e-mail of March 15th, 2006 to a number
 19 of people, including Dr. Williams and Mr.
 20 Tilley, and it's copied to a number of other
 21 people. "Hello everyone. I just received the
 22 ATIPP request from Mark Quinn at CBC for all
 23 reports, memos, letters, briefing notes and e-
 24 mails at the Eastern Regional Health Authority
 25 between May 1, 2005 and the present regarding

Page 154

1 hormone receptor tests for people with breast
 2 cancer. A couple of things. First, I can't
 3 handle this request. Pam and I have chatted
 4 about this already. Since I've been so
 5 involved, we certainly don't want any
 6 perception of bias in completing the request.
 7 I'm not sure who will coordinate the request.
 8 We will have to determine that tomorrow, but
 9 we will let you know."
 10 Secondly, you are advising them the clock
 11 has started to tick and that there's 30
 12 calendar days to complete. "We have to gather
 13 all the information together to review it and
 14 see what information must be excluded from
 15 release. The two biggest issues will, of
 16 course, be the personal information and
 17 information pertaining to a quality review,
 18 and therefore protected under the Evidence
 19 Act. The person coordinating the release of
 20 information will get us all together in the
 21 very near future. If you have any questions,
 22 let me know."
 23 Now was it you or Ms. Elliott that was
 24 concerned that there could be a perception of
 25 bias if you were to remain involved in this

Page 155

1 process?
 2 MS. PREDHAM:
 3 A. Oh, it was me. Well, I brought it forward.
 4 She agreed with me.
 5 CHAYTOR, Q.C.:
 6 Q. And what aspect of your involvement is it that
 7 could potentially create a perception of bias?
 8 MS. PREDHAM:
 9 A. Well, you know, my name is, as you can see,
 10 throughout everything, e-mails, and I just
 11 felt uncomfortable, if I was going to write
 12 even the cover letter and sign that off, that
 13 it would look like, you know, "did she do this
 14 independently?" or you know, was there things
 15 that I could keep back that, you know, I might
 16 feel uncomfortable about.
 17 CHAYTOR, Q.C.:
 18 Q. So you wouldn't sign the cover letter to go
 19 out?
 20 MS. PREDHAM:
 21 A. Well, I didn't want to handle the request. I
 22 didn't want any perception that maybe I unduly
 23 influenced anything with this request.
 24 CHAYTOR, Q.C.:
 25 Q. And was it the perception of bias that you

Page 156

1 were most concerned about or any element of
 2 bias entering into the process or was it just
 3 the perception?
 4 MS. PREDHAM:
 5 A. Well, I didn't want any bias, but I certainly
 6 didn't want to--I didn't think I would be
 7 biased. I think I could have fulfilled the
 8 ATIPP request and did a good job on it, but I
 9 didn't want anyone to think that there could
 10 be any bias there.
 11 CHAYTOR, Q.C.:
 12 Q. And did it have anything to do with your role,
 13 the roles that you played throughout this and
 14 your actual position within Eastern Health?
 15 MS. PREDHAM:
 16 A. Well, no, as my position as risk manager, I
 17 was ATIPP coordinator as well.
 18 CHAYTOR, Q.C.:
 19 Q. And so your role, for example, as liaison with
 20 the insurer in matters including this matter,
 21 you weren't concerned that Mr. Quinn receiving
 22 that might think that you're somehow--there
 23 might be a bias that you are the person
 24 coordinating the request when you're also the
 25 person who's liaising with the insurer?

Page 157

1 MS. PREDHAM:
 2 A. No.
 3 CHAYTOR, Q.C.:
 4 Q. So you weren't concerned about that?
 5 MS. PREDHAM:
 6 A. No, absolutely not.
 7 CHAYTOR, Q.C.:
 8 Q. Why were you concerned that there might be a
 9 perception of bias in what you would permit to
 10 be disclosed to Mr. Quinn, and ultimately he's
 11 the vehicle to the public, and not be
 12 concerned that there might be a perception of
 13 bias in your involvement as to what could be
 14 disclosed to patients?
 15 MS. PREDHAM:
 16 A. Since I started as, I mean, first became
 17 involved in Quality and certainly as a risk
 18 manager, I've been involved in a lot of
 19 disclosures with patients.
 20 CHAYTOR, Q.C.:
 21 Q. In particular, on this issue, I'm just
 22 wondering why there would be a perception that
 23 you would be biased in what would be disclosed
 24 to the public, but you don't share the same
 25 concern that there could be a perception of

Page 158

1 bias as to what you see fit to disclose to
 2 patients?
 3 MS. PREDHAM:
 4 A. I think in this part, this was a collection of
 5 documents and I was just concerned that I had
 6 so many documents and I had so much
 7 information, that I didn't want anyone to
 8 think that I wasn't releasing all the
 9 information that I had. That was--talking to
 10 patients and explaining things to them is part
 11 of my job.
 12 CHAYTOR, Q.C.:
 13 Q. So you contacted many patients and spoke to
 14 many patients over the course of this.
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. You sat on the Physician Review Panel where
 19 decisions were made as to whether patients
 20 would be contacted and how and in what manner
 21 they would be contacted, and that didn't cause
 22 you any discomfort in terms of could that be
 23 perceived--"could I be somehow perceived as
 24 being biased in my role that I'm playing with
 25 respect to patient disclosure?"

Page 159

1 MS. PREDHAM:
 2 A. No.
 3 CHAYTOR, Q.C.:
 4 Q. And in speaking to the patients, you didn't
 5 tell them the many hats you wear in the
 6 institution in terms of the liaison with the
 7 insurance company?
 8 MS. PREDHAM:
 9 A. No.
 10 CHAYTOR, Q.C.:
 11 Q. Nor your risk management slant that was
 12 causing you concern about social workers
 13 giving out the name of the lawyer who might be
 14 initiating legal action?
 15 MS. PREDHAM:
 16 A. I certainly didn't discuss that with patients.
 17 I've had many discussions with patients over
 18 the years about their pursuit of retaining a
 19 lawyer.
 20 CHAYTOR, Q.C.:
 21 Q. Ms. Predham, and looking back on it now, do
 22 you think maybe there might be a concern of
 23 any perception of bias on your part?
 24 MS. PREDHAM:
 25 A. No, because a risk management and risk

Page 160

1 manager's role is to create a safe environment
 2 for their patients, and you know, in
 3 discussing that and having that clear
 4 information to those patients, that's a
 5 critical part of the role. The liaison with
 6 the insurer is a small part of the role of a
 7 risk manager.
 8 CHAYTOR, Q.C.:
 9 Q. And it's also your role when they make contact
 10 with an expert to have their charts reviewed
 11 to compile a list of their names and to give
 12 that information to others within the
 13 institution?
 14 MS. PREDHAM:
 15 A. No, I wouldn't share a list of the names. The
 16 use of Health Records to identify when there's
 17 issues is the same purpose as an occurrence
 18 report. "Is this something you are aware of?
 19 If not, I think you should look into it." Not
 20 "oh look who's suing us now." It's not that
 21 perception at all.
 22 CHAYTOR, Q.C.:
 23 Q. If we could just continue on with 0403. After
 24 stating that you can't handle the request for
 25 fear of perception of bias, you continue on

Page 161

1 then in the second to last paragraph to state
 2 what information or types of information that
 3 will have to be excluded. If you are
 4 concerned that there could be a perception of
 5 biased, why are you providing any advice on
 6 this matter at all?
 7 MS. PREDHAM:
 8 A. Well, I could have left that until the person
 9 got identified and gone through that course,
 10 but as I said under number two, the clock has
 11 started to tick and we had 30 calendar days to
 12 gather everything. So I just wanted to--and I
 13 also didn't want to be inundated with
 14 questions from people, "are you saying that
 15 we're going to release the"--for instance, Dr.
 16 Banerjee's report. So I just wanted to make
 17 sure that that would be clear. And the other
 18 issue, "are you going to release all this
 19 personal information?" So that was just to be
 20 clear of--that's two limitations that possibly
 21 could come up.
 22 CHAYTOR, Q.C.:
 23 Q. So what were you considering to be information
 24 pertaining to a quality review?
 25 MS. PREDHAM:

Page 162

1 A. At that time, I was considering the peer
 2 review documents.
 3 CHAYTOR, Q.C.:
 4 Q. Which were what?
 5 MS. PREDHAM:
 6 A. Dr. Banerjee's and Ms. Wegrynowski's reports.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. Which you didn't consider to be peer
 9 review though?
 10 MS. PREDHAM:
 11 A. As a quality review, I considered them as
 12 quality review.
 13 CHAYTOR, Q.C.:
 14 Q. Did it, in your mind, including Dr. Ejeckam's
 15 memos?
 16 MS. PREDHAM:
 17 A. I hadn't really thought about it at that point
 18 in time.
 19 CHAYTOR, Q.C.:
 20 Q. And were -
 21 MS. PREDHAM:
 22 A. The request was from May 1st, 2005 to present.
 23 So all reports and memos from there. So you
 24 know, that's only thinking about it now, but I
 25 didn't think about it at the time.

Page 163

1 CHAYTOR, Q.C.:
 2 Q. And you indicate "the person coordinating this
 3 release of information will get us all
 4 together in the very near future," and did
 5 that happen, and were you involved?
 6 MS. PREDHAM:
 7 A. I was involved at the beginning. I'm not sure
 8 if I got near the--it got together right away.
 9 I know I went on holidays when most of the
 10 work for this happened. I did advise the
 11 person, and I went with her when we searched a
 12 couple of computers, and just to give her some
 13 tips. She did the search and I just went
 14 through, this is what you would do.
 15 CHAYTOR, Q.C.:
 16 Q. Why would you all get together? Is that what
 17 normally happens when you respond to an ATIPP
 18 request?
 19 MS. PREDHAM:
 20 A. Yes. What we have--and like I said, we didn't
 21 have a lot of ATIPP requests, but we did have
 22 a few at that time, and usually the custodians
 23 of the information, we'd get together sooner
 24 than later, because we had to see what we had,
 25 what information we had and what exactly has

Page 164

1 been requested. For example, we had one
 2 request from somebody wanted all the financial
 3 reports for a certain section of our
 4 organization for certain years. So I had to
 5 get budgeting staff together to say "okay,
 6 what can we get? Does it meet this request?"
 7 and the person making the request wanted
 8 certain information laid out a certain way and
 9 that wasn't the way that budgeting did that.
 10 So I had to go back to the person who was
 11 making the request to see if "this is what we
 12 have. Does that meet your needs?" or "are you
 13 asking us to look for something else which
 14 will take longer?" or you know, it was that
 15 kind of back and forth between the person
 16 making the request and what we had.
 17 CHAYTOR, Q.C.:
 18 Q. But in this situation, wouldn't everybody who
 19 has anything of relevance, just forward it to
 20 the person coordinating, and the person
 21 coordinating then would follow up with whoever
 22 has information that needs to be followed up
 23 on, or just send it all out? Like, why would
 24 you have to sit down and meet on it?
 25 MS. PREDHAM:

Page 165

1 A. To tell you the truth, that was my assumption
 2 that that's what would happen. I wasn't
 3 coordinating it, so I don't actually know what
 4 happened. I wasn't even in town, so I don't
 5 know what happened.
 6 CHAYTOR, Q.C.:
 7 Q. If we could have, please, 2065. So you
 8 weren't in town when--you were in town when
 9 the release of information went out, I take
 10 it?
 11 MS. PREDHAM:
 12 A. Yes, I was back by then. The day before,
 13 actually.
 14 CHAYTOR, Q.C.:
 15 Q. Page six, please. This is your original e-
 16 mail and then you clarify the time period for
 17 the search of documents, and then Ms. Pilgrim
 18 gets back and says, "In my opinion, this has
 19 to stay with quality for now. We cannot have
 20 individual programs and departments taking the
 21 lead and responding to these requests. If it
 22 means we have to put an extra resource in
 23 quality until we get our permanent structure
 24 worked out, well, that is what we will have to
 25 do. Some "one" person has to coordinate

Page 166

1 this", and it's her thoughts for what they're
 2 worth. "I didn't mean that it wouldn't be
 3 someone from here", is your response back to
 4 Ms. Pilgrim, "I just need everyone to gather
 5 the information and someone here will
 6 coordinate the review and determine what needs
 7 to be exempted, which is usual. It just
 8 shouldn't be me. Call me. Do I need to
 9 clarify this with everyone". So Ms. Pilgrim
 10 is of the opinion that it should stay in your
 11 department?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And who ultimately coordinated the handling of
 16 this ATIPP request?
 17 MS. PREDHAM:
 18 A. Ms. Deanne Emberley.
 19 CHAYTOR, Q.C.:
 20 Q. Deanne Emberley?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. And Ms. Emberley was one of the people
 25 involved in phoning the patients, the same Ms.

Page 167

1 Emberley?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. And if we just look at page eight of this
 6 document, and this is from Dianne Smith, and
 7 remind us who's Ms. Smith?
 8 MS. PREDHAM:
 9 A. Ms. Pilgrim's secretary, administrative
 10 assistant.
 11 CHAYTOR, Q.C.:
 12 Q. March 20th of 2006, and "With respect to
 13 gathering information for the ATIPP request, I
 14 have a file here, but it contains mostly
 15 updates from you, re; ER/PR panel, some
 16 newspaper articles, communication to the
 17 medical directors. This is information
 18 received since I started here in September
 19 '05. Prior to that date, there's nothing I
 20 can see. Also searches on computers for both
 21 Pat and me yielded nothing. Let me know if
 22 you need copies of the correspondence I have".
 23 So why are you on March 20th now, 2006, why
 24 are you still involved?
 25 MS. PREDHAM:

Page 168

1 A. I guess it hasn't been identified that Ms.
 2 Emberley would do the request.
 3 CHAYTOR, Q.C.:
 4 Q. And you write back the next day, "Hold on to
 5 it for now, and I'll let you know". Then if
 6 we look at page 10 of this same exhibit, this
 7 is from you to Debbie Parsons, March 27th,
 8 2006, "Here's the letter. I'll give the
 9 cheque to Deanne and we'll send that today",
 10 acknowledgement of request, and it appears to
 11 be a letter intended for Mr. Quinn?
 12 MS. PREDHAM:
 13 A. Yes. I had the templates on my computer that
 14 the ATIPP office provided for us.
 15 CHAYTOR, Q.C.:
 16 Q. And this is just the acknowledgement of the
 17 request letter?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. So that's the standard form letter?
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. Then if we look at the next page, this would

Page 169

1 be it, I guess.
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. The standard form letter that would go out,
 6 and it's been changed for Ms. Emberley's
 7 signature?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. Then on page 12, it seems it's been determined
 12 that Deanne Emberley will be coordinating, so
 13 you send an e-mail, March 27th, "Deanne
 14 Emberley will be coordinating this request.
 15 Right now we are currently on day nine, so if
 16 you could forward your information to Deanne
 17 asap, we would greatly appreciate it. I know
 18 that Corporate Communications information is
 19 en route. In speaking with Dan Boone, we do
 20 have an additional exception. Anything Dan
 21 was present for could be identified as being
 22 solicitor privileged. Please let Deanne know
 23 asap, when you anticipate getting the
 24 information to her. When it is reviewed and
 25 the exempted information identified, she will

Page 170

1 let you all know the information that must be
 2 released". I take it, Ms. Predham, you did
 3 discuss the matter of this request with Mr.
 4 Boone?
 5 MS. PREDHAM:
 6 A. Well, I would have got Mr. Boone and Deanne
 7 together to discuss it.
 8 CHAYTOR, Q.C.:
 9 Q. And did you, yourself, though speak to Mr.
 10 Boone about this ATIPP request?
 11 MS. PREDHAM:
 12 A. I don't think so.
 13 CHAYTOR, Q.C.:
 14 Q. So when it says, "In speaking with Dan Boone",
 15 who spoke with Dan Boone?
 16 MS. PREDHAM:
 17 A. I'm assuming right here that Deanne did.
 18 CHAYTOR, Q.C.:
 19 Q. What's your assumption based on?
 20 MS. PREDHAM:
 21 A. That I have no recollection in talking to him,
 22 and I didn't say I was speaking with Dan
 23 Boone.
 24 CHAYTOR, Q.C.:
 25 Q. Did you otherwise contact Mr. Boone on this

Page 171

1 issue?
 2 MS. PREDHAM:
 3 A. I may have. I don't really recall.
 4 CHAYTOR, Q.C.:
 5 Q. If we could have, please, P-3464, and this is
 6 an e-mail from yourself to Deanne Emberley and
 7 to Mr. Boone. Subject, is letter to Mark
 8 Quinn, April 26th, 2006, "Hi, here's the draft
 9 of the letter. We'll have to mail it in the
 10 morning because this took the last of the good
 11 out of me", and you'll see here, April 25th,
 12 2006, the letter that's to go to Mr. Quinn
 13 with provision for it to be signed by Ms.
 14 Emberley. So, Ms. Predham, did you draft the
 15 reply to Mark Quinn?
 16 MS. PREDHAM:
 17 A. Again it was a template. The wording Deanne,
 18 and I guess Mr. Boone would have come up with,
 19 and I offered to put it together in the
 20 template that was on my computer.
 21 CHAYTOR, Q.C.:
 22 Q. And in terms of what had been identified to
 23 send to Mr. Quinn, who made the decision as to
 24 what could go and what would not go?
 25 MS. PREDHAM:

Page 172

1 A. It would have had--I'm not sure who made the
 2 decision. It would have been ultimately
 3 Deanne's, with advice from, I assume, Mr.
 4 Boone, but it wouldn't have been my decision.
 5 CHAYTOR, Q.C.:
 6 Q. And why would sending along a draft of the
 7 template of the letter "take the last of the
 8 good out of you"?
 9 MS. PREDHAM:
 10 A. I think this was the first day I came back
 11 from Florida, and our flight landed at 4
 12 o'clock in the morning and I had only intended
 13 to come in to work for--I'm back, I'm going
 14 off today, and I guess I got caught up in
 15 things.
 16 CHAYTOR, Q.C.:
 17 Q. Including caught up in the response to Mr.
 18 Quinn from his ATIPP request?
 19 MS. PREDHAM:
 20 A. Well, I may have been, but--like I said, I
 21 don't have any memory of it. I remember that
 22 the day I came back from Florida was the day
 23 the request was being compiled, and I--the
 24 same as I answered the partial response, I
 25 would have offered, say I had the template on

Page 173

1 my computer and would have put it in.
 2 CHAYTOR, Q.C.:
 3 Q. Let's see how much of this is part of your
 4 template. "This is to confirm on this date
 5 Eastern Health received your request for the
 6 following information". I take it, all of
 7 this would have to be put into the letter?
 8 MS. PREDHAM:
 9 A. This would have been the wording that came
 10 from Mr. Quinn's request, and that would have
 11 been in the acknowledgement of the letter
 12 part.
 13 CHAYTOR, Q.C.:
 14 Q. All right, and "I'm pleased to inform you that
 15 your request for access to these records has
 16 been granted in part". You'd have to write
 17 that?
 18 MS. PREDHAM:
 19 A. No, that would be--there would have been a
 20 template for a release--a partial release
 21 template.
 22 CHAYTOR, Q.C.:
 23 Q. "In particular, access granted to the
 24 following". So this you would have to draft?
 25 MS. PREDHAM:

Page 174

1 A. Well, somebody would have done that up for me.
 2 CHAYTOR, Q.C.:
 3 Q. Who?
 4 MS. PREDHAM:
 5 A. Oh, the decision of what was going and what
 6 was done was made before I came back that day.
 7 I just offered to type it into the template.
 8 CHAYTOR, Q.C.:
 9 Q. And if Ms. Emberley is coordinating the whole
 10 thing, why wouldn't Ms. Emberley be doing
 11 this?
 12 MS. PREDHAM:
 13 A. Because the template was on my computer. I
 14 guess I offered to type it in.
 15 CHAYTOR, Q.C.:
 16 Q. Well, you can just send that over to her
 17 computer, provide it to her.
 18 MS. PREDHAM:
 19 A. I could have. I don't know why I didn't do
 20 it.
 21 CHAYTOR, Q.C.:
 22 Q. And then all of this access to the records and
 23 information contained within the records
 24 described in the following three categories
 25 pertaining to the quality review into the

Page 175

1 testing of estrogen, I take it all this is
 2 made in accordance with this particular
 3 request?
 4 MS. PREDHAM:
 5 A. Yes, somebody would have supplied that for me.
 6 Obviously, I didn't write that.
 7 CHAYTOR, Q.C.:
 8 Q. So where do we see that--I'm just wondering
 9 about the e-mail traffic back and forth, or
 10 the documentation back and forth between
 11 others where you were provided with this
 12 information to include in the draft letter?
 13 MS. PREDHAM:
 14 A. Actually, when--can I just scroll that up?
 15 CHAYTOR, Q.C.:
 16 Q. Sure, go ahead.
 17 MS. PREDHAM:
 18 A. I probably--and probably the reason why I
 19 offered to draft it is that we had had
 20 previous requests before, obviously, that
 21 contained personal information and could not
 22 be released. So most likely what I had
 23 offered to do, although I don't have any
 24 memory of exactly what I did, was to cut and
 25 paste it from previous requests instead of

Page 176

1 retyping all this part. So I would have said,
 2 you know, I've got drafts or letters that I've
 3 done that have been partial requests or denied
 4 access because of these, and I would have cut
 5 and pasted from those. We certainly had--I'm
 6 90 percent sure we had an access that had
 7 something to do with Section 8.1 of the
 8 Evidence Act. We definitely had one on
 9 personal information.
 10 CHAYTOR, Q.C.:
 11 Q. So I take it, Ms. Predham, that at least on
 12 this date, you're saying you got back from
 13 holidays, you're involved at this point in
 14 what's going out to Mr. Quinn?
 15 MS. PREDHAM:
 16 A. Not what's going out, in drafting--I offered
 17 to draft up the letter based on the template
 18 provided by the ATIPP Office.
 19 CHAYTOR, Q.C.:
 20 Q. If we could have, please, P-0409, and this is
 21 May 16th e-mail from yourself to Mr. Tilley
 22 and Dr. Williams. You're copying Deanne
 23 Emberley, Denise Dunn, Joyce Penney, "CBC
 24 request for ER/PR info. I need direction from
 25 both of you on how to proceed with this

Page 177

1 request. Deanne spoke with Mark Quinn on
 2 Friday and explained that we had to release
 3 all the information as requested and that we
 4 really couldn't allow him to review the
 5 information prior to paying for it. He was
 6 okay with that, but he then wanted to, as he's
 7 allowed, refine his request so there was no
 8 duplication. For example, if there was
 9 several copies of e-mails that formed a
 10 conversation, the final one which had all the
 11 previous e-mails attached is all that is now
 12 requested. As well, he does not want any
 13 articles. He said he could do his own search
 14 on the internet and find those. Anyway, after
 15 spending another two hours going through the
 16 documents, we have reduced the amount of paper
 17 from 779 sheets to 117 double-sided, which
 18 reduces the total estimate", the cost, I
 19 guess, to Mr. Quinn, "down to 270. So I need
 20 the following advice. One, do we increase the
 21 hours cost by two hours, which will increase
 22 the cost, or two, can we provide a copy of
 23 select articles to him free of charge as a
 24 gift. I only ask this because I'm concerned
 25 of what he will or won't find if he does a

Page 178

1 search on the internet. Anyway, thank you for
 2 any advice you can give us". So it seems to
 3 me, Ms. Predham, that you're still involved.
 4 MS. PREDHAM:
 5 A. Well, at that point I was involved, but it had
 6 already been determined what was going out
 7 there. The determination was made of what
 8 would be released, so I wasn't involved in all
 9 this part. This was Ms. Emberley and Mark
 10 Quinn going back and forth, and now he wants
 11 to go through and have duplicates of e-mails
 12 taken out and he didn't want any articles,
 13 which I felt strongly that we should give it
 14 to them as well. So I wasn't--up to the point
 15 in time which determined what went out, I
 16 wasn't involved in that.
 17 CHAYTOR, Q.C.:
 18 Q. How common is it for you to consult the CEO on
 19 an ATIPP request?
 20 MS. PREDHAM:
 21 A. It depends on the issue.
 22 CHAYTOR, Q.C.:
 23 Q. So why this issue, and have you ever done it
 24 on any other issue?
 25 MS. PREDHAM:

Page 179

1 A. Yes, I've done--I've gotten direction from Mr.
 2 Tilley on where do I go to get the information
 3 on an ATIPP request.
 4 CHAYTOR, Q.C.:
 5 Q. But in terms of a typical--well, an ATIPP
 6 request like this, I'm just wondering--you've
 7 engaged Mr. Tilley, and what purpose would you
 8 have for engaging him on these particular
 9 issues?
 10 MS. PREDHAM:
 11 A. I can't recall why I would have--I don't
 12 normally e-mail Mr. Tilley with something like
 13 this, but there must have been a reason, and I
 14 can't recall what it is.
 15 CHAYTOR, Q.C.:
 16 Q. And Dr. Williams as well?
 17 MS. PREDHAM:
 18 A. Well, Dr. Williams, because he was so involved
 19 in it from the start.
 20 CHAYTOR, Q.C.:
 21 Q. So whether it increased your cost to \$300.00
 22 for Mark Quinn to have to pay for this
 23 request, whether or not you can give him some
 24 articles, that's worthy of seeking advice from
 25 the CEO and VP Medical of the organization?

Page 180

1 MS. PREDHAM:
 2 A. The only thing I can assume is that Ms.
 3 Emberley had been involved in some discussions
 4 with Mr. Tilley throughout this process. I
 5 can't recall why I would send it to him.
 6 You're right it's not my typical thing,
 7 however, you know, ATIPP requests do get
 8 copied and the CEO does get notified about
 9 things that are in ATIPP requests.
 10 CHAYTOR, Q.C.:
 11 Q. And you're wondering can you provide a copy of
 12 select articles to Mr. Quinn free of charge
 13 because you're concerned what he might find if
 14 he does his own search on the internet. What
 15 were you concerned about?
 16 MS. PREDHAM:
 17 A. Well, I didn't know if he'd get everything or
 18 if he'd get pertinent things. I just thought
 19 that there was information there that was
 20 interesting and thought he should get it.
 21 CHAYTOR, Q.C.:
 22 Q. And who was going to choose which articles
 23 would be selected to give him?
 24 MS. PREDHAM:
 25 A. I think Dr. Williams did.

Page 181

1 CHAYTOR, Q.C.:

2 Q. And did you get a response back from Mr.

3 Tilley or Dr. Williams on this?

4 MS. PREDHAM:

5 A. I don't recall, but I know the articles--Dr.

6 Williams sent over a package of articles to go

7 to him.

8 CHAYTOR, Q.C.:

9 Q. And was there any concern in having Dr.

10 Williams do that and his involvement in the

11 whole matter?

12 MS. PREDHAM:

13 A. No, I didn't have any at the time.

14 CHAYTOR, Q.C.:

15 Q. So why wouldn't you--why would you not be

16 concerned about what Dr. Williams may pick out

17 as being relevant to give to Mark Quinn, but

18 you wouldn't be comfortable yourself picking

19 out what to give to Mr. Quinn?

20 MS. PREDHAM:

21 A. It wasn't that I wasn't comfortable in

22 selecting things. I think Dr. Williams just

23 offered to send it over. This was not an all

24 inclusive thing, but if I do recall, there was

25 one whole section of the stuff that was

Page 182

1 compiled that was research articles.

2 CHAYTOR, Q.C.:

3 Q. And Dr. Williams determined which research

4 articles to send, you're saying?

5 MS. PREDHAM:

6 A. I believe. There was the one that I mentioned

7 about the Australian one from 2004, I'm pretty

8 sure I--if Dr. Williams never sent it over, I

9 would have included that one.

10 CHAYTOR, Q.C.:

11 Q. And why, why would you think to include that?

12 MS. PREDHAM:

13 A. It just struck me that the description, and I

14 mentioned it earlier, that it struck me that

15 the description of the editorial at the

16 beginning described what happened here.

17 CHAYTOR, Q.C.:

18 Q. And do you recall any feedback from Mr. Tilley

19 on this?

20 MS. PREDHAM:

21 A. I don't--I mean, if we did get any, I can't

22 remember it now.

23 CHAYTOR, Q.C.:

24 Q. And what ultimately happened, what was the

25 decision, and what did Mr. Quinn receive?

Page 183

1 MS. PREDHAM:

2 A. I don't know what the final cost ended up

3 being, but I know he did receive the package

4 of information.

5 CHAYTOR, Q.C.:

6 Q. So you did give him articles as a gift?

7 MS. PREDHAM:

8 A. Yes, yeah.

9 CHAYTOR, Q.C.:

10 Q. The reference that we saw earlier that

11 anything that may--anything Dan was present

12 for could be identified as being solicitor

13 privileged, do you know whether or not that

14 happened, that anything that referenced Mr.

15 Boone's attendance on any issues, was his name

16 taken out or were those minute of meetings,

17 for example, were those excluded from what was

18 given to Mr. Quinn?

19 MS. PREDHAM:

20 A. I have no idea.

21 CHAYTOR, Q.C.:

22 Q. And do you know whether or not the information

23 that went out contained any reference to Dr.

24 Ejeckam and what Dr. Ejeckam had done in 2003?

25 MS. PREDHAM:

Page 184

1 A. I have no idea.

2 CHAYTOR, Q.C.:

3 Q. And why don't you know that?

4 MS. PREDHAM:

5 A. I don't know if I -

6 CHAYTOR, Q.C.:

7 Q. You went through all 779 sheets to get it down

8 to 117 double-sided sheets.

9 MS. PREDHAM:

10 A. I guess it didn't stand out as an issue one

11 way or the other.

12 CHAYTOR, Q.C.:

13 Q. But the issue of Dan Boone had been raised by

14 you, and you didn't notice in going through

15 whether or not there was any reference to Mr.

16 Boone in what was being provided?

17 MS. PREDHAM:

18 A. My focus in helping Deanne with this part was

19 not what went through. The decision about

20 what was being released was already made. My

21 assistance was solely that we had strings of

22 e-mails, and did we have that e-mail in going

23 through that.

24 CHAYTOR, Q.C.:

25 Q. And in going through the documents, you

Page 185

1 reduced the amount of paper down from 779 to
 2 117.
 3 MS. PREDHAM:
 4 A. Double-sided.
 5 CHAYTOR, Q.C.:
 6 Q. What did you take out?
 7 MS. PREDHAM:
 8 A. Only strings of e-mails. As you've seen,
 9 there's all these e-mails that go back, and
 10 where we had so many people, there was
 11 duplicates, you know, that information, that
 12 was all I was involved in.
 13 CHAYTOR, Q.C.:
 14 Q. And that's all you excluded was if--so all the
 15 e-mails went through, but you gave the last e-
 16 mail in the chain of e-mails?
 17 MS. PREDHAM:
 18 A. That's what he requested.
 19 CHAYTOR, Q.C.:
 20 Q. And you weren't concerned in doing that, that
 21 there may be any perception of bias?
 22 MS. PREDHAM:
 23 A. In me doing that?
 24 CHAYTOR, Q.C.:
 25 Q. Yes.

Page 186

1 MS. PREDHAM:
 2 A. No, because the decision was already made on
 3 what would or wouldn't go out.
 4 CHAYTOR, Q.C.:
 5 Q. If we could have, please, P-2924. These are
 6 notes of Dr. Alteen, teleconference, March
 7 17th, 2006, and he attributes comments to you,
 8 "Letter to physician for patients being
 9 panelled by Eastern Health. Some were brought
 10 to panelling group, however, they were
 11 deferred based on not having certain
 12 information. All negatives which are still
 13 negative, we will be sent script by Eastern
 14 Health, and we will call patients. Deceased
 15 will be reviewed and panel -
 16 MS. PREDHAM:
 17 A. Deceased converted patients.
 18 CHAYTOR, Q.C.:
 19 Q. Deceased converted patients.
 20 MS. PREDHAM:
 21 A. I guess that was the plan at that time.
 22 CHAYTOR, Q.C.:
 23 Q. So at this point in time, the view was that
 24 the deceased would be handled in the same
 25 manner as the living patients and that they'd

Page 187

1 be put through the panelling process?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. If we could have, please, P-2926? And this is
 6 an e-mail from yourself to--or sorry, it's
 7 from Ms. Budgell to yourself and Dr. Alteen,
 8 April 19th, '06, and they're looking for a
 9 copy of letters that had been sent in follow
 10 up to the physicians' offices for the ER/PR
 11 clients. "Have you received the other
 12 information, that of the charts that I sent to
 13 you, has there been any follow up of
 14 panelling." So they're looking, it appears,
 15 for a copy of the panel letters and were those
 16 sent out?
 17 MS. PREDHAM:
 18 A. Unfortunately I don't think so.
 19 CHAYTOR, Q.C.:
 20 Q. And why not?
 21 MS. PREDHAM:
 22 A. That was just one of those things that in
 23 amongst it all didn't get done.
 24 CHAYTOR, Q.C.:
 25 Q. And if we could have, please, P-2642? And

Page 188

1 this is now May 17th, 2006 and it appears to
 2 be a retro list. "Here's the list, I'll be in
 3 touch when I track down Kara." Could you
 4 please change that for us, Registrar? And
 5 there's a list here of some number of patients
 6 from St. John's, as well as other places
 7 around the island. What do you recall about
 8 this and what was your involvement in terms of
 9 dealing with the retro converters by May of
 10 2006?
 11 MS. PREDHAM:
 12 A. Dr. Cook had come to the panel meeting with a
 13 list of retro converters or potential retro
 14 converters and I was asked if I could compile
 15 this list and what happened was that Dr. Laing
 16 and I reviewed that and there were, I believe
 17 11 outstanding. I might be wrong on that
 18 number, but there was a series of outstanding
 19 ones. Those were followed up further by
 20 pathology and then dealt with in, most likely
 21 June, I think.
 22 CHAYTOR, Q.C.:
 23 Q. And those included people, if we look down
 24 through here, we see people who would be
 25 original ER negative, one to five, but PR

Page 189

1 positive, 30 to 35, for example. And some
 2 interesting cases, less than 60, I think this
 3 says.
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. And so in here we see another PR positive
 8 patient, ER negative patient. So then what
 9 happens, you're going to meet, it appears, or
 10 you're trying to track down, anyhow, Dr. Laing
 11 and so do you and her then sit down and review
 12 this list or what happens?
 13 MS. PREDHAM:
 14 A. We do, we reviewed it to see who needed
 15 further follow up. There had been some people
 16 that had been dealt with and for instance,
 17 like the first one there, there was no
 18 recommendation because the person was always
 19 considered negative, even though they were ER
 20 one to five and PR 30 to 35. So when they
 21 came back as zero zero, they were considered
 22 negative. So there was no further--from a
 23 clinical perspective, further follow up
 24 required of that person.
 25 CHAYTOR, Q.C.:

Page 190

1 Q. But was this person's chart then pulled to
 2 make sure that they hadn't, in fact, received
 3 Tamoxifen?
 4 MS. PREDHAM:
 5 A. Yes, and this is what--over here where it says
 6 "plan", I had put in here ones that we didn't
 7 know about and then ones that we had already
 8 dealt with.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, so the ones that are already panelled,
 11 no recommendation, considered negative.
 12 They've already been put through the panelling
 13 and it's been determined that they didn't
 14 receive -
 15 MS. PREDHAM:
 16 A. Tamoxifen.
 17 CHAYTOR, Q.C.:
 18 Q. Tamoxifen. And then you or your department
 19 called those patients, I take it?
 20 MS. PREDHAM:
 21 A. Yes. Now there were a couple of letters, I
 22 think sent out on confirmed negatives, you
 23 know, I wouldn't want to say that we
 24 definitely called them, but most likely we
 25 did.

Page 191

1 CHAYTOR, Q.C.:
 2 Q. And why is the third person negative and 10 to
 3 20 in 1997, panelled, no recommendation but
 4 not considered negative?
 5 MS. PREDHAM:
 6 A. It might only be when I was typing it out and
 7 I didn't type out the whole thing.
 8 CHAYTOR, Q.C.:
 9 Q. Okay, and so then in terms of the ones that
 10 still need to be reviewed, there's one, two,
 11 three, four--nine, ten -
 12 MS. PREDHAM:
 13 A. Eleven.
 14 CHAYTOR, Q.C.:
 15 Q. Eleven, okay. And you've got this person here
 16 panelled, but no indication as to what the
 17 outcome of the panel is.
 18 MS. PREDHAM:
 19 A. No.
 20 CHAYTOR, Q.C.:
 21 Q. And, so perhaps this person as well -
 22 MS. PREDHAM:
 23 A. Is most likely, where they came back as zero
 24 zero. There's one there there was no
 25 recommendation, on Tamoxifen, came back as 10

Page 192

1 and five, so they were considered, you know,
 2 still positive and that was fine, that was -
 3 CHAYTOR, Q.C.:
 4 Q. So a letter would have gone out to say no
 5 recommendation.
 6 MS. PREDHAM:
 7 A. Exactly, and the same thing with this one
 8 here, five and 40 came back as zero and 10,
 9 but still sufficiently positive from the
 10 clinicians to say that Tamoxifen was still
 11 beneficial.
 12 THE COMMISSIONER:
 13 Q. Do I take it then, this was, as far as Dr.
 14 Cook was concerned, out of the total number
 15 any case that might be--fall into that
 16 category, whether they had already been looked
 17 at or not, this was his sort of total list of
 18 potentials?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. Okay, and if we could look at P-1373 please?
 23 And you indicate that "Kara and I have
 24 reviewed the retro list and here is the final
 25 list that will need to be reviewed. There's a

Page 193

1 person who will be panelled next Thursday,
 2 given the new results from Mount Sinai." And
 3 then it's now down to two plus four, six--
 4 eight people.
 5 MS. PREDHAM:
 6 A. Well seven actually because in the second, the
 7 last line there, that's one person.
 8 CHAYTOR, Q.C.:
 9 Q. That's one person, okay. So seven people left
 10 to be reviewed. And those people then, I take
 11 it, went through the panelling process?
 12 MS. PREDHAM:
 13 A. Yes. And as I remember, the ones that had
 14 some positivity were not considered a retro
 15 converter because they still had some
 16 positivity, although--and I think that's the
 17 wording of the letter, although--I don't think
 18 it's negligible, I can't remember--there is a
 19 wording though, although small, there is still
 20 some positivity and therefore, Tamoxifen can
 21 still be used, given their clinical
 22 background.
 23 CHAYTOR, Q.C.:
 24 Q. So wait now, so for example this patient from
 25 Carbonear that went from negative 50 to 60

Page 194

1 original PR and went down to zero ER or stayed
 2 at zero and went down to two PR, is that
 3 person considered a retro converter?
 4 MS. PREDHAM:
 5 A. I'd have to guarantee by looking at the name
 6 and that, but I'm pretty sure no, because
 7 there was still some positivity there.
 8 CHAYTOR, Q.C.:
 9 Q. What about the person who--what about then
 10 the, I think it was 28 patients or at the time
 11 that you did your memo to the board, 28 people
 12 who because of--fell in the one to ten percent
 13 in ER positivity, Mount Sinai was reporting
 14 back positive anything over one percent and
 15 St. John's was using the ten percent cut off,
 16 how were those people treated in terms of
 17 falling into that one to ten percent, in terms
 18 of whether or not they became converters? So,
 19 for example, if they started out as two
 20 percent and Mount Sinai said no, they're nine
 21 percent ER, was that considered a conversion?
 22 MS. PREDHAM:
 23 A. Well see, that's the difficulty with this.
 24 From the panel perspective, the clinicians
 25 were looking at treatment options and given

Page 195

1 the consideration of their disease and
 2 everything else, they would take that in
 3 account and that would make their decision
 4 about whether or not they were confirmed
 5 negative or whether or not they were a
 6 conversion and, you know, had to get treated
 7 or whatever. And that's a difficulty about
 8 using the panel information as a
 9 categorization of these results because it
 10 overlaps so much.
 11 CHAYTOR, Q.C.:
 12 Q. Now I guess I'm just thinking, though, if
 13 you've used the ten percent cut off for
 14 purpose of your positivity, your cut off, why
 15 it wouldn't be a ten percent that you would
 16 use here for deciding if somebody is a retro
 17 converter or not. Wouldn't it have to get up
 18 to 10 or beyond?
 19 MS. PREDHAM:
 20 A. You'd have to ask an oncologist for that.
 21 CHAYTOR, Q.C.:
 22 Q. But your understanding is that they way retro
 23 converter was defined, this third person here,
 24 the person from Carbonear with a two percent
 25 PR was not considered a retro converter

Page 196

1 because there was some slight positivity?
 2 MS. PREDHAM:
 3 A. Given the patient's condition, when--so all
 4 these patients were panelled, their charts
 5 reviewed and given the circumstances, the
 6 oncologists felt that there was still a
 7 benefit for this person to be on Tamoxifen.
 8 And in that light, was not considered a retro
 9 converter because they weren't taken off the
 10 Tamoxifen.
 11 CHAYTOR, Q.C.:
 12 Q. They were kept on the Tamoxifen with the two
 13 percent.
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. What about the person here that came back then
 18 from Gander, is this the same person from
 19 Gander, I wonder?
 20 MS. PREDHAM:
 21 A. No, no, it's two different people.
 22 CHAYTOR, Q.C.:
 23 Q. Two different ones. Negative 50, less than
 24 one and five, were they a retro converter?
 25 MS. PREDHAM:

Page 197

1 A. No, because at the end of the day, there were
 2 only four, so the ones that were only truly
 3 zero zero there, I'm assuming, not that I can
 4 see the names, that those are the four that
 5 were retro converters.
 6 CHAYTOR, Q.C.:
 7 Q. So the fact that the person went from 50 PR
 8 down to five, they weren't considered a retro
 9 converter, even though it's under the ten?
 10 MS. PREDHAM:
 11 A. Exactly, but then you'd have to ask a
 12 clinician about that, but see this is--and
 13 this is -
 14 CHAYTOR, Q.C.:
 15 Q. I would have had I know that when they were
 16 here.
 17 MS. PREDHAM:
 18 A. But this the problem and it was always the
 19 problem with me explaining these numbers and
 20 all these little nuances because you had--when
 21 you looked at the panel and you looked at the
 22 physicians, they looked at more than just the
 23 numbers, so if you're looking at the retro
 24 converters identified by the panel is not an
 25 all-exclusive list of people that went down to

Page 198

1 zero zero or went down to a negligible amount
 2 from a lab technical perspective, from the
 3 technical part of doing the test. So really
 4 it's hard to make any decisions or anything
 5 based on the numbers from the panel because
 6 there are so many other issues at play.
 7 CHAYTOR, Q.C.:
 8 Q. It just appeared that the 28 that were
 9 confirmed negative or found to be confirmed
 10 negative by the panel using the ten percent
 11 cut off, even if Mount Sinai had said eight or
 12 whatever, nine, anything between one and ten,
 13 all of those were found to be confirmed
 14 negative.
 15 MS. PREDHAM:
 16 A. Exactly.
 17 CHAYTOR, Q.C.:
 18 Q. So it just seems to me to be a bit of an
 19 inconsistency here. You see what I'm talking
 20 about?
 21 MS. PREDHAM:
 22 A. I see exactly what you're talking about and
 23 that's -
 24 CHAYTOR, Q.C.:
 25 Q. And you're telling me that was the dilemma you

Page 199

1 found yourself in too.
 2 MS. PREDHAM:
 3 A. Exactly, because it was never, from an
 4 oncologist point of view, it's not black and
 5 white, it's--ER/PR is one component of a
 6 treatment issue or treatment decision. So,
 7 and it's again, one of those problems of me
 8 explaining to this and just taking what I
 9 would see at the panel and try to explain this
 10 to somebody else, that they just didn't go by
 11 the straight out numbers. They would go by a
 12 lot of different issues and that sometimes a
 13 little tiny bit of positivity was enough to
 14 work with, because of the benefits.
 15 CHAYTOR, Q.C.:
 16 Q. Were you aware of any patient who came back
 17 with an ER under ten percent and forget about
 18 the, you know, the PR, we'll assume the PR
 19 remained the same, but are you aware of any
 20 patient that came back ER under ten percent
 21 that was looked at and considered to be a
 22 conversion and put on treatment?
 23 MS. PREDHAM:
 24 A. I can think of one, but I would have to
 25 confirm that, but I can think of one

Page 200

1 definitely because that was the first time
 2 that I had seen that.
 3 CHAYTOR, Q.C.:
 4 Q. And how close to the cut off was that person?
 5 MS. PREDHAM:
 6 A. I think that person was only two, if my memory
 7 is right, I think that was only two.
 8 CHAYTOR, Q.C.:
 9 Q. And was it based on then the age of the
 10 patient?
 11 MS. PREDHAM:
 12 A. All the other criteria that went through.
 13 CHAYTOR, Q.C.:
 14 Q. So out of the 28 that were confirmed negative,
 15 there may have been an additional 29 who did
 16 in fact get offered treatment?
 17 MS. PREDHAM:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. If we could look at P-0720 please? And this
 21 is later that this goes out in August of '07
 22 to Mr. Quinn and it's results to Mr. Quinn and
 23 you'll just see this--were you involved in
 24 this at that time?
 25 MS. PREDHAM:

Page 201

1 A. Yes, because I had to verify all the
 2 information in this as we went through.
 3 Marilyn Crowley reports to me and so I knew
 4 what was going on, but I had to get this and
 5 verify it with the results of Meditech before
 6 we sent it out.
 7 CHAYTOR, Q.C.:
 8 Q. Okay. And there is a--and I'm not really good
 9 at finding these, but I bet Ms. Newbury could
 10 find them for me. There were a number of
 11 people in here with the PR issue--PR
 12 positivity issue that ultimately ends up being
 13 PR negative, which seem to be a lot more than
 14 what showed up on your original list of
 15 eleven, which then gets weeded down to
 16 ultimately four. And are you able to explain
 17 why that would be?
 18 MS. PREDHAM:
 19 A. No, because Dr. Cook came up with the original
 20 17.
 21 CHAYTOR, Q.C.:
 22 Q. So the original ones that you then sat down
 23 with, with Dr. Laing, Dr. Cook had provided
 24 you with that information?
 25 MS. PREDHAM:

Page 202

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And do you know what criteria Dr. Cook used to
 4 identify those original 17?
 5 MS. PREDHAM:
 6 A. I would have to guess right now, I can't
 7 remember, you know, he would have had an idea
 8 of what he was looking for.
 9 CHAYTOR, Q.C.:
 10 Q. So wouldn't you, though, wouldn't they all
 11 have come through the panel regardless, unless
 12 the person was deceased, wouldn't they have
 13 been panelled?
 14 MS. PREDHAM:
 15 A. Oh yes.
 16 CHAYTOR, Q.C.:
 17 Q. So they'd be on your list for panelling, so
 18 why would Dr. Cook have to provide you with
 19 the list?
 20 MS. PREDHAM:
 21 A. I don't know, I guess he offered to do the
 22 list. Anyone who was offering to do up any
 23 lists, I took them up on it.
 24 CHAYTOR, Q.C.:
 25 Q. I'm just trying to think if in the normal

Page 203

1 course you have the list of everyone who has
 2 to go before the panel, wouldn't all those PR
 3 positive patients be included in the people
 4 that you brought before the panel?
 5 MS. PREDHAM:
 6 A. Oh yes, yes.
 7 CHAYTOR, Q.C.:
 8 Q. Or were they weeded out before they ever got
 9 to the panel during this process?
 10 MS. PREDHAM:
 11 A. No, no, they--Dr. Cook did up that list
 12 because there were people we had already
 13 panelled and people that hadn't been panelled.
 14 CHAYTOR, Q.C.:
 15 Q. So what happens, okay, so that's what I need
 16 to understand, this list that's done up then
 17 by May of 2006, are you saying that only
 18 included the people, the retro converters who
 19 were left to be reviewed, the others had
 20 already been dealt with?
 21 MS. PREDHAM:
 22 A. No.
 23 CHAYTOR, Q.C.:
 24 Q. That's all the retro converters?
 25 MS. PREDHAM:

Page 204

1 A. That's all the ones Dr. Cook brought forward.
 2 CHAYTOR, Q.C.:
 3 Q. Right, in May of '06. But were the others
 4 already dealt with?
 5 MS. PREDHAM:
 6 A. No, there was ones dealt with in that list.
 7 As far as I understood, that list was
 8 everybody.
 9 CHAYTOR, Q.C.:
 10 Q. That's everybody, okay. So there shouldn't be
 11 additional people on this information that
 12 went out to -
 13 MS. PREDHAM:
 14 A. Unless they were deceased.
 15 CHAYTOR, Q.C.:
 16 Q. Unless they're deceased.
 17 MS. PREDHAM:
 18 A. And unless it was--no, even then if it was
 19 multiple blocks, it would be there as well.
 20 CHAYTOR, Q.C.:
 21 Q. And is that what the numbers mean, like I
 22 can't point you to one right now, but
 23 sometimes we see like the same number, like
 24 here's one, 52520.
 25 MS. PREDHAM:

1 A. That's the same person.
 2 CHAYTOR, Q.C.:
 3 Q. Same person, two different blocks, I take it.
 4 MS. PREDHAM:
 5 A. Or two different specimens.
 6 THE COMMISSIONER:
 7 Q. Ms. Chaytor, wherever you can find a spot,
 8 we'll break for lunch.
 9 CHAYTOR, Q.C.:
 10 Q. And that's an example, actually, I guess this
 11 person going from ten ten to zero zero.
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. Okay, thank you, Commissioner, I'm about to go
 16 into a different area.
 17 THE COMMISSIONER:
 18 Q. All right then, we'll break for lunch and meet
 19 again at 2:10.
 20 (ADJOURNED FOR LUNCH)
 21 THE COMMISSIONER:
 22 Q. Please be seated. Ms. Chaytor.
 23 CHAYTOR, Q.C.:
 24 Q. Good afternoon, Commissioner, good afternoon,
 25 Ms. Predham. If we could have, please, P-

1 it progressed, he asked me to attend as well.
 2 CHAYTOR, Q.C.:
 3 Q. So it was Mr. Singleton who asked you to
 4 attend the ethics consult?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And in what capacity did you understand that
 9 you would be attending?
 10 MS. PREDHAM:
 11 A. My only capacity in attending was that I had
 12 some information which could be of benefit and
 13 that I had been talking to patients and, you
 14 know, co-ordinating the communication of
 15 results.
 16 CHAYTOR, Q.C.:
 17 Q. So the information that you had that would be
 18 of benefit would be based on your contacts
 19 with the patients?
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. And what did you understand was to be the
 24 purpose of this consult?
 25 MS. PREDHAM:

1 0779? Ms. Predham, this is an e-mail exchange
 2 about trying to coordinate an ethics consult
 3 in May of 2006. And you'll see that the e-
 4 mail here on May 19th, 2006, goes from Mr.
 5 Rick Singleton to a number of people,
 6 including yourself, Dr. Williams, Louise Jones
 7 and Dr. Laing and Dr. Denic and Daryl Pullman.
 8 And he indicates that he's been asked to try
 9 and organize an ethics consult, and "for this
 10 discussion, we will need Dr. Pullman,
 11 ethicist; Dr. Cook and Dr. Denic, Dr. Laing.
 12 We will recruit others as needed, but getting
 13 a time that works is usually a first
 14 challenge. And so how does your name, we
 15 understand that you ultimately took part in
 16 the ethics consult, is that correct?
 17 MS. PREDHAM:
 18 A. Yes.
 19 CHAYTOR, Q.C.:
 20 Q. And how do you ultimately come to join the
 21 names that Dr. Singleton was proposing?
 22 MS. PREDHAM:
 23 A. Originally I think he only included me in this
 24 because he wanted to get a lawyer and wanted
 25 me to get in touch with Mr. Boone and then as

1 A. It was regarding disclosure of information
 2 with the deceased patients' relatives and I
 3 guess someone must have asked him to do this
 4 ethics consult, I'm not sure if it was Dr.
 5 Williams, I think it may have been because I
 6 guess we were to the point now where we had to
 7 deal with that and I guess they just wanted to
 8 get that advice there as well.
 9 CHAYTOR, Q.C.:
 10 Q. Yes. Did you have any reservation in
 11 participating in an ethics consult which is
 12 ultimately, I guess, to decide--make decisions
 13 regarding disclosure to the families of the
 14 deceased?
 15 MS. PREDHAM:
 16 A. No.
 17 CHAYTOR, Q.C.:
 18 Q. And you were concerned, as we have seen a
 19 couple of months ago, in time from this, about
 20 a potential perception of bias in what
 21 information would go out in the ATIPP request.
 22 Why wouldn't you have the same concern that
 23 could there be a perception of bias should you
 24 be involved in the decisions around disclosure
 25 to the families of the deceased?

Page 209

1 MS. PREDHAM:
 2 A. Well Dr. Singleton was co-ordinating this
 3 ethics review and he felt that I could
 4 contribute in some role and other than that,
 5 there wouldn't be any bias from contributing
 6 the information that I had.
 7 CHAYTOR, Q.C.:
 8 Q. If we could look, please, at P-1688? And this
 9 is an e-mail from Mr. Singleton of May 30th,
 10 2006 and "There is a tentative date or had
 11 been a tentative date, but now Heather Predham
 12 tells me the lawyer may not be able to attend,
 13 so we'll probably be delayed a bit, but I am
 14 not sure how soon this matter needs to be
 15 resolved." How did--are you saying that it
 16 was Mr. Singleton who suggested to you that
 17 Dan Boone come along?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And how did Mr. Singleton know of Dan Boone's
 22 involvement or why Dan Boone?
 23 MS. PREDHAM:
 24 A. I guess when he called, he asked me, he wanted
 25 a lawyer to attend and he asked what legal

Page 210

1 counsel was most involved in this issue, so I
 2 told him it was Mr. Boone.
 3 CHAYTOR, Q.C.:
 4 Q. And in asking what lawyer was most involved in
 5 the issue, did you explain to Mr. Singleton
 6 the capacity in which Mr. Boone was involved
 7 in the issue?
 8 MS. PREDHAM:
 9 A. He would have been aware of that.
 10 CHAYTOR, Q.C.:
 11 Q. And so what was it that he would be aware of?
 12 MS. PREDHAM:
 13 A. That Mr. Boone was acting for the insurance
 14 company.
 15 CHAYTOR, Q.C.:
 16 Q. And is that who you understood Mr. Boone was
 17 acting for?
 18 MS. PREDHAM:
 19 A. Well, he was acting for us as a client of the
 20 insurance company.
 21 CHAYTOR, Q.C.:
 22 Q. So in this was, to your knowledge, was Dan
 23 Boone Eastern Health's lawyer on this issue?
 24 MS. PREDHAM:
 25 A. We considered he was.

Page 211

1 CHAYTOR, Q.C.:
 2 Q. And your lawyer in what, for what aspect of
 3 the issue?
 4 MS. PREDHAM:
 5 A. Dr. Singleton and I'm sure you've asked him
 6 why he would want to have a lawyer there, but
 7 whenever we've had an issue and I think I
 8 explained to you before we had two law firms
 9 and if there was any issue of liability, they
 10 always asked us to go to Stewart McKelvey.
 11 Whether or not Mr. Boone billed us for this as
 12 part of Eastern Health's legal counsel or not,
 13 I'm not aware.
 14 CHAYTOR, Q.C.:
 15 Q. So I just want to be clear though, in terms of
 16 Mr. Boone's involvement, what you understood
 17 his involvement was, you understood this was
 18 an issue of liability.
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And by now there is legal action commenced.
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 212

1 Q. So your understanding was that Mr. Boone was
 2 to defend Eastern Health, was retained by
 3 HIROC to defend Eastern Health with respect to
 4 any claims that arose, is that correct?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And in terms of "otherwise, Eastern Health's
 9 lawyer to provide advice outside of advice on
 10 the defence of the litigation", who did you
 11 understand was your lawyer in dealing with
 12 this issue?
 13 MS. PREDHAM:
 14 A. This was the only issue that we had, the only
 15 legal advice we had.
 16 CHAYTOR, Q.C.:
 17 Q. And so in terms of participating in the ethics
 18 consult and you told Mr. Singleton that Mr.
 19 Boone was the lawyer who had been most
 20 involved in the issue. You made it clear to
 21 Mr. Singleton that "he's the lawyer who has
 22 been retained by HIROC to defend us on any and
 23 all actions that may come forward".
 24 MS. PREDHAM:
 25 A. Yes.

Page 213

1 CHAYTOR, Q.C.:

2 Q. "Including any actions that may be commenced

3 by the families of the deceased."

4 MS. PREDHAM:

5 A. Yes. Well I didn't spell--I say yes, I didn't

6 spell that out to him, but he would have known

7 that he was the lawyer for HIROC.

8 CHAYTOR, Q.C.:

9 Q. And you would have understood that as well.

10 MS. PREDHAM:

11 A. Yes.

12 CHAYTOR, Q.C.:

13 Q. And did you have any concern about that in

14 terms of any potential bias?

15 MS. PREDHAM:

16 A. No, I never seen any evidence of any bias and

17 there hadn't been an issue up to this point.

18 CHAYTOR, Q.C.:

19 Q. How about any perception of bias?

20 MS. PREDHAM:

21 A. Up until your line of questioning here, I

22 would never even conceived that there was,

23 this was a practice that we had since I became

24 risk manager and before I became risk manager,

25 so it was just continuing on the same practice

Page 214

1 that we had always had.

2 CHAYTOR, Q.C.:

3 Q. So it's always been the practice to invite the

4 lawyer defending any action that a plaintiff

5 may bring to an ethics consult which may

6 determine certain disclosures to patients or

7 patients' families?

8 MS. PREDHAM:

9 A. It's always been the practice, if Dr.

10 Singleton was doing an ethics review that

11 required legal counsel, if there was a

12 liability issue and if HIROC was defending us,

13 that the lawyer involved with that would

14 attend. There hasn't been very many of those,

15 but that's what would happen.

16 CHAYTOR, Q.C.:

17 Q. And why would that be? What would be the

18 purpose then of having that lawyer in

19 attendance?

20 MS. PREDHAM:

21 A. Because he was familiar with the issue.

22 CHAYTOR, Q.C.:

23 Q. Would it also be to ensure that any decision

24 gets made wouldn't undermine any defence that

25 was being mounted?

Page 215

1 MS. PREDHAM:

2 A. I never had that experience.

3 CHAYTOR, Q.C.:

4 Q. So did it occur to you that that could be a

5 perception or a potential outcome?

6 MS. PREDHAM:

7 A. No, it didn't at that time.

8 CHAYTOR, Q.C.:

9 Q. And has it occurred to you since?

10 MS. PREDHAM:

11 A. It hasn't really occurred to me, you know, I

12 appreciate your line of questioning here and

13 it's certainly something that will have to be

14 discussed in the future.

15 CHAYTOR, Q.C.:

16 Q. And if we look, please, at P-0780?

17 REGISTRAR:

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

19 CHAYTOR, Q.C.:

20 Q. P-0780, sorry. And this is an e-mail from Mr.

21 Singleton, June 9th, 2006 to a number of

22 people, including yourself and it says that

23 "we'll have to again reschedule to discuss the

24 disclosure of information regarding deceased

25 patients. We have had difficulty getting time

Page 216

1 with the lawyer who has been handling the

2 case. He is in court almost every day." So

3 it does appear that Mr. Singleton was aware

4 that Mr. Boone is the lawyer, in his words

5 "handling the case".

6 MS. PREDHAM:

7 A. Yes.

8 CHAYTOR, Q.C.:

9 Q. And P-1689 please? This one was the couple of

10 days before that and Rick Singleton to Heather

11 Predham and Lorraine Woolgar, your assistant,

12 discussing the progress on the ethics, re:

13 disclosure with Dr. Cook. "I know Dan Boone

14 is hard to get to due to his court schedule,

15 perhaps evening could work." And he's talking

16 about certain times. "As a minimum, we need

17 lawyer, ethicist and pathologist." And you

18 respond the next day, "Finally got Dan on the

19 phone. He wants to participate, so I

20 forwarded the dates on to him, he'll confirm

21 his availability." Did it occur to you, Ms.

22 Predham, that perhaps to get a different

23 lawyer to assist in this ethics consult?

24 MS. PREDHAM:

25 A. It didn't occur to me. Dr. Singleton was

Page 217

1 aware of the difficulties of getting him and
 2 was still willing to try to work around that
 3 schedule. It didn't occur to me then to look
 4 for another lawyer.
 5 CHAYTOR, Q.C.:
 6 Q. And you spoke to Mr. Boone about it and he
 7 indicated that he wanted to participate
 8 himself?
 9 MS. PREDHAM:
 10 A. Yes.
 11 CHAYTOR, Q.C.:
 12 Q. If we could look, please, at P-0481? And this
 13 is a copy of the ethics review. And this one
 14 is dated May 29th, 2006, there's different
 15 dates and versions. I think the content is
 16 the same with a change to Dr. Natalie
 17 Bandrauk's name, but otherwise, this appears
 18 to be the substance of what came out of the
 19 report or out of the ethics consult. Were you
 20 provided a copy of this at the end?
 21 MS. PREDHAM:
 22 A. No.
 23 CHAYTOR, Q.C.:
 24 Q. And when did you first see this document or a
 25 version of it?

Page 218

1 MS. PREDHAM:
 2 A. Only recently.
 3 CHAYTOR, Q.C.:
 4 Q. And having reviewed it recently, was there
 5 anything in the content that caused you any
 6 concern?
 7 MS. PREDHAM:
 8 A. I didn't review it in great detail, I only
 9 knew it existed.
 10 CHAYTOR, Q.C.:
 11 Q. And this indicates who is present and their
 12 title or capacity, Dan Boone is the lawyer;
 13 Heather Predham, it indicates you're risk
 14 management; Joy McCarthy, oncologist; Dr. Cook
 15 from the lab, as well as Dr. Denic, Dr.
 16 Bandrauk, intensivist and ethicist; and Rick
 17 Singleton is there as facilitator. So did you
 18 understand that you were attending in your
 19 capacity as risk manager or risk management.
 20 MS. PREDHAM:
 21 A. No, I wasn't intending--I wasn't attending
 22 there as risk manager. As I said before, I
 23 was attending there because of the knowledge I
 24 had of the situation and my communication with
 25 the patients.

Page 219

1 CHAYTOR, Q.C.:
 2 Q. This goes on to say that, "The problem with
 3 the results was rooted in the test procedures
 4 used in the time period from 1997 to 2005. In
 5 2005, samples known to have been processed for
 6 this batch of patients were forwarded to Mount
 7 Sinai in Toronto for testing at their lab. In
 8 the batch forwarded to Mount Sinai, there were
 9 101 samples from deceased patients. 19 of the
 10 retested samples produced results that may
 11 have resulted in a different care plan and
 12 treatment follow up than that implemented
 13 based on the original test results". Where
 14 did this information come from, that out of
 15 the 101 samples from deceased patients, there
 16 were 19 which produced results that may have
 17 resulted in a different care plan?
 18 MS. PREDHAM:
 19 A. I have no idea.
 20 CHAYTOR, Q.C.:
 21 Q. Were the deceased patients samples--were the
 22 results from the deceased patients panelled?
 23 MS. PREDHAM:
 24 A. No, there were inadvertent ones that we
 25 panelled that we discovered were deceased

Page 220

1 after, but there was no panelling of deceased
 2 patients.
 3 CHAYTOR, Q.C.:
 4 Q. So you have no idea where this 19 out of 101
 5 came from?
 6 MS. PREDHAM:
 7 A. No.
 8 CHAYTOR, Q.C.:
 9 Q. And you were keeping track of the numbers?
 10 MS. PREDHAM:
 11 A. Yes.
 12 CHAYTOR, Q.C.:
 13 Q. And were those numbers anywhere in your
 14 documents?
 15 MS. PREDHAM:
 16 A. No, I don't think I ever tallied up any
 17 changes in numbers for any of the patients.
 18 CHAYTOR, Q.C.:
 19 Q. And who amongst those present would have been
 20 able to provide such information?
 21 MS. PREDHAM:
 22 A. I don't know really because if it--to say that
 23 it would have resulted in a different care
 24 plan and treatment follow up, somebody must
 25 have looked into it. It certainly wasn't me,

Page 221

1 and Dr.--it would have to have been someone in
 2 pathology to pick out the information, and
 3 then somebody from the medical side to talk
 4 about the treatment plan.
 5 CHAYTOR, Q.C.:
 6 Q. And was it ever discussed at the panel? It
 7 never took place at the panel, I take it,
 8 while you were there?
 9 MS. PREDHAM:
 10 A. No. Like I said, we would panel--we panelled
 11 some people and then discovered after that
 12 they had died. Therefore, you know, the
 13 letter was not sent because we discovered they
 14 were deceased. Now if, you know, Dr. Cook -
 15 CHAYTOR, Q.C.:
 16 Q. And was that 19 people?
 17 MS. PREDHAM:
 18 A. I have no idea. I wouldn't think--thinking
 19 back on it, I would have thought probably five
 20 or six. I wouldn't certainly have thought it
 21 was 19.
 22 CHAYTOR, Q.C.:
 23 Q. And so if you didn't provide it, and you
 24 weren't present when that was even determined,
 25 do you recall who--do you recall at the ethics

Page 222

1 consult this issue coming up for discussion as
 2 to -
 3 MS. PREDHAM:
 4 A. No, I don't recall that at all.
 5 CHAYTOR, Q.C.:
 6 Q. Okay.
 7 MS. PREDHAM:
 8 A. I have no idea who would have provided that
 9 information.
 10 CHAYTOR, Q.C.:
 11 Q. And then, "Important facts to the history and
 12 understanding of this case include the
 13 following; there were no mistakes or technical
 14 errors at the root of this problem. It is
 15 impossible to know in any specific case if the
 16 outcome for any individual patient would have
 17 been different, and intervention for post
 18 menopausal women", and then it goes on about a
 19 positive impact for lengthening life in 47
 20 percent of patients treated. Ms. Predham, the
 21 statement or statement to the effect there
 22 were no mistakes or technical errors at the
 23 root of this problem, did you hear anyone
 24 state that in the ethics consult?
 25 MS. PREDHAM:

Page 223

1 A. The only thing I remember being said was
 2 something to the effect that there was no one
 3 thing that we could identify that caused all
 4 these issues. That's the only thing I
 5 remember.
 6 CHAYTOR, Q.C.:
 7 Q. And who stated that?
 8 MS. PREDHAM:
 9 A. I think it was Dr. Cook.
 10 CHAYTOR, Q.C.:
 11 Q. So there was no one thing?
 12 MS. PREDHAM:
 13 A. There was no one thing, like, there wasn't
 14 something--one thing, or a couple of things
 15 done wrong that would explain the entire
 16 thing, or be contributed for the entire thing.
 17 CHAYTOR, Q.C.:
 18 Q. Did anyone say there were no mistakes, no
 19 technical errors at the root of the problem?
 20 MS. PREDHAM:
 21 A. No, I don't think anybody said anything like
 22 that.
 23 CHAYTOR, Q.C.:
 24 Q. And in saying there was no one thing, or
 25 perhaps a couple of things, what was--what was

Page 224

1 the intent of that or what message was that
 2 leaving with those in attendance in the group
 3 who may not be too familiar with the issue?
 4 MS. PREDHAM:
 5 A. I guess it was in the context that, you know,
 6 it was a complicated issue, there were
 7 multiple things there, there was no one thing
 8 that caused this entire problem, and that was
 9 the type of context that it was said in.
 10 That's what I remember.
 11 CHAYTOR, Q.C.:
 12 Q. And so nobody said but there are many things
 13 that we believe, and others have told us may,
 14 in fact, have contributed?
 15 MS. PREDHAM:
 16 A. That was the discussion that there was a lot
 17 of different things, there was a lot of
 18 different things that could contribute to it,
 19 but no one thing that was causing all of these
 20 problems.
 21 CHAYTOR, Q.C.:
 22 Q. So it was discussed that there were many
 23 things, many errors, issues, quality assurance
 24 problems, all those things were discussed at
 25 the ethics consult?

Page 225

1 MS. PREDHAM:
 2 A. It was--it was, you know, the history of it
 3 and the discussion--there was a lot of
 4 discussion that took place, and this was the
 5 background of giving that issue, and, you
 6 know, the--I remember a lot of discussion, but
 7 I remember distinctly, and I do believe it was
 8 Dr. Cook said that, you know, there was a lot
 9 of things that contributed to this, but there
 10 was no one thing that caused this entire
 11 problem.
 12 CHAYTOR, Q.C.:
 13 Q. So did you understand that the discussion was,
 14 in fact, there were many mistakes, many
 15 technical errors at the root of this problem,
 16 but we can't really pinpoint this one caused
 17 this particular patient a problem? Is that
 18 what you understood was being said that there
 19 were many, in fact, many errors, many
 20 technical problems, that could be at the root
 21 of this problem?
 22 MS. PREDHAM:
 23 A. Well, not technical errors as such, but there
 24 were many issues or potential issues that
 25 would be contributing to this, and like we

Page 226

1 discussed a couple of times, until you--you
 2 know, if fixation was an issue, until you
 3 actually sat down and looked at which slides
 4 had inadequate fixation and which ones
 5 converted and which ones didn't convert, you
 6 really couldn't narrow down how big of a role
 7 fixation played into this whole issue. It was
 8 a contributing factor, but how much of a
 9 contributing factor, we had no idea at that
 10 point.
 11 CHAYTOR, Q.C.:
 12 Q. Yes, and what about all the other multitude of
 13 things which you and Dr. Cook certainly would
 14 have been aware of at the time, what about all
 15 those things, were the other things discussed
 16 as well?
 17 MS. PREDHAM:
 18 A. I'm sure they were. Like I said, I can only
 19 remember that there was this general
 20 discussion about that, and then Dr. Cook said,
 21 like, there was no one thing.
 22 CHAYTOR, Q.C.:
 23 Q. So at the end of the day, the person writing
 24 this up, Mr. Singleton, for him to write there
 25 were no mistakes or technical errors at the

Page 227

1 root of this problem, for him to write that,
 2 how well do you think he understood what you,
 3 Dr. Cook, and others were saying about the
 4 causes that contributed to the problem?
 5 MS. PREDHAM:
 6 A. I think it's--you know, it doesn't adequately
 7 reflect that, but this is such a complicated
 8 issue, it takes--you know, it takes a while to
 9 absorb in all the parts of it, but I wouldn't
 10 say that that adequately reflects the issue.
 11 The key point was that there was no one
 12 mistake or technical error. You couldn't
 13 point to one thing that caused this problem.
 14 CHAYTOR, Q.C.:
 15 Q. But what difference does that make? When
 16 you're dealing with disclosure to patients or
 17 patient's families about the underlying
 18 problems of an adverse event, what difference
 19 if it's one thing? Most times, and we've
 20 discussed this before in your evidence, most
 21 times it's not just one thing, it's all the
 22 holes in the cheese that line up, so what
 23 difference if there's one thing or not?
 24 MS. PREDHAM:
 25 A. It makes no difference.

Page 228

1 CHAYTOR, Q.C.:
 2 Q. So why--why even say it, why was that even
 3 being said, well, it's no one thing?
 4 MS. PREDHAM:
 5 A. I guess just to explain the situation, so, I
 6 mean, I don't think Dr. Singleton or Dr.
 7 Bandrauk knew much about this issue, and I
 8 guess it was just part of the discussion
 9 coming into it.
 10 CHAYTOR, Q.C.:
 11 Q. And would it seem fair to say that whatever
 12 was said about the possibility of mistakes or
 13 errors having been at the root of the problem,
 14 they misunderstood what you were saying then?
 15 MR. SIMMONS:
 16 Q. Commissioner, I think we've heard from Mr.
 17 Singleton about what he says he actually
 18 understood at the meeting and what he intended
 19 when he wrote this. If I recall correctly, I
 20 think he's given us evidence that, in fact, he
 21 understood that he was being told that there
 22 wasn't just one single thing that could be
 23 identified.
 24 THE COMMISSIONER:
 25 Q. I think the question being asked is whether or

Page 229

1 not that accurately reflects the events in the
 2 meeting, and if this reflects what the
 3 conclusion was of Dr. Singleton, did he get it
 4 wrong?
 5 MR. SIMMONS:
 6 Q. And I think that's--I understand that to have
 7 been asked and I think I (inaudible) the
 8 question, that's fine.
 9 THE COMMISSIONER:
 10 Q. But you have to remember that whatever Dr.
 11 Singleton understood, this is how he
 12 communicated it, and what the people got the
 13 ethics consult for presumably would be based
 14 on what he wrote, so I think the question
 15 should be answered.
 16 MS. PREDHAM:
 17 A. Well, that line does not reflect what was
 18 discussed in my memory, and that's all I can
 19 say about that. I never ever saw this
 20 document, so I wouldn't be in a position to
 21 correct it.
 22 THE COMMISSIONER:
 23 Q. Is that normal? Perhaps I should ask you
 24 first have you been involved in other ethics
 25 consults?

Page 230

1 MS. PREDHAM:
 2 A. Yes.
 3 THE COMMISSIONER:
 4 Q. And do you normally not get a copy of what
 5 comes out of the consult?
 6 MS. PREDHAM:
 7 A. And, you know, I really--I don't. Usually
 8 when you're at the ethics consults that I've
 9 been at, Dr. Singleton has summed it up, and
 10 has given us some advice and some direction,
 11 and then will write it--will say he'll write
 12 it up and give a report to the person who
 13 requested it, and come to think of it, I don't
 14 think I've ever seen the report, but we've
 15 gone forward with his direction at that time.
 16 THE COMMISSIONER:
 17 Q. But you don't know whether what was reported
 18 to the person who requested it reflects what's
 19 in the meeting, or whether he got it wrong?
 20 MS. PREDHAM:
 21 A. Well, I have to entrust that most times the
 22 person who requested it is present at the
 23 meeting. The other ones I've been involved
 24 with, Ms. Pilgrim has asked for them and she's
 25 been present at the meeting. So she will get

Page 231

1 the--and I have to trust that she will get the
 2 report and that it would be accurate with what
 3 we were doing.
 4 THE COMMISSIONER:
 5 Q. So this one was different in that -
 6 MS. PREDHAM:
 7 A. Dr. Williams wasn't there.
 8 THE COMMISSIONER:
 9 Q. Dr. Williams was not there.
 10 MS. PREDHAM:
 11 A. Yes.
 12 THE COMMISSIONER:
 13 Q. Okay.
 14 CHAYTOR, Q.C.:
 15 Q. Thank you, Commissioner. So, Ms. Predham, if
 16 you had seen this, would you have raised any
 17 issue with seeing this written here, "There
 18 were no mistakes or technical errors at the
 19 root of this problem"?
 20 MS. PREDHAM:
 21 A. Well, as you pointed out, it doesn't reflect
 22 what the conversation was.
 23 CHAYTOR, Q.C.:
 24 Q. "The main ethical issue in this case pertains
 25 to disclosure and who should manage the

Page 232

1 disclosure processes. The obligation to
 2 disclose the information to families is based,
 3 from an ethics perspective, on the negative
 4 right of families to the information about the
 5 deceased. The obligation to inform is
 6 different in this situation than in situations
 7 where a mistake had been made where the
 8 information would make a difference or
 9 potential difference in the care plan or
 10 interventions of a patient", and I guess the
 11 second part in terms of it not being able to
 12 make a difference at this point in the care
 13 plan of the patient is self-evident, but it
 14 says, "that the obligation to inform is
 15 different in this situation than if situations
 16 where a mistake had been made", and does that
 17 seem--do you recall the conversation or the
 18 discussion at the ethics consult around that,
 19 or was there any discussion around that?
 20 MS. PREDHAM:
 21 A. I can't remember that part. I do remember a
 22 discussion as it progressed. Dr. McCarthy was
 23 bringing forward her concerns about--her
 24 experience with families who have had someone
 25 who had died and have dealt with it, and

Page 233

1 progressed, and that some people want to get
 2 more details and some people don't, and just--
 3 she gave us a bit of insight into her
 4 experience with families of deceased who have
 5 gone through this, and then the next part that
 6 I remember was more on the ethical part where
 7 Dr. Singleton and Dr. Bandrauk were explaining
 8 a negative rate and a positive rate to
 9 information, and we went through that, but I
 10 don't remember any reference to where mistakes
 11 had been made or there was any provisos on
 12 that. I know when they went through the
 13 negative rate and the positive rate, it made a
 14 lot of sense to me, and I was just happy that
 15 we were able to come up with a plan because
 16 that's another issue that had been kind of not
 17 dealt with, and had been just dealing with,
 18 and I just wanted a plan at that point.
 19 CHAYTOR, Q.C.:
 20 Q. And, of course, you would have been familiar
 21 with the disclosure policy for adverse events?
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. And I take it that that policy applies when a

Page 234

1 person is deceased as well?
 2 MS. PREDHAM:
 3 A. Yes.
 4 CHAYTOR, Q.C.:
 5 Q. And did anyone think at any point, well, we
 6 have a disclosure policy, perhaps we should
 7 reference that and see whether or not that
 8 might be of some assistance to us in the
 9 ethics consult?
 10 MS. PREDHAM:
 11 A. Well, they're disclosure guidelines and that
 12 was well known to the people who were
 13 involved, especially Dr. Singleton, and, you
 14 know, so the premises there would not be far
 15 from our minds.
 16 CHAYTOR, Q.C.:
 17 Q. But did anyone actually pull out the
 18 guidelines and refer to them during the ethics
 19 consult?
 20 MS. PREDHAM:
 21 A. No.
 22 CHAYTOR, Q.C.:
 23 Q. And did they actually come up in any context,
 24 did anyone even reference, well, what about
 25 our disclosure guidelines when we're dealing

Page 235

1 with adverse events?
 2 MS. PREDHAM:
 3 A. I can't remember.
 4 CHAYTOR, Q.C.:
 5 Q. And do you think that's something you would
 6 remember had it happened?
 7 MS. PREDHAM:
 8 A. Like I said, I remember--I remember Dr. Cook
 9 making that comment. The clear things that I
 10 remember that I have a distinct memory on is
 11 Dr. McCarthy explaining her interactions with
 12 families over the years, and Dr. Singleton and
 13 Dr. Bandrauk discussing the negative rate and
 14 the positive rate.
 15 CHAYTOR, Q.C.:
 16 Q. And then the top of the next page refers to,
 17 "While legally no one has the right to a
 18 deceased persons health record or other health
 19 information, in the context of the core values
 20 of Eastern Health and in the spirit of
 21 goodwill, it is appropriate that Eastern
 22 Health take reasonable steps to inform the
 23 community that this problem has occurred and
 24 that information is available. This can be
 25 done through local media, and as part of the

Page 236

1 follow up from previous media coverage of the
 2 issue". So the reference to what legally may
 3 be anyone's right or entitlement, who would
 4 have contributed to that portion of the
 5 discussion?
 6 MS. PREDHAM:
 7 A. Well, I assume Mr. Boone would have commented
 8 on it, but that was a well known issue that we
 9 had dealt with for years, working under the
 10 Hospitals Act. There was no provision under
 11 the Hospitals Act for release of information
 12 to the families of the deceased for any issue,
 13 and we've always worked with the next of kin
 14 for that.
 15 CHAYTOR, Q.C.:
 16 Q. Did Mr. Boone contribute in any other way to
 17 the discussion at the ethics consult?
 18 MS. PREDHAM:
 19 A. I can't remember any--contributing to the
 20 ethics part of this. I can't remember
 21 anything significant, nothing stands out.
 22 CHAYTOR, Q.C.:
 23 Q. Not necessarily contributing to the ethics
 24 portion. I assume he's there as a lawyer.
 25 MS. PREDHAM:

Page 237

1 A. Yes.
 2 CHAYTOR, Q.C.:
 3 Q. And what, if any, comments or concerns did Mr.
 4 Boone express?
 5 MS. PREDHAM:
 6 A. The only thing I remember that he expressed
 7 was Dr. Denic was referring to--referring to a
 8 review that he had commissioned, and he took
 9 exception to that.
 10 CHAYTOR, Q.C.:
 11 Q. Yes, and we've heard something about that,
 12 being Dr. Gown's report.
 13 MS. PREDHAM:
 14 A. Yes.
 15 CHAYTOR, Q.C.:
 16 Q. Did Mr. Boone have any other--make any other
 17 comments or express any other concerns or did
 18 he speak at all other than that one comment
 19 about the issue that arose about Dr. Gown's
 20 report? Did he otherwise contribute to the
 21 discussion?
 22 MS. PREDHAM:
 23 A. Not that I can remember. Like I said, my
 24 chief memories are Dr. McCarthy, because she
 25 spoke about it so eloquently, and the positive

Page 238

1 negative right discussion because that made
 2 sense to me. I could understand--you know,
 3 that made sense, and it was a possibility of a
 4 decision being made.
 5 CHAYTOR, Q.C.:
 6 Q. And what did you contribute?
 7 MS. PREDHAM:
 8 A. I may have talked about people that we talked
 9 to, and I did talk by this time to several
 10 relatives of deceased patients and told them
 11 information and went through that, but other
 12 than that, I wouldn't have much to contribute,
 13 I don't think.
 14 CHAYTOR, Q.C.:
 15 Q. Was there any discussion at the ethics consult
 16 as to whether or not certain actions could be
 17 taken or not taken, whether or not there was
 18 any concern that certain things happen because
 19 it might undermine the defense of any actions
 20 coming forward?
 21 MS. PREDHAM:
 22 A. Absolutely not.
 23 CHAYTOR, Q.C.:
 24 Q. Was there any discussion as to telling--going
 25 out and telling people, if you were to go out

Page 239

1 and tell each family that had been identified,
 2 the family of all the deceased that had been
 3 identified, was there any discussion as to
 4 that might be creating claims where none might
 5 otherwise exist, or they may not hear of the
 6 claims?
 7 MS. PREDHAM:
 8 A. The only--the only opposition with going out
 9 to telling families of the deceased their
 10 results was from Dr. McCarthy, and was not on
 11 that basis.
 12 CHAYTOR, Q.C.:
 13 Q. So anything along the lines of going out and
 14 telling people, and then these people
 15 obviously would know specifically that their
 16 loved one was involved, there was no
 17 discussion about how that might impact on
 18 either the actions that would be forthcoming
 19 or the creation of new actions?
 20 MS. PREDHAM:
 21 A. No, and we'd already told at least one family
 22 about their deceased relative's results that
 23 had changed. Remember, I was telling you
 24 about Dr. McCarthy and actually she talked
 25 about that issue and where she brought the

Page 240

1 adjuvant online results as a potential for
 2 that. So we'd already been through that.
 3 CHAYTOR, Q.C.:
 4 Q. And this goes on to say that "contact with
 5 families ought to be managed mainly by the
 6 risk manager, with the assistance of competent
 7 staff in the Corporate Communications
 8 department," and who, in this context, would
 9 be the risk manager?
 10 MS. PREDHAM:
 11 A. That would be me, and I guess Rick is
 12 referring to me by title as opposed to, you
 13 know, this is what we were doing already.
 14 CHAYTOR, Q.C.:
 15 Q. And again, in terms of you having that
 16 particular contact, what you're saying is that
 17 "that's my role anyhow, that I would be the
 18 person or my department would be the person to
 19 have contact with the families"?
 20 MS. PREDHAM:
 21 A. Because that's what I was doing with all the
 22 patients that were living.
 23 CHAYTOR, Q.C.:
 24 Q. What would normally happen? If this were just
 25 one patient, would you be the person who would

Page 241

1 contact the family and talk to the family
 2 about the issue?
 3 MS. PREDHAM:
 4 A. No, I may call the family to set up a meeting.
 5 I might coordinate it and facilitate it and
 6 attend, but the main people that you would
 7 like to have discuss these issues with them
 8 would be the representatives from the program.
 9 So you'd like to have, you know, either your
 10 program director or your clinical chief,
 11 depending on the issue, you'd have to work
 12 that out, but I've certainly contacted
 13 patients and facilitated those types and
 14 attended those patient--those meetings.
 15 CHAYTOR, Q.C.:
 16 Q. And what about the emphasis involved, Dr.
 17 Bandrauk? You said Mr. Singleton understood
 18 Mr. Boone's role. When he was introduced to
 19 the group, was it made clear to the ethicist
 20 and all others in attendance that Mr. Boone
 21 was the lawyer hired by HIROC to defend any
 22 potential claims, including the claims that
 23 could be brought by the families of the
 24 deceased?
 25 MS. PREDHAM:

Page 242

1 A. I can't remember how he was introduced. I
 2 would think that everyone else there would
 3 have understood that and I'm not sure what Dr.
 4 Bandrauk understood.
 5 CHAYTOR, Q.C.:
 6 Q. And would Dr. Bandrauk have understood all of
 7 the hats that you wear and would she have
 8 understood that you are the person who would
 9 liaise with the insurance company with respect
 10 to any information that needed to be brought
 11 to the insurance company's attention for them
 12 to be able to manage the defence of the
 13 claims?
 14 MS. PREDHAM:
 15 A. She may have understood that. I have
 16 interacted with her before this over the years
 17 and she may have understood that.
 18 CHAYTOR, Q.C.:
 19 Q. And Ms. Predham, when you have time to reflect
 20 now on that and your role and Mr. Boone's
 21 role, do you think--do you now have any
 22 concern about you having any involvement in
 23 this ethics consult?
 24 MS. PREDHAM:
 25 A. From my involvement, no. I was--my primary

Page 243

1 focus is on, you know, risk management from a
 2 patient perspective, the family perspective
 3 and from patient safety. One part of my job
 4 is liaisoning with the insurance company and I
 5 certainly do not have any concerns about that
 6 for my role. From Mr. Boone, from a lawyer
 7 perspective, that's something that would have
 8 to be addressed, because that's been the
 9 practice of the Health Care Corporation since
 10 '96. So that would be a dramatic change in
 11 practice and that would have to be addressed.
 12 CHAYTOR, Q.C.:
 13 Q. To look at getting an independent lawyer or
 14 consulting your other lawyers perhaps?
 15 MS. PREDHAM:
 16 A. Well, it would have to be discussed at a
 17 higher level than me, but also, it would have
 18 to be discussed with the lawyers, because as I
 19 said, I've gone numerous times to our other
 20 law firm and they have referred me to--back to
 21 Stewart McKelvey and have been hesitant on
 22 being involved in that situation. So that
 23 would be a broader discussion.
 24 CHAYTOR, Q.C.:
 25 Q. Ms. Predham, you were perceptive in the

Page 244

1 recognition that there might be a perception
 2 of bias for you to be involved in the
 3 coordination of the ATIPP response, but are
 4 you saying that it hasn't--you haven't felt,
 5 over the years, being tasked with the dual
 6 responsibility of being the liaison with the
 7 insurer in actions that sometimes deal with--
 8 and only actions, from what you've told us,
 9 that deal with patients, and also then having
 10 to be the contact with the patients, having
 11 these two chains of communication, are you
 12 saying that's never occurred to you that that
 13 might also at least raise the perception of
 14 some conflict of interest?
 15 MS. PREDHAM:
 16 A. Absolutely not. In the--from that quality
 17 management course that I did, from anything
 18 I've done and with risk management over the
 19 years, from the risk managers that are across
 20 the province right now, that's--across the
 21 country, wherever, that has been part of the
 22 dual role. It's been one part of the risk
 23 manager's job has been liaisoning with the
 24 insurance company and the rest of the job has
 25 been focusing in on risk to our patients.

Page 245

1 CHAYTOR, Q.C.:

2 Q. And you've never felt in a conflict of

3 interest?

4 MS. PREDHAM:

5 A. No, and as I understand, not many risk

6 managers across the country do.

7 CHAYTOR, Q.C.:

8 Q. And I guess that depends on what their job

9 description might be in their particular

10 institution?

11 MS. PREDHAM:

12 A. It could be, but as the responsibilities of a

13 risk manager, it is very clear that you

14 liaison with the insurance company, but you

15 also do these other duties.

16 CHAYTOR, Q.C.:

17 Q. Yes. Now the decision up to this point, going

18 into the ethics consult, had been to retest

19 all of the deceased patients.

20 MS. PREDHAM:

21 A. Yes.

22 CHAYTOR, Q.C.:

23 Q. And that was to take place after all the

24 living patients had been retested?

25 MS. PREDHAM:

Page 246

1 A. Exactly.

2 CHAYTOR, Q.C.:

3 Q. And by this point in time, for the patients

4 that you had identified for the most part,

5 they had been retested by May, June?

6 MS. PREDHAM:

7 A. Yes.

8 CHAYTOR, Q.C.:

9 Q. So did the result of the ethics consult alter

10 that decision to retest all the deceased

11 patients?

12 MS. PREDHAM:

13 A. Yes, at that time, no other deceased patient's

14 relatives would be--no other deceased

15 patient's samples would be retested unless

16 there was a request from the family.

17 CHAYTOR, Q.C.:

18 Q. And why was that?

19 MS. PREDHAM:

20 A. I really can't remember why, but that was the

21 decision after this ethics consult.

22 CHAYTOR, Q.C.:

23 Q. And it would only be the families would have

24 to come forward and ask for it?

25 MS. PREDHAM:

Page 247

1 A. Yes.

2 CHAYTOR, Q.C.:

3 Q. And they were only going to learn about even

4 the possibility of doing that through the

5 media? There wouldn't be any direct contact

6 with them to say "we've identified your loved

7 one as somebody potentially affected. Would

8 you like to be retested?"

9 MS. PREDHAM:

10 A. No.

11 CHAYTOR, Q.C.:

12 Q. And why that decision?

13 MS. PREDHAM:

14 A. Well, that was a part of Dr. McCarthy's

15 discussion was that a lot of people had dealt

16 with that. We actually had experience with

17 that when we would have a--for example, a

18 daughter asked for information about a

19 relative when the father did not want to have

20 the sample retested.

21 CHAYTOR, Q.C.:

22 Q. The decision then, at this point in time, not

23 to retest the remaining deceased patients, you

24 have told the Commissioner that it was always

25 the intention of Eastern Health to carry out

Page 248

1 statistical analysis at the end of the day and

2 the reasons for not even being able to say

3 specifically how much--you're saying fixation,

4 for example, may be a factor. You need to

5 have all your tests back. Did that raise

6 concerns with you that how can you do any

7 statistical analysis if you haven't retested

8 all the patients?

9 MS. PREDHAM:

10 A. Exactly. In November, I finally came to that

11 conclusion, that we had a big gap and what

12 were we going to do about it, and I guess that

13 was one of the issues that were coming up at

14 the end of the year.

15 CHAYTOR, Q.C.:

16 Q. November 2006?

17 MS. PREDHAM:

18 A. Yes, November/December.

19 CHAYTOR, Q.C.:

20 Q. And who'd you raise that with at that time?

21 MS. PREDHAM:

22 A. That would have been Dr. Cook, Dr. Denic, that

23 group. It was just a preliminary concern that

24 I had that when we moved forward, because we

25 were getting to a point where we would have to

Page 249

1 start gathering the information for the
 2 analysis and I realized that we're going to
 3 have a big gap in our analysis if we don't
 4 retest those results.
 5 CHAYTOR, Q.C.:
 6 Q. And what was the response to you raising that?
 7 MS. PREDHAM:
 8 A. Well, we'd have to talk about that. That was
 9 as far as it got.
 10 CHAYTOR, Q.C.:
 11 Q. In 2006, that's as far as it got?
 12 MS. PREDHAM:
 13 A. Yes.
 14 CHAYTOR, Q.C.:
 15 Q. And were you made aware, in November 2006,
 16 that the Minister of Health had indicated that
 17 he wished to have everybody retested,
 18 including the deceased?
 19 MS. PREDHAM:
 20 A. Oh no, I was not.
 21 CHAYTOR, Q.C.:
 22 Q. Nobody told you that?
 23 MS. PREDHAM:
 24 A. No.
 25 CHAYTOR, Q.C.:

Page 250

1 Q. And eventually, in 2007, I believe the
 2 decision was then reversed and it was decided
 3 to retest all the deceased.
 4 MS. PREDHAM:
 5 A. Yes.
 6 CHAYTOR, Q.C.:
 7 Q. Okay, and when you met with us in November of
 8 2007, the plan at that point in time was that
 9 the next of kin were going to be notified by
 10 letter?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. Instead, we understand a press release went
 15 out.
 16 MS. PREDHAM:
 17 A. Yes.
 18 CHAYTOR, Q.C.:
 19 Q. So what happened? Why did the decision again
 20 get undone in terms of sending a letter out to
 21 the next of kin of the deceased?
 22 MS. PREDHAM:
 23 A. I'm not sure. I wasn't part of that decision.
 24 CHAYTOR, Q.C.:
 25 Q. If we could have, please--sorry.

Page 251

1 THE COMMISSIONER:
 2 Q. Do you know how many--what the breakdown was
 3 when that decision was made in 2006? Because
 4 you had done a fair number of deceased
 5 patients prior to that. They had been
 6 included in the materials that went, either
 7 because you didn't know they were deceased or
 8 because they came from outside or whatever.
 9 Did you know what the breakdown was of how
 10 many of the deceased patients had been
 11 retested and how many weren't at that point?
 12 MS. PREDHAM:
 13 A. Off the top of my head, I think it was 101
 14 were retested and 76 weren't.
 15 THE COMMISSIONER:
 16 Q. Okay.
 17 CHAYTOR, Q.C.:
 18 Q. Just before we leave the ethics consult, why
 19 didn't this happen at the time? Why didn't
 20 what was recommended then by the people at the
 21 ethics consult, why didn't it happen? Why
 22 wasn't there a press release that went out
 23 and--why didn't it happen at that time?
 24 MS. PREDHAM:
 25 A. Well, I didn't--I've never seen this document,

Page 252

1 so I--what I recall, at the end of the--you
 2 know, the plan at the end of the ethics review
 3 is that when everything was done, a press
 4 release would be issued and, you know, the
 5 plan would carry on from there. But I haven't
 6 seen this before.
 7 CHAYTOR, Q.C.:
 8 Q. As of May or June 2006, everything was done,
 9 wasn't it? I mean, everything -
 10 MS. PREDHAM:
 11 A. No, we were still working through the DCIS,
 12 the no tumours, the misdiagnosis, all the more
 13 complicated issues. We were still working
 14 through that the summer. So it really wasn't
 15 until probably September when everything was
 16 tied up.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, and did you understand though the
 19 outcome? You understood what you all had
 20 decided?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. Is that how it worked? Well, maybe I'm being
 25 presumptuous.

Page 253

1 MS. PREDHAM:
 2 A. I haven't read this actually.
 3 CHAYTOR, Q.C.:
 4 Q. No, that's fine. Well, go ahead, if you wish
 5 to read it. I'm just wondering what you
 6 understood the outcome was, and was it decided
 7 by everyone in the room or was this a
 8 situation where you all just came together and
 9 had a discussion and then Mr. Singleton went
 10 off and came up with his plan?
 11 MS. PREDHAM:
 12 A. No, he came up with an ethics plan and the
 13 plan, when we left the room, was there would
 14 be a press conference when this was all said
 15 and done, that--because there was always that
 16 intent, to go out with some information, and
 17 when that was said and done, there would be a
 18 number released and the information would be
 19 shared and there would be some way for the
 20 patients of the deceased to contact us.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. So why didn't it ever happen? Why
 23 didn't it--why didn't what you all decided
 24 happen?
 25 MS. PREDHAM:

Page 254

1 A. I'm not sure.
 2 CHAYTOR, Q.C.:
 3 Q. Was there anyone that you're aware of who
 4 didn't accept the outcome of the ethics
 5 consult?
 6 MS. PREDHAM:
 7 A. No.
 8 THE COMMISSIONER:
 9 Q. When you say "when everything was said and
 10 done" did I take it from what you added later
 11 that you mean this was going to the last, very
 12 last thing done?
 13 MS. PREDHAM:
 14 A. Well, I guess, when--you know, when--there was
 15 always the intent that we would go out and
 16 speak to the media at some point in time, and
 17 I guess when that happened, this information
 18 would go out. I just had a vague notion -
 19 THE COMMISSIONER:
 20 Q. About being able to seek the -
 21 MS. PREDHAM:
 22 A. Right. I'm not sure why it didn't happen
 23 then. I have no idea why it wouldn't happen
 24 then.
 25 THE COMMISSIONER:

Page 255

1 Q. Well, the reason that there had been a delay,
 2 as I had understood it, was that Eastern
 3 Health said "we have to concentrate on those
 4 who are living," something which I assume
 5 everybody understood and could relate to.
 6 MS. PREDHAM:
 7 A. Yes.
 8 THE COMMISSIONER:
 9 Q. But by this time, essentially that task is
 10 done. So I'm having trouble seeing why -
 11 MS. PREDHAM:
 12 A. And I -
 13 THE COMMISSIONER:
 14 Q. - if the recommendation were accepted--now,
 15 there might be a reason that you might not
 16 know about that the recommendation would be
 17 rejected by Dr. Williams or others, but if it
 18 were accepted, I don't see why the
 19 communication couldn't have been done
 20 immediately.
 21 MS. PREDHAM:
 22 A. And I don't know, and like you said, it could
 23 have been rejected by somebody else, but I
 24 never knew it was rejected. I was always
 25 functioning under this process that a news

Page 256

1 release would go out, this information would
 2 go out and then people who had relatives
 3 deceased could contact us.
 4 CHAYTOR, Q.C.:
 5 Q. And have you ever been involved in an ethics
 6 consult where it wasn't acted on quickly?
 7 MS. PREDHAM:
 8 A. No.
 9 CHAYTOR, Q.C.:
 10 Q. And you were supposed to be the one that was
 11 managing the contact with the families and
 12 didn't it occur to you, "well, this is part of
 13 what I've been tasked to do, and what's
 14 happening? Where's our press release? Why
 15 isn't this under way?"
 16 MS. PREDHAM:
 17 A. It didn't occur to me at that time.
 18 CHAYTOR, Q.C.:
 19 Q. So you never went back and asked any questions
 20 about "what are we doing about the deceased?"
 21 MS. PREDHAM:
 22 A. I had in my mind that there was a plan for the
 23 deceased. This is the press conference would
 24 go out and we would do that and I didn't ask
 25 about when it was going to happen.

Page 257

1 CHAYTOR, Q.C.:

2 Q. Ms. Predham, what else do you recall happening

3 or being discussed at the ethics consult?

4 MS. PREDHAM:

5 A. I can't think of anything else.

6 CHAYTOR, Q.C.:

7 Q. And who, after you attended the ethics

8 consult, who did you discuss the outcome with?

9 MS. PREDHAM:

10 A. I would have told the people that I worked

11 with in my department, but I can't remember--I

12 don't think I would have given an update to

13 Dr. Williams and Ms. Pilgrim. I may have, but

14 I don't recall.

15 CHAYTOR, Q.C.:

16 Q. And that, I take it, that would be somewhat

17 unusual though because you normally would

18 report things to Dr. Williams, give him update

19 on whatever is happening?

20 MS. PREDHAM:

21 A. But I knew that Dr. Singleton was providing a

22 report or getting back to him, so I wouldn't

23 have felt that same pressure to be -

24 CHAYTOR, Q.C.:

25 Q. That you would need to do that.

Page 258

1 MS. PREDHAM:

2 A. Yeah.

3 CHAYTOR, Q.C.:

4 Q. If we could have, please, C-0231? And this is

5 an e-mail from Nancy Parsons to Dr. Laing,

6 July 17th, 2006. It's about a meeting that

7 was held July 12th, 2006, and it was a meeting

8 with a patient and patient's family members

9 and we understand this was one of the DCIS

10 patients.

11 MS. PREDHAM:

12 A. Yes.

13 CHAYTOR, Q.C.:

14 Q. Okay, and there's reference to the patient

15 having been diagnosed in 2001. "As part of

16 the ER/PR review initiated, discrepancies were

17 discovered between her original retest and

18 pathology results." And then it goes on to

19 say that "she was informed that the treatment

20 for DCIS would have been surgical removal,

21 radiation and Tamoxifen, and she did not need

22 the four cycles of chemotherapy." Nancy is

23 sending that to Dr. Laing for her feedback and

24 Dr. Laing gets back and says that "it's fine.

25 Thank you again for your help."

Page 259

1 If we could look, please, at C-0333?

2 0233, sorry. And these are notes Nancy

3 Parsons has told the Commissioner that she

4 took at the meeting, July 12th, 2006, and she

5 quotes Dr. Denic, Dr. Laing and "the patient

6 had asked at the end, 'can I have a summary of

7 what was discussed today?' and Dr. Denic and

8 Dr. Laing both said 'yes, we will arrange

9 that.'" Did Ms. Parsons discuss this with

10 you?

11 MS. PREDHAM:

12 A. She did.

13 CHAYTOR, Q.C.:

14 Q. And what was discussed?

15 MS. PREDHAM:

16 A. That she was going to do up a summary of the

17 information and run it by Dr. Laing.

18 CHAYTOR, Q.C.:

19 Q. Okay, and anything else after that? Did she -

20 MS. PREDHAM:

21 A. I think I suggested that she run it by Mr.

22 Boone as well.

23 CHAYTOR, Q.C.:

24 Q. And why did you do that?

25 MS. PREDHAM:

Page 260

1 A. Just because that's what we usually do. If we

2 were sending out communication there, we would

3 just run it by him for editorial comments.

4 Not content change, because the content is the

5 content. The patient was aware of what we

6 said to her.

7 CHAYTOR, Q.C.:

8 Q. What editorial comments would Mr. Boone be in

9 a position to make?

10 MS. PREDHAM:

11 A. We just usually ran by that--we usually ran by

12 anything like that, in this given

13 circumstance, past our lawyer before we sent

14 it out.

15 CHAYTOR, Q.C.:

16 Q. But why?

17 MS. PREDHAM:

18 A. Just like I said, if there is any way that we

19 worded things, any concern that way, at least

20 we--he would have looked at it.

21 CHAYTOR, Q.C.:

22 Q. You've already worded things. You told her

23 verbally all of those things.

24 MS. PREDHAM:

25 A. It was only just to run it by him, just to say

Page 261

1 this was what was happening.
 2 CHAYTOR, Q.C.:
 3 Q. So just to let him know that "we're giving a
 4 written summary to this patient who we've told
 5 all this to"?
 6 MS. PREDHAM:
 7 A. Yes.
 8 CHAYTOR, Q.C.:
 9 Q. But obviously this was pretty complicated
 10 stuff that she's being told, and of
 11 significant impact potentially to her health
 12 and what treatment she'd already had. So a
 13 patient asking to have that put in writing
 14 would be a reasonable request.
 15 MS. PREDHAM:
 16 A. Exactly.
 17 CHAYTOR, Q.C.:
 18 Q. To make sure that she's comprehending and
 19 understanding what had been told to her.
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. And so I guess I'm not understanding why it's
 24 necessary then to engage Mr. Boone, the lawyer
 25 who could defend a potential action by this

Page 262

1 patient. Why would you -
 2 MS. PREDHAM:
 3 A. It wasn't necessary. It was just a
 4 suggestion. She might want to run it by him.
 5 CHAYTOR, Q.C.:
 6 Q. And again, for what purpose?
 7 MS. PREDHAM:
 8 A. You know, just it was a practice that we had.
 9 If we were sending something out in a
 10 potential case like this, we sometimes ran it
 11 by our lawyer.
 12 CHAYTOR, Q.C.:
 13 Q. And do you know what ultimately happened?
 14 MS. PREDHAM:
 15 A. I do. After a while, I know that she didn't
 16 get any concrete feedback, either from Dr.
 17 Laing or Mr. Boone, or I think he came back
 18 with some suggestion or something and I did
 19 find out later that it didn't go out.
 20 CHAYTOR, Q.C.:
 21 Q. And I believe that Dr. Laing got back and said
 22 her summary was fine that she had typed up.
 23 MS. PREDHAM:
 24 A. Well, it may have been Dr. Denic. I'm not
 25 sure.

Page 263

1 CHAYTOR, Q.C.:
 2 Q. And we understand from Ms. Parsons that Dr.
 3 Fontaine looked at the letter for her and was
 4 okay with it, and it was at that point that
 5 you suggested that she have Mr. Boone look at
 6 it. So is it your understanding that any of
 7 the physicians had any issue with this letter?
 8 MS. PREDHAM:
 9 A. I thought it was a combination between the
 10 two. I didn't realize that it was--if they
 11 were fine with it, I didn't realize that it
 12 was anything that the lawyer himself had a
 13 problem with it. Is that what you're saying
 14 happened?
 15 CHAYTOR, Q.C.:
 16 Q. Well, I'm just saying that all we know is what
 17 Nancy Parsons said. Dr. Fontaine reviewed it
 18 and looked at the letter and then she went
 19 back to you with it and you suggested she have
 20 Mr. Boone look at it, and Dr. Laing, there's
 21 an e-mail that I just showed you from Dr.
 22 Laing.
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 264

1 Q. If we could look at C-0239? So I'm just
 2 wondering if you have other knowledge besides
 3 that. The only other person we've heard from,
 4 I believe, on this is Ms. Parsons. So were
 5 you aware of any issue that any of the
 6 physicians had?
 7 MS. PREDHAM:
 8 A. My only recollection is that Nancy, at a
 9 period of time after, said she couldn't get
 10 agreement or I thought that's what she said,
 11 she couldn't get agreement and she had told
 12 the patient that there was a delay in the
 13 letter or that she wasn't getting the letter
 14 or something, and it never went.
 15 CHAYTOR, Q.C.:
 16 Q. And this is a fax transmission from Nancy on
 17 August 3rd, 2006 to Stewart McKelvey. "Please
 18 call me after this document has been reviewed.
 19 Thanks, Nancy." And the letter, key points
 20 discussed. Present were, the people present
 21 again, the fact that she was diagnosed with
 22 cancer in 2001. She was treated with surgery
 23 and chemotherapy. So I take it the patient
 24 would be well aware of that in any event.
 25 MS. PREDHAM:

1 A. Oh yes.
 2 CHAYTOR, Q.C.:
 3 Q. "As part of the review by Eastern Health
 4 initiated in 2005, her sample was sent to
 5 Mount Sinai for retesting." I take it that's
 6 pretty straightforward, factual.
 7 "Discrepancies were discovered between the
 8 original and retested pathology results.
 9 Although the original pathology report in 2005
 10 indicated invasive carcinoma of the breast,
 11 the subsequent review indicate DCIS with micro
 12 invasion. Because of this, she was asked to
 13 meet with representatives of Eastern Health to
 14 receive this information. An overview of her
 15 pathology and treatment findings were
 16 discussed. She was diagnosed with carcinoma
 17 of the breast tissue in 2001. She was
 18 informed that when her breast tissue was
 19 reexamined, it was determined that she had
 20 DCIS rather than invasive carcinoma. She was
 21 also informed that the treatment for DCIS
 22 would have been surgical removal, radiation
 23 and Tamoxifen, and she did not need the four
 24 cycles of chemo that she had received."
 25 So that's a summary of what had been told

1 A. Looking at it now, but honestly, Ms. Chaytor,
 2 at the time, I was in another issue and it was
 3 being taken care of and Dr. Laing, Dr. Denic
 4 and Nancy were aware of it, and I trusted that
 5 they would follow up on it.
 6 CHAYTOR, Q.C.:
 7 Q. Did you know that Nancy spoke to this patient
 8 on more than one occasion afterwards and had
 9 to tell the patient that she hadn't been
 10 authorized to send the summary to her?
 11 MS. PREDHAM:
 12 A. I don't think that I knew that she spoke to
 13 her more than one occasion and said that.
 14 CHAYTOR, Q.C.:
 15 Q. And even if she -
 16 THE COMMISSIONER:
 17 Q. So I take it you knew she said it at least
 18 once?
 19 MS. PREDHAM:
 20 A. I think when she--I know she talked to the
 21 patient at one time after the letter. But I
 22 don't know--I didn't know that the patient
 23 was--if the patient was looking for it
 24 continually. I thought there was some, you
 25 know, agreement that she wasn't getting the

1 to the patient and what was being proposed to
 2 go forward. Would you have seen this at the
 3 time?
 4 MS. PREDHAM:
 5 A. Most likely.
 6 CHAYTOR, Q.C.:
 7 Q. Anything in there of any concern?
 8 MS. PREDHAM:
 9 A. Not at all.
 10 CHAYTOR, Q.C.:
 11 Q. So why didn't you tell Nancy go ahead and send
 12 it?
 13 MS. PREDHAM:
 14 A. If I knew that it wouldn't go out, I would
 15 have said go ahead and send it, but -
 16 CHAYTOR, Q.C.:
 17 Q. So are you saying you never learned that this
 18 patient didn't receive this?
 19 MS. PREDHAM:
 20 A. I did learn, but that was a period of time
 21 after.
 22 CHAYTOR, Q.C.:
 23 Q. And wouldn't that make it all the more urgent,
 24 to get it out as quickly as possible?
 25 MS. PREDHAM:

1 letter. I don't know.
 2 CHAYTOR, Q.C.:
 3 Q. So you knew that she had told the patient she
 4 wasn't authorized to send it?
 5 MS. PREDHAM:
 6 A. I don't know if I knew those words, but I do
 7 know she talked to the patient after the
 8 letter was requested.
 9 CHAYTOR, Q.C.:
 10 Q. And told her what?
 11 MS. PREDHAM:
 12 A. I can't remember, Ms. Chaytor.
 13 CHAYTOR, Q.C.:
 14 Q. Told her that she couldn't send the letter.
 15 MS. PREDHAM:
 16 A. Something to that effect. There was some
 17 hesitation about sending the letter.
 18 CHAYTOR, Q.C.:
 19 Q. And hesitation on whose part?
 20 MS. PREDHAM:
 21 A. I can't remember.
 22 CHAYTOR, Q.C.:
 23 Q. And were you aware, Ms. Predham, that the two
 24 doctors, Dr. Denic and Dr. Laing, had told the
 25 patient that she would receive such a letter?

Page 269

1 MS. PREDHAM:
 2 A. I would have known that because Nancy would
 3 have told me that when she told me about the
 4 letter. We provide summaries of--we do this
 5 all the time. You know, there's no issue with
 6 providing information to patients after a
 7 meeting.
 8 CHAYTOR, Q.C.:
 9 Q. And do you send them to your lawyers to vet
 10 before you send it to the patient?
 11 MS. PREDHAM:
 12 A. Sometimes.
 13 CHAYTOR, Q.C.:
 14 Q. And has there ever been any other occasion
 15 when it hasn't passed through the lawyer and
 16 been given the green light to go ahead and
 17 send?
 18 MS. PREDHAM:
 19 A. I can't recall of any other.
 20 CHAYTOR, Q.C.:
 21 Q. C-0235, please? And this particular patient
 22 or family member, I think it's patient present
 23 along with her sister, and Dr. Denic and Dr.
 24 Laing again are meeting with the patient, and
 25 so is Nancy. These are her notes.

Page 270

1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, and this particular patient, she's
 5 saying "I did six months of chemo and I have
 6 been sick ever since" and she says she's had
 7 problems, pain, difficulty with walking, and I
 8 believe it was the sister that spoke up and
 9 said "there should be reimbursement for her
 10 expenses." Did Ms. Parsons discuss this
 11 situation with you?
 12 MS. PREDHAM:
 13 A. She did discuss them all with me after she--
 14 the next day, I think.
 15 CHAYTOR, Q.C.:
 16 Q. And would that also be standard procedure,
 17 that she would fill you in on any meetings
 18 with patients?
 19 MS. PREDHAM:
 20 A. Not always, but we worked closely together, so
 21 you know, I did have this information. We did
 22 talk about it.
 23 CHAYTOR, Q.C.:
 24 Q. And what happened to this request that the
 25 patient be reimbursed for unnecessary expenses

Page 271

1 incurred?
 2 MS. PREDHAM:
 3 A. I cannot remember at this time.
 4 CHAYTOR, Q.C.:
 5 Q. Do you know whether or not the patient ever
 6 was reimbursed?
 7 MS. PREDHAM:
 8 A. I have no idea.
 9 CHAYTOR, Q.C.:
 10 Q. Would you expect to know if that had happened?
 11 MS. PREDHAM:
 12 A. I may know, but Nancy may take care of it.
 13 CHAYTOR, Q.C.:
 14 Q. Are you aware of whether or not any of the
 15 patients involved in this have been reimbursed
 16 or paid anything in terms of their expenses
 17 incurred, whether it's prior to or since in
 18 having to come for any additional
 19 consultations?
 20 MS. PREDHAM:
 21 A. I'm aware of one that Ms. Parsons arranged
 22 for.
 23 CHAYTOR, Q.C.:
 24 Q. And when was that?
 25 MS. PREDHAM:

Page 272

1 A. I'm not sure of the timing of it, but I do
 2 know that she arranged for reimbursement of
 3 expenses.
 4 CHAYTOR, Q.C.:
 5 Q. And was that travel expenses or what type of
 6 expenses?
 7 MS. PREDHAM:
 8 A. I know travel was included, but I can't
 9 remember if there were any others.
 10 CHAYTOR, Q.C.:
 11 Q. And what was the circumstances why that person
 12 was given reimbursement?
 13 MS. PREDHAM:
 14 A. I don't know. I didn't have all the details
 15 of it. I just knew it was happening.
 16 CHAYTOR, Q.C.:
 17 Q. If we could have, please, P-3032? And this is
 18 a letter of July 14th, 2006, Dr. Williams to
 19 be written to Dr. Cook and Dr. Carter. "As a
 20 result of the ongoing quality review process,
 21 could you please review the following cases?"
 22 And there's eight cases listed and in the
 23 corner is July 19th, 2006, Ms. Predham,
 24 "Heather, any problems with me saying this?
 25 Bob Williams"

Page 273

1 MS. PREDHAM:
 2 A. Sending--oh, saying this.
 3 CHAYTOR, Q.C.:
 4 Q. Signing this, sorry.
 5 MS. PREDHAM:
 6 A. Signing this.
 7 CHAYTOR, Q.C.:
 8 Q. Signing this, Bob Williams. Okay, and what's
 9 that all about?
 10 MS. PREDHAM:
 11 A. We discussed this in one of the panels, and
 12 I'm not sure the category of these patients,
 13 it was either--could have been retro
 14 convertors or whatever. Drs. Cook and Carter
 15 had an issue--it may be the misdiagnosis of
 16 patients and, you know, that group. They had
 17 an issue with just going in and reviewing
 18 another pathologist's work and signing off an
 19 addendum which disagreed with the original
 20 pathology. It was something in that line, and
 21 they wanted direction from Dr. Williams to go
 22 ahead and do that.
 23 CHAYTOR, Q.C.:
 24 Q. So this is just a letter being written
 25 internally to Eastern Health, from Dr.

Page 274

1 Williams to these two physicians, asking them
 2 to please review the following cases, and why
 3 would Dr. Williams be asking you if there's
 4 any problem with you signing it?
 5 MS. PREDHAM:
 6 A. I have no idea because when we were discussing
 7 this, I suggested that Dr. Williams write them
 8 a letter to--you know, to say that, and I
 9 think the addendum is "Upon the request of Dr.
 10 Williams". That's what the addendum says in
 11 the pathology report.
 12 CHAYTOR, Q.C.:
 13 Q. And first of all then--and I'll ask you about
 14 that, but your involvement in it, what did you
 15 do then when you received this from Dr.
 16 Williams, what did you do?
 17 MS. PREDHAM:
 18 A. Oh, I called him and told him that I knew all
 19 about it and this is what the context was. I
 20 don't think if he got any context when he got
 21 this, but it was just the fact that they felt
 22 uncomfortable or they felt that they were put
 23 in a place where they were checking their
 24 peers and they wanted an explanation in the
 25 addendum, and they weren't really sure, and

Page 275

1 this is what they wanted. They felt more
 2 comfortable doing it if they had direction
 3 from Dr. Williams.
 4 CHAYTOR, Q.C.:
 5 Q. And did you bounce this off anybody, if there
 6 was any problem with Dr. Williams signing this
 7 type of a letter?
 8 MS. PREDHAM:
 9 A. No.
 10 CHAYTOR, Q.C.:
 11 Q. And I guess I'm just still a little bit
 12 confused what--how you would know, like, what
 13 type of problem could be created with him
 14 signing this type of a letter? What -
 15 MS. PREDHAM:
 16 A. I have no idea.
 17 CHAYTOR, Q.C.:
 18 Q. So you -
 19 MS. PREDHAM:
 20 A. I just--when I got it, I just figured that he
 21 didn't know the context or that it wasn't
 22 explained to him.
 23 CHAYTOR, Q.C.:
 24 Q. Were you perplexed yourself then when you got
 25 it as to what he could mean, what problem?

Page 276

1 MS. PREDHAM:
 2 A. Well, that's why I called him.
 3 THE COMMISSIONER:
 4 Q. Tell me what the problem was again.
 5 MS. PREDHAM:
 6 A. Well, Dr. Cook and Carter, in doing the
 7 reviews of, say, the misdiagnosis or whatever,
 8 they expressed concern about going in and
 9 review other pathologists' work, and they
 10 didn't know under what provision or what
 11 direction that they were really doing that.
 12 Now it was part of the whole ER/PR review and
 13 I guess they were just--you know, in ten years
 14 time if somebody was looking at a pathology
 15 report, why were they looking at this, and
 16 they just felt more comfortable if they had it
 17 in writing.
 18 THE COMMISSIONER:
 19 Q. So was this the first of these? I presume
 20 somebody drafted it and put it under Dr.
 21 Williams' nose, the words "sign this", and he
 22 was wanting to know why he should sign it?
 23 MS. PREDHAM:
 24 A. Right, basically, but it wasn't -
 25 THE COMMISSIONER:

Page 277

1 Q. Were there others or was it just these?
 2 MS. PREDHAM:
 3 A. There weren't others, but I guess these are
 4 the ones that there was some conflict in. The
 5 other issue that came up, and, you know, I'm
 6 probably not the best one to explain all the
 7 nuances of this, but when they started
 8 reviewing the DCIS's for the other regions,
 9 this is, I think, when Dr. Cook had the issue,
 10 that I'm really reviewing other pathologist
 11 work and what is my authority to review other
 12 pathologist work, who's telling me to do this,
 13 why am I doing this. I guess that's what he
 14 was coming from.
 15 THE COMMISSIONER:
 16 Q. So was someone thinking Dr. Williams had the
 17 authority to tell him to review pathologist
 18 work from outside of Eastern Health?
 19 MS. PREDHAM:
 20 A. Well, they didn't do--they didn't do that for
 21 outside Eastern Health. That's when Dr.
 22 Williams had to contact Dr. Alteen and Dr.
 23 Jenkins to figure out a plan to review the
 24 DCIS's in their own region. We were going to
 25 review our own, but they would review their

Page 278

1 own as well.
 2 THE COMMISSIONER:
 3 Q. So do you have any reason to believe they're
 4 all DCIS's or are these all kinds of reviews?
 5 MS. PREDHAM:
 6 A. Well, it would be--I would assume, and until I
 7 saw the names, I wouldn't be able to confirm
 8 it, but any ones that there were a discrepancy
 9 in.
 10 THE COMMISSIONER:
 11 Q. So this--these are the cases where Dr. Cook
 12 and Dr. Carter did not see it the same way as
 13 the pathologist whose work they were
 14 reviewing?
 15 MS. PREDHAM:
 16 A. Exactly.
 17 CHAYTOR, Q.C.:
 18 Q. And if they saw it the same way, they had no
 19 problem going ahead and dealing with it?
 20 MS. PREDHAM:
 21 A. Exactly.
 22 CHAYTOR, Q.C.:
 23 Q. So they're getting the permission of the VP
 24 Medical, who they all report to, for them to
 25 go ahead and review those cases?

Page 279

1 MS. PREDHAM:
 2 A. Exactly, but they had already reviewed them,
 3 they just wanted to have that--they wanted to
 4 have under somebody's authority to do that.
 5 THE COMMISSIONER:
 6 Q. So what happens after the review?
 7 MS. PREDHAM:
 8 A. Then they signed out the addendum that they
 9 had reviewed it.
 10 THE COMMISSIONER:
 11 Q. Okay.
 12 CHAYTOR, Q.C.:
 13 Q. Did anyone besides you consult or liaise with
 14 HIROC with respect to the ER/PR issue?
 15 MS. PREDHAM:
 16 A. I can't say that I was the only one. There
 17 may have been other people who talked to them.
 18 As you can see, Nancy contacted--you know, had
 19 interaction directly. There may have been
 20 other people to contact them.
 21 CHAYTOR, Q.C.:
 22 Q. What about Dr. Williams, are you aware whether
 23 or not he had any direct contact?
 24 MS. PREDHAM:
 25 A. He may have. As this progressed down farther,

Page 280

1 I know there were meetings with Mr. Boone that
 2 I was not part of.
 3 CHAYTOR, Q.C.:
 4 Q. I was thinking more with HIROC as opposed to--
 5 you're saying once Mr. Boone was involved, the
 6 line of communication, anyhow, was through
 7 him?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. Okay. If we could look at, please, 1148.
 12 This appears to be your response back to Dr.
 13 Williams saying that you reviewed the letter,
 14 you drafted to Dr. Cook and Dr. Carter, re,
 15 and it is DCIS review, it appears, "I would
 16 suggest that instead of listing the patients
 17 by name, that the wording go like this, "As a
 18 result of the ongoing quality review, several
 19 cases were identified as having results that
 20 conflicted with those previously reported.
 21 Could you please review those cases and update
 22 their clinical file as necessary". Thank you,
 23 etc. "There were 28 that they reviewed in
 24 total. If you still want to list them out by
 25 name, I can get the list of names for you",

Page 281

1 and so what's this about, and why are you
 2 suggesting this change in wording?
 3 MS. PREDHAM:
 4 A. Well, I guess in my conversation with Dr.
 5 Williams, and I'm assuming this because I can
 6 remember talking to him after that and
 7 explaining the situation, he was saying, so
 8 these are the only ones that they reviewed,
 9 and I said, no, they reviewed a lot more, and
 10 I guess as you pointed out, these are the ones
 11 that conflicted, and then I came up with this
 12 wording that they would have to cover off all
 13 the ones, explain why they reviewed all of
 14 them, instead of just the ones that
 15 conflicted.
 16 CHAYTOR, Q.C.:
 17 Q. So his letter had only listed eight?
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. And you're saying there's, in fact, 28?
 22 MS. PREDHAM:
 23 A. Yes.
 24 CHAYTOR, Q.C.:
 25 Q. That they reviewed in total?

Page 282

1 MS. PREDHAM:
 2 A. Right, which would include the confirmed DCIS
 3 or the no tumours, I guess, or whatever.
 4 CHAYTOR, Q.C.:
 5 Q. So ultimately--ultimately, how many DCIS
 6 patients were there that were found to be in
 7 issue?
 8 MS. PREDHAM:
 9 A. In issue--at that time, I believe, there was
 10 only four, but more came to light as we went
 11 on. I think that there may be eight now.
 12 CHAYTOR, Q.C.:
 13 Q. So were there 28 that Mount Sinai had
 14 indicated they thought were DCIS or no tumour
 15 cases?
 16 MS. PREDHAM:
 17 A. They were--right now, I don't know the numbers
 18 the had right now. Obviously, when I was--I
 19 included the 28. That was including all those
 20 that they actually worked through and there
 21 wasn't a conflict. So this was--the 28 would
 22 include ones that were no issue to ultimately,
 23 and the ones that had an issue with.
 24 CHAYTOR, Q.C.:
 25 Q. How many overall had Mount Sinai--and I

Page 283

1 understand if you can't tell me it's 17 or
 2 whatever, but I take it then it was greater,
 3 though, than four, the original four, that
 4 Mount Sinai felt were DCIS or no tumour, there
 5 was a greater number than four?
 6 MS. PREDHAM:
 7 A. Oh, yes.
 8 CHAYTOR, Q.C.:
 9 Q. And then the people who did the review were
 10 Drs. Carter and Cook.
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. Reviewed those cases, and came up with a
 15 different opinion than Mount Sinai?
 16 MS. PREDHAM:
 17 A. On so many of them.
 18 CHAYTOR, Q.C.:
 19 Q. On so many of them.
 20 MS. PREDHAM:
 21 A. Well, see, some of them, as I explained, some
 22 of them would only be they'd have to get
 23 another block and send the block off, which
 24 would have infiltrated tissue on. So some of
 25 it was simply fixed that way.

Page 284

1 CHAYTOR, Q.C.:
 2 Q. So Mount Sinai came back with a different
 3 opinion?
 4 MS. PREDHAM:
 5 A. Because they'd have a different block.
 6 CHAYTOR, Q.C.:
 7 Q. My question then is were there any that
 8 ultimately Drs. Cook and Carter came to a
 9 different opinion on than Mount Sinai besides
 10 the four--well, I guess the four they all
 11 agreed on, but were there any that Mount Sinai
 12 was still saying, no, we think this is DCIS,
 13 or no tumour, and Dr. Cook and Dr. Carter were
 14 saying something different?
 15 MS. PREDHAM:
 16 A. I don't recall. I don't think there was.
 17 CHAYTOR, Q.C.:
 18 Q. Is there a list anywhere of the 28 that were
 19 reviewed in total?
 20 MS. PREDHAM:
 21 A. I was just noticing that Dr. Williams added
 22 into my wording, "you should retain a list of
 23 these cases in your files for future
 24 reference, if necessary". So I would assume
 25 that Dr. Cook or Carter would have a list.

Page 285

1 CHAYTOR, Q.C.:

2 Q. Okay, I don't think I've seen that list. Do

3 you have a copy or have you ever seen a copy?

4 MS. PREDHAM:

5 A. No, I haven't.

6 CHAYTOR, Q.C.:

7 Q. How did you come up with the 28 number to be

8 able to shoot back and tell that to Dr.

9 Williams?

10 MS. PREDHAM:

11 A. That may have been the ones identified as DCIS

12 for our region. I'm not sure if--I'd have to

13 look at the names that you've redacted and try

14 to figure that out again.

15 CHAYTOR, Q.C.:

16 Q. Yes, but where--you would have had a list, or

17 how would you have figured it out on July

18 27th, 2006?

19 MS. PREDHAM:

20 A. I would have had--I would have known at that

21 time--whatever the issue was we were talking

22 about, I would have known how many Mount Sinai

23 had come back with that diagnosis.

24 CHAYTOR, Q.C.:

25 Q. And so you would have had that somewhere in

Page 286

1 documents that you could readily put your

2 hands on?

3 MS. PREDHAM:

4 A. Yes.

5 CHAYTOR, Q.C.:

6 Q. And you don't still have that?

7 MS. PREDHAM:

8 A. Well I do, but I would have to go back and

9 look and figure it out, whatever version I was

10 dealing with at that time.

11 CHAYTOR, Q.C.:

12 Q. So it would be somewhere in the list or -

13 MS. PREDHAM:

14 A. In all those lists of documents.

15 CHAYTOR, Q.C.:

16 Q. And P-3034 please? And this is from yourself

17 to Debbie Parsons, I guess it originates -

18 MS. PREDHAM:

19 A. From Debbie.

20 CHAYTOR, Q.C.:

21 Q. From her to you. And these are letters for

22 Dr. Williams review. "I have a question on a

23 particular patient's letter, please review.

24 See you when I get back." And then you'll see

25 that there is a number of letters here. These

Page 287

1 all appear to be panel letters intended for

2 Dr. Laing's signature and then this is charts

3 for review on June 8th, 2006, so it would have

4 been a list. And I'm just wondering under

5 what circumstances was Dr. Williams asked to

6 review panel letters?

7 MS. PREDHAM:

8 A. I think there was some discussion and I'm, I

9 think these are the meetings that Nancy

10 ultimately attended with Dr. Laing and Dr.

11 Denic, that a letter would go out to the

12 physician and I think there was some

13 discussion at the panel, I guess from Dr.

14 Laing, that Dr. Williams would sign the

15 letters.

16 CHAYTOR, Q.C.:

17 Q. And Dr. Williams would sign the letters.

18 MS. PREDHAM:

19 A. Yes.

20 CHAYTOR, Q.C.:

21 Q. And ultimately did that happen, did Dr.

22 Williams sign any of these letters?

23 MS. PREDHAM:

24 A. No, the families were met with.

25 CHAYTOR, Q.C.:

Page 288

1 Q. So these are--which types are these, the retro

2 converters? If we could look at the first one

3 here, perhaps?

4 MS. PREDHAM:

5 A. This is retro converters.

6 CHAYTOR, Q.C.:

7 Q. Okay, so there was an issue that the

8 physicians on the panel didn't want to sign

9 these letters?

10 MS. PREDHAM:

11 A. Yes.

12 CHAYTOR, Q.C.:

13 Q. And why not?

14 MS. PREDHAM:

15 A. I can't remember why not.

16 CHAYTOR, Q.C.:

17 Q. So Dr. Laing didn't want to sign these

18 letters?

19 MS. PREDHAM:

20 A. Yes.

21 CHAYTOR, Q.C.:

22 Q. And you don't know what her reservation was?

23 MS. PREDHAM:

24 A. I can't remember.

25 CHAYTOR, Q.C.:

Page 289

1 Q. And there's a note on page four about this
 2 particular letter. "My note says the lady was
 3 treated with Tamoxifen and offered treatment
 4 with Arimidex in October, 2005 and then she
 5 was diagnosed in November, 2005, something
 6 doesn't seem right, may have to get her chart
 7 again. Is Arimidex hormonal treatment?" And
 8 I take it this is Ms. Parsons trying to
 9 understand her notes about -
 10 MS. PREDHAM:
 11 A. There was a conflict in her notes.
 12 CHAYTOR, Q.C.:
 13 Q. - what was said about this particular patient.
 14 MS. PREDHAM:
 15 A. Yes.
 16 THE COMMISSIONER:
 17 Q. I'm sorry, did you say something about a
 18 meeting with Dr. Williams and Ms. Parsons was
 19 there?
 20 MS. PREDHAM:
 21 A. No, I guess in one of the--I guess the panel
 22 decided when they were doing up the letters,
 23 Dr. Laing wanted Dr. Williams to sign the
 24 letters.
 25 THE COMMISSIONER:

Page 290

1 Q. Uh-hm.
 2 MS. PREDHAM:
 3 A. And what happened eventually is that they got
 4 met with by Ms. Parsons and Dr. Laing and Dr.
 5 Denic and no letter was sent.
 6 THE COMMISSIONER:
 7 Q. Who got met with -
 8 MS. PREDHAM:
 9 A. The patients, the subjects of these letters.
 10 THE COMMISSIONER:
 11 Q. And no letter was sent at all, as opposed to
 12 anybody, the debate about who was to sign the
 13 letters.
 14 MS. PREDHAM:
 15 A. Exactly.
 16 CHAYTOR, Q.C.:
 17 Q. If we could have P-3033 please? And this
 18 appears to be sometime later, June 17th, '06
 19 and then a month or so later, July 20th,
 20 you're sending an e-mail to yourself, "Do I
 21 need to do anything with these letters that
 22 you were going to get Dr. Williams to review.
 23 Got on the computer, as I did not keep a copy
 24 of these letters for my file at work because I
 25 did them at home. Thanks." What's that all

Page 291

1 about?
 2 MS. PREDHAM:
 3 A. Oh, I think Mrs. Parsons must have come in
 4 and, Debbie Parsons, must have come in and got
 5 the letters off my computer because, out of my
 6 e-mail, because she sent them to me, but
 7 didn't keep a letter at home. And I guess she
 8 was asking if she needed to do anything with
 9 these letters, but by that time, the people
 10 were being met with.
 11 CHAYTOR, Q.C.:
 12 Q. So this is not you sending an e-mail to
 13 yourself?
 14 MS. PREDHAM:
 15 A. It looks like Debbie was on my e-mail. She
 16 probably still had--when she was my
 17 administrative assistant, she had access to my
 18 e-mail account and she may still have had that
 19 at that point in time.
 20 CHAYTOR, Q.C.:
 21 Q. And when she would go in and access your e-
 22 mail account and send you an e-mail, as
 23 opposed to just sending you an e-mail directly
 24 from her own account?
 25 MS. PREDHAM:

Page 292

1 A. Again, I'm supposing, I don't know, it doesn't
 2 make any sense that I'm sending it to myself
 3 with what I've got written there.
 4 CHAYTOR, Q.C.:
 5 Q. Do you ever send yourself a reminder, though,
 6 like that to follow up on something?
 7 MS. PREDHAM:
 8 A. No, because I wouldn't be asking myself a
 9 question like that.
 10 CHAYTOR, Q.C.:
 11 Q. And so it's over a month later and the
 12 question is whether or not there's anything
 13 needs to be done with the letters.
 14 MS. PREDHAM:
 15 A. With the letters.
 16 CHAYTOR, Q.C.:
 17 Q. So did you hear back from Dr. Williams on the
 18 letters or had the patients -
 19 MS. PREDHAM:
 20 A. Well I think Dr. Williams followed up with Dr.
 21 Laing and that's when the plan for a meeting
 22 with the families came out of that.
 23 CHAYTOR, Q.C.:
 24 Q. And did Dr. Laing meet with the families?
 25 MS. PREDHAM:

Page 293

1 A. Yes. She and Dr. Denic and Ms. Parsons met
 2 with the families.
 3 CHAYTOR, Q.C.:
 4 Q. So there was no difficulty with Dr. Laing
 5 meeting with the families, but she had
 6 difficulty sending a letter.
 7 MS. PREDHAM:
 8 A. That's what--I can't remember, I remember that
 9 they wanted Dr. Williams to sign the letter,
 10 that's all I remember.
 11 THE COMMISSIONER:
 12 Q. Ms. Chaytor, wherever you can find a spot.
 13 CHAYTOR, Q.C.:
 14 Q. Thank you. P-2851 please? And this
 15 originates as an e-mail from Ms.--from
 16 yourself to Ms. Bonnell and Barrington, July
 17 9th, 2006, "I've attached a briefing note I
 18 did up on Friday regarding our latest
 19 development meetings for the four of the five
 20 people affected, will be taking place on
 21 Wednesday. I'm off, but I'm around all Monday
 22 if you need to chat, page me. Heather." So I
 23 take it are these the DCIS people?
 24 MS. PREDHAM:
 25 A. Yes, I guess it's a briefing note after the

Page 294

1 meetings.
 2 CHAYTOR, Q.C.:
 3 Q. Okay, and -
 4 MS. PREDHAM:
 5 A. There was an e-mail in between there.
 6 CHAYTOR, Q.C.:
 7 Q. E-mail in between that's not there. "Yes, you
 8 are right, the background is attached below.
 9 I guess one of the arguments in the defence of
 10 our claim will be that"--and the patient's
 11 name is blocked out--"and the other two
 12 ladies' cases are unrelated to ER/PR. It
 13 makes a good story and Ches has to get the
 14 word out to increase the number of patients
 15 registered in the class action." And what are
 16 you referring to?
 17 MS. PREDHAM:
 18 A. Well the e-mail in between was from Ms.
 19 Bonnell and she was asking if this was--if she
 20 was correct, I think is the way it was worded,
 21 if she was correct in understanding that the
 22 issue with the misdiagnosis was not directly
 23 related to ER/PR but was something we
 24 uncovered during the process of another--it
 25 was another issue, and I'm saying that she's

Page 295

1 right.
 2 CHAYTOR, Q.C.:
 3 Q. And Ms. Predham, did you or anyone who was
 4 reporting to you at the time meet with any of
 5 those people that are being referred to in
 6 your e-mail?
 7 MS. PREDHAM:
 8 A. The ladies?
 9 CHAYTOR, Q.C.:
 10 Q. Yes.
 11 MS. PREDHAM:
 12 A. Can I just scroll down for a second?
 13 CHAYTOR, Q.C.:
 14 Q. Sure.
 15 MS. PREDHAM:
 16 A. Ms. Parsons met with them on that Wednesday
 17 after.
 18 CHAYTOR, Q.C.:
 19 Q. Thank you, it's a good place.
 20 THE COMMISSIONER:
 21 Q. Okay, take the afternoon break.
 22 (RECESS)
 23 THE COMMISSIONER:
 24 Q. Please be seated. Ms. Chaytor.
 25 CHAYTOR, Q.C.

Page 296

1 Q. Thank you. P-0814, Registrar. And this is an
 2 e-mail July 31st, 2006 from Tara Furlong to
 3 John Abbott and it indicates, "I spoke with
 4 Heather Predham, Assistant Manager/Quality
 5 Risk Manager at Eastern Health and I expect to
 6 receive an updated briefing note on ER/PR
 7 within an hour. I asked for her to include
 8 the information regarding legal claims and any
 9 updates on the retesting process". What do
 10 you recall about the preparation or sending a
 11 briefing note to the Department at this point
 12 in time?
 13 MS. PREDHAM:
 14 A. I really can't remember anything distinctive
 15 about it.
 16 CHAYTOR, Q.C.
 17 Q. And did you know who Ms. Furlong was prior to
 18 this?
 19 MS. PREDHAM:
 20 A. I knew her name from communications. I think
 21 she was in the communications thing at the
 22 Department of Health. So, I had seen her name
 23 on different e-mails.
 24 CHAYTOR, Q.C.
 25 Q. And other than your communication back, I

Page 297

1 believe it was with Ms. Moira Hennessey in
 2 November of 2005, had you had any other
 3 discussions or communications with anyone from
 4 the government on this issue?
 5 MS. PREDHAM:
 6 A. I don't believe.
 7 CHAYTOR, Q.C.
 8 Q. So, how is it that you came to be contacted at
 9 this time to provide an update?
 10 MS. PREDHAM:
 11 A. Somebody must have gave her my name and when
 12 she spoke to me, obviously, she must have told
 13 me that.
 14 CHAYTOR, Q.C.
 15 Q. And you'll see this request originated from
 16 Mr. Cake, "would you please have a briefing
 17 note prepared on the issue on the front page
 18 of this story in the Independent yesterday re:
 19 lawsuit being launched by breast cancer
 20 patients". I don't know if that helps jog
 21 your memory in relation to the story in the
 22 Independent at the time.
 23 MS. PREDHAM:
 24 A. No, I don't remember anything in particular
 25 about it.

Page 298

1 CHAYTOR, Q.C.
 2 Q. Okay. So, P-3037 and this is your e-mail to
 3 Ms. Elliott, same date at 3:41 p.m. briefing
 4 note of July 31st. "I finally have to turn my
 5 phone off; here's the update". And you'll see
 6 here, here's the draft with the total number
 7 of patients, 939; deceased, 174; 101 have been
 8 retested. No indication by the way of any
 9 that may have benefitted from a change in
 10 treatment". That 19 number that we saw.
 11 MS. PREDHAM:
 12 A. Yes, yeah, I had no idea where that 19 came
 13 from. It's not in my memory of anything I've
 14 ever done.
 15 CHAYTOR, Q.C.
 16 Q. DCIS and then retro converters, legal activity
 17 and the two claims that you would have been
 18 aware of up to then.
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.
 22 Q. The Hanlon claim and the Doucette claim. At
 23 this time then you're sending this to Ms.
 24 Elliott and why would that be? What was her
 25 involvement at this point?

Page 299

1 MS. PREDHAM:
 2 A. Well, she was my director at that time and
 3 anything that we sent out from our department,
 4 she'd like to see.
 5 CHAYTOR, Q.C.
 6 Q. So, anything that went external.
 7 MS. PREDHAM:
 8 A. External or internal, you know, that went up
 9 to Mr. Tilley, at that time, anything like
 10 that.
 11 CHAYTOR, Q.C.
 12 Q. And if we look at the number of deceased,
 13 DCIS, sorry. DCIS, there are six more DCIS
 14 patients that require review by pathology and
 15 does that seem right at that time, that
 16 there's six DCIS that require review?
 17 MS. PREDHAM:
 18 A. We met again in September to clue up
 19 outstanding issues, so that's possible that
 20 there was six there at that time.
 21 CHAYTOR, Q.C.:
 22 Q. Okay. And if we look at, there's another,
 23 actually there's more to this exhibit, there's
 24 another draft then a little bit later and this
 25 time there are 14 more DCIS patients

Page 300

1 throughout Newfoundland and Labrador that
 2 require further review by pathology. And do
 3 you recall how this change came about?
 4 MS. PREDHAM:
 5 A. Well obviously I must have had a discussion
 6 with Ms. Elliott at the time and in the
 7 summer, when Dr. Cook and Carter had that
 8 concern about reviewing other pathologist's
 9 work in Eastern Health, they also identified
 10 that they had an issue with reviewing the
 11 pathologist's work from outside the region, so
 12 they were asking the regions to review their
 13 own DCIS, so I guess Ms. Elliott suggested
 14 that I put out, put down the total number of
 15 outstanding DCIS from across the province,
 16 rather than just the ones internal.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, and under the discussion on retro
 19 converters, it says "All patients who are
 20 negative for ER were included in the retesting
 21 process. As the clinical definition of
 22 negative changed over the years, all patients
 23 with an ER of 30 percent or less were
 24 retested, is that accurate?
 25 MS. PREDHAM:

Page 301

1 A. No.
 2 CHAYTOR, Q.C.:
 3 Q. And at this point there's a reference to four
 4 retro converters.
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And it says, "In four cases retesting by Mount
 9 Sinai identified that women in this category
 10 now have an ER/PR status of zero percent,
 11 which has been confirmed by subsequent
 12 retesting at Mount Sinai." So we had a bit of
 13 a discussion before about the retro
 14 converters.
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. Was it that the four that ultimately went
 19 forward for further investigation were people
 20 who had absolutely zero in coming back, they
 21 were zero as opposed to -
 22 MS. PREDHAM:
 23 A. The four that required further retesting?
 24 CHAYTOR, Q.C.:
 25 Q. No, what I'm wondering is are the four--it was

Page 302

1 narrowed down the retro converters to four, so
 2 were they the four--those four both all had ER
 3 zero, PR of zero, as opposed to say, two
 4 percent, five percent?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And is that right that there were only four or
 9 were there only four for whom there was an
 10 impact in treatment?
 11 MS. PREDHAM:
 12 A. That, and again, that illustrates that
 13 difference between the, look at from a
 14 technical perspective and those from a
 15 clinical, what the panel was doing was a
 16 technical perspective on these results. So
 17 from the panel's review, there were only four
 18 that had actually caused a change in
 19 treatment.
 20 CHAYTOR, Q.C.:
 21 Q. And this also gets forwarded on by you to Ms.
 22 Pilgrim, and then it's ultimately sent on to
 23 Ms. Furlong that same afternoon at 4:16, and
 24 you will see the 14 and the four and it does
 25 refer to all of the patients with 30 percent

Page 303

1 or less were retested. So I take it, nobody
 2 that you sent this to picked up on this
 3 particular issue?
 4 MS. PREDHAM:
 5 A. No.
 6 CHAYTOR, Q.C.:
 7 Q. About the 30 percent.
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. And if we could have, please, P-0815 and then
 12 at 4:40 p.m. that afternoon, Ms. Mundon sends
 13 on to Gary Cake a copy of what you had
 14 produced. Were you aware at the time, Ms.
 15 Predham, who you were preparing this briefing
 16 note for?
 17 MS. PREDHAM:
 18 A. I only knew that I was preparing it for Tara
 19 Furlong.
 20 CHAYTOR, Q.C.:
 21 Q. And you understood her to be with the
 22 department?
 23 MS. PREDHAM:
 24 A. With the Department of Health, yes.
 25 CHAYTOR, Q.C.:

Page 304

1 Q. And you didn't know that it would go anywhere
 2 beyond that.
 3 MS. PREDHAM:
 4 A. No.
 5 CHAYTOR, Q.C.:
 6 Q. And if we could look, please, at P-0168? And
 7 it's from Tansy Mundon to Minister Tom Osborne
 8 on the same date, 4:41 p.m. "Minister, John
 9 asked that I forward the following briefing
 10 note to Gary Cake and Cabinet Secretariat.
 11 The note was prepared by Eastern Health in
 12 response to an article in The Independent on
 13 ER/PR." And then you will see it's prepared
 14 by Heather Predham, assistant director,
 15 quality and risk management and a copy of the
 16 information that you had provided. So I take
 17 it you didn't realize it was going to go to
 18 those individuals -
 19 MS. PREDHAM:
 20 A. No.
 21 CHAYTOR, Q.C.:
 22 Q. - although sending it to the department, it
 23 would likely end up with the Minister.
 24 MS. PREDHAM:
 25 A. Somewhere.

Page 305

1 CHAYTOR, Q.C.:

2 Q. Did you understand a briefing note would be

3 for the Minister's purposes?

4 MS. PREDHAM:

5 A. No, not necessarily because the briefing note

6 for the Minister, I think it was in the

7 previous November it was very clear that this

8 was a briefing note for the Minister of Health

9 and that was written on it and there was a

10 certain format, so this didn't follow that.

11 It never crossed my mind that that's who it

12 was for.

13 CHAYTOR, Q.C.:

14 Q. And when briefing notes are for the Minister

15 that they may be used for the Minister to

16 speak in the House of Assembly. Were you

17 aware of the purpose of briefing notes in that

18 regard?

19 MS. PREDHAM:

20 A. I think, you know, I think I had some general

21 knowledge about that, but as last November,

22 the briefing note for the Minister had a

23 certain format, it went to Mr. Tilley and Dr.

24 Williams beforehand and, you know, there was a

25 process around it. And certainly, you know, I

Page 306

1 think--did I have an hour to do that, you

2 know, that's--or two hours, so -

3 CHAYTOR, Q.C.:

4 Q. And if we could have, please, P-1154? And

5 this is an e-mail from George Butt to Dr.

6 Williams, August 2nd, 2006. Do you know who

7 George Butt is?

8 MS. PREDHAM:

9 A. He's the VP for, I think the title is

10 administrative services within the executive

11 of Eastern Health.

12 CHAYTOR, Q.C.:

13 Q. And he writes, "Dr. Williams, has there been

14 discussion with HIROC as to whether these are

15 viewed as multiple occurrences or as a single

16 occurrence. The insurance impact is

17 significant to say the least." Did Dr.

18 Williams have any discussion with you on this

19 issue?

20 MS. PREDHAM:

21 A. Not directly at that time. I do know there

22 was a discussion--I seem to recall a meeting

23 in which--Ms. Pilgrim was there definitely and

24 Dr. Williams where I was asked to get a legal

25 opinion on the insurance coverage or this

Page 307

1 impact.

2 CHAYTOR, Q.C.:

3 Q. And if we could have, please, P-1155? And

4 this is August 3rd, 2006, and it's from

5 yourself to Ms. Bonnell, Ms. Pilgrim, Dr.

6 Williams and Ms. Elliott and it's "re: a

7 seriously flawed story on CBC, which is

8 brought up by Ms. Bonnell. Very concerned

9 about the implication that 10 to 20 percent of

10 these women did not have breast cancer." And

11 you said, "I was going to e-mail you back and

12 say that the article was wrong when it says

13 that the whole DCIS issue is included in the

14 lawsuit, but I decided to check and make sure

15 before I e-mailed you. Nancy, Dr. Denic and

16 Dr. Laing met with the three women on July

17 12th. The claim is dated July 7th. How did

18 Ches know to include this paragraph when only

19 a very limited number of people knew this part

20 of the whole thing?" And it's in the course--

21 the paragraph that you're wondering about is

22 paragraph 12 of the Statement of Claim, "The

23 Defendant discovered a number of women who

24 were diagnosed with invasive cancer actually

25 had only pre-invasive cancer. These patients

Page 308

1 were overtreated with chemo and excessive

2 surgery." And what was your concern at this

3 point in time, Ms. Predham?

4 MS. PREDHAM:

5 A. Well I was very surprised, as I stated here,

6 that this was in that Statement of Claim

7 because of the timing and the fact that there

8 was only a limited number of people who were

9 aware of that before the patients themselves

10 were told.

11 CHAYTOR, Q.C.:

12 Q. So your concern is that somehow Mr. Crosbie

13 knew about the patients who had only pre-

14 invasive disease prior to the meeting with the

15 patients to inform them of that?

16 MS. PREDHAM:

17 A. Yes.

18 CHAYTOR, Q.C.:

19 Q. And you're wondering how he could have

20 obtained that information?

21 MS. PREDHAM:

22 A. I couldn't think of a way that he could have

23 obtained that information.

24 CHAYTOR, Q.C.:

25 Q. And were you able to find the answer to that?

Page 309

1 MS. PREDHAM:
 2 A. No.
 3 CHAYTOR, Q.C.:
 4 Q. And if we could have, please, P-1562. This is
 5 August 3rd. Susan Bonnell writes to you, "For
 6 you perspective, comments, additional
 7 thoughts, and personal experience versus
 8 system error. Why disclose errors", and she
 9 gives a number of points, including veracity,
 10 patients have a right to know, patient
 11 provider relationship is built and based on
 12 fidelity, patients right to trust we will act
 13 in good faith, providing the best possible
 14 care and opportunity for patients to receive
 15 further or alternate treatment, the right
 16 thing to do, have to do what is just
 17 regardless of legal ramifications. Patients
 18 have a right to take whatever action they see
 19 fit. It doesn't change the fact that we must
 20 be committed to providing them with the truth
 21 and their options, adverse event, not
 22 malicious intent. System responsibility,
 23 address the errors and take corrective action
 24 to improve the quality of care we provide.
 25 Can't change the past, need to learn and move

Page 310

1 forward. Allow the legal system to deal with
 2 the legal issues. Focus on dealing with our
 3 patients and addressing the systems issues we
 4 can address", and faith in the system is
 5 talked about and then different stakeholders.
 6 What's this about?
 7 MS. PREDHAM:
 8 A. Mr. Tilley was providing a--was doing a
 9 presentation to, I think, if I'm right, it was
 10 the Board of the Canadian Patient Safety
 11 Institute. He sat on the board, and he was
 12 doing a presentation on that and Susan was, I
 13 guess, given the task of preparing that
 14 presentation, and I guess she wanted me to
 15 give my comments or additional thoughts on
 16 what she had done.
 17 CHAYTOR, Q.C.:
 18 Q. And why would she have bounced that off you?
 19 MS. PREDHAM:
 20 A. I guess for some--for some insight onto--there
 21 was some information, especially system
 22 responsibility that I might have some feedback
 23 on.
 24 CHAYTOR, Q.C.:
 25 Q. And did you provide her with any feedback?

Page 311

1 MS. PREDHAM:
 2 A. I can't remember. I remember thinking that I
 3 wasn't helping her out very much with the
 4 presentation. I can remember having that
 5 thought somewhere along the next week or so.
 6 We had another very serious adverse event that
 7 happened right around this time, so I wasn't--
 8 I wasn't a lot of help to her.
 9 CHAYTOR, Q.C.:
 10 Q. Okay, and did you take issue with anything
 11 that Ms. Bonnell wrote in this e-mail, any of
 12 her thoughts?
 13 MS. PREDHAM:
 14 A. I really can't remember. I know it certainly
 15 wasn't the way I would word things, but I
 16 can't remember--all I remember about doing
 17 that presentation was that I didn't think I
 18 was that much of a help to her.
 19 CHAYTOR, Q.C.:
 20 Q. And in terms of what she's written in terms of
 21 those points about why to disclose errors, do
 22 you take any issue with that portion?
 23 MS. PREDHAM:
 24 A. I can't remember if I did or not.
 25 CHAYTOR, Q.C.:

Page 312

1 Q. And do you right now take any issue with
 2 anything that's written there?
 3 MS. PREDHAM:
 4 A. Well, I mean, I'd have to read it and think
 5 about it.
 6 CHAYTOR, Q.C.:
 7 Q. If we could have, please, P-2510, and this is
 8 an e-mail from you August 9th to Ms. Bonnell
 9 and others. I'll take you to the bottom where
 10 it originates so we can have the context. It
 11 originates from Ms. Pilgrim on the day before,
 12 and she had a call in to Peter Dawe, he's on
 13 annual leave, and she was going to provide him
 14 with an update and here's what she intends to
 15 tell him. Included is the third bullet, "As
 16 part of the review of over a thousand charts,
 17 we have identified a small number of cases
 18 that require further follow-up not related to
 19 ER/PR status, but an issue detected as a by-
 20 product of the original investigation", and I
 21 take it that's referring to the DCIS patients
 22 or those with misdiagnosis?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 313

1 Q. "We are in the process of notifying these
 2 patients and finalizing any recommendations
 3 related to this. As you know, any review of
 4 this magnitude will result in identification
 5 of issues that we might not have been
 6 otherwise aware of". Then going back from
 7 Susan Bonnell, she suggests, "Why don't you e-
 8 mail him and let him know there have been some
 9 new developments in the media and that if he
 10 has any questions or concerns, he can get in
 11 touch, put the ball back in his court". Then
 12 you think that's an excellent idea, "That
 13 being said, your draft e-mail is good, with my
 14 two cents being", and you correct the number
 15 from 969--to being 969, not 1069, and "I
 16 wouldn't include the third bullet at all
 17 personally. Could we say that a small number
 18 of cases were not as straightforward as the
 19 majority and require more focused attention or
 20 something like that". What were your concerns
 21 with sending this the way that Ms. Pilgrim had
 22 proposed?
 23 MS. PREDHAM:
 24 A. I didn't have any grave concerns. I was just
 25 thinking that--I guess I wasn't thinking--when

Page 314

1 I read that part, I remembered that it wasn't
 2 all just the DCIS. They were ones that we
 3 discovered, such as the one that was misread,
 4 the slide that was misread. The other one,
 5 where the results didn't get back that
 6 required some other things that didn't really
 7 have anything to do with ER/PR.
 8 CHAYTOR, Q.C.:
 9 Q. Okay, and being able to correct the number
 10 from 969 to 1069, where would--what access
 11 would you have had to numbers that Ms. Pilgrim
 12 would not have had?
 13 MS. PREDHAM:
 14 A. I guess it was from whatever I was doing,
 15 whatever numbers I had.
 16 THE COMMISSIONER:
 17 Q. Do you have reason to believe that you would
 18 have the most accurate numbers?
 19 MS. PREDHAM:
 20 A. I thought I did at that time.
 21 THE COMMISSIONER:
 22 Q. Because--because you--because of your sources?
 23 MS. PREDHAM:
 24 A. Yes.
 25 THE COMMISSIONER:

Page 315

1 Q. Feeding into you. Okay. You said at the
 2 time?
 3 MS. PREDHAM:
 4 A. Yes.
 5 THE COMMISSIONER:
 6 Q. Now do you have reason to believe you didn't
 7 have the most accurate numbers?
 8 MS. PREDHAM:
 9 A. Oh, yes. No, I didn't have the most accurate
 10 numbers. I didn't get all the consults. I--
 11 you know, those types of issues that came out
 12 when NLCHI started to do their review, so I
 13 didn't know that at the time, but I know that
 14 now I didn't have accurate numbers.
 15 CHAYTOR, Q.C.:
 16 Q. You had the list of consults that we looked at
 17 earlier, the hand list that Dr. Cook had
 18 prepared?
 19 MS. PREDHAM:
 20 A. That wasn't all of them.
 21 CHAYTOR, Q.C.:
 22 Q. That wasn't all of them?
 23 MS. PREDHAM:
 24 A. No, NLCHI found a lot more.
 25 CHAYTOR, Q.C.:

Page 316

1 Q. So that list wasn't kept updated?
 2 MS. PREDHAM:
 3 A. Well, he gave me that list, but then he would
 4 fax me the actual consults, you know, whenever
 5 they came in, but he--what we discovered after
 6 is he didn't have access to all the consults.
 7 He didn't realize he wasn't sending them all
 8 to me, but I didn't get them all.
 9 CHAYTOR, Q.C.:
 10 Q. So when that issue was discovered, there was
 11 still no process--when you became aware there
 12 was consults going out there as well, there
 13 was no process put in place that you would be
 14 notified of any and all consults that went
 15 forward?
 16 MS. PREDHAM:
 17 A. Yes, Dr. Cook put in this process that I would
 18 get copied on all the consults.
 19 CHAYTOR, Q.C.:
 20 Q. Yes.
 21 MS. PREDHAM:
 22 A. But as we found out when the Centre for Health
 23 Information came in, that that's not what
 24 happened.
 25 CHAYTOR, Q.C.:

Page 317

1 Q. So how did it fall through the cracks?
 2 MS. PREDHAM:
 3 A. Oh, I have no idea. I was just irritated that
 4 I didn't get them all, but I didn't ask how
 5 that happened.
 6 CHAYTOR, Q.C.:
 7 Q. So there's been no follow up in that to figure
 8 out what went wrong in that process?
 9 MS. PREDHAM:
 10 A. No, the primary follow up at that time was
 11 then to figure out did any of these patients
 12 need to be dealt with.
 13 CHAYTOR, Q.C.:
 14 Q. So they would, though, be on Dr. Cook's list?
 15 MS. PREDHAM:
 16 A. I don't know how--really I can't comment on
 17 that. All I know is that I had so many
 18 consults and that when the Centre for Health
 19 Information went and gathered them all up,
 20 there was a lot more than what Dr. Cook had
 21 sent me.
 22 CHAYTOR, Q.C.:
 23 Q. But in terms of Dr. Cook then providing the
 24 information to you to bring then on to the
 25 panel, Dr. Cook would have had possession,

Page 318

1 would he not, of any consults because he's
 2 keeping track when things come back and
 3 entering into the Meditech system?
 4 MS. PREDHAM:
 5 A. Ms. Chaytor, that's all I can tell you, we
 6 thought we had that aspect covered with what
 7 we had done, but it wasn't until the Centre
 8 for Health Information came in that they found
 9 there were more consults that he wasn't aware
 10 of and had not sent them to me.
 11 CHAYTOR, Q.C.:
 12 Q. So there were results coming back from Mount
 13 Sinai through consults which never end up
 14 going through the panelling process?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And when did -
 19 THE COMMISSIONER:
 20 Q. Are you saying they never ended up going to
 21 Dr. Cook?
 22 MS. PREDHAM:
 23 A. Dr. Cook did not have them.
 24 THE COMMISSIONER:
 25 Q. So when the consults got ordered in Mount

Page 319

1 Sinai as such and came back, they did not go
 2 through the process to Dr. Cook on his list?
 3 MS. PREDHAM:
 4 A. Correct, or get sent to me.
 5 CHAYTOR, Q.C.:
 6 Q. Were these for other regions or within Eastern
 7 Health or both?
 8 MS. PREDHAM:
 9 A. I do believe they were for Eastern Health
 10 only, and I don't know the detail. My
 11 concern, of course, at the time was that, you
 12 know, these are ones we weren't aware of, and,
 13 of course, there was--you know, in May of
 14 2007, that whole summer of 2007, with the 939,
 15 this was increasing the number, of course,
 16 because we weren't aware of them.
 17 CHAYTOR, Q.C.:
 18 Q. Okay. So who dealt with--had those patients
 19 been dealt with? Obviously, physician saw fit
 20 to order a consult.
 21 MS. PREDHAM:
 22 A. Right.
 23 CHAYTOR, Q.C.:
 24 Q. So I take it it went back directly to
 25 whichever physician ordered.

Page 320

1 MS. PREDHAM:
 2 A. The majority of them, and I can probably say
 3 all of them, but I'd have to go back and look,
 4 but they were dealt with by the physician. It
 5 was just the fact that we didn't know about
 6 them, so we couldn't include them in the
 7 number.
 8 CHAYTOR, Q.C.:
 9 Q. So were these the oncologists ordering them?
 10 MS. PREDHAM:
 11 A. I do believe--I'd have to go back and look
 12 now.
 13 CHAYTOR, Q.C.:
 14 Q. So you don't know -
 15 MS. PREDHAM:
 16 A. But the -
 17 CHAYTOR, Q.C.:
 18 Q. The oncologist, or pathologist, or who -
 19 MS. PREDHAM:
 20 A. The pathologist wouldn't have ordered them.
 21 CHAYTOR, Q.C.:
 22 Q. It was the oncologists?
 23 MS. PREDHAM:
 24 A. It would have been a physician at some point
 25 would have ordered them. My concern,

Page 321

1 obviously, was that you set up--you go to the
 2 trouble to set up this process to catch it,
 3 and it doesn't get caught.
 4 CHAYTOR, Q.C.:
 5 Q. And that the consults that were being ordered,
 6 the physicians who then went ahead and dealt
 7 with them -
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. Obviously felt fine to deal with it themselves
 12 without ever having to put it through the
 13 panelling process?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. And they didn't--they would have been aware,
 18 every oncologist in Eastern Health was aware
 19 of the process that was going on, the fact the
 20 panel had been set up, the fact that you're
 21 involved, Dr. Cook's involved, that there's
 22 this review happening, but for whatever
 23 reason, they didn't inform you that we have
 24 patients going through a different route?
 25 MS. PREDHAM:

Page 322

1 A. No.
 2 THE COMMISSIONER:
 3 Q. Do you know how many that would have been?
 4 MS. PREDHAM:
 5 A. I'd have to check. When the Centre for Health
 6 Information discovered this, of course, they
 7 sent us lists to check on. So I never kept
 8 track of exactly how many of each category.
 9 Like, they discovered things as they went
 10 through, so they would just ask us for more
 11 information on all of those. So in amongst
 12 all there, there was ones from the consult
 13 list.
 14 THE COMMISSIONER:
 15 Q. So do I take it, though, we're not talking one
 16 or two?
 17 MS. PREDHAM:
 18 A. My memory is more than one or two.
 19 CHAYTOR, Q.C.:
 20 Q. And when--how would the oncologists be able to
 21 identify patients that hadn't been identified
 22 through your process or Mr. Gulliver's
 23 process?
 24 MS. PREDHAM:
 25 A. Well, if they're--you know, I mean, the

Page 323

1 fundamental reason would be that the ER/PR
 2 hadn't been ordered because that's--that was
 3 the critical flag for us to identify patients.
 4 So Mr. Gulliver, to do his search in Meditech
 5 and to print out the pathology reports, that's
 6 the--I guess that's the root cause that caused
 7 that search to look for. Also in mine, the--
 8 we're only printing out the ones that actually
 9 had an ER/PR ordered, they were only printing
 10 out the orders, the names of people who had
 11 them ordered. The ordering, as far as I
 12 understand, the ordering of ER/PR was critical
 13 in the early years because that's how the test
 14 got done. When the pathologist decided to do
 15 ER/PR, the test got done, it got ordered in
 16 the system and went on, but as--over time,
 17 ER/PR got to be a standard test and was done
 18 anyway. The ER/PR ordering in the system
 19 tended to be more of a workload or it was not
 20 a critical process to have the test conducted.
 21 So, therefore, the documentation of it wasn't
 22 always as accurate because it didn't--it
 23 didn't hinder the test being conducted.
 24 CHAYTOR, Q.C.:
 25 Q. And how did NLCHI become aware of those

Page 324

1 patients?
 2 MS. PREDHAM:
 3 A. Well, when they were gathering information,
 4 they had the information that I had, and when
 5 they went over to the lab, when they collected
 6 up all the consults, there was more consults
 7 than I had copies of.
 8 CHAYTOR, Q.C.:
 9 Q. But who in the lab had copies of the consults?
 10 MS. PREDHAM:
 11 A. I didn't ask.
 12 CHAYTOR, Q.C.:
 13 Q. And it wasn't Dr. Cook because Dr. Cook, you
 14 said, didn't have those either?
 15 MS. PREDHAM:
 16 A. No, he would have sent them all to me.
 17 Whatever he had, he sent them all to me.
 18 CHAYTOR, Q.C.:
 19 Q. And when did NLCHI tell you that they had
 20 identified these other patients?
 21 MS. PREDHAM:
 22 A. I spent about two or three weeks in August of
 23 2007 going through all my documentation with
 24 Dr--well, Reza, I can't pronounce his last
 25 name. I've tried many times, but I still

Page 325

1 can't pronounce it.
 2 CHAYTOR, Q.C.:
 3 Q. That's okay, we call him Dr. Reza.
 4 MS. PREDHAM:
 5 A. Okay. So I spent a couple of weeks--he was in
 6 my office and we went through--they wanted to
 7 see all original documentation, so we went
 8 through every piece of paper that I have,
 9 every electronic documentation, every--they
 10 wanted to see everything I had, and in amongst
 11 that, they took copies of certain things, and
 12 one thing that they took copies for was my
 13 file of consults. So after -- Dr. Cook would
 14 get the--that list that he did up for me
 15 originally, and then all the ones that were
 16 faxed in subsequently. So Reza did tell me
 17 after that, before he sent the letters with
 18 all the outstanding or questions that they
 19 had, that there were a lot more consults that
 20 I didn't get copied on.
 21 CHAYTOR, Q.C.:
 22 Q. If we could have P-2853. This is an e-mail
 23 from Leona Barrington to a number of people,
 24 including yourself, Dr. Laing, Ms. Pilgrim,
 25 Sharon Smith, Dan Boone, Dr. Denic, and she

Page 326

1 writes, "Good afternoon. I just received word
 2 that a patient was interviewed today by NTV.
 3 The piece will air tonight on the 6 p.m.
 4 news", and you send this on, I guess, to Ms.
 5 Elliott, "FYI. Leona called to share the good
 6 news. NTV was looking for specific numbers.
 7 I suggested that she stick with what we said
 8 to CBC". What are you referring to?
 9 MS. PREDHAM:
 10 A. I assume that we must have responded to CBC
 11 recently, and I said we stick with whatever--I
 12 can't remember now, whatever we said to CBC.
 13 CHAYTOR, Q.C.:
 14 Q. And what numbers was NTV looking for?
 15 MS. PREDHAM:
 16 A. I guess the numbers we retested. I'm not
 17 sure.
 18 CHAYTOR, Q.C.:
 19 Q. I take it -
 20 MS. PREDHAM:
 21 A. I can't remember now.
 22 CHAYTOR, Q.C.:
 23 Q. Numbers in relation to--numbers of tests--
 24 number of patients involved perhaps, that type
 25 of information?

Page 327

1 MS. PREDHAM:
 2 A. Oh, I would assume that's what they would look
 3 for.
 4 CHAYTOR, Q.C.:
 5 Q. And why not give out whatever information you
 6 had up to that point in time?
 7 MS. PREDHAM:
 8 A. Well, we hadn't finished it off. We didn't do
 9 that until September, and--I don't know, I
 10 just suggested that we stick with what we said
 11 to CBC.
 12 CHAYTOR, Q.C.:
 13 Q. Ms. Predham, we understand that you get
 14 involved in drafting another briefing note for
 15 the government, which ends up going to the
 16 premier, and it's dated August 18th, 2006, the
 17 final version. Perhaps you could tell us who
 18 contacted you from government regarding the
 19 information to be contained in that briefing
 20 note?
 21 MS. PREDHAM:
 22 A. I remember--I think I'm talking about the same
 23 one that you're referring to, but I'm not sure
 24 if I drafted up an e-mail at that time or I
 25 was asked to do that, but I can remember

Page 328

1 having a conversation with a Ms. McCormack.
 2 Ms. Pilgrim put her on to me or asked me to
 3 speak to her about that, and I was working
 4 through the issue. She paged me and--Ms.
 5 Pilgrim told her to page me because I was over
 6 at the Health Sciences, and I was reviewing
 7 the issue with her and describing that, and
 8 going through information with her on the
 9 phone.
 10 CHAYTOR, Q.C.:
 11 Q. And, Ms. Predham, you said you think you know
 12 the one that I'm talking about. Were you ever
 13 involved at any other point in time in
 14 preparing a briefing note with respect to the
 15 ER/PR issue that ended up going to the
 16 premier?
 17 MS. PREDHAM:
 18 A. Well, I didn't know it went to the premier at
 19 that time, but I did briefing notes. I didn't
 20 know where they went. I know I did another
 21 briefing note in November, but I think this
 22 one is in August.
 23 CHAYTOR, Q.C.:
 24 Q. I take it you've had an opportunity to see
 25 this briefing note since?

Page 329

1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. You know the one I'm talking about.
 5 MS. PREDHAM:
 6 A. Yes, I do, yes.
 7 CHAYTOR, Q.C.:
 8 Q. And that's the only one you've ever been
 9 involved in to your knowledge that ended up
 10 going to the premier?
 11 MS. PREDHAM:
 12 A. That ended up. I didn't know that at the
 13 time.
 14 CHAYTOR, Q.C.:
 15 Q. And what was asked of you? What were you
 16 asked, what kinds of information were you
 17 asked to provide, and what did you understand
 18 the reason for requiring this information at
 19 that time?
 20 MS. PREDHAM:
 21 A. Well, you know, I'd been asked before for
 22 information and to talk over the issue and,
 23 you know, to just talk through the process
 24 that we'd been through a couple of times at
 25 that point, and I just, you know, went through

Page 330

1 the same thing. I didn't think there was any
 2 purpose of it. I--really I only remember
 3 talking to her because shortly after that,
 4 both Ms. Pilgrim and myself were--reprimanded
 5 is too strong a word, but we were kind of told
 6 that we shouldn't be talking directly to the
 7 Cabinet Secretariat, we had to go through the
 8 Department of Health, and I had no idea I was
 9 talking to the Cabinet Secretariat. So, you
 10 know, I don't know how this all happened, but
 11 that's--really that's why it sticks in my
 12 mind.
 13 CHAYTOR, Q.C.:
 14 Q. I wonder, Commissioner, could I have a quick
 15 break?
 16 THE COMMISSIONER:
 17 Q. Sure.
 18 CHAYTOR, Q.C.:
 19 Q. Thank you.
 20 THE COMMISSIONER:
 21 Q. Take five minutes.
 22 (BREAK)
 23 THE COMMISSIONER:
 24 Q. Please be seated.
 25 CHAYTOR, Q.C.:

Page 331

1 Q. Sorry, Commissioner. Ms. Predham, sorry, but
 2 I kind of missed the last answer.
 3 MS. PREDHAM:
 4 A. Okay.
 5 CHAYTOR, Q.C.:
 6 Q. So if you wouldn't mind just starting over and
 7 repeating that for me as to how you became
 8 involved in this whole briefing note?
 9 MS. PREDHAM:
 10 A. I can't remember a lot of details about it. I
 11 do believe--I do remember that Ms. Pilgrim
 12 asked--put me in touch with her, either asked
 13 her to page me and then gave me a heads up
 14 that she was going to page me, and to provide
 15 information with her--to her. This is Ms.
 16 McCormack we're talking about.
 17 CHAYTOR, Q.C.:
 18 Q. Yes.
 19 MS. PREDHAM:
 20 A. And other than, you know, a vague memory of
 21 taking her through the issue and talking about
 22 a few things, you know, just have that issue--
 23 and I remember thinking that she wasn't aware
 24 of the issue, so I was, you know, taking it
 25 back to what is ER/PR used for, that type of

Page 332

1 discussion. A vague memory of that. The only
 2 reason it sticks in my mind was because Ms.
 3 Pilgrim and I were both--it was mentioned to
 4 us after that we really shouldn't be talking
 5 directly to the Cabinet Secretariat, we're
 6 supposed to go through the Department of
 7 Health, but other than the fact that I
 8 wouldn't know that, or know that that's where
 9 she was from, that's why it sticks in my
 10 memory.
 11 CHAYTOR, Q.C.:
 12 Q. And who told you that, that that wasn't the
 13 appropriate lines of communication for you?
 14 MS. PREDHAM:
 15 A. I think it came from Corporate Communications,
 16 but it came to them from somebody else. From
 17 the Department of Health, I assume.
 18 CHAYTOR, Q.C.:
 19 Q. And was this at the time? Was this back in
 20 July, August of 2006 that that was brought to
 21 your attention?
 22 MS. PREDHAM:
 23 A. It was after I spoke to Ms. McCormack, yes.
 24 CHAYTOR, Q.C.:
 25 Q. Okay, so it was around that time?

Page 333

1 MS. PREDHAM:
 2 A. Yes.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, and the Department of Health, someone
 5 from the Department of Health contacted Susan
 6 Bonnell or Corporate Communications to
 7 indicate that it wasn't the appropriate lines
 8 of communication?
 9 MS. PREDHAM:
 10 A. Right, that it should--all information to that
 11 level should go through Department of Health,
 12 and like I said, that's the only reason that I
 13 actually really remember talking to her at
 14 that time.
 15 CHAYTOR, Q.C.:
 16 Q. Because there was a little bit of an
 17 admonishment as to -
 18 MS. PREDHAM:
 19 A. Yes.
 20 CHAYTOR, Q.C.:
 21 Q. - you shouldn't talk to her directly?
 22 MS. PREDHAM:
 23 A. Exactly.
 24 CHAYTOR, Q.C.:
 25 Q. Okay.

Page 334

1 MS. PREDHAM:
 2 A. Because I thought I would know who she was
 3 working for anyway. Ms. Pilgrim asked me to
 4 talk to her and I did.
 5 CHAYTOR, Q.C.:
 6 Q. And it was Ms. Pilgrim who asked you to speak
 7 with Ms. McCormack?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. Okay, and you didn't ask--you haven't since
 12 inquired of Ms. Bonnell who from the
 13 Department said that at the time?
 14 MS. PREDHAM:
 15 A. No.
 16 CHAYTOR, Q.C.:
 17 Q. Okay, and P-1477, please? And this is a
 18 letter drafted to myself and Mr. Coffey as
 19 counsel to the Commission, and on page two of
 20 this, your name, I believe, is mentioned in
 21 relation to the August 18th, 2006 briefing
 22 note. This is Ms. Hennessey states that "I
 23 contacted Heather Predham, Eastern Health, to
 24 get the retesting results. She sent me a
 25 draft document which included the results."

Page 335

1 Do you recall any contact with Ms. Hennessey
 2 over this issue?
 3 MS. PREDHAM:
 4 A. No, not right now, I don't recall talking to
 5 her. I may have, but I don't recall it right
 6 now.
 7 CHAYTOR, Q.C.:
 8 Q. And P-2943, please, page 46?
 9 REGISTRAR:
 10 Q. Can you stop your mouse from sliding there,
 11 Ms. Chaytor?
 12 CHAYTOR, Q.C.:
 13 Q. Thank you. Sorry. And I believe this is from
 14 your records?
 15 MS. PREDHAM:
 16 A. Yes.
 17 CHAYTOR, Q.C.:
 18 Q. And you'll see this draft here and then you
 19 have Moira Hennessey and her e-mail address
 20 and her phone number. Is that right?
 21 MS. PREDHAM:
 22 A. Yes.
 23 CHAYTOR, Q.C.:
 24 Q. Okay. So does that help jog your memory about
 25 any dealings you had with Ms. Hennessey at the

Page 336

1 time on this?
 2 MS. PREDHAM:
 3 A. I still can't remember it, but obviously that
 4 I must have sent that to her.
 5 CHAYTOR, Q.C.:
 6 Q. Okay, and I take it you've said that you--at
 7 the time, you didn't know who this note was
 8 intended for?
 9 MS. PREDHAM:
 10 A. No, I wouldn't have thought it was--you know,
 11 I never thought about it other than beyond the
 12 person who was asking and they would use it
 13 for whatever purposes or updates that they
 14 would need it for.
 15 CHAYTOR, Q.C.:
 16 Q. And you knew Ms. McCormack was with Cabinet
 17 Secretariat?
 18 MS. PREDHAM:
 19 A. After the fact.
 20 CHAYTOR, Q.C.:
 21 Q. Okay, after when Ms. Bonnell spoke to you
 22 about the appropriate lines of communication?
 23 MS. PREDHAM:
 24 A. Yes.
 25 CHAYTOR, Q.C.:

Page 337

1 Q. And I take it though, you knew it was
 2 information that you were going to be
 3 providing to Government to be used at whatever
 4 level they saw fit?
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And in that respect, you would have been
 9 concerned to have the information as accurate
 10 as possible?
 11 MS. PREDHAM:
 12 A. Yes.
 13 CHAYTOR, Q.C.:
 14 Q. And if we could look, please, at P-3039? And
 15 this is an e-mail communication between
 16 yourself and Ms. Elliott of August 10th, 2006,
 17 and you write, it's "re: subject briefing
 18 note. Hi, Pam. Find the note attached. I
 19 made the changes to the first part. I have
 20 qualms about the concern section and the
 21 factors affecting the time lines, but I'll let
 22 you decide. How do you want me to address it
 23 at the beginning? Also, I didn't include the
 24 information about the reviews...I think we can
 25 tell them that, but I don't want to write it

Page 338

1 down... I am here all afternoon. Heather."
 2 First of all, this does not appear to be
 3 yours and Ms. Elliott's first communication on
 4 the issue. What was her involvement and what
 5 prior discussions had you had with Ms. Elliott
 6 about having to produce this briefing note?
 7 MS. PREDHAM:
 8 A. I really can't remember. I would assume that
 9 if Ms. Hennessey had asked me to do a briefing
 10 note that I would have told her about that,
 11 and we would have had some discussion. She
 12 only has an office down the hall, so there may
 13 not be any e-mail communication, because she
 14 was only down the hall.
 15 CHAYTOR, Q.C.:
 16 Q. So your recollection is that it was Ms.
 17 Pilgrim who asked you to do this. Could it be
 18 that it was Ms. Elliott?
 19 MS. PREDHAM:
 20 A. Oh, it certainly could. It certainly could.
 21 CHAYTOR, Q.C.:
 22 Q. And your direct line, in terms of who you
 23 reported to at this time would be Ms. Elliott?
 24 MS. PREDHAM:
 25 A. Yes, that's true.

Page 339

1 CHAYTOR, Q.C.:
 2 Q. Okay, and you say that you had--"have qualms
 3 about the concerns section and the factors
 4 affecting the time lines, but I'll let you
 5 decide." So ultimately, the decision as to
 6 what went into this briefing note that you
 7 were providing to Government, who had the
 8 ultimate authority to decide what information
 9 was provided?
 10 MS. PREDHAM:
 11 A. Well, I guess Ms. Elliott did at this level.
 12 CHAYTOR, Q.C.:
 13 Q. And if we just look at the concerns section,
 14 as you call it, concerns, and you've also put
 15 in bold here, "Pam, I'm not sure about these
 16 two sections, as we did--we still don't know
 17 how Ches Crosbie found out his information.
 18 Also, Department of Health has already
 19 released our briefing notes in that ATIPP
 20 request last time. What do you think?" Now
 21 the two sections you're not sure of, do you
 22 mean then the concerns and the factors
 23 contributing to review time lines or are you
 24 referring to the retro converters and the
 25 DCIS? Because you're -

Page 340

1 MS. PREDHAM:
 2 A. No, it would be the lower, the last two.
 3 CHAYTOR, Q.C.:
 4 Q. Last two, because you'll recall your e-mail
 5 about being concerned about how Mr. Crosbie
 6 got his information concerned the DCIS
 7 patients?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. But you're referring to the two sections that
 12 follow, the concerns and the factors
 13 contributing to review time line?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. Okay, and what are you suggesting by that?
 18 "We don't know how Mr. Crosbie got his
 19 information."
 20 MS. PREDHAM:
 21 A. Well, I didn't know how he found out. It
 22 seemed very specific to me at the time, and I
 23 didn't know how he found out his information.
 24 CHAYTOR, Q.C.:
 25 Q. And were you thinking that perhaps he got his

Page 341

1 information from the Government? Is that what
 2 you're suggesting?
 3 MS. PREDHAM:
 4 A. No, no, I didn't think that. I just thought
 5 that, you know--I don't know what I thought.
 6 I just thought that somehow he found this out
 7 before the patient found out, and I was just
 8 concerned about that because a limited number
 9 of people knew about it.
 10 CHAYTOR, Q.C.:
 11 Q. Yes, and how would that be relevant then to
 12 what you're putting in a briefing note to the
 13 Government, unless you're concerned that
 14 somehow the Government is going to release the
 15 information to others?
 16 MS. PREDHAM:
 17 A. Well, I guess, you know, they had released a
 18 briefing note in an ATIPP request, so I had a
 19 concern that way.
 20 CHAYTOR, Q.C.:
 21 Q. And what were you concerned about what they
 22 released in the ATIPP request?
 23 MS. PREDHAM:
 24 A. I'm speculating on what I was concerned about
 25 at the time. I really can't remember any

Page 342

1 specific concerns, so I'm just reading what
 2 I'm there and thinking what I could be
 3 concerned about.
 4 CHAYTOR, Q.C.:
 5 Q. And Ms. Predham, why would you be concerned?
 6 What difference who--what difference who
 7 knows? If these are the facts, these are the
 8 facts and whether the Department wants to tell
 9 Mr. Crosbie or tell the world, what
 10 difference?
 11 MS. PREDHAM:
 12 A. Well, we had--you know, the progress of
 13 things, when we have a statement of claim
 14 filed, the progress of things usually go in
 15 the process of the Court. We don't usually
 16 release things or talk to the media, you know,
 17 in any other statement of claim that we've had
 18 up to this time. We don't usually talk to the
 19 media or release things to other people when
 20 we have legal action. So you know, it's just
 21 that concern. That's been eight years that I
 22 haven't been doing a lot of that, but there is
 23 a lot of information going around about this
 24 issue, so it was an unusual one. It was just
 25 a concern that I had, and like I said in the

Page 343

1 cover sheet, I had some qualms, but I left it
 2 to Ms. Elliott to decide.
 3 CHAYTOR, Q.C.:
 4 Q. So your concern in--your concern is about
 5 releasing information that somehow may impact
 6 on the ongoing litigation?
 7 MS. PREDHAM:
 8 A. Not even that directly that it would impact.
 9 It's just that when we have a statement of
 10 claim or whenever there's litigation like
 11 that, things get released and they go through
 12 in the normal progress of things, and you
 13 know, it seemed like, in this situation, we
 14 were doing a lot of stuff other than the
 15 normal progress of a normal statement of
 16 claim, and it was just unusual and that's all
 17 I was thinking.
 18 THE COMMISSIONER:
 19 Q. So you recognized the information would go
 20 out, but you just thought it would go out in
 21 another way? Is that what you're saying?
 22 MS. PREDHAM:
 23 A. Yes. Well, usually--well, yeah, whenever
 24 there's a statement of claim, everything is
 25 gathered together. You know, there's the

Page 344

1 sharing of documents, that whole process, and
 2 we have to release a lot of information
 3 throughout that process. So I wasn't
 4 concerned about it not going out. I was just--
 5 this wasn't the usual way, when we have a
 6 statement of claim, that we do things.
 7 CHAYTOR, Q.C.:
 8 Q. And then the sections that you had, in your
 9 words, qualms about, "the concerns of the
 10 patients who were originally ER/PR negative
 11 but are now ER/PR positive. There is greatest
 12 concern for those patients who were originally
 13 ER/PR negative and were not prescribed
 14 Tamoxifen at that time, but were receiving
 15 Tamoxifen because of metastatic disease." So
 16 those who have, in the interim, from their
 17 original diagnosis, developed metastatic
 18 disease?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. And secondly, "were originally ER/PR negative
 23 and were not prescribed Tamoxifen at that time
 24 but were at high risk for metastatic disease.
 25 Now that they have converted, they are started

Page 345

1 on Tamoxifen. Patients who were originally
 2 ER/PR positive but are now ER/PR negative and
 3 they have received Tamoxifen for a period of
 4 time, the retro converters. Tamoxifen is
 5 linked with an increased risk of uterine
 6 cancer and stroke." So those who received the
 7 incorrect treatment?
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.:
 11 Q. "Patients who it was discovered during this
 12 intensive chart review had a previously
 13 unknown adverse event. This is unrelated to
 14 the ER/PR review," and who are those people?
 15 MS. PREDHAM:
 16 A. Well, that would be the misdiagnosis, but
 17 would also be the people who didn't receive--
 18 like I explained to you that, you know, the
 19 results were on the chart and weren't seen and
 20 weren't treated then as a result of that, or
 21 the slides were misread. So it was anything
 22 that was not picked up before that.
 23 CHAYTOR, Q.C.:
 24 Q. Okay, and then "factors contributing to review
 25 time line: identification of an appropriate

Page 346

1 referral hospital." So coming up with Mount
 2 Sinai basically?
 3 MS. PREDHAM:
 4 A. Yeah.
 5 CHAYTOR, Q.C.:
 6 Q. "Identification of patients requiring
 7 retesting. This includes verification of the
 8 Cancer Registry, Meditech, laboratory module
 9 and the other region lab records." So some
 10 issues that you came up with--up against in
 11 identifying the patients. "The collection and
 12 coordination of the slides and the blocks for
 13 retesting, including the communication with
 14 other regions to receive their specimens and
 15 slides. Creating a database of the patients
 16 being retested and the results upon return.
 17 Developing and implementing the process of
 18 informing patients directly within Eastern
 19 Health that their samples were to be retested
 20 and coordinating this communication process
 21 with the other regions. Developing and
 22 implementing the appropriate handling of the
 23 return results. Developing and implementing
 24 the process of informing patients directly
 25 within Eastern Health that the results were

Page 347

1 returned and indicated that they were either
 2 confirmed negative or confirmed positive, and
 3 coordinating this communication process within
 4 the other regions, and then developing the
 5 review panel process, including scheduling of
 6 meetings and obtaining pertinent clinical
 7 records and pathology review of select cases
 8 to verify results" and that last bullet,
 9 what's that referring to, which select cases?
 10 MS. PREDHAM:
 11 A. That's the review that happened with the DCIS
 12 and no tumour and issues like that.
 13 CHAYTOR, Q.C.:
 14 Q. And these were all the things that you could
 15 think of at the time, I guess, that
 16 contributed to why it took so long to get this
 17 review done and get the patients' results, get
 18 the patients tested and the results known to
 19 them?
 20 MS. PREDHAM:
 21 A. Yes.
 22 CHAYTOR, Q.C.:
 23 Q. Okay, and you say that you left that in the
 24 hands of your boss, Ms. Elliott, to decide
 25 whether or not those portions would be

Page 348

1 included, and what happened? Were those
 2 portions included? Did they go forward to the
 3 Government?
 4 MS. PREDHAM:
 5 A. I don't think they did because I've seen a
 6 copy of that note without those two sections
 7 at the end on it.
 8 CHAYTOR, Q.C.:
 9 Q. And so do you recall any discussion with Ms.
 10 Elliott around that?
 11 MS. PREDHAM:
 12 A. Like I said, I don't remember. I don't
 13 remember doing this at all.
 14 CHAYTOR, Q.C.:
 15 Q. So they are ultimately deleted, those two
 16 sections, and whose decision was it? Who made
 17 that decision?
 18 MS. PREDHAM:
 19 A. From the note here, I'd have to say that Ms.
 20 Elliott made that decision, but that's only
 21 going from the note here. I don't have any
 22 memory of it.
 23 CHAYTOR, Q.C.:
 24 Q. And is there any e-mail back from Ms. Elliott
 25 telling you to do that, anything in writing?

Page 349

1 MS. PREDHAM:
 2 A. I don't know. I can't remember. Certainly
 3 can't remember. But like I said, we were--we
 4 worked in offices next to each other, although
 5 I am sending it to her home address.
 6 CHAYTOR, Q.C.:
 7 Q. Yes, and I'll just bring up 3040, please,
 8 Registrar? And you do tell her that you've
 9 deleted the last two sections "and here I am
 10 trying again." But that doesn't necessarily
 11 tell us whether you've had any discussion in
 12 between with her, and this is her home
 13 address, isn't it?
 14 MS. PREDHAM:
 15 A. Yes.
 16 CHAYTOR, Q.C.:
 17 Q. So you're e-mailing her at home on this
 18 occasion?
 19 MS. PREDHAM:
 20 A. Yes.
 21 CHAYTOR, Q.C.:
 22 Q. So you have deleted it, but whether or not
 23 that's on her instruction or not, you don't
 24 recall?
 25 MS. PREDHAM:

Page 350

1 A. I don't recall any of this process or
 2 developing that at all.
 3 CHAYTOR, Q.C.:
 4 Q. But in any event, you let her know that you'd
 5 done that and do you have any reason to think
 6 that she disagreed with you on that?
 7 MS. PREDHAM:
 8 A. No, no reason to believe that.
 9 CHAYTOR, Q.C.:
 10 Q. And if we could go back, please, to 3039? In
 11 this same e-mail, you ask her how to address
 12 the beginning. "Also, I didn't include the
 13 information about the reviews." Now what
 14 reviews were you talking about?
 15 MS. PREDHAM:
 16 A. The external reviews.
 17 CHAYTOR, Q.C.:
 18 Q. Okay, and "I think we can tell them that but I
 19 don't want to write it down." First of all,
 20 was there any earlier version of this note?
 21 MS. PREDHAM:
 22 A. Like I said, I can't even remember doing this,
 23 so I have no idea.
 24 CHAYTOR, Q.C.:
 25 Q. So what I'm wondering is if there was a

Page 351

1 version of the note which did include a
 2 section about the external reviews.
 3 MS. PREDHAM:
 4 A. I wouldn't think. It doesn't sound like it
 5 from here. It sounds like I'm telling her I
 6 didn't include the information about the
 7 reviews.
 8 CHAYTOR, Q.C.:
 9 Q. And what information about the reviews are you
 10 indicating that it would be okay for you to
 11 tell the Government?
 12 MS. PREDHAM:
 13 A. I have no idea.
 14 CHAYTOR, Q.C.:
 15 Q. So you would have no difficulty having told
 16 the Government what was included in the
 17 external reviews?
 18 MS. PREDHAM:
 19 A. I would have no difficulty in telling them
 20 that we did external reviews, and they knew
 21 that anyway.
 22 CHAYTOR, Q.C.:
 23 Q. Yes, they already knew that.
 24 MS. PREDHAM:
 25 A. Yes.

Page 352

1 CHAYTOR, Q.C.:
 2 Q. This is saying that "I didn't include the
 3 information about the reviews." So what
 4 information about the reviews?
 5 MS. PREDHAM:
 6 A. I can't remember.
 7 CHAYTOR, Q.C.:
 8 Q. And why would it be okay to tell them that
 9 information but not to commit it to writing?
 10 MS. PREDHAM:
 11 A. Hopefully it would make sense if I could
 12 remember what I was thinking at the time, but
 13 I can't think of it right now. I have no
 14 memory of this at all.
 15 CHAYTOR, Q.C.:
 16 Q. And this is a fairly unusual request of you.
 17 You have never been contacted by Cabinet
 18 Secretariat before, I take it?
 19 MS. PREDHAM:
 20 A. I don't think I was contacted by Cabinet
 21 Secretariat at this time. The only time I
 22 talked to Ms. McCormack was on the phone and
 23 she already had information, and I was walking
 24 her through that information.
 25 CHAYTOR, Q.C.:

Page 353

1 Q. But ultimately, you are in touch with Cabinet
 2 Secretariat. You recall Susan Bonnell
 3 speaking to you about the appropriate lines of
 4 communication, but nothing else around this
 5 sticks out in your mind?
 6 MS. PREDHAM:
 7 A. Absolutely not.
 8 CHAYTOR, Q.C.:
 9 Q. So what would your concern be? What would
 10 your concern be? That you could tell them
 11 basically, I guess, what the reviewers found.
 12 You could have that discussion, but you
 13 wouldn't want to commit it to writing?
 14 MS. PREDHAM:
 15 A. That makes a plausible explanation, but I
 16 really can't remember. I can't comment one
 17 way or the other. I have absolutely no memory
 18 of this at all.
 19 CHAYTOR, Q.C.:
 20 Q. And why wouldn't you want to--well, forget
 21 about what you remember at the time. I'm just
 22 thinking now, you're the person who authored
 23 this. What would be the problem with putting
 24 in writing information about the external
 25 reviews?

Page 354

1 MS. PREDHAM:
 2 A. Well, that's the issue, Ms. Chaytor. I can't
 3 think of any issue. I can't think of any
 4 problem that there would be, to say that--they
 5 already knew the reviews were done. I think
 6 we were fairly--I think we've told a lot of
 7 people at this time that we did external
 8 reviews, and I look at that now and I can't
 9 think of any explanation that would fit with
 10 what I got written there.
 11 CHAYTOR, Q.C.:
 12 Q. So it must have been the information coming
 13 out of the reviews as to what the potential
 14 cause or contributing factors were to the
 15 problems that ultimately ended in the--
 16 resulted in the conversions or the changed
 17 results?
 18 MS. PREDHAM:
 19 A. That's a very plausible explanation. However,
 20 I wasn't--I hadn't been part of the, you know,
 21 the review of the reviews. I hadn't been part
 22 of development of the spreadsheets. I hadn't
 23 even seen the spreadsheets at this time. So
 24 you know, I wouldn't be able to give them a
 25 lot of detail about that because I wouldn't

Page 355

1 have it. I wouldn't know exactly what it was
 2 the lab was moving forward on.
 3 CHAYTOR, Q.C.:
 4 Q. Okay, so two years later, you can't remember
 5 the circumstances under which you're writing
 6 this or why, or what you even mean by it.
 7 What do you think about that though, as a
 8 statement, in terms of "I could talk to them
 9 about the information from the reviews, but I
 10 wouldn't put it in writing"?
 11 MS. PREDHAM:
 12 A. Well, like I said, I can't think of any
 13 plausible explanation which would explain
 14 that.
 15 CHAYTOR, Q.C.:
 16 Q. No, but what I'm asking you is would that be
 17 your opinion today? If this same issue were
 18 to come up today, you had external reviews
 19 done, would you give the information verbally
 20 to the Government but not commit it to
 21 writing?
 22 MS. PREDHAM:
 23 A. No.
 24 CHAYTOR, Q.C.:
 25 Q. Why not? Would you give it to them at all?

Page 356

1 MS. PREDHAM:
 2 A. I would have no problem telling them about the
 3 reviews. There wouldn't be any problem with
 4 telling them what we were doing about it.
 5 CHAYTOR, Q.C.:
 6 Q. Would there be any problem in telling them
 7 what was found in the reviews?
 8 MS. PREDHAM:
 9 A. Well, it depends again, like the issue we
 10 talked about earlier, I think a couple of days
 11 ago, about what was opinion and what was fact.
 12 I'd be more comfortable if we could say, you
 13 know, as a result of the review, we found that
 14 we had issues in fixation, for example, and
 15 this is what we're doing to address that. I'd
 16 have no problem telling them things like that.
 17 CHAYTOR, Q.C.:
 18 Q. And is it because you don't know where Mr.
 19 Crosbie is getting his information, and you're
 20 concerned that Government has released your
 21 briefing notes on prior occasions?
 22 MS. PREDHAM:
 23 A. Well, obviously it must have been a concern,
 24 but I'm asking what the person, what Ms.
 25 Elliott thinks about it, and also--oh, I lost

Page 357

1 my train of thought then. Totally lost it.
 2 CHAYTOR, Q.C.:
 3 Q. My question was whether or not perhaps your
 4 concern is that if you're going to commit to
 5 writing, this is what was in the reviews,
 6 these are the pertinent facts coming out of
 7 the reviews. You're concerned where that
 8 information might end up.
 9 MS. PREDHAM:
 10 A. But there's nothing here in that information
 11 there that's not--that's of any concern
 12 really, that's in that concern section or
 13 factors contributing to review time line.
 14 There's nothing there that I take issue with
 15 it.
 16 CHAYTOR, Q.C.:
 17 Q. No, no.
 18 MS. PREDHAM:
 19 A. So I'm not--I can't--I don't even know why I'd
 20 have issues, why I'd have qualms about those
 21 two sections.
 22 CHAYTOR, Q.C.:
 23 Q. Now?
 24 MS. PREDHAM:
 25 A. Now.

Page 358

1 CHAYTOR, Q.C.:
 2 Q. Looking at it. My question though was are you
 3 reluctant or perhaps you were reluctant, for
 4 whatever mind that you were of in August of
 5 '06, which appears to be different than how
 6 you're thinking now on the issue. Could your
 7 concern be not to put in writing the
 8 information about the reviews for the same
 9 reasons that you were reluctant to give the
 10 concerns that were listed and the factors
 11 affecting the time lines? That you're afraid
 12 as to where that information might end up?
 13 MS. PREDHAM:
 14 A. I wouldn't think so because I think I would
 15 have put it all up there together in that
 16 sentence, but like I said, I'm only
 17 speculating. I have no idea; I have no memory
 18 of doing this at all.
 19 CHAYTOR, Q.C.
 20 Q. And then in terms of then your ability to
 21 speak of something that's deemed to be a
 22 quality review or a peer review, were you of
 23 the understanding in August of '06 that you
 24 could verbally give that information, but not
 25 commit it to writing?

Page 359

1 MS. PREDHAM:
 2 A. No, I was not of that understanding.
 3 CHAYTOR, Q.C.
 4 Q. Okay. So, the only concern in putting
 5 something down in writing as opposed to giving
 6 it to someone verbally--it's really not a lot
 7 different Ms. Predham, to tell the DCIS
 8 patient what she needs to know, but don't
 9 commit it to writing?
 10 MS. PREDHAM:
 11 A. Oh, there's no issue, no comparison to that.
 12 The problem I might have is that I might be
 13 able to say, I think this is what's going on
 14 in the lab, but I didn't have any direct
 15 information. You know, that may be of the
 16 issue, that I can tell them what I think is
 17 going on in the lab, but I don't have any
 18 direct information on that. That could
 19 possibly by that. And I could give that
 20 proviso verbally, but I didn't want to put it
 21 in writing.
 22 CHAYTOR, Q.C.
 23 Q. And what did you tell the government about the
 24 reviews?
 25 MS. PREDHAM:

Page 360

1 A. Like I said, I can't remember talking to Ms.
 2 Hennessey about this. I can't remember
 3 writing it up and I only have a vague memory
 4 of talking to Ms. McCormack.
 5 CHAYTOR, Q.C.
 6 Q. Yes, and you did speak to Ms. McCormack, you
 7 remember that.
 8 MS. PREDHAM:
 9 A. Yes.
 10 CHAYTOR, Q.C.
 11 Q. And what did you tell Ms. McCormack about the
 12 reviews?
 13 MS. PREDHAM:
 14 A. I would have told her that we had done them,
 15 but that was, you know, common knowledge, that
 16 we done them.
 17 CHAYTOR, Q.C.
 18 Q. Did you tell her that the reviews were
 19 complete?
 20 MS. PREDHAM:
 21 A. Well, I must have because they were well
 22 complete by that time. We had our second
 23 visits by then.
 24 CHAYTOR, Q.C.
 25 Q. To your knowledge, up to this point in time,

Page 361

1 August 10, 2006, did anyone in government have
 2 any knowledge of the outcome of the external
 3 reviews?
 4 MS. PREDHAM:
 5 A. I believe that--didn't we see an e-mail where
 6 Dr. Williams spoke to Moira Hennessey about
 7 the external reviews?
 8 CHAYTOR, Q.C.
 9 Q. There was an e-mail indicating that he was
 10 going to be in touch with Ms. Hennessey.
 11 MS. PREDHAM:
 12 A. But other than that, I have no idea.
 13 CHAYTOR, Q.C.
 14 Q. Well, what about that? Was it your
 15 understanding that Dr. Williams had already
 16 told Ms. Hennessey the outcome of the reviews?
 17 MS. PREDHAM:
 18 A. She had asked about that and that I had to
 19 pass it on that Dr. Williams had to have that
 20 conversation with her and that he would follow
 21 up with her.
 22 CHAYTOR, Q.C.
 23 Q. Yes. And was it your understanding as of
 24 August 10th, 2006, that the government already
 25 knew the outcome of the reviews?

Page 362

1 MS. PREDHAM:
 2 A. I would have assumed that they did.
 3 CHAYTOR, Q.C.:
 4 Q. You assumed that they did.
 5 MS. PREDHAM:
 6 A. Yes.
 7 CHAYTOR, Q.C.:
 8 Q. And did you have any knowledge to that effect?
 9 MS. PREDHAM:
 10 A. I can't think of any that I would have
 11 directly now, but I would have just assumed
 12 that they did.
 13 THE COMMISSIONER:
 14 Q. Wherever you can find a spot, Ms. Chaytor.
 15 CHAYTOR, Q.C.:
 16 Q. If we could have, please, P-3041? And this,
 17 again, goes to Pam Elliott. It's now the next
 18 day, August 11th. "I'm trying again. Let me
 19 know if there's any success. Maybe if Debbie
 20 sent it, I renamed the file, maybe it was too
 21 long, who knows the mysteries of computers."
 22 So it just seems that there was some
 23 difficulty in getting this through. And you
 24 will see the information appears certainly to
 25 be the same. Did you have any discussions

Page 363

1 with Ms. Pilgrim about this? Did you keep her
 2 updated and send her copies of what you were
 3 doing?
 4 MS. PREDHAM:
 5 A. I usually did, I can't remember, there was
 6 indication there, but I can't remember if I
 7 did about this, I can't remember doing up this
 8 one at all.
 9 CHAYTOR, Q.C.:
 10 Q. I think P-3042 might be the one where you send
 11 it on to Ms. Predham--Ms. Pilgrim, sorry.
 12 "Here's the briefing note. If you could have
 13 a glance over it before I send it, that will
 14 be great. Page me if you want to chat about
 15 it." And there's what you sent her. And do
 16 you recall whether or not you had any further
 17 discussion with her about it?
 18 MS. PREDHAM:
 19 A. No, I'm sorry, I don't recall.
 20 CHAYTOR, Q.C.:
 21 Q. Thank you, Commissioner.
 22 THE COMMISSIONER:
 23 Q. Ms. Chaytor, are you in position to let me
 24 know how much longer you're going to be with
 25 this witness?

Page 364

1 CHAYTOR, Q.C.:
 2 Q. I would expect that I will be until breacktime
 3 tomorrow, but I should be done by morning.
 4 THE COMMISSIONER:
 5 Q. Do you want to weigh in, Mr. Pritchard?
 6 MR. PRITCHARD:
 7 Q. Thank you, Commissioner, at this point we
 8 don't have any questions, whether or not that
 9 will change -
 10 THE COMMISSIONER:
 11 Q. Ms. Hennebury?
 12 MS. HENNEBURY:
 13 Q. I don't believe we have any questions.
 14 THE COMMISSIONER:
 15 Q. Mr. Pritchett?
 16 MR. PRITCHETT:
 17 Q. Maybe five minutes, Commissioner, no more than
 18 that.
 19 THE COMMISSIONER:
 20 Q. Ms. Newbury?
 21 MS. NEWBURY:
 22 Q. I'll probably be about an hour.
 23 THE COMMISSIONER:
 24 Q. Okay, there are two people absent, I won't
 25 press you on the point at the moment, Mr.

Page 365

1 Simmons. The message is there's a light at
2 the end of the tunnel, but I have to tell you
3 that these people are notoriously bad for
4 estimating how long they're going to be.
5 CHAYTOR, Q.C.:
6 Q. Depends on how well I'm feeling in the
7 morning.
8 THE COMMISSIONER:
9 Q. We'll adjourn then until 9:30.
10 Upon conclusion at 5:03 p.m.

Page 366

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 21st 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 21st day of October, A.D., 2008
13 Judy Moss

-\$-	132:4 1352 [1] 29:3 13th [4] 83:17 84:13 115:4 145:20 14 [4] 23:6 108:9 299:25 302:24 142 [2] 108:25 109:11 14th [3] 93:9 146:3 272:18 15 [3] 89:25 92:18 131:16 154 [1] 108:15 15th [2] 137:24 153:18 16th [10] 77:13 84:12,22 89:24 92:20 128:3,23 132:22 134:12 176:21 17 [3] 201:20 202:4 283:1 174 [1] 298:7 17th [7] 94:18 134:1 135:10 186:7 188:1 258:6 290:18 18th [3] 4:14 327:16 334:21 19 [7] 219:9,16 220:4 221:16,21 298:10,12 1997 [3] 92:17 191:3 219:4 1997/1998 [1] 23:10 1998 [2] 74:16 128:4 19th [3] 187:8 206:4 272:23 1:50 [1] 29:21 1st [2] 36:25 162:22	307:4 327:16 332:20 334:21 337:16 361:1,24 2007 [5] 250:1,8 319:14 319:14 324:23 2008 [3] 1:4 366:5,12 2054 [1] 118:21 2055 [2] 118:20 121:11 2058 [1] 123:19 2065 [1] 165:7 20th [5] 96:1 147:25 167:12,23 290:19 21 [1] 1:4 21st [3] 97:13 366:5,12 22 [4] 37:6 115:8,9,25 22nd [3] 107:17,23 110:25 23 [2] 76:16 77:23 23rd [1] 121:12 24th [1] 123:20 25 [1] 128:5 25th [1] 171:11 26 [1] 123:24 26th [4] 122:5,23 123:5 171:8 270 [1] 177:19 27th [3] 168:7 169:13 285:18 28 [11] 194:10,11 198:8 200:14 280:23 281:21 282:13,19,21 284:18 285:7 29 [1] 200:15 2920 [1] 49:3 2997 [1] 29:4 2999 [1] 31:12 29th [2] 23:19 217:14 2:10 [1] 205:19 2nd [3] 4:13 44:16 306:6	-4-	4 [2] 2:3 172:11 40 [6] 74:18 75:10 76:1 109:3 134:5 192:8 40/zero [1] 132:25 42 [1] 76:5 46 [6] 79:7 81:15,16 82:4 84:18 335:8 47 [1] 222:19 4:16 [1] 302:23 4:40 [1] 303:12 4:41 [1] 304:8 4th [1] 115:4	a.m [3] 19:15,23 34:6 Abbott [1] 296:3 ability [3] 64:4 358:20 366:9 able [24] 38:2 70:18 77:1 88:21 92:24 100:10 101:9 105:13 135:1 201:16 209:12 220:20 232:11 233:15 242:12 248:2 254:20 278:7 285:8 308:25 314:9 322:20 354:24 359:13 abort [1] 104:8 abruptly [1] 28:17 absent [1] 364:24 absolutely [17] 25:24 27:24 43:15,21 65:19,24 67:17 69:22 121:4 143:24 149:11 157:6 238:22 244:16 301:20 353:7,17 absorb [1] 227:9 accept [1] 254:4 accepted [2] 255:14,18 access [12] 8:5 31:3,4 173:15,23 174:22 176:4 176:6 291:17,21 314:10 316:6 accordance [1] 175:2 account [4] 195:3 291:18 291:22,24 accuracy [1] 95:9 accurate [12] 25:22 27:16,22 95:22 231:2 300:24 314:18 315:7,9 315:14 323:22 337:9 accurately [3] 25:3 26:17 229:1 acknowledgement [3] 168:10,16 173:11 act [6] 62:14 154:19 176:8 236:10,11 309:12 acted [1] 256:6 acting [4] 144:18 210:13 210:17,19 action [18] 1:13 12:16,18 54:9 65:17 66:3,6,23 67:14 119:25 159:14 211:22 214:4 261:25 294:15 309:18,23 342:20 actions [8] 212:23 213:2 238:16,19 239:18,19 244:7,8 active [2] 128:13,17 activity [2] 150:24 298:16 actual [2] 156:14 316:4 add [2] 26:10 112:17 added [2] 254:10 284:21 addendum [5] 273:19 274:9,10,25 279:8 adding [1] 27:16 addition [3] 70:22 94:21 95:5 additional [8] 115:6 143:12 169:20 200:15
-\$-	132:4 1352 [1] 29:3 13th [4] 83:17 84:13 115:4 145:20 14 [4] 23:6 108:9 299:25 302:24 142 [2] 108:25 109:11 14th [3] 93:9 146:3 272:18 15 [3] 89:25 92:18 131:16 154 [1] 108:15 15th [2] 137:24 153:18 16th [10] 77:13 84:12,22 89:24 92:20 128:3,23 132:22 134:12 176:21 17 [3] 201:20 202:4 283:1 174 [1] 298:7 17th [7] 94:18 134:1 135:10 186:7 188:1 258:6 290:18 18th [3] 4:14 327:16 334:21 19 [7] 219:9,16 220:4 221:16,21 298:10,12 1997 [3] 92:17 191:3 219:4 1997/1998 [1] 23:10 1998 [2] 74:16 128:4 19th [3] 187:8 206:4 272:23 1:50 [1] 29:21 1st [2] 36:25 162:22	307:4 327:16 332:20 334:21 337:16 361:1,24 2007 [5] 250:1,8 319:14 319:14 324:23 2008 [3] 1:4 366:5,12 2054 [1] 118:21 2055 [2] 118:20 121:11 2058 [1] 123:19 2065 [1] 165:7 20th [5] 96:1 147:25 167:12,23 290:19 21 [1] 1:4 21st [3] 97:13 366:5,12 22 [4] 37:6 115:8,9,25 22nd [3] 107:17,23 110:25 23 [2] 76:16 77:23 23rd [1] 121:12 24th [1] 123:20 25 [1] 128:5 25th [1] 171:11 26 [1] 123:24 26th [4] 122:5,23 123:5 171:8 270 [1] 177:19 27th [3] 168:7 169:13 285:18 28 [11] 194:10,11 198:8 200:14 280:23 281:21 282:13,19,21 284:18 285:7 29 [1] 200:15 2920 [1] 49:3 2997 [1] 29:4 2999 [1] 31:12 29th [2] 23:19 217:14 2:10 [1] 205:19 2nd [3] 4:13 44:16 306:6	-5-	5 [2] 49:5 100:17 50 [4] 128:6 193:25 196:23 197:7 52520 [1] 204:24 5:03 [1] 365:10	5 [2] 49:5 100:17 50 [4] 128:6 193:25 196:23 197:7 52520 [1] 204:24 5:03 [1] 365:10
-\$-	132:4 1352 [1] 29:3 13th [4] 83:17 84:13 115:4 145:20 14 [4] 23:6 108:9 299:25 302:24 142 [2] 108:25 109:11 14th [3] 93:9 146:3 272:18 15 [3] 89:25 92:18 131:16 154 [1] 108:15 15th [2] 137:24 153:18 16th [10] 77:13 84:12,22 89:24 92:20 128:3,23 132:22 134:12 176:21 17 [3] 201:20 202:4 283:1 174 [1] 298:7 17th [7] 94:18 134:1 135:10 186:7 188:1 258:6 290:18 18th [3] 4:14 327:16 334:21 19 [7] 219:9,16 220:4 221:16,21 298:10,12 1997 [3] 92:17 191:3 219:4 1997/1998 [1] 23:10 1998 [2] 74:16 128:4 19th [3] 187:8 206:4 272:23 1:50 [1] 29:21 1st [2] 36:25 162:22	307:4 327:16 332:20 334:21 337:16 361:1,24 2007 [5] 250:1,8 319:14 319:14 324:23 2008 [3] 1:4 366:5,12 2054 [1] 118:21 2055 [2] 118:20 121:11 2058 [1] 123:19 2065 [1] 165:7 20th [5] 96:1 147:25 167:12,23 290:19 21 [1] 1:4 21st [3] 97:13 366:5,12 22 [4] 37:6 115:8,9,25 22nd [3] 107:17,23 110:25 23 [2] 76:16 77:23 23rd [1] 121:12 24th [1] 123:20 25 [1] 128:5 25th [1] 171:11 26 [1] 123:24 26th [4] 122:5,23 123:5 171:8 270 [1] 177:19 27th [3] 168:7 169:13 285:18 28 [11] 194:10,11 198:8 200:14 280:23 281:21 282:13,19,21 284:18 285:7 29 [1] 200:15 2920 [1] 49:3 2997 [1] 29:4 2999 [1] 31:12 29th [2] 23:19 217:14 2:10 [1] 205:19 2nd [3] 4:13 44:16 306:6	-6-	6 [1] 326:3 60 [2] 189:2 193:25 63 [1] 67:24	6 [1] 326:3 60 [2] 189:2 193:25 63 [1] 67:24
-\$-	132:4 1352 [1] 29:3 13th [4] 83:17 84:13 115:4 145:20 14 [4] 23:6 108:9 299:25 302:24 142 [2] 108:25 109:11 14th [3] 93:9 146:3 272:18 15 [3] 89:25 92:18 131:16 154 [1] 108:15 15th [2] 137:24 153:18 16th [10] 77:13 84:12,22 89:24 92:20 128:3,23 132:22 134:12 176:21 17 [3] 201:20 202:4 283:1 174 [1] 298:7 17th [7] 94:18 134:1 135:10 186:7 188:1 258:6 290:18 18th [3] 4:14 327:16 334:21 19 [7] 219:9,16 220:4 221:16,21 298:10,12 1997 [3] 92:17 191:3 219:4 1997/1998 [1] 23:10 1998 [2] 74:16 128:4 19th [3] 187:8 206:4 272:23 1:50 [1] 29:21 1st [2] 36:25 162:22	307:4 327:16 332:20 334:21 337:16 361:1,24 2007 [5] 250:1,8 319:14 319:14 324:23 2008 [3] 1:4 366:5,12 2054 [1] 118:21 2055 [2] 118:20 121:11 2058 [1] 123:19 2065 [1] 165:7 20th [5] 96:1 147:25 167:12,23 290:19 21 [1] 1:4 21st [3] 97:13 366:5,12 22 [4] 37:6 115:8,9,25 22nd [3] 107:17,23 110:25 23 [2] 76:16 77:23 23rd [1] 121:12 24th [1] 123:20 25 [1] 128:5 25th [1] 171:11 26 [1] 123:24 26th [4] 122:5,23 123:5 171:8 270 [1] 177:19 27th [3] 168:7 169:13 285:18 28 [11] 194:10,11 198:8 200:14 280:23 281:21 282:13,19,21 284:18 285:7 29 [1] 200:15 2920 [1] 49:3 2997 [1] 29:4 2999 [1] 31:12 29th [2] 23:19 217:14 2:10 [1] 205:19 2nd [3] 4:13 44:16 306:6	-7-	7 [3] 36:2 75:18 108:22 70 [7] 37:6 49:6 74:19 75:11 76:1,5 176:6 739 [4] 108:13 119:1 298:7 319:14 769 [3] 313:15,15 314:10 79 [3] 37:12,22 45:18 9:30 [1] 365:9 9th [7] 73:21 76:5 77:15 79:1 215:21 293:17 312:8	7 [3] 36:2 75:18 108:22 70 [7] 37:6 49:6 74:19 75:11 76:1,5 176:6 739 [4] 108:13 119:1 298:7 319:14 769 [3] 313:15,15 314:10 79 [3] 37:12,22 45:18 9:30 [1] 365:9 9th [7] 73:21 76:5 77:15 79:1 215:21 293:17 312:8
-\$-	132:4 1352 [1] 29:3 13th [4] 83:17 84:13 115:4 145:20 14 [4] 23:6 108:9 299:25 302:24 142 [2] 108:25 109:11 14th [3] 93:9 146:3 272:18 15 [3] 89:25 92:18 131:16 154 [1] 108:15 15th [2] 137:24 153:18 16th [10] 77:13 84:12,22 89:24 92:20 128:3,23 132:22 134:12 176:21 17 [3] 201:20 202:4 283:1 174 [1] 298:7 17th [7] 94:18 134:1 135:10 186:7 188:1 258:6 290:18 18th [3] 4:14 327:16 334:21 19 [7] 219:9,16 220:4 221:16,21 298:10,12 1997 [3] 92:17 191:3 219:4 1997/1998 [1] 23:10 1998 [2] 74:16 128:4 19th [3] 187:8 206:4 272:23 1:50 [1] 29:21 1st [2] 36:25 162:22	307:4 327:16 332:20 334:21 337:16 361:1,24 2007 [5] 250:1,8 319:14 319:14 324:23 2008 [3] 1:4 366:5,12 2054 [1] 118:21 2055 [2] 118:20 121:11 2058 [1] 123:19 2065 [1] 165:7 20th [5] 96:1 147:25 167:12,23 290:19 21 [1] 1:4 21st [3] 97:13 366:5,12 22 [4] 37:6 115:8,9,25 22nd [3] 107:17,23 110:25 23 [2] 76:16 77:23 23rd [1] 121:12 24th [1] 123:20 25 [1] 128:5 25th [1] 171:11 26 [1] 123:24 26th [4] 122:5,23 123:5 171:8 270 [1] 177:19 27th [3] 168:7 169:13 285:18 28 [11] 194:10,11 198:8 200:14 280:23 281:21 282:13,19,21 284:18 285:7 29 [1] 200:15 2920 [1] 49:3 2997 [1] 29:4 2999 [1] 31:12 29th [2] 23:19 217:14 2:10 [1] 205:19 2nd [3] 4:13 44:16 306:6	-8-	8 [1] 176:7 80 [3] 5:12 74:19 76:1 80/10 [1] 101:2 81 [3] 79:8 82:23,23 851 [1] 118:24 8th [1] 287:3	8 [1] 176:7 80 [3] 5:12 74:19 76:1 80/10 [1] 101:2 81 [3] 79:8 82:23,23 851 [1] 118:24 8th [1] 287:3
-\$-	132:4 1352 [1] 29:3 13th [4] 83:17 84:13 115:4 145:20 14 [4] 23:6 108:9 299:25 302:24 142 [2] 108:25 109:11 14th [3] 93:9 146:3 272:18 15 [3] 89:25 92:18 131:16 154 [1] 108:15 15th [2] 137:24 153:18 16th [10] 77:13 84:12,22 89:24 92:20 128:3,23 132:22 134:12 176:21 17 [3] 201:20 202:4 283:1 174 [1] 298:7 17th [7] 94:18 134:1 135:10 186:7 188:1 258:6 290:18 18th [3] 4:14 327:16 334:21 19 [7] 219:9,16 220:4 221:16,21 298:10,12 1997 [3] 92:17 191:3 219:4 1997/1998 [1] 23:10 1998 [2] 74:16 128:4 19th [3] 187:8 206:4 272:23 1:50 [1] 29:21 1st [2] 36:25 162:22	307:4 327:16 332:20 334:21 337:16 361:1,24 2007 [5] 250:1,8 319:14 319:14 324:23 2008 [3] 1:4 366:5,12 2054 [1] 118:21 2055 [2] 118:20 121:11 2058 [1] 123:19 2065 [1] 165:7 20th [5] 96:1 147:25 167:12,23 290:19 21 [1] 1:4 21st [3] 97:13 366:5,12 22 [4] 37:6 115:8,9,25 22nd [3] 107:17,23 110:25 23 [2] 76:16 77:23 23rd [1] 121:12 24th [1] 123:20 25 [1] 128:5 25th [1] 171:11 26 [1] 123:24 26th [4] 122:5,23 123:5 171:8 270 [1] 177:19 27th [3] 168:7 169:13 285:18 28 [11] 194:10,11 198:8 200:14 280:23 281:21 282:13,19,21 284:18 285:7 29 [1] 200:15 2920 [1] 49:3 2997 [1] 29:4 2999 [1] 31:12 29th [2] 23:19 217:14 2:10 [1] 205:19 2nd [3] 4:13 44:16 306:6	-9-	9 [3] 36:2 75:18 108:22 90 [7] 37:6 49:6 74:19 75:11 76:1,5 176:6 939 [4] 108:13 119:1 298:7 319:14 969 [3] 313:15,15 314:10 97 [3] 37:12,22 45:18 9:30 [1] 365:9 9th [7] 73:21 76:5 77:15 79:1 215:21 293:17 312:8	9 [3] 36:2 75:18 108:22 90 [7] 37:6 49:6 74:19 75:11 76:1,5 176:6 939 [4] 108:13 119:1 298:7 319:14 969 [3] 313:15,15 314:10 97 [3] 37:12,22 45:18 9:30 [1] 365:9 9th [7] 73:21 76:5

<p>204:11 271:18 309:6 310:15 address [8] 309:23 310:4 335:19 337:22 349:5,13 350:11 356:15 addressed [2] 243:8,11 addressing [1] 310:3 adequately [2] 227:6,10 adjourn [1] 365:9 ADJOURNED [1] 205:20 adjuvant [1] 240:1 administrative [5] 12:8 12:12 167:9 291:17 306:10 admit [1] 50:23 admonishment [1] 333:17 adopted [1] 40:24 advantageous [1] 42:20 adverse [7] 54:9 227:18 233:21 235:1 309:21 311:6 345:13 advice [15] 62:12 72:8 146:25 148:16,20 161:5 172:3 177:20 178:2 179:24 208:8 212:9,9,15 230:10 advise [1] 163:10 advised [2] 50:2 149:6 advises [3] 68:3 70:22 72:4 advising [1] 154:10 affect [1] 118:18 affected [2] 247:7 293:20 affecting [3] 337:21 339:4 358:11 afraid [1] 358:11 afternoon [8] 86:20 205:24,24 295:21 302:23 303:12 326:1 338:1 afterwards [1] 267:8 again [34] 7:7 21:21 22:3 37:3 60:9 68:16 92:8 117:5 123:7,20 128:21 130:18 137:12 171:17 199:7 205:19 215:18,23 240:15 250:19 258:25 262:6 264:21 269:24 276:4 285:14 289:7 292:1 299:18 302:12 349:10 356:9 362:17,18 against [3] 65:17 67:14 346:10 age [1] 200:9 ago [3] 89:5 208:19 356:11 agree [9] 17:7,9 18:11 22:23 26:22,25 27:1 142:7 150:8 agreed [3] 17:15 155:4 284:11 agreement [3] 264:10 264:11 267:25 ahead [9] 175:16 253:4</p>	<p>266:11,15 269:16 273:22 278:19,25 321:6 air [1] 326:3 al [2] 1:9 14:5 all-exclusive [1] 197:25 allow [2] 177:4 310:1 allowed [1] 177:7 almost [2] 53:18 216:2 along [10] 10:23 84:17 86:6 96:14 124:11 172:6 209:17 239:13 269:23 311:5 Alteen [9] 47:5 49:3,9 85:10 88:10 103:17 186:6 187:7 277:22 Alteen's [1] 49:20 alter [1] 246:9 alternate [1] 309:15 altogether [3] 91:17 99:7 126:4 always [28] 22:7 44:24 50:12 51:20,22 52:1,5 71:9,9 95:20,21 111:6 111:16 117:8 118:13 189:18 197:18 211:10 214:1,3,9 236:13 247:24 253:15 254:15 255:24 270:20 323:22 amended [1] 34:6 amongst [6] 68:23 86:6 187:23 220:19 322:11 325:10 amount [3] 177:16 185:1 198:1 analysis [5] 58:10 248:1 248:7 249:2,3 annual [1] 312:13 answer [5] 37:5,10 49:14 308:25 331:2 answered [2] 172:24 229:15 answering [1] 49:19 anticipate [2] 60:16 169:23 anyhow [3] 189:10 240:17 280:6 anyone's [1] 236:3 anyway [6] 36:20 177:14 178:1 323:18 334:3 351:21 apparatus [1] 366:10 appear [7] 16:20 85:4 94:13 136:4 216:3 287:1 338:2 Appearances [1] 1:5 appeared [1] 198:8 applies [1] 233:25 apply [1] 69:15 appreciate [2] 169:17 215:12 approach [5] 56:14 57:15 70:23 71:6,18 approached [1] 152:20 appropriate [12] 15:11</p>	<p>26:24 28:11 140:2 142:7 235:21 332:13 333:7 336:22 345:25 346:22 353:3 approval [1] 83:25 April [4] 134:9 171:8,11 187:8 area [7] 13:10 59:25 62:3 64:14 106:5 131:6 205:16 areas [8] 13:11 46:12 60:17 61:21,22 104:21 105:5,8 arguments [1] 294:9 Arimidex [2] 289:4,7 arise [1] 87:19 arisen [2] 143:5,11 aromatase [2] 109:5 116:25 arose [2] 212:4 237:19 arrange [4] 20:2 21:15 49:16 259:8 arranged [2] 271:21 272:2 article [2] 304:12 307:12 articles [12] 167:16 177:13,23 178:12 179:24 180:12,22 181:5,6 182:1 182:4 183:6 asap [2] 169:17,23 aspect [4] 53:10 155:6 211:2 318:6 Assembly [1] 305:16 assertion [2] 149:18 150:8 assigned [1] 47:19 assist [7] 64:3 65:16 66:2 66:5 67:11,14 216:23 assistance [9] 20:16 43:2 104:25 105:2 140:5 151:8 184:21 234:8 240:6 assistant [7] 12:8,12 167:10 216:11 291:17 296:4 304:14 Association [1] 1:14 assume [15] 29:13 78:12 135:16 172:3 180:2 199:18 236:7,24 255:4 278:6 284:24 326:10 327:2 332:17 338:8 assumed [3] 362:2,4,11 assuming [3] 170:17 197:3 281:5 assumption [4] 30:13 44:4 165:1 170:19 assurance [1] 224:23 asterisks [1] 96:20 ATIPP [43] 144:12,13 144:16,18 145:25 146:20 146:23 147:2,6,8,16 150:4,17 151:2,11,12,13 151:14 152:4,15,16 153:8 153:22 156:8,17 163:17 163:21 166:16 167:13 168:14 170:10 172:18 176:18 178:19 179:3,5</p>	<p>180:7,9 208:21 244:3 339:19 341:18,22 attach [1] 97:20 attached [9] 22:11 23:2 31:21 84:15 97:14 177:11 293:17 294:8 337:18 attachment [2] 95:2 96:4 attempt [4] 45:1 91:21 104:8 115:22 attempted [2] 104:3 115:24 attempts [1] 45:16 attend [7] 76:22 207:1,4 209:12,25 214:14 241:6 attendance [5] 121:15 183:15 214:19 224:2 241:20 attended [4] 78:1 241:14 257:7 287:10 attending [6] 70:14 207:9,11 218:18,21,23 attention [6] 11:21 48:13 98:5 242:11 313:19 332:21 attributes [1] 186:7 August [22] 115:16,21 116:2,10 133:16 200:21 264:17 306:6 307:4 309:5 312:8 324:22 327:16 328:22 332:20 334:21 337:16 358:4,23 361:1 361:24 362:18 Australian [1] 182:7 authored [1] 353:22 Authorities [1] 1:17 authority [8] 1:11 43:10 88:1 153:24 277:11,17 279:4 339:8 authorized [2] 267:10 268:4 automatically [1] 20:5 availability [1] 216:21 available [2] 150:17 235:24 await [1] 11:2 aware [43] 13:20 47:9 49:25 65:1 109:11 118:16 119:17 138:18 139:21 143:5,9 160:18 199:16 199:19 210:9,11 211:13 216:3 217:1 226:14 249:15 254:3 260:5 264:5 264:24 267:4 268:23 271:14,21 279:22 298:18 303:14 305:17 308:9 313:6 316:11 318:9 319:12,16 321:17,18 323:25 331:23 away [2] 80:1 163:8</p>	<p>152:4 bad [1] 365:3 ball [1] 313:11 Bandrauk [7] 218:16 228:7 233:7 235:13 241:17 242:4,6 Bandrauk's [1] 217:17 Banerjee's [2] 161:16 162:6 Barrington [2] 293:16 325:23 based [15] 11:2 21:12 108:11 112:25 128:9 170:19 176:17 186:11 198:5 200:9 207:18 219:13 229:13 232:2 309:11 basis [2] 21:13 239:11 batch [4] 19:16 82:1 219:6,8 bear [1] 55:22 became [8] 51:9 105:8 157:16 194:18 213:23,24 316:11 331:7 become [4] 40:23 109:11 143:5 323:25 beforehand [1] 305:24 began [1] 140:19 begin [1] 80:13 beginning [7] 31:18 76:25 98:5 163:7 182:16 337:23 350:12 below [2] 27:17 294:8 beneficial [1] 192:11 benefit [5] 20:13 42:22 196:7 207:12,18 benefited [1] 117:16 benefits [1] 199:14 benefitted [1] 298:9 Bernard [1] 1:6 best [6] 39:7 42:22 90:2 277:6 309:13 366:9 bet [1] 201:9 better [3] 58:3 74:17 137:23 between [21] 49:17,19 87:17 102:25 115:3 117:18 119:17 122:19 153:25 164:15 175:10 198:12 258:17 263:9 265:7 294:5,7,18 302:13 337:15 349:12 beyond [3] 195:18 304:2 336:11 bias [21] 154:6,25 155:7 155:25 156:2,5,10,23 157:9,13 158:1 159:23 160:25 185:21 208:20,23 209:5 213:14,16,19 244:2 biased [4] 156:7 157:23 158:24 161:5 big [5] 59:22 62:9 226:6 248:11 249:3 bigger [1] 28:2 biggest [2] 136:8 154:15</p>
---	---	--	---	---

-B-

background [6] 125:16
129:5 151:10 193:22
225:5 294:8
backup [3] 151:13,14

<p>billed [1] 211:11 biop [1] 133:18 biopsy [5] 16:25 133:2 133:14,18 134:5 bit [17] 8:18 15:6 28:17 64:13 74:17 96:3 107:21 131:11 132:8 198:18 199:13 209:13 233:3 275:11 299:24 301:12 333:16 black [2] 151:22 199:4 blacked [2] 151:19 152:2 Blair [1] 1:16 block [13] 17:16,17,23 17:23 18:15,16,18 26:24 28:11 130:1 283:23,23 284:5 blocked [1] 294:11 blocks [7] 17:13,14 18:14 28:10 204:19 205:3 346:12 board [6] 107:18 111:1 118:4 194:11 310:10,11 boards [5] 32:9 38:7,9 38:13 88:2 Bob [2] 272:25 273:8 bold [2] 39:3 339:15 Bonnell [20] 23:15 28:22 138:1 139:16 143:22 145:23 146:17,19 293:16 294:19 307:5,8 309:5 311:11 312:8 313:7 333:6 334:12 336:21 353:2 Bonnie [3] 67:20 68:8 69:10 book [1] 50:18 Boone [43] 169:19 170:4 170:6,10,14,15,23,25 171:7,18 172:4 184:13 184:16 206:25 209:17,22 210:2,6,13,16,23 211:11 212:1,19 216:4,13 217:6 218:12 236:7,16 237:4 237:16 241:20 243:6 259:22 260:8 261:24 262:17 263:5,20 280:1,5 325:25 Boone's [5] 183:15 209:21 211:16 241:18 242:20 boss [1] 347:24 bottom [3] 79:5 96:20 312:9 bounce [1] 275:5 bounced [1] 310:18 brave [1] 37:1 Brazil [1] 1:8 break [9] 131:2,17,22 136:10 205:8,18 295:21 330:15,22 breakdown [4] 108:13 108:21 251:2,9 breaks [1] 94:11 breaktime [1] 364:2 breast [11] 1:12 34:22 133:22 134:4,15 154:1</p>	<p>265:10,17,18 297:19 307:10 breasts [1] 25:7 brief [2] 15:18 49:9 briefing [34] 107:16 147:24 153:23 293:17,25 296:6,11 297:16 298:3 303:15 304:9 305:2,5,8 305:14,17,22 327:14,19 328:14,19,21,25 331:8 334:21 337:17 338:6,9 339:6,19 341:12,18 356:21 363:12 briefly [1] 132:8 bring [8] 54:9 55:5,21 66:3 131:12 214:5 317:24 349:7 bringing [3] 52:6 81:9 232:23 broad [4] 139:3,14 140:22 141:9 broader [3] 61:8 141:6 243:23 broken [2] 14:7 107:22 Brook [1] 120:19 brought [18] 11:21 48:13 52:8,17 56:8 66:12 101:18,22 122:6 155:3 186:9 203:4 204:1 239:25 241:23 242:10 307:8 332:20 Budgell [4] 97:4 103:1 104:13 187:7 budgeting [2] 164:5,9 built [1] 309:11 bullet [3] 312:15 313:16 347:8 business [1] 87:16 Butt [2] 306:5,7 butting [1] 59:11</p> <hr/> <p style="text-align: center;">-C-</p> <p>C-0231 [1] 258:4 C-0235 [1] 269:21 C-0239 [1] 264:1 C-0333 [1] 259:1 Cabinet [8] 304:10 330:7 330:9 332:5 336:16 352:17,20 353:1 Cake [3] 297:16 303:13 304:10 calendar [2] 154:12 161:11 calls [4] 24:14 72:5,6,9 Cameron [2] 1:3 366:6 Canadian [2] 1:15 310:10 cancer [50] 1:12,15 8:6 17:21 19:25 20:5,25 24:12 25:7 29:14 30:15 31:1,23 32:7 33:6,8,19 34:22 39:21,22 40:10 41:5,25 42:5 46:22,24 47:8,18,20,21 48:10 50:2 50:8 69:13 70:20 98:8</p>	<p>98:11 121:6 133:22 134:4 134:16 139:14 154:2 264:22 297:19 307:10,24 307:25 345:6 346:8 cannot [2] 165:19 271:3 capacity [5] 207:8,11 210:6 218:12,19 Carbonear [6] 39:5,9 39:13 46:10 193:25 195:24 carcinoma [3] 265:10 265:16,20 care [17] 50:12 51:9 62:24 64:22 65:2 70:14 144:17 219:11,17 220:23 232:9,12 243:9 267:3 271:12 309:14,24 cared [1] 24:12 carried [1] 4:16 carry [2] 247:25 252:5 carrying [1] 122:20 Carter [14] 76:19,22 78:9,12 272:19 273:14 276:6 278:12 280:14 283:10 284:8,13,25 300:7 case [12] 24:6 33:8 87:3 87:5 122:17 192:15 216:6 216:5 222:12,15 231:24 262:10 cases [24] 18:8 25:5,14 26:3 27:11 84:23 129:22 189:2 272:21,22 274:2 278:11,25 280:19,21 282:15 283:14 284:23 294:12 301:8 312:17 313:18 347:7,9 catch [1] 321:2 categories [2] 23:8 174:24 categorization [1] 195:9 category [15] 37:6 59:6 108:23 109:1 110:10,11 110:12 111:16,17 115:1 116:21 192:16 273:12 301:9 322:8 caught [4] 98:4 172:14 172:17 321:3 caused [9] 65:21 218:5 223:3 224:8 225:10,16 227:13 302:18 323:6 causes [2] 67:10 227:4 causing [2] 159:12 224:19 CBC [9] 144:14 145:24 153:22 176:23 307:7 326:8,10,12 327:11 CC [1] 98:8 central [22] 1:16 32:1 72:24 79:6,17 80:4,19 81:11 82:15,18 84:16 85:9 87:15,15,16,25 88:1 88:11,11 89:7,14 105:12 Central's [3] 80:23 81:20 82:13 Centre [5] 34:23 316:22 317:18 318:7 322:5</p>	<p>cents [1] 313:14 CEO [3] 178:18 179:25 180:8 certain [15] 33:10 64:2 111:6 164:3,4,8,8 186:11 214:6 216:16 238:16,18 305:10,23 325:11 certainly [21] 21:11 54:17 67:4 148:24 154:5 156:5 157:17 159:16 176:5 215:13 220:25 221:20 226:13 241:12 243:5 305:25 311:14 338:20,20 349:2 362:24 certainty [1] 118:6 Certificate [2] 2:4 366:1 certify [1] 366:2 chain [1] 185:16 chains [1] 244:11 chaining [2] 76:19 121:15 challenge [1] 206:14 chance [2] 77:24 94:10 change [24] 14:14 15:9 15:22 41:4,20 42:16,17 60:1,8 71:18 76:3 96:11 96:13 188:4 217:16 243:10 260:4 281:2 298:9 300:3 302:18 309:19,25 364:9 changed [11] 9:24 24:13 95:15,16 96:3 108:24 116:22 169:6 239:23 300:22 354:16 changes [6] 40:23,24 78:8 103:5 220:17 337:19 charge [2] 177:23 180:12 Charlie [1] 138:4 chart [15] 32:7 33:8,9 43:24 48:3,7 103:10 140:15 142:9,25,25 190:1 289:6 345:12,19 charts [15] 8:5 31:4 41:15 138:6,7,23 140:2 141:16,18,23 160:10 187:12 196:4 287:2 312:16 chat [2] 293:22 363:14 chatted [1] 154:3 Chaytor [897] 1:7 2:3 4:2,3,5,10,20 5:4,10,19 5:23 6:3,11,15 7:1,6,10 7:24 8:8,13 10:10,15 11:9,14,20 12:2,9,13,21 13:2,12,19 14:1,12,17 14:23 15:4,23 16:4,10 16:19 17:4 18:1,7,20 19:3,13,21 20:12 21:4 21:17,23 22:5,10,15,20 23:4,13 24:4,9,18,25 25:11,20 26:7,16 27:8 28:7,12,21,25 29:20 30:12,23 31:11 32:10,14 32:20 33:14,22 34:13,25 35:6,11,16,25 36:12 37:11,21 38:11,17,22 39:2,18 40:2,17,22 41:3 41:16,22 42:3,18 43:8</p>	<p>43:16 44:2,9,13 45:3,8 45:13 46:3,9,21 47:3,11 47:24 48:16,21,25 49:21 52:10,16,21,25 53:8,22 54:1,5,20 55:1,9,14,18 56:10,22 57:3,14 65:10 65:20,25 66:8,15 67:7 67:18 68:14,21 69:4,16 69:23 70:5,12,21 71:12 71:17,25 72:12 73:7,13 73:19 74:1,6,13,24 75:7 75:17,24 76:9,15,23 77:5 77:9,16,22 78:6,14,21 79:4,13 80:16 81:8,14 82:3,11,22 83:2,9,14 84:2,6,10,21 85:12,20 86:8,13,22 87:4,9 89:3 89:13,22 90:20,25 91:8 91:12,18 92:2,10 93:7 93:14,23 94:9,16 95:24 96:17,23 97:2,8,12,24 98:3,13,23 99:8,14 100:2 100:8,16,23 101:4,11,17 101:21 102:1,7,16,23 103:16 104:7,11,22 105:6 105:11,18,22 106:2,11 106:16,20 107:1,5,14 108:5,10,19 109:18,25 110:13,21 113:15 114:2 114:7,14,19 115:2,13,20 116:1,5,9,18 117:12,22 118:3,19 119:5,15,21 120:10,14 121:10 122:9 122:13,22 123:3,8,12,16 125:5,10,21 126:1,23 127:25 128:15,22 129:9 129:21,25 130:4,23 131:1 131:3,9,19,20 132:2,17 133:7,12,23 134:22 135:3 135:8,18 136:1,16,23 137:3,7,14,20 139:1,17 139:24 140:17 141:5,14 141:24 142:6,13,18 143:8 143:20 144:2,11,20 145:4 145:12,19 146:9,14,24 147:7,12,20 148:25 149:5 149:12,16,21 150:1,7,25 151:23 152:3,8,21 153:3 153:10,16 155:5,17,24 156:11,18 157:3,7,20 158:12,17 159:3,10,20 160:8,22 161:22 162:3,7 162:13,19 163:1,15 164:17 165:6,14 166:14 166:19,23 167:4,11 168:3 168:15,20,24 169:4,10 170:8,13,18,24 171:4,21 172:5,16 173:2,13,22 174:2,8,15,21 175:7,15 176:10,19 178:17,22 179:4,15,20 180:10,21 181:1,8,14 182:2,10,17 182:23 183:5,9,21 184:2 184:6,12,24 185:5,13,19 185:24 186:4,18,22 187:4 187:19,24 188:22 189:6 189:25 190:9,17 191:1,8 191:14,20 192:3,21 193:8 193:23 194:8 195:11,21 196:11,16,22 197:6,14 198:7,17,24 199:15 200:3 200:8,13,19 201:7,21 202:2,9,16,24 203:7,14</p>
--	--	---	--	---

<p>203:23 204:2,9,15,20 205:2,7,9,14,22,23 206:19 207:2,7,16,22 208:9,17 209:7,20 210:3 210:10,15,21 211:1,14 211:21,25 212:7,16 213:1 213:8,12,18 214:2,16,22 215:3,8,15,18,19 216:8 217:5,11,23 218:3,10 219:1,20 220:3,8,12,18 221:5,15,22 222:5,10 223:6,10,17,23 224:11 224:21 225:12 226:11,22 227:14 228:1,10 231:14 231:23 233:19,24 234:4 234:16,22 235:4,15 236:15,22 237:2,10,15 238:5,14,23 239:12 240:3 240:14,23 241:15 242:5 242:18 243:12,24 245:1 245:7,16,22 246:2,8,17 246:22 247:2,11,21 248:15,19 249:5,10,14 249:21,25 250:6,13,18 250:24 251:17 252:7,17 252:23 253:3,21 254:2 256:4,9,18 257:1,6,15 257:24 258:3,13 259:13 259:18,23 260:7,15,21 261:2,8,17,22 262:5,12 262:20 263:1,15,25 264:15 265:2 266:6,10 266:16,22 267:1,6,14 268:2,9,12,13,18,22 269:8,13,20 270:3,15,23 271:4,9,13,23 272:4,10 272:16 273:3,7,23 274:12 275:4,10,17,23 278:17 278:22 279:12,21 280:3 280:10 281:16,20,24 282:4,12,24 283:8,13,18 284:1,6,17 285:1,6,15 285:24 286:5,11,15,20 287:16,20,25 288:6,12 288:16,21,25 289:12 290:16 291:11,20 292:4 292:10,16,23 293:3,12 293:13 294:2,6 295:2,9 295:13,18,24,25 296:16 296:24 297:7,14 298:1 298:15,21 299:5,11,21 300:17 301:2,7,17,24 302:7,20 303:6,10,20,25 304:5,21 305:1,13 306:3 306:12 307:2 308:11,18 308:24 309:3 310:17,24 311:9,19,25 312:6,25 314:8 315:15,21,25 316:9 316:19,25 317:6,13,22 318:5,11,17 319:5,17,23 320:8,13,17,21 321:4,10 321:16 322:19 323:24 324:8,12,18 325:2,21 326:13,18,22 327:4,12 328:10,23 329:3,7,14 330:13,18,25 331:5,17 332:11,18,24 333:3,15 333:20,24 334:5,10,16 335:7,11,12,17,23 336:5 336:15,20,25 337:7,13 338:15,21 339:1,12 340:3 340:10,16,24 341:10,20 342:4 343:3 344:7,21</p>	<p>345:10,23 346:5 347:13 347:22 348:8,14,23 349:6 349:16,21 350:3,9,17,24 351:8,14,22 352:1,7,15 352:25 353:8,19 354:2 354:11 355:3,15,24 356:5 356:17 357:2,16,22 358:1 358:19 359:3,22 360:5 360:10,17,24 361:8,13 361:22 362:3,7,14,15 363:9,20,23 364:1 365:5 check [8] 34:1 37:24 72:18 73:14 77:24 307:14 322:5,7 checked [2] 78:4 94:21 checking [5] 5:15 19:9 36:22 95:5 274:23 cheese [1] 227:22 chemo [3] 265:24 270:5 308:1 chemotherapy [2] 258:22 264:23 cheque [1] 168:9 cherry [1] 145:18 Ches [4] 138:9 294:13 307:18 339:17 Chesley [1] 1:12 chief [5] 13:9 139:8,10 237:24 241:10 choose [2] 50:19 180:22 circum [1] 142:17 circumstance [1] 260:13 circumstances [5] 26:13 196:5 272:11 287:5 355:5 claim [22] 12:15,24 13:8 13:14,16,24 65:4 122:1 139:23 143:15 294:10 298:22,22 307:17,22 308:6 342:13,17 343:10 343:16,24 344:6 claims [8] 212:4 239:4,6 241:22,22 242:13 296:8 298:17 Clarenville [6] 23:5,9 39:4,9,13 46:10 clarification [2] 33:15 39:16 clarified [1] 85:18 clarify [7] 22:7,12,21 80:18 91:22 165:16 166:9 class [2] 1:13 294:15 clear [12] 100:3 107:19 137:15 160:3 161:17,20 211:15 212:20 235:9 241:19 245:13 305:7 clearer [3] 96:4 107:21 126:14 click [1] 77:11 client [1] 210:19 clients [4] 67:24,25 70:25 187:11 clinic [33] 8:6 19:25 20:5 21:1 24:12 29:14 30:15 31:1,23 32:7 33:8,19 39:22,22 40:10 41:5,25</p>	<p>42:5 46:22,24 47:8,18 47:21 48:10 50:2,8 69:13 70:20 98:8,11 103:11 121:6 139:14 clinical [24] 13:9 20:2 20:23,24 32:8 33:13 40:7 40:15 42:15 43:24 62:7 62:16 70:13 124:8 126:20 139:8,10 189:23 193:21 241:10 280:22 300:21 302:15 347:6 clinically [2] 124:14 126:7 clinician [1] 197:12 clinicians [7] 43:23 101:16 109:17 111:18 125:18 192:10 194:24 clinics [3] 33:18 48:18 103:13 clock [2] 154:10 161:10 close [2] 93:16 200:4 closely [1] 270:20 clue [1] 299:18 Co-counsel [2] 1:6,7 co-ordinating [2] 207:14 209:2 Coates [3] 148:12,15,20 Coffey [2] 1:6 334:18 coincidentally [1] 7:20 coinciding [1] 38:4 collate [1] 61:14 collected [1] 324:5 collection [2] 158:4 346:11 column [2] 15:1,2 combination [2] 119:8 263:9 comfortable [6] 151:15 181:18,21 275:2 276:16 356:12 coming [14] 5:6 18:9 139:10 147:23 222:1 228:9 238:20 248:13 277:14 301:20 318:12 346:1 354:12 357:6 commenced [3] 12:18 211:22 213:2 comment [9] 28:13 36:5 51:6 111:18 114:16 235:9 237:18 317:16 353:16 commented [1] 236:7 comments [9] 113:1,19 186:7 237:3,17 260:3,8 309:6 310:15 Commission [6] 1:1,6 1:7 334:19 366:4,7 commissioned [1] 237:8 Commissioner [127] 1:3 4:1,6 8:15,24 9:8,15,22 10:2,22 11:7 20:15 21:25 33:5 48:8 57:19 58:15 58:23 59:9 60:10,15,20 60:25 61:17 62:1,17 63:3 63:13,20 64:9 65:8 75:1 75:5 87:14 88:15,20 89:1 111:10,21 112:1,7,11,23</p>	<p>113:7,13 126:25 127:6 127:10,15,23 130:10,15 130:21,25 131:7,15,18 131:21 148:6 150:13 192:12 205:6,15,17,21 205:24 228:16,24 229:9 229:22 230:3,16 231:4,8 231:12,15 247:24 251:1 251:15 254:8,19,25 255:8 255:13 259:3 267:16 276:3,18,25 277:15 278:2 278:10 279:5,10 289:16 289:25 290:6,10 293:11 295:20,23 314:16,21,25 315:5 318:19,24 322:2 322:14 330:14,16,20,23 331:1 343:18 362:13 363:21,22 364:4,7,10,14 364:17,19,23 365:8 366:7 commit [6] 352:9 353:13 355:20 357:4 358:25 359:9 committed [1] 309:20 Committee [2] 83:19 121:13 common [2] 178:18 360:15 communicated [9] 32:9 46:5 48:5 89:15 121:7 122:2 134:16 151:24 229:12 communicating [3] 46:4 52:2 60:6 communication [21] 46:11 47:13 102:25 167:16 207:14 218:24 244:11 255:19 260:2 280:6 296:25 332:13 333:8 336:22 337:15 338:3,13 346:13,20 347:3 353:4 communications [8] 139:5 169:18 240:7 296:20,21 297:3 332:15 333:6 community [1] 235:23 company [8] 121:25 159:7 210:14,20 242:9 243:4 244:24 245:14 company's [1] 242:11 comparison [1] 359:11 competent [1] 240:6 compile [2] 160:11 188:14 compiled [2] 172:23 182:1 compiling [2] 138:7 141:15 complaint [2] 44:10,12 complaints [1] 58:11 complete [5] 25:2 106:12 154:12 360:19,22 completed [3] 107:2 108:14 128:12 completing [1] 154:6 complicate [1] 47:25 complicated [5] 95:17</p>	<p>224:6 227:7 252:13 261:9 complication [1] 88:8 component [2] 62:9 199:5 components [1] 59:23 comprehending [1] 261:18 comprehensive [1] 35:24 computer [7] 168:13 171:20 173:1 174:13,17 290:23 291:5 computers [3] 163:12 167:20 362:21 conceived [1] 213:22 concentrate [1] 255:3 concept [1] 42:19 concern [46] 23:25 42:21 43:9 51:3 52:1 53:3 54:7 54:21 56:8 67:10,13 125:11,22 157:25 159:12 159:22 181:9 208:22 213:13 218:6 238:18 242:22 248:23 260:19 266:7 276:8 300:8 308:2 308:12 319:11 320:25 337:20 341:19 342:21,25 343:4,4 344:12 353:9,10 356:23 357:4,11,12 358:7 359:4 concerned [30] 57:12 67:4 154:24 156:1,21 157:4,8,12 158:5 161:4 177:24 180:13,15 181:16 185:20 192:14 208:18 307:8 337:9 340:5,6 341:8,13,21,24 342:3,5 344:4 356:20 357:7 concerns [16] 232:23 237:3,17 243:5 248:6 313:10,20,24 339:3,13 339:14,22 340:12 342:1 344:9 358:10 conclusion [3] 229:3 248:11 365:10 conclusions [1] 112:25 concrete [1] 262:16 condition [1] 196:3 conducted [3] 148:3 323:20,23 conference [5] 49:16 90:14 91:4 253:14 256:23 confirm [12] 15:10 46:13 81:2 92:24 93:2 98:12 98:14 129:14 173:4 199:25 216:20 278:7 confirmation [1] 6:19 confirmed [34] 6:14,16 14:11 15:18 19:15,17 23:7 33:2 36:15,16 37:3 39:6 98:25 99:12,24 100:18,20 101:13,23 110:7 119:22,25 120:18 124:16 190:22 195:4 198:9,9,13 200:14 282:2 301:11 347:2,2 confirming [2] 6:1</p>
--	---	--	---	---

<p>90:17 conflict [7] 145:2,5 244:14 245:2 277:4 282:21 289:11 conflicted [3] 280:20 281:11,15 confused [2] 8:18 275:12 confusion [3] 26:18 27:5 28:6 consensus [1] 78:19 consent [1] 43:12 consider [3] 133:19 135:4 162:8 consideration [2] 102:21 195:1 considered [21] 69:18 99:11,18 124:14,16 128:10 134:19 162:11 189:19,21 190:11 191:4 192:1 193:14 194:3,21 195:25 196:8 197:8 199:21 210:25 considering [2] 161:23 162:1 considers [1] 134:13 consistent [1] 85:3 construction [1] 65:5 consult [42] 37:20,25 85:25 86:2,3,5 147:14 178:18 206:2,9,16 207:4 207:24 208:4,11 212:18 214:5 216:23 217:19 222:1,24 224:25 229:13 230:5 232:18 234:9,19 236:17 238:15 242:23 245:18 246:9,21 251:18 251:21 254:5 256:6 257:3 257:8 279:13 319:20 322:12 consultant [1] 62:11 consultations [1] 271:19 consulting [1] 243:14 consults [26] 5:1 6:2 37:15 38:3,6 45:21 229:25 230:8 315:10,16 316:4,6,12,14,18 317:18 318:1,9,13,25 321:5 324:6,6,9 325:13,19 consumer [1] 61:7 CONT'D [1] 4:4 contact [33] 20:1,22 35:17 38:24 39:4 46:10 55:10 68:1 69:11 70:25 71:2,4 73:6 91:25 105:4 105:12 147:17,19 160:9 170:25 240:4,16,19 241:1 244:10 247:5 253:20 256:3,11 277:22 279:20 279:23 335:1 contacted [20] 6:7,23 7:7 23:22 72:19 124:17 144:9 152:10,13 158:13,20,21 241:12 279:18 297:8 327:18 333:5 334:23 352:17,20 contacting [4] 6:24 11:23 37:4,8</p>	<p>contacts [5] 39:8 72:16 105:23 106:17 207:18 contained [4] 174:23 175:21 183:23 327:19 contains [1] 167:14 content [5] 217:15 218:5 260:4,4,5 CONTENTS [1] 2:1 context [11] 31:19 96:18 224:5,9 234:23 235:19 240:8 274:19,20 275:21 312:10 continually [1] 267:24 continue [3] 106:4 160:23,25 continues [1] 91:13 continuing [1] 213:25 contribute [6] 209:4 224:18 236:16 237:20 238:6,12 contributed [6] 223:16 224:14 225:9 227:4 236:4 347:16 contributing [11] 209:5 225:25 226:8,9 236:19 236:23 339:23 340:13 345:24 354:14 357:13 control [1] 62:14 convenient [1] 131:2 conversation [9] 7:23 49:18 86:19 177:10 231:22 232:17 281:4 328:1 361:20 conversion [3] 194:21 195:6 199:22 conversions [1] 354:16 convert [1] 226:5 converted [8] 10:8 33:4 33:7 50:1 186:17,19 226:5 344:25 converter [9] 134:19 193:15 194:3 195:17,23 195:25 196:9,24 197:9 converters [23] 96:24 123:23 124:3 129:11 131:10 135:13,20 188:9 188:13 194:18 197:5,24 203:18,24 288:2,5 298:16 300:19 301:4,14 302:1 339:24 345:4 convertors [2] 188:14 273:14 convey [1] 120:22 COO [1] 39:8 Cook [50] 4:13 12:4 38:16 42:11 84:14 129:6 138:1 139:18 141:10 188:12 192:14 201:19,23 202:3,18 203:11 204:1 206:11 216:13 218:14 221:14 223:9 225:8 226:13,20 227:3 235:8 248:22 272:19 273:14 276:6 277:9 278:11 280:14 283:10 284:8,13 284:25 300:7 315:17 316:17 317:20,23,25</p>	<p>318:21,23 319:2 324:13 324:13 325:13 Cook's [3] 119:13 317:14 321:21 coordinate [9] 26:18 27:20 29:23 47:12 154:7 165:25 166:6 206:2 241:5 coordinated [1] 166:15 coordinating [12] 38:24 154:19 156:24 163:2 164:20,21 165:3 169:12 169:14 174:9 346:20 347:3 coordination [2] 244:3 346:12 coordinator [9] 144:16 144:18 146:21 147:9 151:12,13,14 152:5 156:17 COOs [1] 46:10 copied [5] 103:9 153:20 180:8 316:18 325:20 copies [7] 167:22 177:9 324:7,9 325:11,12 363:2 copy [21] 4:14 12:23,23 92:4 103:12,18 121:17 146:4 177:22 180:11 187:9,15 217:13,20 230:4 285:3,3 290:23 303:13 304:15 348:6 copying [3] 12:5 90:2 176:22 core [1] 235:19 corner [3] 120:18 146:1 272:23 Corp [1] 62:24 Corporate [5] 121:13 169:18 240:7 332:15 333:6 Corporation [4] 50:13 51:10 144:17 243:9 correct [14] 24:15 33:16 35:12 37:5 38:21 206:16 212:4 229:21 294:20,21 313:14 314:9 319:4 366:3 corrective [1] 309:23 correctly [1] 228:19 correspondence [2] 4:15 167:22 cost [5] 177:18,21,22 179:21 183:2 counsel [4] 210:1 211:12 214:11 334:19 counted [2] 93:15 119:4 country [2] 244:21 245:6 couple [13] 80:8 103:23 154:2 163:12 190:21 208:19 216:9 223:14,25 226:1 325:5 329:24 356:10 course [18] 30:2 90:3 107:19 118:12 128:12 136:11 139:13 154:16 158:14 161:9 203:1 233:20 244:17 307:20 319:11,13,15 322:6</p>	<p>court [4] 216:2,14 313:11 342:15 cover [6] 138:21 147:22 155:12,18 281:12 343:1 coverage [2] 236:1 306:25 covered [1] 318:6 coversheet [2] 83:16,24 cracks [1] 317:1 create [2] 155:7 160:1 created [1] 275:13 creating [2] 239:4 346:15 creation [2] 30:11 239:19 creative [1] 71:1 criteria [15] 80:6 82:19 84:25 85:6,15,16 86:16 87:11 126:16,19 128:8 150:21,24 200:12 202:3 critical [5] 59:16 160:5 323:3,12,20 crook [1] 50:14 Crosbie [9] 1:12 138:9 144:9 308:12 339:17 340:5,18 342:9 356:19 cross-reference [1] 73:14 cross-referencing [1] 119:9 crossed [6] 85:5 87:10 132:25 133:2,18 305:11 Crowley [1] 201:3 curiosity [1] 48:12 current [1] 8:9 custodians [1] 163:22 cut [11] 80:19 122:10,18 126:20 175:24 176:4 194:15 195:13,14 198:11 200:4 cycles [2] 258:22 265:24</p> <hr/> <p style="text-align: center;">-D-</p> <p>DAKO [2] 74:18 75:10 Dalton [1] 83:16 Dan [15] 169:19,20 170:14,15,22 183:11 184:13 209:17,21,22 210:22 216:13,18 218:12 325:25 Daniel [1] 1:10 Daryl [1] 206:7 database [4] 105:24 106:12 111:9 346:15 date [14] 3:2 19:2,4 23:16 108:14 123:19 128:21 167:19 173:4 176:12 209:10,11 298:3 304:8 dated [6] 73:21 89:24 217:14 307:17 327:16 366:11 dates [2] 216:20 217:15 daughter [1] 247:18 Dawe [1] 312:12</p>	<p>days [4] 154:12 161:11 216:10 356:10 DCIS [39] 17:6,10,22 18:4,9,15 36:19 119:22 119:24 124:2 252:11 258:9,20 265:11,20,21 280:15 282:2,5,14 283:4 284:12 285:11 293:23 298:16 299:13,13,13,16 299:25 300:13,15 307:13 312:21 314:2 339:25 340:6 347:11 359:7 DCIS's [3] 277:8,24 278:4 deal [14] 53:11,17 56:6,7 59:4 61:15 63:1 87:23 88:5 208:7 244:7,9 310:1 321:11 dealing [11] 53:9 88:5 152:19 188:9 212:11 227:16 233:17 234:25 278:19 286:10 310:2 dealings [1] 335:25 dealt [18] 30:25 87:18 136:2 188:20 189:16 190:8 203:20 204:4,6 232:25 233:17 236:9 247:15 317:12 319:18,19 320:4 321:6 Deanne [14] 166:18,20 168:9 169:12,13,16,22 170:6,17 171:6,17 176:22 177:1 184:18 Deanne's [1] 172:3 deaths [1] 34:22 debate [1] 290:12 Debbie [7] 75:4 168:7 286:17,19 291:4,15 362:19 deceased [65] 14:24 16:5 16:12,13 22:17 34:2,16 36:16 70:24 71:6,7,10 71:14,19 75:16 94:1,3 132:13,16 186:14,17,19 186:24 202:12 204:14,16 208:2,14,25 213:3 215:24 219:9,15,21,22,25 220:1 221:14 232:5 233:4 234:1 235:18 236:12 238:10 239:2,9,22 241:24 245:19 246:10,13,14 247:23 249:18 250:3,21 251:4,7 251:10 253:20 256:3,20 256:23 298:7 299:12 December [2] 4:13,22 decide [6] 208:12 337:22 339:5,8 343:2 347:24 decided [11] 15:9,19 68:4 136:14 250:2 252:20 253:6,23 289:22 307:14 323:14 deciding [3] 70:23 71:6 195:16 decision [41] 10:25 68:3 68:15,17,25 69:24 70:7 71:11,13 82:14 124:19 124:20,22,25 125:20 135:19,21 171:23 172:2 172:4 174:5 182:25</p>
--	---	---	--	--

<p>184:19 186:2 195:3 199:6 214:23 238:4 245:17 246:10,21 247:12,22 250:2,19,23 251:3 339:5 348:16,17,20</p> <p>decisions [6] 124:1 144:23 158:19 198:4 208:12,24</p> <p>deemed [3] 109:2 140:2 358:21</p> <p>defence [4] 212:10 214:24 242:12 294:9</p> <p>defend [5] 212:2,3,22 241:21 261:25</p> <p>Defendant [1] 307:23</p> <p>defending [2] 214:4,12</p> <p>defense [1] 238:19</p> <p>defer [1] 125:12</p> <p>deferral [1] 125:17</p> <p>deferred [3] 124:10,20 186:11</p> <p>deferring [1] 125:15</p> <p>defined [1] 195:23</p> <p>definitely [12] 11:18 31:24 32:22 40:3,10 46:8 89:19 152:19 176:8 190:24 200:1 306:23</p> <p>definition [1] 300:21</p> <p>degree [4] 124:12 126:5 126:16,18</p> <p>delay [5] 25:23 116:20 117:2 255:1 264:12</p> <p>delayed [1] 209:13</p> <p>delete [1] 34:5</p> <p>deleted [7] 148:9 149:8 149:23 151:3 348:15 349:9,22</p> <p>delivered [1] 59:17</p> <p>Denic [20] 138:2 139:9 139:19 141:11 206:7,11 218:15 237:7 248:22 259:5,7 262:24 267:3 268:24 269:23 287:11 290:5 293:1 307:15 325:25</p> <p>denied [1] 176:3</p> <p>Denise [3] 12:5,10 176:23</p> <p>department [29] 58:22 61:9,15 62:6 63:11 148:22 151:9,17,21 166:11 190:18 240:8,18 257:11 296:11,22 299:3 303:22,24 304:22 330:8 332:6,17 333:4,5,11 334:13 339:18 342:8</p> <p>departments [1] 165:20</p> <p>depending [2] 127:1 241:11</p> <p>Deputy [2] 145:24 146:5</p> <p>described [2] 174:24 182:16</p> <p>describing [1] 328:7</p> <p>description [4] 61:20 182:13,15 245:9</p>	<p>designed [2] 113:2,3</p> <p>detail [4] 25:19 218:8 319:10 354:25</p> <p>details [4] 17:19 233:2 272:14 331:10</p> <p>detected [1] 312:19</p> <p>determination [3] 101:12,23 178:7</p> <p>determine [8] 31:22 45:14 79:9 83:3 113:4 154:8 166:6 214:6</p> <p>determined [13] 17:6 33:1 43:4 64:20 126:2,6 169:11 178:6,15 182:3 190:13 221:24 265:19</p> <p>determining [1] 91:24</p> <p>develop [2] 61:12,15</p> <p>developed [1] 344:17</p> <p>developing [5] 346:17 346:21,23 347:4 350:2</p> <p>development [4] 62:18 64:13 293:19 354:22</p> <p>developments [1] 313:9</p> <p>diagnosed [7] 119:24 134:4 258:15 264:21 265:16 289:5 307:24</p> <p>diagnosis [3] 120:3 285:23 344:17</p> <p>Dianne [1] 167:6</p> <p>died [3] 34:10 221:12 232:25</p> <p>difference [13] 30:24 88:22 227:15,18,23,25 232:8,9,12 302:13 342:6 342:6,10</p> <p>differences [1] 110:12</p> <p>different [44] 15:6 17:2 18:14 38:9 55:7 69:24 69:24 88:12,13 91:17,25 129:17,19 130:1 131:5 140:19 141:4 196:21,23 199:12 205:3,5,16 216:22 217:14 219:11,17 220:23 222:17 224:17,18 231:5 232:6,15 283:15 284:2,5 284:9,14 296:23 310:5 321:24 358:5 359:7</p> <p>differentiate [1] 41:11</p> <p>differently [2] 30:25 75:13</p> <p>difficult [5] 27:21 37:4 92:3,8 99:3</p> <p>difficulties [1] 217:1</p> <p>difficulty [15] 29:15 37:8 44:4 106:3 107:6 120:24 194:23 195:7 215:25 270:7 293:4,6 351:15,19 362:23</p> <p>dilemma [1] 198:25</p> <p>direct [6] 55:10 247:5 279:23 338:22 359:14,18</p> <p>direction [10] 35:22 39:3 98:17 176:24 179:1 230:10,15 273:21 275:2 276:11</p> <p>directive [1] 57:2</p>	<p>directly [17] 23:22 24:15 50:20 149:7 151:7 279:19 291:23 294:22 306:21 319:24 330:6 332:5 333:21 343:8 346:18,24 362:11</p> <p>director [6] 13:9 139:8 141:3 241:10 299:2 304:14</p> <p>directors [1] 167:17</p> <p>disagreed [2] 273:19 350:6</p> <p>discharge [1] 70:16</p> <p>disclose [7] 55:19 67:11 67:13 158:1 232:2 309:8 311:21</p> <p>disclosed [3] 157:10,14 157:23</p> <p>disclosure [13] 158:25 208:1,13,24 215:24 216:13 227:16 231:25 232:1 233:21 234:6,11 234:25</p> <p>disclosures [2] 157:19 214:6</p> <p>discomfort [1] 158:22</p> <p>discovered [17] 47:17 75:15 80:3 129:4 138:18 219:25 221:11,13 258:17 265:7 307:23 314:3 316:5 316:10 322:6,9 345:11</p> <p>discovering [1] 26:3</p> <p>discrepancies [3] 119:16 258:16 265:7</p> <p>discrepancy [3] 81:10 81:18 278:8</p> <p>discuss [13] 39:5 43:25 44:23 57:9 159:16 170:3 170:7 215:23 241:7 257:8 259:9 270:10,13</p> <p>discussed [18] 43:22 134:12 215:14 221:6 224:22,24 226:1,15 227:20 229:18 243:16,18 257:3 259:7,14 264:20 265:16 273:11</p> <p>discussing [7] 90:14 112:18,19 160:3 216:12 235:13 274:6</p> <p>discussion [54] 7:12 68:22,23 71:5 86:14 94:23 102:11 103:21 116:17 117:5,10 124:1 129:1 151:6,17 152:1 153:12 206:10 222:1 224:16 225:3,4,6,13 226:20 228:8 232:18,19 232:22 236:5,17 237:21 238:1,15,24 239:3,17 243:23 247:15 253:9 287:8,13 300:5,18 301:13 306:14,18,22 332:1 338:11 348:9 349:11 353:12 363:17</p> <p>discussions [6] 68:7 159:17 180:3 297:3 338:5 362:25</p> <p>disease [14] 109:8,9,14</p>	<p>115:7 117:17,23,24,25 133:17 195:1 308:14 344:15,18,24</p> <p>distinct [1] 235:10</p> <p>distinction [2] 87:17 136:3</p> <p>distinctive [1] 296:14</p> <p>distinctly [1] 225:7</p> <p>distinguishes [1] 57:22</p> <p>divide [1] 54:6</p> <p>division [2] 1:15 121:19</p> <p>divisions [1] 63:15</p> <p>divorce [1] 53:11</p> <p>divorced [1] 64:13</p> <p>doctor [2] 7:20,21</p> <p>doctors [3] 1:9 76:6 268:24</p> <p>document [12] 45:10 107:22 121:12 132:20 133:25 147:21 167:6 217:24 229:20 251:25 264:18 334:25</p> <p>documentation [7] 72:5 73:10 175:10 323:21 324:23 325:7,9</p> <p>documented [1] 73:3</p> <p>documents [10] 158:5,6 162:2 165:17 177:16 184:25 220:14 286:1,14 344:1</p> <p>doesn't [13] 40:23 42:24 95:1 123:13 136:4 227:6 231:21 289:6 292:1 309:19 321:3 349:10 351:4</p> <p>Don [1] 138:1</p> <p>done [48] 58:25 59:10 76:2 77:15 108:15 120:5 124:11,21,25 125:1,4,11 128:16 129:10 174:1,6 176:3 178:23 179:1 183:24 187:23 203:16 223:15 235:25 244:18 251:4 252:3,8 253:15,17 254:10,12 255:10,19 292:13 298:14 310:16 318:7 323:14,15,17 347:17 350:5 354:5 355:19 360:14,16 364:3</p> <p>double [1] 5:15</p> <p>double-sided [3] 177:17 184:8 185:4</p> <p>Doucette [1] 298:22</p> <p>down [43] 5:6 6:7 14:7 24:10 46:12 69:8 74:14 75:8 76:8,12 84:7 90:13 94:7 100:9 107:22 111:16 164:24 177:19 184:7 185:1 188:3,23 189:10 189:11 193:3 194:1,2 197:8,25 198:1 201:15 201:22 226:3,6 279:25 295:12 300:14 302:1 338:1,12,14 350:19 359:5</p> <p>Dr [252] 4:13,15 10:19 12:3,4,12 14:4 15:14 36:23 38:16 42:11 44:22</p>	<p>44:25 45:5 46:5 47:4,5 49:3,9,19,23 53:1 67:20 76:12,19,21 78:9,12,24 85:9 88:10 94:19 103:17 118:12 119:13,13 120:9 120:11,21 123:21 129:2 129:5 134:2,2 137:25 138:4,22 139:9,18,18 140:1,4 141:10,10,11,11 142:9 143:14 146:17,19 148:1.5 150:22 153:19 161:15 162:6,14 176:22 179:16,18 180:25 181:3 181:5,9,16,22 182:3,8 183:23,24 186:6 187:7 188:12,15 189:10 192:13 201:19,23,23 202:3,18 203:11 204:1 206:6,7,7 206:10,11,11,11,21 208:4 209:2 211:5 214:9 216:13 216:25 217:16 218:14,15 218:15 221:1,14 223:9 225:8 226:13,20 227:3 228:6,6 229:3,10 230:9 231:7,9 232:22 233:7,7 234:13 235:8,11,12,13 237:7,12,19,24 239:10 239:24 241:16 242:3,6 247:14 248:22,22 255:17 257:13,18,21 258:5,23 258:24 259:5,5,7,8,17 262:16,21,24 263:2,17 263:20,21 267:3,3 268:24 268:24 269:23,23 272:18 272:19,19 273:21,25 274:3,7,9,15 275:3,6 276:6,20 277:9,16,21,22 277:22 278:11,12 279:22 280:12,14,14 281:4 284:13,13,21,25 285:8 286:22 287:2,5,10,10,13 287:14,17,21 288:17 289:18,23,23 290:4,4,22 292:17,20,20,24 293:1,4 293:9 300:7 305:23 306:5 306:13,17,24 307:5,15 307:16 315:17 316:17 317:14,20,23,25 318:21 318:23 319:2 321:21 324:13,13,24 325:3,13 325:24,25 361:6,15,19</p> <p>draft [13] 128:16 171:8 171:14 172:6 173:24 175:12,19 176:17 298:6 299:24 313:13 334:25 335:18</p> <p>drafted [5] 78:17 276:20 280:14 327:24 334:18</p> <p>drafting [3] 78:8 176:16 327:14</p> <p>drafts [1] 176:2</p> <p>dramatic [2] 127:22 243:10</p> <p>drew [1] 113:1</p> <p>drive [1] 36:3</p> <p>Drs [3] 273:14 283:10 284:8</p> <p>dual [2] 244:5,22</p> <p>due [1] 216:14</p> <p>Dunn [3] 12:5,10 176:23</p>
--	--	--	--	--

<p>duplicate [1] 17:3 duplicates [2] 178:11 185:11 duplication [2] 16:22 177:8 during [6] 59:15 113:1 203:9 234:18 294:24 345:11 duties [1] 245:15 dynamics [1] 81:23</p>	<p>324:14 331:12 347:1 Ejeckam [3] 148:5 183:24,24 Ejeckam's [1] 162:14 electronic [1] 325:9 element [3] 64:10,15 156:1 elevn [3] 191:13,15 201:15 Elliott [30] 12:5 44:16 44:19,23 45:5 46:4 49:24 53:1 138:2 139:12 146:2 154:23 298:3,24 300:6 300:13 307:6 326:5 337:16 338:5,18,23 339:11 343:2 347:24 348:10,20,24 356:25 362:17 Elliott's [3] 45:12 79:12 338:3 eloquently [1] 237:25 Emberley [14] 166:18 166:20,24 167:1 168:2 169:12,14 171:6,14 174:9 174:10 176:23 178:9 180:3 Emberley's [1] 169:6 emphasis [1] 241:16 emphasize [1] 95:6 en [1] 169:19 enable [2] 32:16 72:18 enabling [1] 66:3 encountering [1] 27:20 end [22] 28:13 40:25 72:22 93:10 110:6 124:10 124:21 125:13 197:1 217:20 226:23 248:1,14 252:1,2 259:6 304:23 318:13 348:7 357:8 358:12 365:2 ended [7] 84:3 183:2 318:20 328:15 329:9,12 354:15 ends [3] 145:21 201:12 327:15 engage [1] 261:24 engaged [1] 179:7 engaging [1] 179:8 ensure [2] 31:3 214:23 enter [1] 30:6 entered [3] 3:2 35:7 111:8 entering [2] 156:2 318:3 entire [8] 25:2 62:13 97:23,25 223:15,16 224:8 225:10 entities [1] 88:8 entitled [1] 139:19 entitlement [1] 236:3 entrust [1] 230:21 environment [1] 160:1 equated [1] 140:18 equivalent [1] 109:14 ER [29] 28:8 49:4,5 74:18</p>	<p>75:9,11 87:7,11,11 92:16 92:17 94:13 126:10,19 127:5,7 128:5,9 188:25 189:8,19 194:1,13,21 199:17,20 300:20,23 302:2 ER/PR [46] 12:15 15:10 31:6 65:22 94:21 120:3 120:4 121:23 124:4,5 132:23 133:22 138:6,24 145:8 146:20 148:4 167:15 176:24 187:10 199:5 258:16 276:12 279:14 294:12,23 296:6 301:10 304:13 312:19 314:7 323:1,9,12,15,17 323:18 328:15 331:25 344:10,11,13,22 345:2,2 345:14 erroneous [1] 110:18 error [3] 95:7 227:12 309:8 errors [13] 222:14,22 223:19 224:23 225:15,19 225:23 226:25 228:13 231:18 309:8,23 311:21 especially [4] 47:17 82:18 234:13 310:21 essence [1] 88:2 essentially [1] 255:9 estimate [1] 177:18 estimating [1] 365:4 estrogen [1] 175:1 et [2] 1:9 14:5 etc [1] 280:23 etcetera [1] 25:23 ethical [2] 231:24 233:6 ethicist [4] 206:11 216:17 218:16 241:19 ethics [40] 206:2,9,16 207:4 208:4,11 209:3 212:17 214:5,10 216:12 216:23 217:13,19 221:25 222:24 224:25 229:13,24 230:8 232:3,18 234:9,18 236:17,20,23 238:15 242:23 245:18 246:9,21 251:18,21 252:2 253:12 254:4 256:5 257:3,7 evening [3] 77:2 123:25 216:15 event [8] 54:9,10 227:18 264:24 309:21 311:6 345:13 350:4 events [3] 229:1 233:21 235:1 eventually [4] 82:4 89:7 250:1 290:3 everybody [7] 9:3 118:18 164:18 204:8,10 249:17 255:5 everywhere [1] 145:16 evidence [7] 35:8 148:10 154:18 176:8 213:16 227:20 228:20 evolved [2] 41:19 62:24 exactly [24] 49:15 60:19</p>	<p>99:20 110:20 113:6 128:8 129:24 163:25 175:24 192:7 197:11 198:16,22 199:3 246:1 248:10 261:16 278:16,21 279:2 290:15 322:8 333:23 355:1 Examination [2] 2:3 4:3 example [17] 6:5 20:14 59:15 69:17 128:1 136:5 156:19 164:1 177:8 183:17 189:1 193:24 194:19 205:10 247:17 248:4 356:14 Excel [1] 36:10 excellent [1] 313:12 except [2] 29:9 60:11 exception [3] 40:18 169:20 237:9 excessive [1] 308:1 exchange [4] 31:20 72:13 73:8 206:1 exchanges [1] 39:24 excluded [4] 154:14 161:3 183:17 185:14 Excluding [1] 67:25 executive [5] 13:11,17 13:25 52:9 306:10 executives [1] 13:10 exempted [2] 166:7 169:25 exhibit [11] 6:6 72:2 74:14 75:18 76:4,17 77:1 94:25 123:2 168:6 299:23 EXHIBITS [2] 3:1,2 exist [1] 239:5 existed [1] 218:9 expect [5] 147:16,19 271:10 296:5 364:2 expected [1] 29:11 expeditiously [1] 125:12 expenses [6] 270:10,25 271:16 272:3,5,6 experience [6] 152:18 215:2 232:24 233:4 247:16 309:7 expert [2] 122:3 160:10 expertise [2] 20:17 21:9 explain [9] 94:22 199:9 201:16 210:5 223:15 228:5 277:6 281:13 355:13 explained [8] 59:21,22 60:3 177:2 211:8 275:22 283:21 345:18 explaining [6] 158:10 197:19 199:8 233:7 235:11 281:7 explanation [7] 82:10 93:22 274:24 353:15 354:9,19 355:13 express [2] 237:4,17 expressed [3] 125:22 237:6 276:8 external [11] 299:6,8</p>	<p>350:16 351:2,17,20 353:24 354:7 355:18 361:2,7 extra [1] 165:22 eyeballs [1] 29:7 eyes [1] 36:5</p>
<p>-E-</p>				
<p>e [8] 24:20 146:1 153:23 165:15 185:15 206:3 291:21 313:7 e-mail [69] 21:21 22:3 23:3,15 29:6 31:15,19 33:23 36:23 39:23 44:15 45:20 49:22 53:4 67:6 67:20,23 78:23 84:11 94:18 97:4 103:2 123:20 126:15 137:22,23 145:20 153:18 169:13 171:6 175:9 176:21 179:12 184:22 187:6 206:1 209:9 215:20 258:5 263:21 290:20 291:6,12,15,18 291:22,23 293:15 294:5 294:7,18 295:6 296:2 298:2 306:5 307:11 311:11 312:8 313:13 325:22 327:24 335:19 337:15 338:13 340:4 348:24 350:11 361:5,9 e-mailed [3] 31:16,17 307:15 e-mailing [3] 12:3 29:5 349:17 e-mails [11] 96:12 155:10 177:9,11 178:11 184:22 185:8,9,15,16 296:23 early [2] 29:16 323:13 easier [9] 13:6 30:6 34:5 50:22 52:12 54:8 65:13 65:16 96:9 East [2] 87:16 88:11 Eastern [46] 1:10 18:9 23:22 24:14 30:25 38:12 39:15 43:9 106:21,22 144:19 147:9 150:4 151:1 151:3 152:23 153:6,24 156:14 173:5 186:9,13 210:23 211:12 212:2,3,8 235:20,21 247:25 255:2 265:3,13 273:25 277:18 277:21 296:5 300:9 304:11 306:11 319:6,9 321:18 334:23 346:18,25 editorial [3] 182:15 260:3,8 effect [4] 222:21 223:2 268:16 362:8 eight [7] 167:5 193:4 198:11 272:22 281:17 282:11 342:21 either [12] 37:4 57:16 127:1 149:6 239:18 241:9 251:6 262:16 273:13</p>	<p>324:14 331:12 347:1 Ejeckam [3] 148:5 183:24,24 Ejeckam's [1] 162:14 electronic [1] 325:9 element [3] 64:10,15 156:1 elevn [3] 191:13,15 201:15 Elliott [30] 12:5 44:16 44:19,23 45:5 46:4 49:24 53:1 138:2 139:12 146:2 154:23 298:3,24 300:6 300:13 307:6 326:5 337:16 338:5,18,23 339:11 343:2 347:24 348:10,20,24 356:25 362:17 Elliott's [3] 45:12 79:12 338:3 eloquently [1] 237:25 Emberley [14] 166:18 166:20,24 167:1 168:2 169:12,14 171:6,14 174:9 174:10 176:23 178:9 180:3 Emberley's [1] 169:6 emphasis [1] 241:16 emphasize [1] 95:6 en [1] 169:19 enable [2] 32:16 72:18 enabling [1] 66:3 encountering [1] 27:20 end [22] 28:13 40:25 72:22 93:10 110:6 124:10 124:21 125:13 197:1 217:20 226:23 248:1,14 252:1,2 259:6 304:23 318:13 348:7 357:8 358:12 365:2 ended [7] 84:3 183:2 318:20 328:15 329:9,12 354:15 ends [3] 145:21 201:12 327:15 engage [1] 261:24 engaged [1] 179:7 engaging [1] 179:8 ensure [2] 31:3 214:23 enter [1] 30:6 entered [3] 3:2 35:7 111:8 entering [2] 156:2 318:3 entire [8] 25:2 62:13 97:23,25 223:15,16 224:8 225:10 entities [1] 88:8 entitled [1] 139:19 entitlement [1] 236:3 entrust [1] 230:21 environment [1] 160:1 equated [1] 140:18 equivalent [1] 109:14 ER [29] 28:8 49:4,5 74:18</p>	<p>75:9,11 87:7,11,11 92:16 92:17 94:13 126:10,19 127:5,7 128:5,9 188:25 189:8,19 194:1,13,21 199:17,20 300:20,23 302:2 ER/PR [46] 12:15 15:10 31:6 65:22 94:21 120:3 120:4 121:23 124:4,5 132:23 133:22 138:6,24 145:8 146:20 148:4 167:15 176:24 187:10 199:5 258:16 276:12 279:14 294:12,23 296:6 301:10 304:13 312:19 314:7 323:1,9,12,15,17 323:18 328:15 331:25 344:10,11,13,22 345:2,2 345:14 erroneous [1] 110:18 error [3] 95:7 227:12 309:8 errors [13] 222:14,22 223:19 224:23 225:15,19 225:23 226:25 228:13 231:18 309:8,23 311:21 especially [4] 47:17 82:18 234:13 310:21 essence [1] 88:2 essentially [1] 255:9 estimate [1] 177:18 estimating [1] 365:4 estrogen [1] 175:1 et [2] 1:9 14:5 etc [1] 280:23 etcetera [1] 25:23 ethical [2] 231:24 233:6 ethicist [4] 206:11 216:17 218:16 241:19 ethics [40] 206:2,9,16 207:4 208:4,11 209:3 212:17 214:5,10 216:12 216:23 217:13,19 221:25 222:24 224:25 229:13,24 230:8 232:3,18 234:9,18 236:17,20,23 238:15 242:23 245:18 246:9,21 251:18,21 252:2 253:12 254:4 256:5 257:3,7 evening [3] 77:2 123:25 216:15 event [8] 54:9,10 227:18 264:24 309:21 311:6 345:13 350:4 events [3] 229:1 233:21 235:1 eventually [4] 82:4 89:7 250:1 290:3 everybody [7] 9:3 118:18 164:18 204:8,10 249:17 255:5 everywhere [1] 145:16 evidence [7] 35:8 148:10 154:18 176:8 213:16 227:20 228:20 evolved [2] 41:19 62:24 exactly [24] 49:15 60:19</p>	<p>99:20 110:20 113:6 128:8 129:24 163:25 175:24 192:7 197:11 198:16,22 199:3 246:1 248:10 261:16 278:16,21 279:2 290:15 322:8 333:23 355:1 Examination [2] 2:3 4:3 example [17] 6:5 20:14 59:15 69:17 128:1 136:5 156:19 164:1 177:8 183:17 189:1 193:24 194:19 205:10 247:17 248:4 356:14 Excel [1] 36:10 excellent [1] 313:12 except [2] 29:9 60:11 exception [3] 40:18 169:20 237:9 excessive [1] 308:1 exchange [4] 31:20 72:13 73:8 206:1 exchanges [1] 39:24 excluded [4] 154:14 161:3 183:17 185:14 Excluding [1] 67:25 executive [5] 13:11,17 13:25 52:9 306:10 executives [1] 13:10 exempted [2] 166:7 169:25 exhibit [11] 6:6 72:2 74:14 75:18 76:4,17 77:1 94:25 123:2 168:6 299:23 EXHIBITS [2] 3:1,2 exist [1] 239:5 existed [1] 218:9 expect [5] 147:16,19 271:10 296:5 364:2 expected [1] 29:11 expeditiously [1] 125:12 expenses [6] 270:10,25 271:16 272:3,5,6 experience [6] 152:18 215:2 232:24 233:4 247:16 309:7 expert [2] 122:3 160:10 expertise [2] 20:17 21:9 explain [9] 94:22 199:9 201:16 210:5 223:15 228:5 277:6 281:13 355:13 explained [8] 59:21,22 60:3 177:2 211:8 275:22 283:21 345:18 explaining [6] 158:10 197:19 199:8 233:7 235:11 281:7 explanation [7] 82:10 93:22 274:24 353:15 354:9,19 355:13 express [2] 237:4,17 expressed [3] 125:22 237:6 276:8 external [11] 299:6,8</p>	<p>350:16 351:2,17,20 353:24 354:7 355:18 361:2,7 extra [1] 165:22 eyeballs [1] 29:7 eyes [1] 36:5</p> <p style="text-align: center;">-F-</p> <p>facilitate [1] 241:5 facilitated [1] 241:13 facilitation [1] 64:2 facilitator [3] 59:25 61:11 218:17 facilitators [3] 62:22 63:2 64:6 fact [43] 8:2 18:3 25:14 25:18 26:2 27:2,21 37:22 42:4 51:15,24 53:17 64:11 65:19 73:8 76:18 76:19 81:9 94:1 103:11 104:15 115:7 122:18 132:13 143:13 190:2 197:7 200:16 224:14 225:14,19 228:20 264:21 274:21 281:21 308:7 309:19 320:5 321:19,20 332:7 336:19 356:11 factor [3] 226:8,9 248:4 factors [8] 337:21 339:3 339:22 340:12 345:24 354:14 357:13 358:10 facts [4] 222:11 342:7,8 357:6 factual [1] 265:6 fair [2] 228:11 251:4 fairly [5] 34:7 36:7 86:18 352:16 354:6 faith [2] 309:13 310:4 fall [4] 59:1,5 192:15 317:1 falling [1] 194:17 Falls [16] 29:12 30:14 87:18,20 88:22 91:3,5,7 91:9,14 97:5,7,9,14 100:4 103:10 familiar [6] 123:18 150:18,20 214:21 224:3 233:20 families [23] 34:9 208:13 208:25 213:3 214:7 227:17 232:2,4,24 233:4 235:12 236:12 239:9 240:5,19 241:23 246:23 256:11 287:24 292:22,24 293:2,5 family [17] 21:3 51:12 51:16,16,17 59:20,20 239:1,2,21 241:1,1,4 243:2 246:16 258:8 269:22 far [10] 10:7 18:13 69:8 98:18 192:13 204:7 234:14 249:9,11 323:11 farther [1] 279:25 father [1] 247:19 fatigued [1] 36:7</p>

Inquiry on Hormone Receptor Testing

<p>fax [3] 4:12 264:16 316:4 faxed [2] 83:16 325:16 fear [1] 160:25 February [37] 6:7,20 36:25 44:16,19 49:23 67:21 68:16 73:21 76:5 77:13,15 78:25 79:1 83:17 84:12,13 89:24 92:20 93:8,20 94:18 96:1 97:13 107:17,23 109:20 110:25 118:5 121:12 123:20 128:3,23 132:22 134:1,12 135:10 feedback [18] 24:23 25:12 26:12 50:24 52:18 53:2 56:15,19,23,25 61:7 66:18 67:2 182:18 258:23 262:16 310:22,25 Feeding [1] 315:1 feeling [1] 365:6 fell [2] 60:4 194:12 felt [19] 51:12 129:10 130:8 145:2 151:15,19 155:11 178:13 196:6 209:3 244:4 245:2 257:23 274:21,22 275:1 276:16 283:4 321:11 few [7] 49:12 61:5 89:5 97:16 116:10 163:22 331:22 fidelity [1] 309:12 figure [10] 9:16 45:22 64:16 89:21 94:7 277:23 285:14 286:9 317:7,11 figured [3] 92:25 275:20 285:17 file [7] 31:21 34:5 167:14 280:22 290:24 325:13 362:20 filed [1] 342:14 files [1] 284:23 fill [1] 270:17 filtering [3] 80:22 81:19 82:13 final [5] 36:1 177:10 183:2 192:24 327:17 finalizing [1] 313:2 finally [3] 216:18 248:10 298:4 financial [1] 164:2 finding [1] 201:9 findings [2] 16:11 265:15 fine [14] 17:18 28:16 54:17,17 55:8 56:9 66:14 192:2 229:8 253:4 258:24 262:22 263:11 321:11 finish [1] 29:9 finished [3] 97:13 136:11 327:8 finishing [1] 36:4 firm [5] 50:5,20 138:5 138:15 243:20 firms [1] 211:8 first [22] 12:18 31:17</p>	<p>37:9 49:2 91:21 108:20 147:5 154:2 157:16 172:10 189:17 200:1 206:13 217:24 229:24 274:13 276:19 288:2 337:19 338:2,3 350:19 fit [7] 30:18 70:4 158:1 309:19 319:19 337:4 354:9 five [21] 120:17 124:9,11 124:20 126:3,4,8 128:11 134:23 150:22 188:25 189:20 192:1,8 196:24 197:8 221:19 293:19 302:4 330:21 364:17 five-week [1] 148:3 five/zero [2] 133:2 134:8 fixation [5] 226:2,4,7 248:3 356:14 fixed [1] 283:25 flag [1] 323:3 flash [1] 36:3 flawed [1] 307:7 flight [1] 172:11 Florida [2] 172:11,22 flow [1] 58:3 focus [8] 56:2 57:25 60:5 64:5 122:1 184:18 243:1 310:2 focused [3] 56:3 65:3 313:19 focusing [1] 244:25 follow [24] 17:8,25 19:12 36:20 48:14 70:8 76:6 76:12 100:4 164:21 187:9 187:13 189:15,23 219:12 220:24 236:1 267:5 292:6 305:10 317:7,10 340:12 361:20 follow-up [3] 57:1,9 312:18 followed [6] 34:22 50:7 56:20 164:22 188:19 292:20 following [16] 23:18 52:3 70:6 79:1 107:11 111:11 120:23 121:21 173:6,24 174:24 177:20 222:13 272:21 274:2 304:9 Fontaine [2] 263:3,17 foregoing [1] 366:2 forget [2] 199:17 353:20 form [2] 168:21 169:5 format [3] 107:19 305:10 305:23 formed [1] 177:9 forms [1] 74:9 forth [6] 73:6 102:25 164:15 175:9,10 178:10 forthcoming [1] 239:18 forward [26] 40:8 47:4 52:6,9,17 55:6 56:9 66:13 105:14 155:3 164:19 169:16 204:1 212:23 230:15 232:23</p>	<p>238:20 246:24 248:24 266:2 301:19 304:9 310:1 316:15 348:2 355:2 forwarded [9] 13:17 80:24 81:21 89:16 145:22 216:20 219:6,8 302:21 forwarding [2] 47:6 96:6 found [15] 198:9,13 199:1 282:6 315:24 316:22 318:8 339:17 340:21,23 341:6,7 353:11 356:7,13 four [35] 23:7 68:2 91:3 121:11,16 124:12,15 126:5 191:11 193:3 197:2 197:4 201:16 258:22 265:23 282:10 283:3,3,5 284:10,10 289:1 293:19 301:3,8,18,23,25 302:1 302:2,2,8,9,17,24 Fourteen [1] 108:11 frame [1] 30:18 frankly [1] 10:23 Freake [3] 97:5 103:1 104:13 free [2] 177:23 180:12 Friday [4] 96:3,6 177:2 293:18 front [1] 297:17 fulfilled [1] 156:7 functioning [1] 255:25 fundamental [1] 323:1 funny [1] 15:2 Furlong [4] 296:2,17 302:23 303:19 future [4] 154:21 163:4 215:14 284:23 FYI [2] 138:3 326:5</p>	<p>giving [9] 44:18 66:4 96:12 110:5 143:21 159:13 225:5 261:3 359:5 Glad [1] 103:6 glance [1] 363:13 goals [1] 64:7 goes [8] 92:17 200:21 206:4 219:2 222:18 240:4 258:18 362:17 gone [13] 7:22 38:12,15 63:12 85:9,9,11 90:10 161:9 192:4 230:15 233:5 243:19 good [21] 4:6,6,9 29:3 63:24 73:17 110:11 118:15 131:4 156:8 171:10 172:8 201:8 205:24,24 294:13 295:19 309:13 313:13 326:1,5 goodwill [1] 235:21 government [21] 115:16 147:2 148:8 152:23,25 297:4 327:15,18 337:3 339:7 341:1,13,14 348:3 351:11,16 355:20 356:20 359:23 361:1,24 Government's [1] 147:1 Gown's [2] 237:12,19 Graduate [1] 83:18 Grand [16] 29:12 30:14 87:18,20 88:22 91:3,5,7 91:9,14 97:5,7,9,14 100:4 103:10 granted [2] 173:16,23 grave [1] 313:24 great [5] 59:3 63:1 97:18 218:8 363:14 greater [3] 127:7 283:2 283:5 greatest [1] 344:11 greatly [1] 169:17 green [2] 148:1 269:16 ground [1] 63:14 group [17] 15:9 44:17 109:6,7 116:24 117:1 124:3,9,11,22,25 143:19 186:10 224:2 241:19 248:23 273:16 grouping [1] 143:18 groups [1] 124:2 guarantee [1] 194:5 guess [84] 5:15 14:11 16:16 20:21 28:22 29:13 33:18 35:23 38:15 43:4 51:14 53:14 77:14 92:23 94:2 102:4 122:10,17 124:17 126:5 128:20 129:14 133:18 136:8,11 136:13 140:9 146:19,21 168:1 169:1 171:18 172:14 174:14 177:19 184:10 186:21 195:12 202:6,21 205:10 208:3,6 208:7,12 209:24 224:5 228:5,8 232:10 240:11 245:8 248:12 254:14,17</p>	<p>261:23 275:11 276:13 277:3,13 281:4,10 282:3 284:10 286:17 287:13 289:21,21 291:7 293:25 294:9 300:13 310:13,14 310:20 313:25 314:14 323:6 326:4,16 339:11 341:17 347:15 353:11 guessing [3] 16:17 123:18 136:12 guidelines [3] 234:11,18 234:25 Gulliver [12] 12:4 38:15 49:3,17 84:12,14,22 85:13 137:25 139:18 141:10 323:4 Gulliver's [4] 119:12,14 119:18 322:22</p> <hr/> <p style="text-align: center;">-H-</p> <p>half [1] 92:18 hall [2] 338:12,14 hand [3] 28:15 145:9 315:17 handle [6] 27:22 45:24 46:11 154:3 155:21 160:24 handled [1] 186:24 handling [6] 54:23 69:25 166:15 216:1,5 346:22 handout [1] 28:17 hands [3] 145:1 286:2 347:24 handwriting [1] 114:4 handwritten [5] 5:6 45:9 113:19 131:24 132:1 hang [1] 86:24 Hanlon [2] 12:17 298:22 haphazard [1] 9:18 happening [9] 42:4 60:21 104:14 256:14 257:2,19 261:1 272:15 321:22 happy [2] 89:25 233:14 hard [3] 95:18 198:4 216:14 harmed [1] 118:17 hats [2] 159:5 242:7 Hay [1] 123:15 he'd [2] 180:17,18 head [1] 251:13 heads [2] 59:11 331:13 health [79] 1:11,17 18:10 23:23 24:14 30:19,25 34:23 38:12 39:15 43:9 50:12 51:9 62:23 64:21 65:2 88:1 106:22,22 138:3,14 140:13 142:23 144:1,17,19 147:9 151:1 151:17,21 152:23 153:7 153:24 156:14 160:16 173:5 186:9,14 212:2,3 235:18,18,20,22 243:9 247:25 249:16 255:3 261:11 265:3,13 273:25</p>
---	--	---	--	---

<p>277:18,21 296:5,22 300:9 303:24 304:11 305:8 306:11 316:22 317:18 318:8 319:7,9 321:18 322:5 328:6 330:8 332:7 332:17 333:4,5,11 334:23 339:18 346:19,25 Health's [5] 150:4 151:3 210:23 211:12 212:8 hear [4] 120:24 222:23 239:5 292:17 heard [12] 20:15 44:8 59:5 121:8 147:5 148:5 148:6 149:18 228:16 237:11 264:3 366:5 Heather [19] 2:2 4:3 25:4 51:1 67:22 68:2,6 70:22 72:4 146:2 209:11 216:10 218:13 272:24 293:22 296:4 304:14 334:23 338:1 held [2] 117:6 258:7 Hello [1] 153:21 help [9] 36:4 43:1 60:9 61:14 105:10 258:25 311:8,18 335:24 helpful [1] 64:19 helping [3] 104:20 184:18 311:3 helps [1] 297:20 Hennebury [3] 1:9 364:11,12 Hennessey [10] 297:1 334:22 335:1,19,25 338:9 360:2 361:6,10,16 hereby [1] 366:2 hesitant [1] 243:21 hesitation [2] 268:17,19 Hi [3] 138:2 171:8 337:18 high [3] 15:9 59:17 344:24 higher [2] 63:21 243:17 highlighted [2] 121:20 147:25 himself [2] 217:8 263:12 hinder [1] 323:23 hired [1] 241:21 HIROC [10] 121:25 122:15 212:3,22 213:7 214:12 241:21 279:14 280:4 306:14 history [3] 124:8 222:11 225:2 hit [1] 54:12 hold [2] 135:22 168:4 holes [1] 227:22 holidays [2] 163:9 176:13 home [7] 36:3 37:2 290:25 291:7 349:5,12 349:17 honestly [1] 267:1 Honourable [2] 1:3 366:6 Hopefully [2] 107:20</p>	<p>352:11 hormonal [5] 133:21 134:15 137:2,11 289:7 hormone [5] 1:2 133:19 134:13 154:1 366:4 hospital [1] 346:1 hospitals [3] 140:13 236:10,11 hour [3] 296:7 306:1 364:22 hours [4] 177:15,21,21 306:2 house [2] 51:18 305:16 human [2] 65:5 83:18 Hutton [6] 138:4,22 140:1,4 142:9 143:14</p> <hr/> <p style="text-align: center;">-I-</p> <hr/> <p>idea [26] 48:12 68:20 69:8 73:17 89:12 110:10 183:20 184:1 202:7 219:19 220:4 221:18 222:8 226:9 254:23 271:8 274:6 275:16 298:12 313:12 317:3 330:8 350:23 351:13 358:17 361:12 identification [3] 313:4 345:25 346:6 identified [29] 17:20 42:5 47:23 87:8 96:21 109:10 116:16 119:12 123:23 151:13 161:9 168:1 169:21,25 171:22 183:12 197:24 228:23 239:1,3 246:4 247:6 280:19 285:11 300:9 301:9 312:17 322:21 324:20 identify [9] 109:17,19 115:25 116:17 160:16 202:4 223:3 322:21 323:3 identifying [3] 90:4 109:21 346:11 illustrates [1] 302:12 immediately [1] 255:20 immunoperoxidase [1] 148:4 impact [16] 114:11,16 115:1 117:11,14 118:11 120:4,6 222:19 239:17 261:11 302:10 306:16 307:1 343:5,8 impacted [6] 25:3 110:17 111:19 112:20 116:20 117:2 implement [1] 61:13 implemented [1] 219:12 implementing [3] 346:17,22,23 implication [1] 307:9 implies [1] 138:15 important [3] 49:5 80:17 222:11 impossible [1] 222:15</p>	<p>impression [4] 81:1,4,7 82:20 improve [1] 309:24 improvement [2] 58:9 60:7 in-house [1] 4:17 inadequate [1] 226:4 inadvertent [1] 219:24 inappropriate [2] 57:8 57:16 inaudible [1] 229:7 incident [3] 51:8 59:16 60:5 include [18] 58:16,18 109:7 118:5 175:12 182:11 222:12 282:2,22 296:7 307:18 313:16 320:6 337:23 350:12 351:1,6 352:2 included [25] 16:17 23:20 51:17 69:19 106:21 115:8 134:23 135:5 139:11,15 182:9 188:23 203:3,18 206:23 251:6 272:8 282:19 300:20 307:13 312:15 334:25 348:1,2 351:16 includes [5] 109:1,6 117:1 141:6 346:7 including [18] 16:15 27:21 65:21 139:4 153:19 156:20 162:14 172:17 206:6 213:2 215:22 241:22 249:18 282:19 309:9 325:24 346:13 347:5 inclusive [4] 110:9 112:22 114:23 181:24 incompetent [1] 50:15 inconsistency [1] 198:19 incorrect [1] 345:7 increase [3] 177:20,21 294:14 increased [4] 15:25 58:13 179:21 345:5 increasing [3] 58:1,3 319:15 incurred [2] 271:1,17 indeed [1] 50:10 independent [5] 23:19 243:13 297:18,22 304:12 independently [1] 155:14 indicate [6] 108:22 120:16 163:2 192:23 265:11 333:7 indicated [5] 217:7 249:16 265:10 282:14 347:1 indicates [4] 206:8 218:11,13 296:3 indicating [3] 12:14 351:10 361:9 indication [3] 191:16 298:8 363:6</p>	<p>indicators [1] 64:6 indirectly [1] 149:7 individual [4] 140:24 143:4 165:20 222:16 individuals [4] 12:22 25:4 33:17 304:18 industries [2] 64:23,25 infiltrated [1] 283:24 infiltrating [3] 17:21 18:4,17 influence [2] 51:12,23 influenced [1] 155:23 info [1] 176:24 inform [8] 70:6,13 173:14 232:5,14 235:22 308:15 321:23 information [196] 10:12 10:21 20:2,23,24 21:12 23:2 27:15 29:16 32:8 32:16 33:10,13 34:24 40:7,16 41:10,10,14 42:15 43:7,25 47:9,13 48:6,7 65:15 66:5 67:13 68:1 69:11,12 70:17 71:1 71:4 72:14,15,17 73:9 88:10 90:5 96:5,12 97:17 99:21,22 105:13 107:17 110:25 120:6,23 121:1 137:13 139:19 142:14 143:12,22 144:23 145:22 145:25 148:11,20 150:9 151:18 152:24 154:13,14 154:16,17,20 158:7,9 160:4,12 161:2,2,19,23 163:3,23,25 164:8,22 165:9 166:5 167:13,17 169:16,18,24,25 170:1 173:6 174:23 175:12,21 176:9 177:3,5 179:2 180:19 183:4,22 185:11 186:12 187:12 195:8 201:2,24 204:11 207:12 207:17 208:1,21 209:6 215:24 219:14 220:20 221:2 222:9 232:2,4,8 233:9 235:19,24 236:11 238:11 242:10 247:18 249:1 253:16,18 254:17 256:1 259:17 265:14 269:6 270:21 296:8 304:16 308:20,23 310:21 316:23 317:19,24 318:8 322:6,11 324:3,4 326:25 327:5,19 328:8 329:16 329:18,22 331:15 333:10 337:2,9,24 339:8,17 340:6,19,23 341:1,15 342:23 343:5,19 344:2 350:13 351:6,9 352:3,4 352:9,23,24 353:24 354:12 355:9,19 356:19 357:8,10 358:8,12,24 359:15,18 362:24 informed [9] 7:19 14:8 14:9 68:5 102:12 104:1 258:19 265:18,21 informing [3] 19:14 346:18,24 informs [2] 138:3,14</p>	<p>infrequently [1] 129:22 inhibitor [2] 109:5 117:1 initial [1] 4:16 initiated [3] 12:16 258:16 265:4 initiating [1] 159:14 initiatives [6] 64:14 121:13 148:18,21 150:10 150:16 input [1] 44:5 inquired [2] 50:4 334:12 inquiries [2] 23:18 34:21 inquiry [4] 1:1 29:1 366:4,7 insight [2] 233:3 310:20 instance [4] 21:14 143:21 161:15 189:16 instances [1] 34:18 instead [7] 88:4 96:11 98:21 175:25 250:14 280:16 281:14 Institute [1] 310:11 institution [5] 67:15 140:22 159:6 160:13 245:10 institution's [1] 103:19 instruction [1] 349:23 instrumental [1] 61:11 insurance [12] 64:24 121:25 159:7 210:13,20 242:9,11 243:4 244:24 245:14 306:16,25 insurer [4] 156:20,25 160:6 244:7 integral [1] 58:20 Integrated [2] 1:10,17 intended [6] 62:21 168:11 172:12 228:18 287:1 336:8 intending [2] 107:25 218:21 intends [1] 312:14 intensive [1] 345:12 intensivist [1] 218:16 intent [4] 224:1 253:16 254:15 309:22 intention [2] 32:11 247:25 interacted [1] 242:16 interaction [1] 279:19 interactions [1] 235:11 interest [4] 145:3,6 244:14 245:3 interesting [2] 180:20 189:2 interim [4] 115:7 117:19 144:18 344:16 internal [2] 299:8 300:16 internally [1] 273:25 internet [3] 177:14 178:1 180:14 interpreted [1] 27:25 intervention [1] 222:17</p>
---	--	---	--	---

<p>interventions [1] 232:10 interview [1] 59:19 interviewed [1] 326:2 introduced [2] 241:18 242:1 inundated [1] 161:13 invasion [1] 265:12 invasive [4] 265:10,20 307:24 308:14 investigate [1] 59:18 investigated [1] 99:15 investigating [1] 150:22 investigation [7] 18:19 59:21 83:19 100:1 148:2 301:19 312:20 investigations [1] 64:12 invite [1] 214:3 involve [2] 70:15 145:13 involved [58] 13:10 44:18 58:6 59:4 61:7 64:23 65:3 104:19 116:11 139:14 141:13 144:12 145:6,8,11,16 151:7,16 154:5,25 157:17,18 163:5 163:7 166:25 167:24 176:13 178:3,5,8,16 179:18 180:3 185:12 200:23 208:24 210:1,4,6 212:20 214:13 229:24 230:23 234:13 239:16 241:16 243:22 244:2 256:5 271:15 280:5 321:21,21 326:24 327:14 328:13 329:9 331:8 involvement [13] 144:22 155:6 157:13 181:10 188:8 209:22 211:16,17 242:22,25 274:14 298:25 338:4 irritated [1] 317:3 island [1] 188:7 issue [125] 6:12 18:3 39:14 44:20 50:9 53:7 55:5,23 56:9,11,11,13 56:16,19 57:1 64:21 70:23 71:3,9 82:18 83:11 88:19 91:17 99:7 139:14 140:16 141:9 143:1,5,9 143:11 145:8 147:1,15 149:1 157:21 161:18 171:1 178:21,23,24 184:10,13 199:6 201:11 201:12 210:1,5,7,23 211:3,7,9,18 212:12,14 212:20 213:17 214:12,21 222:1 224:3,6 225:5 226:2,7 227:8,10 228:7 231:17,24 233:16 236:2 236:8,12 237:19 239:25 241:2,11 263:7 264:5 267:2 269:5 273:15,17 277:5,9 279:14 282:7,9 282:22,23 285:21 288:7 294:22,25 297:4,17 300:10 303:3 306:19 307:13 311:10,22 312:1 312:19 316:10 328:4,7 328:15 329:22 331:21,22</p>	<p>331:24 335:2 338:4 342:24 354:2,3 355:17 356:9 357:14 358:6 359:11,16 issued [1] 252:4 issues [36] 26:21 45:1 47:16 51:5 56:7 61:8,8 65:4,5,6 68:11 80:2,8 120:19 154:15 160:17 179:9 183:15 198:6 199:12 223:4 224:23 225:24,24 241:7 248:13 252:13 299:19 310:2,3 313:5 315:11 346:10 347:12 356:14 357:20 It'll [1] 34:4 items [1] 121:21</p> <hr/> <p style="text-align: center;">-J-</p> <p>Jane [1] 1:9 January [13] 14:4 19:4 19:6 23:16,19,23 29:5 31:16 39:13 121:18 122:5 122:23 123:5 Jenkins [3] 47:5 67:20 277:23 Jennifer [1] 1:15 Joan [1] 83:16 job [12] 53:19 59:10 60:11,16,22 138:10 156:8 158:11 243:3 244:23,24 245:8 jog [2] 297:20 335:24 John [2] 296:3 304:8 John's [11] 80:22 81:19 92:14,19 120:15 132:6,6 188:6 194:15 366:8,11 join [1] 206:20 Jones [1] 206:6 Joy [1] 218:14 Joyce [2] 146:10 176:23 Judy [3] 97:4 366:2,13 July [16] 4:14 6:18 147:24 258:6,7 259:4 272:18,23 285:17 290:19 293:16 296:2 298:4 307:16,17 332:20 June [10] 135:14,20,23 135:23 188:21 215:21 246:5 252:8 287:3 290:18 Justice [2] 1:3 366:6</p> <hr/> <p style="text-align: center;">-K-</p> <p>Kara [3] 1:9 188:3 192:23 keep [9] 37:16 68:4 95:18 95:18 118:23 155:15 290:23 291:7 363:1 keeping [10] 64:15 72:4 72:8 74:10 110:1,2,4 112:13 220:9 318:2 Kelly [1] 67:21 kept [11] 36:18 51:17 72:6 80:6 105:19 110:23 148:13,14 196:12 316:1</p>	<p>322:7 key [7] 23:17,20,25 82:7 141:13 227:11 264:19 kin [3] 236:13 250:9,21 kind [8] 15:2 60:22 140:15 142:4 164:15 233:16 330:5 331:2 kinds [2] 278:4 329:16 knew [27] 50:5 106:9 153:7,7 201:3 218:9 228:7 255:24 257:21 266:14 267:12,17 268:3 268:6 272:15 274:18 296:20 303:18 307:19 308:13 336:16 337:1 341:9 351:20,23 354:5 361:25 knowing [1] 137:12 knowledge [13] 106:8,9 149:22 152:22 210:22 218:23 264:2 305:21 329:9 360:15,25 361:2 362:8 known [9] 34:2 213:6 219:5 234:12 236:8 269:2 285:20,22 347:18 knows [2] 342:7 362:21</p> <hr/> <p style="text-align: center;">-L-</p> <p>lab [12] 42:12 81:3 141:7 198:2 218:15 219:7 324:5 324:9 346:9 355:2 359:14 359:17 laboratory [2] 121:22 346:8 Labrador [3] 300:1 366:8,11 Labrador-Grenfell [1] 1:16 labs [1] 70:17 ladies [1] 295:8 ladies' [1] 294:12 lady [4] 19:8 29:12 50:6 289:2 laid [1] 164:8 Laing [33] 1:9 15:15 120:9,11 134:2 188:15 189:10 201:23 206:7,11 258:5,23,24 259:5,8,17 262:17,21 263:20,22 267:3 268:24 269:24 287:10,14 288:17 289:23 290:4 292:21,24 293:4 307:16 325:24 Laing's [1] 287:2 landed [1] 172:11 large [4] 19:7 62:2 117:21 138:23 Larry [1] 103:21 last [20] 82:1 115:5 122:6 123:25 136:9 161:1 171:10 172:7 185:15 193:7 254:11,12 305:21 324:24 331:2 339:20 340:2,4 347:8 349:9 late [1] 38:7</p>	<p>latest [1] 293:18 latter [1] 50:14 launched [1] 297:19 law [7] 50:5,18,20 138:5 138:15 211:8 243:20 lawsuit [2] 297:19 307:14 lawyer [41] 50:14 51:11 51:25 56:13,21 66:2 142:24 143:7,14 159:13 159:19 206:24 209:12,25 210:4,23 211:2,6 212:9 212:11,19,21 213:7 214:4 214:13,18 216:1,4,17,23 217:4 218:12 236:24 241:21 243:6,13 260:13 261:24 262:11 263:12 269:15 lawyer's [1] 67:11 lawyers [9] 50:3,10 51:7 53:18 54:14 56:7 243:14 243:18 269:9 lead [2] 27:5 165:21 leader [1] 62:16 leaders [1] 62:8 leadership [3] 141:2,7 143:2 learn [5] 34:9 102:8 247:3 266:20 309:25 learned [2] 95:15 266:17 least [9] 16:20 59:3 115:4 176:11 239:21 244:13 260:19 267:17 306:17 leave [6] 5:3 34:3 71:10 91:13 251:18 312:13 leaving [1] 224:2 left [8] 29:7 36:3 161:8 193:9 203:19 253:13 343:1 347:23 legal [16] 65:16 67:14 121:21 159:14 209:25 211:12,22 212:15 214:11 296:8 298:16 306:24 309:17 310:1,2 342:20 legally [2] 235:17 236:2 legislation [1] 151:11 length [1] 117:18 lengthening [1] 222:19 Leona [2] 325:23 326:5 less [18] 98:6,6,19,22 99:5 100:17 101:1,8 113:9,12 127:2,2,20,20 189:2 196:23 300:23 303:1 letter [78] 74:20 75:11 75:13,13,16,20,23 76:2 76:6,8,13 78:8,9 102:4,5 103:8,18,25 121:5 128:16 133:25 135:9,16 138:15 145:23 146:4,4 147:22 155:12,18 168:8,11,17 168:21 169:5 171:7,9,12 172:7 173:7,11 175:12 176:17 186:8 192:4 193:17 221:13 250:10,20 263:3,7,18 264:13,13,19 267:21 268:1,8,14,17,25</p>	<p>269:4 272:18 273:24 274:8 275:7,14 280:13 281:17 286:23 287:11 289:2 290:5,11 291:7 293:6,9 334:18 letters [33] 4:25 10:19 91:22 92:1 104:17 134:3 135:15 153:23 176:2 187:9,15 190:21 286:21 286:25 287:1,6,15,17,22 288:9,18 289:22,24 290:9 290:13,21,24 291:5,9 292:13,15,18 325:17 letting [1] 146:21 level [7] 63:14,21 64:16 243:17 333:11 337:4 339:11 liability [6] 53:18 56:7 140:16 211:9,18 214:12 liaise [2] 242:9 279:13 liaising [1] 156:25 liaison [5] 156:19 159:6 160:5 244:6 245:14 liaisoning [2] 243:4 244:23 life [1] 222:19 light [5] 132:9 196:8 269:16 282:10 365:1 likely [8] 70:15 113:9 175:22 188:20 190:24 191:23 266:5 304:23 limitations [1] 161:20 limited [5] 60:11 64:3 307:19 308:8 341:8 line [16] 58:14 77:14,15 85:2 139:10 193:7 213:21 215:12 227:22 229:17 273:20 280:6 338:22 340:13 345:25 357:13 lines [9] 239:13 332:13 333:7 336:22 337:21 339:4,23 353:3 358:11 linked [3] 59:25 62:8 345:5 list [126] 3:1 5:16,17,24 11:24 16:6,6,12,12,13 18:22,25 19:10,22,24 30:11 34:1,15,21 35:1 35:24 36:17 37:2,13,13 37:23,24,25 38:19 42:10 42:12 45:18,18 46:22,23 47:1,4,5,18 68:2 72:19 72:24 73:21 79:20,21,22 80:12 81:11 82:24 84:17 84:23 85:9,10,25 86:3,5 88:11,12 90:12 92:11 93:20 94:1 98:4 110:9 112:18,22 113:24 114:1 114:3,23 119:6,9,12,13 119:14,17,18 132:5,16 135:12 138:7 141:15,18 142:11,19,21,22 144:1 160:11,15 188:2,2,5,13 188:15 189:12 192:17,24 192:25 197:25 201:14 202:17,19,22 203:1,11 203:16 204:6,7 280:24 280:25 284:18,22,25 285:2,16 286:12 287:4</p>
---	--	---	---	---

<p>315:16,17 316:1,3 317:14 319:2 322:13 325:14 listed [4] 103:9 272:22 281:17 358:10 listing [1] 280:16 lists [7] 16:21 38:3 58:13 119:10 202:23 286:14 322:7 litigation [3] 212:10 343:6,10 living [4] 186:25 240:22 245:24 255:4 local [1] 235:25 locate [2] 120:17,20 logged [1] 84:23 logic [1] 9:16 logistics [4] 69:13 78:13 80:9 151:8 longer [8] 25:24 29:11 34:2 104:14,24 120:5 164:14 363:24 look [56] 21:18 75:18 76:4,16 89:10 94:7,12 95:25 97:3 116:12 122:24 128:1 131:23 132:18 133:24 137:18 140:1 144:21 147:13 150:23 153:9,17 155:13 160:19 160:20 164:13 167:5 168:6,25 188:23 192:22 200:20 209:8 215:16 217:3,12 243:13 259:1 263:5,20 264:1 280:11 285:13 286:9 288:2 299:12,22 302:13 304:6 320:3,11 323:7 327:2 337:14 339:13 354:8 looked [19] 19:10 39:24 95:13 103:2 113:18 132:8 135:23 136:10 192:16 197:21,21,22 199:21 220:25 226:3 260:20 263:3,18 315:16 looking [22] 6:2 55:2 68:6 93:2 96:2 101:8 137:13 142:24 159:21 187:8,14 194:5,25 197:23 202:8 267:1,23 276:14 276:15 326:6,14 358:2 looks [10] 33:15 46:20 74:15 75:9 100:12 133:6 133:10,16 146:1 291:15 Lorraine [3] 12:6,6 216:11 lost [2] 356:25 357:1 lots [1] 122:19 Louise [1] 206:6 loved [2] 239:16 247:6 low [1] 109:2 lower [1] 340:2 lunch [4] 29:19 205:8,18 205:20</p> <hr/> <p style="text-align: center;">-M-</p> <hr/> <p>machine [1] 7:3 magnitude [1] 313:4</p>	<p>mail [7] 24:21 165:16 171:9 185:16 206:4 291:22 313:8 mailed [1] 146:2 mails [1] 153:24 main [3] 53:19 231:24 241:6 Majesty [1] 1:8 majority [5] 56:1 138:9 140:10 313:19 320:2 makes [6] 36:17 67:23 114:15 227:25 294:13 353:15 malicious [1] 309:22 Malluret [1] 120:22 malpractice [1] 138:16 manage [2] 231:25 242:12 managed [2] 61:19 240:5 management [24] 53:12 53:14 55:21 56:1 58:7 58:16,17,21 62:10,11 64:11,24 121:16 140:14 141:3 147:15 159:11,25 218:14,19 243:1 244:17 244:18 304:15 manager [22] 53:19 56:2 57:20,25 62:15,23 63:25 64:21,22 65:2,11 156:16 157:18 160:7 213:24,24 218:19,22 240:6,9 245:13 296:5 manager's [5] 50:24 54:7 55:22 160:1 244:23 Manager/Quality [1] 296:4 managers [2] 244:19 245:6 managing [1] 256:11 manner [2] 158:20 186:25 March [12] 115:4 137:24 144:14 145:20,25 146:3 153:18 167:12,23 168:7 169:13 186:6 Margaret [1] 366:6 Marilyn [1] 201:3 mark [14] 1:14 29:2 79:10 144:14,24 145:24 146:5 153:22 171:7,15 177:1 178:9 179:22 181:17 Marshall [1] 138:11 mastectomy [7] 17:1 132:24 133:4,10,13,14 134:9 master [1] 84:23 match [4] 79:25 80:10 80:12,13 matched [1] 82:9 material [1] 111:6 materials [1] 251:6 matter [9] 50:21 53:10 54:23 156:20 161:6 170:3</p>	<p>181:11 209:14 366:3 matters [2] 150:15 156:20 may [92] 6:22 7:2,5,20 11:11 16:17 17:21 18:15 41:19 43:1 46:19 50:23 57:5 58:10,12 59:14 61:12 65:16,21 66:5 69:20 72:15,18 75:15 82:21 89:4 92:23 93:1,5 110:15 113:12 117:20 133:15 135:13,13,14,23 153:25 162:22 171:3 172:20 176:21 181:16 183:11 185:21 188:1,9 200:15 203:17 204:3 206:3,4 208:5 209:9,12 212:23 213:2 214:5,5 217:14 219:10,16 224:3 224:13 236:2 238:8 239:5 241:4 242:15,17 246:5 248:4 252:8 257:13 262:24 271:12,12 273:15 279:17,19,25 282:11 285:11 289:6 291:18 298:9 305:15 319:13 335:5 338:12 343:5 359:15 McCarthy [9] 4:15 10:20 134:2 218:14 232:22 235:11 237:24 239:10,24 McCarthy's [1] 247:14 McCormack [9] 328:1 331:16 332:23 334:7 336:16 352:22 360:4,6 360:11 McKay [1] 138:10 McKelvey [3] 211:10 243:21 264:17 MCP [7] 29:8,13 30:2,7 36:4,10 69:12 mean [28] 5:20 6:12 14:9 32:21 37:8 58:24 61:3 66:11 69:2 79:19 113:17 117:8 126:13 139:13 141:9 145:15 157:16 166:2 182:21 204:21 228:6 252:9 254:11 275:25 312:4 322:25 339:22 355:6 meaning [1] 117:23 means [4] 19:16 33:19 165:22 366:10 meant [4] 16:18 103:7 114:22 125:17 media [9] 23:18 28:15 235:25 236:1 247:5 254:16 313:9 342:16,19 medical [6] 1:14 138:16 167:17 179:25 221:3 278:24 medication [1] 59:17 Meditech [9] 30:18,19 30:22 31:8 93:2 201:5 318:3 323:4 346:8 meet [14] 44:23 80:5 82:19 84:24 85:14 150:24 164:6,12,24 189:9 205:18</p>	<p>265:13 292:24 295:4 meeting [26] 44:22 45:4 46:6 97:19 112:6 115:5 117:6 121:14 122:6 188:12 228:18 229:2 230:19,23,25 241:4 258:6 258:7 259:4 269:7,24 289:18 292:21 293:5 306:22 308:14 meetings [10] 78:1 111:7 183:16 241:14 270:17 280:1 287:9 293:19 294:1 347:6 meets [1] 150:21 member [4] 13:23,25 57:10 269:22 members [4] 1:12 68:24 121:17 258:8 memo [1] 194:11 memories [1] 237:24 memory [20] 11:19 35:20 146:8 172:21 175:24 200:6 229:18 235:10 297:21 298:13 322:18 331:20 332:1,10 335:24 348:22 352:14 353:17 358:17 360:3 memos [3] 153:23 162:15 162:23 menopausal [1] 222:18 mentioned [8] 15:20 16:24 90:8 104:2 182:6 182:14 332:3 334:20 message [4] 23:25 52:4 224:1 365:1 messages [2] 23:17,20 met [16] 44:24 85:5 87:10 126:15,19 127:11 128:8 250:7 287:24 290:4,7 291:10 293:1 295:16 299:18 307:16 metastatic [12] 109:9 109:14 114:8,11,16 115:7 117:24 133:22 134:15 344:15,17,24 Michelle [1] 12:17 micro [1] 265:11 middle [2] 62:3 100:9 might [51] 20:15 21:6,18 22:6 24:20 36:21 42:21 54:12 66:2 67:14,22 79:14 80:7,17 113:8 125:6,7 131:4 132:10 133:17 145:13 155:15 156:22,23 157:8,12 159:13,22 180:13 188:17 191:6 192:15 234:8 238:19 239:4,4,17 241:5 244:1,13 245:9 255:15 255:15 262:4 310:22 313:5 357:8 358:12 359:12,12 363:10 mind [8] 162:14 256:22 305:11 330:12 331:6 332:2 353:5 358:4 minds [1] 234:15 mine [2] 28:19 323:7</p>	<p>minimum [1] 216:16 Minister [11] 145:24 146:5 249:16 304:7,8,23 305:6,8,14,15,22 Minister's [1] 305:3 minute [1] 183:16 minutes [7] 73:22 78:2 89:5 122:19 131:16 330:21 364:17 misdiagnosis [6] 252:12 273:15 276:7 294:22 312:22 345:16 misread [4] 129:4 314:3 314:4 345:21 missed [3] 86:25 137:23 331:2 missing [13] 18:22,24 79:7,9,16 80:15 81:15 83:4,5,6 88:16 89:11,20 mistake [4] 84:1 227:12 232:7,16 mistakes [8] 222:13,22 223:18 225:14 226:25 228:12 231:18 233:10 misunderstood [1] 228:14 module [1] 346:8 Moira [3] 297:1 335:19 361:6 moment [3] 118:22,24 364:25 Monday [2] 94:24 293:21 month [4] 63:9 122:14 290:19 292:11 monthly [1] 121:19 months [5] 63:7,12 116:11 208:19 270:5 morning [13] 4:6,6,9 29:17 31:15 36:2,3,10 131:2 171:10 172:12 364:3 365:7 Moss [2] 366:2,13 most [20] 21:7 28:11 103:8 156:1 163:9 175:22 188:20 190:24 191:23 210:1,4 212:19 227:19 227:20 230:21 246:4 266:5 314:18 315:7,9 mostly [2] 38:6 167:14 Mount [59] 6:24 7:7 10:4 11:3 14:6 17:6,17,22 18:8 22:22 24:11 26:1 29:25 36:18 37:13,23 74:19 79:23,24 80:11 82:1 86:4 89:8 93:9 98:7 107:25 119:11 124:5,7 125:2 128:6 129:12,16 130:11,14,17 133:1 134:7 134:11 193:2 194:13,20 198:11 219:6,8 265:5 282:13,25 283:4,15 284:2 284:9,11 285:22 301:8 301:12 318:12,25 346:1 mounted [1] 214:25 mouse [1] 335:10</p>
---	--	--	--	--

Inquiry on Hormone Receptor Testing

<p>move [1] 309:25 moved [1] 248:24 moving [1] 355:2 Mrs [5] 90:8,11,13 91:23 291:3 Ms [1128] 2:2 4:2,3,6,8 4:12,18,23 5:8,14,21,25 6:9,13,21 7:4,8,15 8:4 8:11,20 9:1,13,19,25 10:6,13,17 11:5,12,17 11:25 12:3,7,11,19,25 13:4,15,22 14:10,15,19 14:25 15:13 16:2,8,14 16:23 17:12 18:5,12 19:1 19:5,19 20:9,20 21:10 21:20 22:2,8,13,18,25 23:11,15 24:1,7,16,22 24:23 25:9,13 26:5,9,11 26:20 27:23 28:9,18,23 29:17,18,24 30:16 31:2 31:13,16,20 32:5,12,18 32:24 33:11,15,20 34:11 34:14,19,22 35:4,9,13 35:18 36:8 37:7,19 38:5 38:14,20,25 39:10,25 40:14,20 41:1,8,18 42:1 42:8 43:3,14,20 44:7,11 44:15,19,21,23 45:5,6 45:11,12 46:1,4,7,17,25 47:1,7,15 48:2,11,19,23 49:8,24,24 51:4 52:14 52:19,23 53:1,1,5,13,24 54:3,11,24 55:3,12,16 55:24 56:17,24 57:7,17 57:20,24 58:19 59:7,12 60:13,18,23 61:2,24 62:5 62:20 63:5,18,23 64:18 65:11,18,23 66:7,8,19 67:16 68:10,19,22 69:1 69:7,9,21 70:2,8,9,19 71:8,15,20 72:10,20,22 73:11,16,24 74:4,9,11 74:22,23 75:2,3,14,21 76:7,11,20 77:3,7,12,18 78:3,11,16 79:2,11,12 79:18 80:25 81:12,22 82:6,16,25 83:7,12,23 84:4,8,19 85:7,17,24 86:1,11,17 87:2,6,12,22 88:18,24 89:9,18 90:7 90:23 91:6,10,16,20 92:7 92:22 93:1,12,19 94:5 94:14 95:11 96:7,19,25 97:6,10,22 98:1,10,16 99:2,10,19 100:5,14,21 100:25 101:6,15,19,24 102:3,10,19 103:1,1,14 104:3,5,9,13,13,18 105:1 105:9,16,17,20,25 106:6 106:14,18,24 107:3,9,23 108:2,7,17 109:10,16,23 110:3,19,22 111:3,14,24 112:4,9,14 113:5,11,21 114:5,10,17,21 115:11 115:18,23 116:3,7,14 117:4,15 118:1,8 119:3 119:7,19 120:8,12 121:3 121:15,20 122:7,11,16 123:14 124:23 125:8,14 125:24 126:12 127:4,8 127:13,19 128:7,19,24 129:13,23 130:2,6,13,19</p>	<p>131:1,13,19,25 132:3,11 133:5,9,20 134:20,25 135:6,11,24 136:7,21,25 137:5,9,17 138:11,13 139:6,12,12,15,20 140:6 140:25 141:8,20 142:1 142:10,16,20 143:16,23 144:6,12,15,25 145:7,14 146:7,12,18 147:4,10,18 147:22 148:23 149:3,10 149:14,19,24 150:5,11 150:19 151:5,25 152:6 152:12 153:1,5,13 154:23 155:2,8,20 156:4,15 157:1,5,15 158:3,15 159:1,8,15,21,24 160:14 161:7,25 162:5,6,10,16 162:21 163:6,19 164:25 165:11,17 166:4,9,12,17 166:18,21,24,25 167:2,7 167:8,9,25 168:1,12,18 168:22 169:2,6,8 170:2 170:5,11,16,20 171:2,13 171:14,16,25 172:9,19 173:8,18,25 174:4,9,10 174:12,18 175:4,13,17 176:11,15 178:3,4,9,20 178:25 179:10,17 180:1 180:2,16,24 181:4,12,20 182:5,12,20 183:1,7,19 183:25 184:4,9,17 185:3 185:7,17,22 186:1,16,20 187:2,7,17,21 188:11 189:4,13 190:4,15,20 191:5,12,18,22 192:6,19 193:5,12 194:4,22 195:19 196:2,14,20,25 197:10 197:17 198:15,21 199:2 199:23 200:5,11,17,25 201:9,18,25 202:5,14,20 203:5,10,21,25 204:5,13 204:17,25 205:4,7,12,22 205:25 206:1,17,22 207:5 207:10,20,25 208:15 209:1,18,23 210:8,12,18 210:24 211:4,19,23 212:5 212:13,24 213:4,10,15 213:20 214:8,20 215:1,6 215:10,18 216:6,21,24 217:9,21 218:1,7,20 219:18,23 220:6,10,15 220:21 221:9,17 222:3,7 222:20,25 223:8,12,20 224:4,15 225:1,22 226:17 227:5,24 228:4 229:16 230:1,6,20,24 231:6,10 231:15,20 232:20 233:22 234:2,10,20 235:2,7 236:6,18,25 237:5,13,22 238:7,21 239:7,20 240:10 240:20 241:3,25 242:14 242:19,24 243:15,25 244:15 245:4,11,20,25 246:6,12,19,25 247:9,13 248:9,17,21 249:7,12,19 249:23 250:4,11,16,22 251:12,24 252:10,21 253:1,11,25 254:6,13,21 255:6,11,21 256:7,16,21 257:2,4,9,13,20 258:1 258:11 259:9,11,15,20 259:25 260:10,17,24 261:6,15,20 262:2,7,14</p>	<p>262:23 263:2,8,23 264:4 264:7,25 266:4,8,13,19 266:25 267:1,11,19 268:5 268:11,12,15,20,23 269:1 269:11,18 270:1,10,12 270:19 271:2,7,11,20,21 271:25 272:7,13,23 273:1 273:5,10 274:5,17 275:8 275:15,19 276:1,5,23 277:2,19 278:5,15,20 279:1,7,15,24 280:8 281:3,18,22 282:1,8,16 283:6,11,16,20 284:4,15 284:20 285:4,10,19 286:3 286:7,13,18 287:7,18,23 288:4,10,14,19,23 289:8 289:10,14,18,20 290:2,4 290:8,14 291:2,14,25 292:7,14,19,25 293:1,7 293:12,15,16,24 294:4 294:17,18 295:3,7,11,15 295:16,24 296:13,17,19 297:1,5,10,23 298:3,11 298:19,23 299:1,7,17 300:4,6,13,25 301:5,15 301:22 302:5,11,21,23 303:4,8,12,14,17,23 304:3,19,24 305:4,19 306:8,20,23 307:5,5,6,8 308:3,4,16,21 309:1 310:7,19 311:1,11,13,23 312:3,8,11,23 313:21,23 314:11,13,19,23 315:3,8 315:19,23 316:2,16,21 317:2,9,15 318:4,5,15 318:22 319:3,8,21 320:1 320:10,15,19,23 321:8 321:14,25 322:4,17,24 324:2,10,15,21 325:4,24 326:4,9,15,20 327:1,7 327:13,21 328:1,2,4,11 328:17 329:1,5,11,20 330:4 331:1,3,9,11,15 331:19 332:2,14,22,23 333:1,9,18,22 334:1,3,6 334:7,8,12,14,22 335:1 335:3,11,15,21,25 336:2 336:9,16,18,21,23 337:5 337:11,16 338:3,5,7,9 338:16,18,19,23,24 339:10,11 340:1,8,14,20 341:3,16,23 342:5,11 343:2,7,22 344:19 345:8 345:15 346:3 347:10,20 347:24 348:4,9,11,18,19 348:24 349:1,14,19,25 350:7,15,21 351:3,12,18 351:24 352:5,10,19,22 353:6,14 354:1,2,18 355:11,22 356:1,8,22,24 357:9,18,24 358:13 359:1 359:7,10,25 360:1,4,6,8 360:11,13,20 361:4,10 361:11,16,17 362:1,5,9 362:14 363:1,4,11,11,18 363:23 364:11,12,20,21</p> <p>mud [1] 107:21 multiple [9] 25:15 26:3 27:1,2,7 30:3 204:19 224:7 306:15 multitude [1] 226:12 Mundon [2] 303:12</p>	<p>304:7 must [22] 35:19,22 77:8 77:15 93:21 99:6 154:14 170:1 179:13 208:3 220:24 291:3,4 297:11 297:12 300:5 309:19 326:10 336:4 354:12 356:23 360:21 mysteries [1] 362:21 mystery [1] 84:7</p> <hr/> <p style="text-align: center;">-N-</p> <hr/> <p>name [28] 19:11 24:19 30:21 31:9 51:21 56:13 56:21 66:2 67:11 76:14 101:9 135:2 137:12 145:16 155:9 159:13 183:15 194:5 206:14 217:17 280:17,25 294:11 296:20,22 297:11 324:25 334:20 names [27] 29:7 30:3 39:21 40:4 45:17 88:13 90:4,11 91:25 92:9,19 92:25 113:25 115:25 132:12 136:13 142:8 143:17,25 160:11,15 197:4 206:21 278:7 280:25 285:13 323:10 Nancy [26] 50:6 90:9 103:23 104:4 132:1 151:14 152:4,9,13,18 258:5,22 259:2 263:17 264:8,16,19 266:11 267:4 267:7 269:2,25 271:12 279:18 287:9 307:15 narrow [1] 226:6 narrowed [1] 302:1 Nash [1] 138:1 Natalie [1] 217:16 near [3] 154:21 163:4,8 neat [1] 80:13 neatly [1] 80:10 necessarily [8] 58:4,17 110:10,16 113:2 236:23 305:5 349:10 necessary [8] 25:19,25 129:10 130:8 261:24 262:3 280:22 284:24 need [42] 20:16,22 21:7 21:12,15 25:1 31:24 32:15,22 33:25 39:3 43:1 70:18 92:14,19 93:18 97:16 100:1 109:12 110:15 124:18 125:7 132:6 166:4,8 167:22 176:24 177:19 191:10 192:25 203:15 206:10 216:16 248:4 257:25 258:21 265:23 290:21 293:22 309:25 317:12 336:14 needed [7] 18:10 125:1 125:3 189:14 206:12 242:10 291:8 needs [8] 128:13,17 164:12,22 166:6 209:14 292:13 359:8</p>	<p>negative [74] 6:14,16,19 14:8,9,11,13 15:18 26:2 33:2 39:6 74:18 75:9 76:1,5 84:24 84:24 85:14 85:14,16,16 86:15,15,21 86:21,25 87:1 92:16,17 94:13 98:12,15,20,22 99:1,11,13,18,24 124:6 124:14,16 126:7,15 133:19 134:13 186:13 188:25 189:8,19,22 190:11 191:2,4 193:25 195:5 206:23 198:9,10 198:14 200:14 201:13 232:3 233:8,13 235:13 238:1 300:20,22 344:10 344:13,22 345:2 347:2 negatives [15] 8:22 9:6 9:7,21 11:10,15 19:15 19:18 23:7 28:8 36:15 37:3 120:18 186:12 190:22 negativity [1] 126:19 negligible [2] 193:18 198:1 neither [1] 151:15 never [43] 21:14 41:12 43:15,17 44:8 47:21 48:9 50:13,20 56:20 63:10 98:12,14 99:23 107:2 112:21 115:24 121:8 141:21 142:11,11,14 143:24 182:8 199:3 213:16,22 215:2 221:7 229:19 244:12 245:2 251:25 255:24 256:19 264:14 266:17 305:11 318:13,20 322:7 336:11 352:17 new [8] 5:12 30:1,5,11 95:15 193:2 239:19 313:9 Newbury [4] 1:15 201:9 364:20,21 Newfoundland [3] 300:1 366:8,11 news [3] 255:25 326:4,6 newspaper [1] 167:16 next [21] 29:4 36:2 68:6 77:8,10 91:1 112:24 134:1 168:4,25 193:1 216:18 233:5 235:16 236:13 250:9,21 270:14 311:5 349:4 362:17 nine [10] 23:6 116:19 117:3 122:25 123:4 126:4 169:15 191:11 194:20 198:12 NL [3] 1:8,14,15 NLCHI [4] 315:12,24 323:25 324:19 nobody [9] 52:6 57:11 57:15 66:13,20 125:22 224:12 249:22 303:1 node [1] 124:2 non [1] 70:20 none [3] 84:23 85:13 239:4 nor [2] 53:1 159:11</p>
---	--	--	---	--

<p>normal [7] 139:2,7 202:25 229:23 343:12,15 343:15</p> <p>normally [5] 163:17 179:12 230:4 240:24 257:17</p> <p>nose [1] 276:21</p> <p>note [48] 15:6 19:23 45:15 70:16 75:19 107:16 111:20 112:20 114:12 119:22 123:4 147:24 289:1,2 293:17,25 296:6 296:11 297:17 298:4 303:16 304:10,11 305:2 305:5,8,22 327:14,20 328:14,21,25 331:8 334:22 336:7 337:18,18 338:6,10 339:6 341:12 341:18 348:6,19,21 350:20 351:1 363:12</p> <p>notes [31] 5:6,7,13 45:9 49:7,9,18 74:20 77:25 90:6 91:24 111:4,12 112:5,10 113:17,20 128:10 131:24 132:1 153:23 186:6 259:2 269:25 289:9,11 305:14 305:17 328:19 339:19 356:21</p> <p>nothing [13] 23:8 27:24 70:3 83:20 110:6 112:12 112:21 167:19,21 236:21 353:4 357:10,14</p> <p>notice [1] 184:14</p> <p>noticing [1] 284:21</p> <p>notification [2] 39:5 120:1</p> <p>notified [7] 8:3 19:17 102:4,15 180:8 250:9 316:14</p> <p>notify [2] 12:22 13:8</p> <p>notifying [1] 313:1</p> <p>noting [1] 37:4</p> <p>notion [1] 254:18</p> <p>notoriously [1] 365:3</p> <p>November [9] 248:10 248:16 249:15 250:7 289:5 297:2 305:7,21 328:21</p> <p>November/December [2] 121:18 248:18</p> <p>now [84] 13:5 16:9,17 22:16 24:2 39:15 45:21 49:16 52:8 56:6 62:7,10 66:22 68:13 78:24 85:8 94:8,18 96:4,22 99:17 101:8 103:4 106:7,9 107:23 121:12 124:9 127:21 136:12 154:23 159:21 160:20 162:24 165:19 167:23 168:5 169:15 177:11 178:10 182:22 188:1 190:21 193:3,24 195:12 202:6 204:22 208:6 209:11 211:22 221:14 242:20,21 244:20 245:17 255:14 267:1 276:12 282:11,17 282:18 301:10 312:1</p>	<p>315:6,14 320:12 326:12 326:21 335:4,6 339:20 344:11,25 345:2 350:13 352:13 353:22 354:8 357:23,25 358:6 362:11 362:17</p> <p>NTV [3] 326:2,6,14</p> <p>nuance [1] 110:5</p> <p>nuances [2] 197:20 277:7</p> <p>number [66] 15:8,24 19:7 25:3,22 27:22 29:13 30:10 37:5 47:19 48:1,9 50:19 74:2 77:20 79:9 83:3 85:24 92:15 100:19 108:12 111:2 112:25 115:6,16,22 121:23 123:7 137:24 138:6 139:3 153:18,20 161:10 188:5 188:18 192:14 201:10 204:23 206:5 215:18,21 251:4 253:18 283:5 285:7 286:25 294:14 298:6,10 299:12 300:14 307:19,23 308:8 309:9 312:17 313:14,17 314:9 319:15 320:7 325:23 326:24 335:20 341:8</p> <p>numbers [38] 15:6 18:22 29:9 30:2,7 36:5,10 69:12 95:7,21 107:23 116:12 118:5,7,24 119:2 127:21 133:3 197:19,23 198:5 199:11 204:21 220:9,13,17 282:17 314:11,15,18 315:7,10 315:14 326:6,14,16,23 326:23</p> <p>numerous [2] 45:16 243:19</p> <p>nursing [2] 59:23 60:1</p> <hr/> <p style="text-align: center;">-O-</p> <hr/> <p>O'Brien [1] 67:21</p> <p>o'clock [2] 36:2 172:12</p> <p>objectives [1] 64:7</p> <p>objectivity [2] 54:22 55:5</p> <p>obligation [3] 232:1,5 232:14</p> <p>obtained [4] 35:1 37:14 308:20,23</p> <p>obtaining [1] 347:6</p> <p>obviously [23] 8:21 17:7 17:9,15 20:17 57:11 67:1 84:17 95:5 102:14 143:3 175:6,20 239:15 261:9 282:18 297:12 300:5 319:19 321:1,11 336:3 356:23</p> <p>occasion [4] 267:8,13 269:14 349:18</p> <p>occasional [1] 138:10</p> <p>occasions [1] 356:21</p> <p>occur [6] 215:4 216:21 216:25 217:3 256:12,17</p> <p>occurred [4] 215:9,11 235:23 244:12</p>	<p>occurrence [7] 138:19 140:19,20,23 141:1 160:17 306:16</p> <p>occurrences [1] 306:15</p> <p>October [8] 1:4 115:3 133:16 136:24 137:1 289:4 366:5,12</p> <p>odd [2] 66:10,12</p> <p>off [43] 18:22,25 28:17 29:9 36:4 72:18 73:15 80:20 84:25 85:5,6,11 85:15,15 86:16 87:10 118:12 125:7 126:20 133:1,2,18 136:4 138:21 155:12 172:14 194:15 195:13,14 196:9 198:11 200:4 251:13 253:10 273:18 275:5 281:12 283:23 291:5 293:21 298:5 310:18 327:8</p> <p>offered [11] 171:19 172:25 174:7,14 175:19 175:23 176:16 181:23 200:16 202:21 289:3</p> <p>offering [1] 202:22</p> <p>office [6] 13:17,18 168:14 176:18 325:6 338:12</p> <p>offices [2] 187:10 349:4</p> <p>official [1] 24:13</p> <p>officials [1] 23:22</p> <p>often [1] 129:19</p> <p>omit [1] 152:24</p> <p>omitted [1] 152:25</p> <p>once [4] 50:19 71:22 267:18 280:5</p> <p>oncologist [10] 9:4 10:16 42:21 48:22 99:4 195:20 199:4 218:14 320:18 321:18</p> <p>oncologists [7] 10:14 68:5 121:6 196:6 320:9 320:22 322:20</p> <p>oncology [1] 20:17</p> <p>one [149] 5:16,20,22 10:20 16:21 17:1,15 18:15 19:8 21:2 23:6 25:6 26:14 27:4,11,13 29:3,12,21 30:21 31:14 34:6 35:7 36:20 47:16 51:5,10,16 54:16 59:22 68:11 72:22 75:15 76:5 80:8 81:2,23 84:7 88:5 90:15 91:11 94:11 95:1 95:4 101:2,8 102:11,22 112:17 118:21 122:8 123:5 127:7,20,20 129:4 129:17 134:2 136:9 137:23 138:21 151:15 152:19 164:1 165:25 166:24 176:8 177:10,20 181:25 182:6,7,9 184:10 187:22 188:25 189:17,20 191:10,24 192:7 193:7,9 194:12,14,17 196:24 198:12 199:5,7,24,25 204:22,24 216:9 217:13 223:2,11,13,14,24 224:7</p>	<p>224:19 225:10,16 226:21 227:11,13,19,21,23 228:3 228:22 231:5 235:17 237:18 239:16,21 240:25 243:3 244:22 247:7 248:13 256:10 258:9 267:8,13,21 271:21 273:11 277:6 279:16 288:2 289:21 294:9 314:3 314:4 322:15,18 325:12 327:23 328:12,22 329:4 329:8 342:24 353:16 363:8,10</p> <p>ones [52] 9:20,21,24 10:7 34:3 36:16,18 42:13,14 80:4,5,14 81:4,6 82:19 89:11 103:4 117:9 124:3 132:14 138:21 140:11 188:19 190:6,7,10 191:9 193:13 196:23 197:2 201:22 204:1,6 219:24 226:4,5 230:23 277:4 278:8 281:8,10,13,14 282:22,23 285:11 300:16 314:2 319:12 322:12 323:8 325:15</p> <p>ongoing [4] 121:22 272:20 280:18 343:6</p> <p>online [1] 240:1</p> <p>onto [2] 91:1 310:20</p> <p>onus [1] 20:7</p> <p>open [1] 103:22</p> <p>operated [1] 44:3</p> <p>opinion [8] 165:18 166:10 283:15 284:3,9 306:25 355:17 356:11</p> <p>OPIS [3] 8:5 47:19 48:1</p> <p>opportunity [3] 131:23 309:14 328:24</p> <p>opposed [9] 10:3 117:24 240:12 280:4 290:11 291:23 301:21 302:3 359:5</p> <p>opposition [1] 239:8</p> <p>options [2] 194:25 309:21</p> <p>order [2] 67:25 319:20</p> <p>ordered [9] 318:25 319:25 320:20,25 321:5 323:2,9,11,15</p> <p>ordering [4] 320:9 323:11,12,18</p> <p>orders [1] 323:10</p> <p>organization [12] 53:15 53:20 56:4,5 57:21 59:2 63:15 64:17 65:17 139:4 164:4 179:25</p> <p>organize [2] 45:22 206:9</p> <p>original [30] 30:8 68:2 85:1 93:2 98:6 103:2 109:8 110:17 117:24 119:25 128:5 132:23 134:5,10 165:15 188:25 194:1 201:14,19,22 202:4 219:13 258:17 265:8,9 273:19 283:3 312:20 325:7 344:17</p> <p>originally [11] 17:8,10</p>	<p>22:24 62:23 124:13 206:23 325:15 344:10,12 344:22 345:1</p> <p>originated [1] 297:15</p> <p>originates [7] 23:15 31:20 145:21 286:17 293:15 312:10,11</p> <p>Osborne [1] 304:7</p> <p>otherwise [6] 170:25 212:8 217:17 237:20 239:5 313:6</p> <p>ought [1] 240:5</p> <p>ours [3] 151:19,22 153:9</p> <p>out-of-town [1] 31:22</p> <p>outcome [11] 97:15 191:17 215:5 222:16 252:19 253:6 254:4 257:8 361:2,16,25</p> <p>outside [9] 21:5 41:7,24 106:21 212:9 251:8 277:18,21 300:11</p> <p>outstanding [7] 45:1 132:15 188:17,18 299:19 300:15 325:18</p> <p>overall [2] 45:14 282:25</p> <p>overlaps [2] 58:8 195:10</p> <p>overly [1] 67:3</p> <p>overtreated [1] 308:1</p> <p>overview [1] 265:14</p> <p>own [11] 50:22 52:12,13 65:13 177:13 180:14 277:24,25 278:1 291:24 300:13</p> <hr/> <p style="text-align: center;">-P-</p> <hr/> <p>P [3] 29:2 122:24 205:25</p> <p>P-0037 [2] 122:25 123:4</p> <p>P-0116 [1] 144:21</p> <p>P-0117 [1] 137:21</p> <p>P-0168 [1] 304:6</p> <p>P-0400 [1] 23:14</p> <p>P-0403 [1] 153:17</p> <p>P-0409 [1] 176:20</p> <p>P-0481 [1] 217:12</p> <p>P-0693 [1] 8:14</p> <p>P-0720 [1] 200:20</p> <p>P-0780 [2] 215:16,20</p> <p>P-0814 [1] 296:1</p> <p>P-0815 [1] 303:11</p> <p>P-1092 [1] 44:14</p> <p>P-1099 [1] 49:1</p> <p>P-1100 [1] 78:22</p> <p>P-1117 [1] 137:22</p> <p>P-1154 [1] 306:4</p> <p>P-1155 [1] 307:3</p> <p>P-1351 [1] 14:2</p> <p>P-1358 [1] 95:25</p> <p>P-1373 [1] 192:22</p> <p>P-1477 [1] 334:17</p> <p>P-1562 [1] 309:4</p> <p>P-1675 [1] 147:13</p>
--	--	--	---	---

<p>P-1688 [1] 209:8 P-1689 [1] 216:9 P-2007 [1] 84:11 P-2026 [1] 4:11 P-2054 [1] 107:15 P-2510 [1] 312:7 P-2642 [1] 187:25 P-2751 [1] 67:19 P-2851 [1] 293:14 P-2853 [1] 325:22 P-2922 [1] 102:24 P-2924 [1] 186:5 P-2926 [1] 187:5 P-2943 [1] 335:8 P-3003 [2] 72:1 73:20 P-3005 [1] 83:15 P-3006 [2] 128:1 132:19 P-3008 [2] 89:23 131:23 P-3010 [1] 94:17 P-3011 [1] 133:24 P-3012 [1] 97:3 P-3032 [1] 272:17 P-3033 [1] 290:17 P-3034 [1] 286:16 P-3037 [1] 298:2 P-3039 [1] 337:14 P-3041 [1] 362:16 P-3042 [1] 363:10 P-3464 [1] 171:5 p.m [6] 31:17 298:3 303:12 304:8 326:3 365:10 package [4] 111:6 151:4 181:6 183:3 page [46] 6:6 74:7,14 75:18 76:4,16 77:8,11 77:19,19,23 91:1,2,3,14 92:13,18 100:10 118:22 121:11,15 122:25 123:4 128:2 132:4,19 133:25 136:17 147:21,23,24 165:15 167:5 168:6,25 169:11 235:16 289:1 293:22 297:17 328:5 331:13,14 334:19 335:8 363:14 paged [1] 328:4 pages [3] 89:25 92:18 132:7 paid [1] 271:16 pain [1] 270:7 Pam [7] 12:4 138:2 146:2 154:3 337:18 339:15 362:17 panel [85] 16:1 19:24 20:15 21:7,8 32:11 33:3 33:24 40:16 41:5 42:13 42:25 43:6,24 44:3,5 68:3,24 69:5 70:18 73:21 73:23 77:1 78:1,17 79:1 91:22 92:1 96:1 98:18 99:20 101:16,18,22 104:16 109:17,19,21 110:23 111:5,7,13,15,18</p>	<p>112:6,16 115:5 116:17 117:6 121:5 122:3 128:3 132:22 134:3,12 136:14 158:18 167:15 186:15 187:15 188:12 191:17 194:24 195:8 197:21,24 198:5,10 199:9 202:11 203:2,4,9 221:6,7,10 287:1,6,13 288:8 289:21 302:15 317:25 321:20 347:5 panel's [1] 302:17 panelled [48] 5:12 14:8 14:13 15:8,25 20:1,6,7 21:16 23:6,7 32:4,6 36:17 37:3 39:21 40:3,6 40:11,13,25 41:6,25 42:6 73:1 74:3 90:19 100:18 100:20 101:14 102:2 103:5 108:16 121:5,24 142:4 186:9 190:10 191:3 191:16 193:1 196:4 202:13 203:13,13 219:22 219:25 221:10 panelling [26] 31:24 32:2 32:22 33:1 34:4 39:6 46:23 47:12 48:5 68:9 68:12,18,25 69:25 97:21 124:10,21 186:10 187:1 187:14 190:12 193:11 202:17 220:1 318:14 321:13 panels [1] 273:11 paper [4] 112:2 177:16 185:1 325:8 paragraph [9] 148:1,8 149:8,23 151:3 161:1 307:18,21,22 Pardon [1] 137:6 parentheses [1] 24:19 Parsons [35] 24:23 26:11 34:22 69:9 72:22 74:9 75:2,4 90:8,9,12,13 93:1 104:3,4 105:17 151:14 152:4 168:7 258:5 259:3 259:9 263:2,17 264:4 270:10 271:21 286:17 289:8,18 290:4 291:3,4 293:1 295:16 Parsons' [3] 74:23 91:23 132:1 part [49] 28:19 37:17 41:12 52:5,11 53:19 99:3 124:18 148:17 149:8 158:4,10 159:23 160:5,6 173:3,12,16 176:1 178:9 184:18 198:3 206:15 211:12 228:8 232:11,21 233:5,6 235:25 236:20 243:3 244:21,22 246:4 247:14 250:23 256:12 258:15 265:3 268:19 276:12 280:2 307:19 312:16 314:1 337:19 354:20,21 partial [3] 172:24 173:20 176:3 participate [2] 216:19 217:7</p>	<p>participating [2] 208:11 212:17 particular [20] 7:16 54:12 86:10 140:4,11,24 157:21 173:23 175:2 179:8 225:17 240:16 245:9 269:21 270:4 286:23 289:2,13 297:24 303:3 parts [2] 18:14 227:9 pass [1] 361:19 passed [3] 148:11,19 269:15 past [3] 61:5 260:13 309:25 paste [3] 122:10,18 175:25 pasted [1] 176:5 Pat [1] 167:21 pathologist [10] 98:21 130:7 216:17 277:10,12 277:17 278:13 320:18,20 323:14 pathologist's [3] 273:18 300:8,11 pathologists [4] 68:5 125:1,15,17 pathologists' [1] 276:9 pathology [16] 17:25 92:5 119:25 188:20 221:2 258:18 265:8,9,15 273:20 274:11 276:14 299:14 300:2 323:5 347:7 patient [106] 6:7,16 20:1 24:12,14 25:7 29:14 30:3 30:9,15 31:1 34:9 38:24 39:23 44:1 45:17 47:19 47:21 49:25 50:4 56:12 59:14,18 60:17 65:3,7 67:12 74:15,16 75:8,9 75:25 76:14 79:7,16 82:5 86:10 89:6 92:9 98:8,11 99:16 104:1 108:23 122:4 124:8 128:4 132:21 133:19 134:3,11,13,17 134:18 135:5 140:8,8,9 142:23 158:25 189:8,8 193:24 199:16,20 200:10 222:16 225:17 232:10,13 240:25 241:14 243:2,3 258:8,14 259:5 260:5 261:4,13 262:1 264:12 264:23 266:1,18 267:7,9 267:21,22,23 268:3,7,25 269:10,21,22,24 270:4 270:25 271:5 289:13 309:10 310:10 326:2 341:7 359:8 patient's [10] 24:10 45:14 122:4 196:3 227:17 246:13,15 258:8 286:23 294:10 patients [196] 7:12 8:2 8:10,16 10:25 11:1 17:11 19:24,25 20:4,5,25 21:1 23:9,20 25:15 26:4,13 27:13,15 29:8 30:4 31:23 40:10 41:5,24,25 42:6 43:10,12,19 44:6 46:22</p>	<p>47:8,12,18 49:11 50:11 50:22 52:13 53:16,25 54:2,8 55:11,19 56:5 57:22 59:2 65:14 70:20 70:24 72:16,25 74:2 75:12 76:24 77:2 79:6 81:15 84:15 85:2 87:10 92:5,11,13,15 93:17 98:4 102:8 108:9,12 109:1,6 109:7 116:19,22,24 117:1 118:25 119:23 120:2,17 120:20,21,25 121:2,4,24 132:5,13 139:25 140:4 140:10 142:8 143:13 157:14,19 158:2,10,13 158:14,19 159:4,16,17 160:2,4 166:25 186:8,14 186:17,19,25 188:5 190:19 194:10 196:4 203:3 207:13,19 214:6 215:25 218:25 219:6,9 219:15,21,22 220:2,17 222:20 227:16 238:10 240:22 241:13 244:9,10 244:25 245:19,24 246:3 246:11 247:23 248:8 251:5,10 253:20 258:10 269:6 270:18 271:15 273:12,16 280:16 282:6 290:9 292:18 294:14 297:20 298:7 299:14,25 300:19,22 302:25 307:25 308:9,13,15 309:10,12 309:14,17 310:3 312:21 313:2 317:11 319:18 321:24 322:21 323:3 324:1,20 326:24 340:7 344:10,12 345:1,11 346:6 346:11,15,18,24 347:18 patients' [3] 208:2 214:7 347:17 Patricia [1] 138:1 pay [1] 179:22 paying [1] 177:5 peer [3] 162:1,8 358:22 peers [1] 274:24 Penney [2] 146:10 176:23 people [138] 7:18 11:23 16:5,11,20,25 17:5 18:21 18:24 20:16 21:5,6 22:21 27:3 34:3 36:15 37:12 37:22,23 38:1 41:13 42:12,22 43:19 53:23 55:7 57:23 59:1 63:7,17 68:12 69:17 72:19 73:15 84:18 85:4 86:24 88:6 88:13,14,16,21 91:4 95:21 96:13 100:3 103:24 108:22 109:4 110:15 114:24,25 115:6 116:21 118:16,16,17 125:6,12 126:17 134:24 137:25 139:4,5 140:3,13,22 141:6,13,18,22 142:3,19 142:21 143:18 144:3,4,8 144:8 153:19,21 154:1 161:14 166:24 185:10 188:23,24 189:15 193:4 193:9,10 194:11,16 196:21 197:25 201:11</p>	<p>203:3,12,13,18 204:11 206:5 215:22 221:11,16 229:12 233:1,2 234:12 238:8,25 239:14,14 241:6 247:15 251:20 256:2 257:10 264:20 279:17,20 283:9 291:9 293:20,23 295:5 301:19 307:19 308:8 323:10 325:23 341:9 342:19 345:14,17 354:7 364:24 365:3 people's [1] 48:13 per [1] 83:20 perceived [3] 50:16 158:23,23 percent [31] 49:5,6 74:18 75:10,11 80:19,21 134:5 137:19 176:6 194:12,14 194:15,17,20,21 195:13 195:15,24 196:13 198:10 199:17,20 222:20 300:23 301:10 302:4,4,25 303:7 307:9 perception [23] 51:23 145:15 154:6,24 155:7 155:22,25 156:3 157:9 157:12,22,25 159:23 160:21,25 161:4 185:21 208:20,23 213:19 215:5 244:1,13 perceptive [1] 243:25 perhaps [19] 51:1 81:18 90:5 99:16 122:24 126:8 191:21 216:15,22 223:25 229:23 234:6 243:14 288:3 326:24 327:17 340:25 357:3 358:3 period [17] 6:5 8:21 11:16 23:10 41:19,23 42:2 55:15 59:15 89:15 127:2 129:15 165:16 219:4 264:9 266:20 345:3 periods [1] 63:9 peripheral [3] 48:18 103:10,12 permanent [1] 165:23 permission [2] 140:1 278:23 permit [1] 157:9 perplexed [1] 275:24 person [67] 21:14,16 38:23 39:7 42:11 48:4 58:8 60:7 64:11 74:17 88:5 99:22 111:19 112:19 117:11 132:23 149:6 150:3 151:9 154:19 156:23,25 161:8 163:2 163:11 164:7,10,15,20 164:20 165:25 189:18,24 191:2,15,21 193:1,7,9 194:3,9 195:23,24 196:7 196:17,18 197:7 200:4,6 202:12 205:1,3,11 226:23 230:12,18,22 234:1 240:18,18,25 242:8 264:3 272:11 336:12 353:22 356:24 person's [1] 190:1 personal [5] 154:16</p>
--	--	---	---	--

<p>161:19 175:21 176:9 309:7 personally [1] 313:17 persons [1] 235:18 perspective [23] 53:12 53:14,17 55:7 64:4 66:9 67:9,10,12 93:9 103:19 143:4,6 189:23 194:24 198:2 232:3 243:2,2,7 302:14,16 309:6 pertaining [3] 154:17 161:24 174:25 pertains [1] 231:24 pertinent [4] 72:15 180:18 347:6 357:6 Peter [1] 312:12 Pgs [1] 2:3 phone [13] 50:18,19 61:13 69:9 72:9,23 90:9 144:5 216:19 298:5 328:9 335:20 352:22 phoning [3] 34:8 144:4 166:25 physician [15] 21:3 70:15 76:12 99:12 102:6 103:9 122:4 132:21 158:18 186:8 287:12 319:19,25 320:4,24 physicians [18] 43:1,13 91:23,25 104:16,20 105:4 105:7 106:5 107:7 109:19 114:15 197:22 263:7 264:6 274:1 288:8 321:6 physicians' [1] 187:10 pick [5] 18:18 24:2 114:18 181:16 221:2 picked [4] 86:23 114:1 303:2 345:22 picking [4] 88:13 145:9 145:18 181:18 piece [4] 115:14 116:6 325:8 326:3 Pierre [2] 120:21,25 Pike [1] 1:14 Pilgrim [28] 12:4 49:24 53:1 121:15 138:1 139:12 165:17 166:4,9 230:24 257:13 302:22 306:23 307:5 312:11 313:21 314:11 325:24 328:2,5 330:4 331:11 332:3 334:3 334:6 338:17 363:1,11 Pilgrim's [1] 167:9 pinpoint [1] 225:16 place [8] 131:4 221:7 225:4 245:23 274:23 293:20 295:19 316:13 placed [2] 109:7 116:25 places [1] 188:6 plaintiff [1] 214:4 plan [25] 46:11 61:15 94:23 125:19,23,25 186:21 190:6 219:11,17 220:24 221:4 232:9,13 233:15,18 250:8 252:2,5 253:10,12,13 256:22</p>	<p>277:23 292:21 planned [1] 121:9 planning [2] 35:20 94:3 plausible [3] 353:15 354:19 355:13 play [1] 198:6 played [2] 156:13 226:7 playing [1] 158:24 pleased [1] 173:14 plus [1] 193:3 point [77] 10:25 15:24 18:25 23:23 30:5 34:8 34:14 36:6 38:8,10,23 39:11,14 40:9 43:5,22 54:22 58:25 67:23 68:15 71:13,19 72:3 73:22 80:17 93:8,11 94:4 102:11,22 107:24 108:4 108:15 110:8 115:21 118:9 119:1 122:14 126:3 128:25 150:2 152:14 162:17 176:13 178:5,14 186:23 199:4 204:22 208:6 213:17 226:10 227:11,13 232:12 233:18 234:5 245:17 246:3 247:22 248:25 250:8 251:11 254:16 263:4 291:19 296:11 298:25 301:3 308:3 320:24 327:6 328:13 329:25 360:25 364:7,25 pointed [2] 231:21 281:10 points [3] 264:19 309:9 311:21 policy [3] 233:21,25 234:6 pop [1] 36:13 portfolio [2] 62:8,15 portion [3] 236:4,24 311:22 portions [2] 347:25 348:2 position [7] 62:10 63:8 156:14,16 229:20 260:9 363:23 positive [27] 68:13 96:22 99:4,24 100:13,13,18,20 101:2,13,23 124:4 128:11 189:1,7 192:2,9 194:14 203:3 222:19 233:8,13 235:14 237:25 344:11 345:2 347:2 positives [9] 8:23 68:3,9 68:18,25 69:2,3,5,18 positivity [16] 124:13 126:5,10,11,16,18 127:17 193:14,16,20 194:7,13 195:14 196:1 199:13 201:12 possession [1] 317:25 possibility [3] 228:12 238:3 247:4 possible [7] 107:19 113:8 143:11 266:24 299:19 309:13 337:10</p>	<p>possibly [5] 34:17 70:11 144:10 161:20 359:19 post [2] 134:9 222:17 potential [16] 23:18 34:4 39:20 46:23 117:8 188:13 208:20 213:14 215:5 225:24 232:9 240:1 241:22 261:25 262:10 354:13 potentially [5] 144:3 146:22 155:7 247:7 261:11 potentials [1] 192:18 PR [23] 49:5,6 74:18 75:10,11 92:16,17 126:10 128:5 188:25 189:7,20 194:1,2 195:25 197:7 199:18,18 201:11,11,13 203:2 302:3 PR/ER [1] 145:25 practice [11] 120:2 139:2 139:7 140:12 213:23,25 214:3,9 243:9,11 262:8 pre [1] 308:13 pre-invasive [1] 307:25 pre-planned [1] 64:20 predetermined [1] 111:22 Predham [982] 2:2 4:3,7 4:8,12,18,23 5:8,14,21 5:25 6:9,13,21 7:4,8,15 8:4,11,20 9:1,13,19,25 10:6,13,17 11:5,12,17 11:25 12:7,11,19,25 13:4 13:15,22 14:10,15,19,25 15:13 16:2,8,14,23 17:12 18:5,12 19:1,5,19 20:9 20:20 21:10,20 22:2,8 22:13,18,25 23:11 24:1 24:7,16,22 25:4,9,13 26:5,9,20 27:23 28:9,18 28:23 29:17,18,24 30:16 31:2,13 32:5,12,18,24 33:11,20 34:11,14,19 35:4,9,13,18 36:8 37:7 37:19 38:5,14,20,25 39:10,25 40:14,20 41:1 41:8,18 42:1,8 43:3,14 43:20 44:7,11,21 45:6 45:11 46:1,7,17,25 47:7 47:15 48:2,11,19,23 49:8 51:4 52:14,19,23 53:5 53:13,24 54:3,11,24 55:3 55:12,16,24 56:17,24 57:7,17,20,24 58:19 59:7 59:12 60:13,18,23 61:2 61:24 62:5,20 63:5,18 63:23 64:18 65:11,18,23 66:7,19 67:16 68:10,19 69:1,7,21 70:2,9,19 71:8 71:15,20 72:10,20 73:11 73:16,24 74:4,11,22 75:3 75:14,21 76:7,11,20 77:3 77:7,12,18 78:3,11,16 79:2,11,18 80:25 81:12 81:22 82:6,16,25 83:7 83:12,23 84:4,8,19 85:7 85:17 86:1,11,17 87:2,6 87:12,22 88:18,24 89:9 89:18 90:7,23 91:6,10</p>	<p>91:16,20 92:7,22 93:12 93:19 94:5,14 95:11 96:7 96:19,25 97:6,10,22 98:1 98:10,16 99:2,10,19 100:5,14,21,25 101:6,15 101:19,24 102:3,10,19 103:14 104:5,9,18 105:1 105:9,16,20,25 106:6,14 106:18,24 107:3,9,24 108:2,7,17 109:10,16,23 110:3,19,22 111:3,14,24 112:4,9,14 113:5,11,21 114:5,10,17,21 115:11 115:18,23 116:3,7,14 117:4,15 118:1,8 119:3 119:7,19 120:8,12 121:3 121:20 122:7,11,16 123:14 124:23 125:8,14 125:24 126:12 127:4,8 127:13,19 128:7,19,24 129:13,23 130:2,6,13,19 131:13,25 132:3,11 133:5 133:9,20 134:20,25 135:6 135:11,24 136:7,21,25 137:5,9,17 138:11,13 139:6,20 140:6,25 141:8 141:20 142:1,10,16,20 143:16,23 144:6,12,15 144:25 145:7,14 146:2,7 146:12,18 147:4,10,18 147:22 148:23 149:3,10 149:14,19,24 150:5,11 150:19 151:5,25 152:6 152:12 153:1,5,13 155:2 155:8,20 156:4,15 157:1 157:5,15 158:3,15 159:1 159:8,15,21,24 160:14 161:7,25 162:5,10,16,21 163:6,19 164:25 165:11 166:12,17,21 167:2,8,25 168:12,18,22 169:2,8 170:2,5,11,16,20 171:2 171:14,16,25 172:9,19 173:8,18,25 174:4,12,18 175:4,13,17 176:11,15 178:3,4,20,25 179:10,17 180:1,16,24 181:4,12,20 182:5,12,20 183:1,7,19 183:25 184:4,9,17 185:3 185:7,17,22 186:1,16,20 187:2,17,21 188:11 189:4 189:13 190:4,15,20 191:5 191:12,18,22 192:6,19 193:5,12 194:4,22 195:19 196:2,14,20,25 197:10 197:17 198:15,21 199:2 199:23 200:5,11,17,25 201:18,25 202:5,14,20 203:5,10,21,25 204:5,13 204:17,25 205:4,12,25 206:1,17,22 207:5,10,20 207:25 208:15 209:1,11 209:18,23 210:8,12,18 210:24 211:4,19,23 212:5 212:13,24 213:4,10,15 213:20 214:8,20 215:1,6 215:10 216:6,11,22,24 217:9,21 218:1,7,13,20 219:18,23 220:6,10,15 220:21 221:9,17 222:3,7 222:20,25 223:8,12,20 224:4,15 225:1,22 226:17 227:5,24 228:4 229:16</p>	<p>230:1,6,20 231:6,10,15 231:20 232:20 233:22 234:2,10,20 235:2,7 236:6,18,25 237:5,13,22 238:7,21 239:7,20 240:10 240:20 241:3,25 242:14 242:19,24 243:15,25 244:15 245:4,11,20,25 246:6,12,19,25 247:9,13 248:9,17,21 249:7,12,19 249:23 250:4,11,16,22 251:12,24 252:10,21 253:1,11,25 254:6,13,21 255:6,11,21 256:7,16,21 257:2,4,9,20 258:1,11 259:11,15,20,25 260:10 260:17,24 261:6,15,20 262:2,7,14,23 263:8,23 264:7,25 266:4,8,13,19 266:25 267:11,19 268:5 268:11,15,20,23 269:1 269:11,18 270:1,12,19 271:2,7,11,20,25 272:7 272:13,23 273:1,5,10 274:5,17 275:8,15,19 276:1,5,23 277:2,19 278:5,15,20 279:1,7,15 279:24 280:8 281:3,18 281:22 282:1,8,16 283:6 283:11,16,20 284:4,15 284:20 285:4,10,19 286:3 286:7,13,18 287:7,18,23 288:4,10,14,19,23 289:10 289:14,20 290:2,8,14 291:2,14,25 292:7,14,19 292:25 293:7,24 294:4 294:17 295:3,7,11,15 296:4,13,19 297:5,10,23 298:11,19 299:1,7,17 300:4,25 301:5,15,22 302:5,11 303:4,8,15,17 303:23 304:3,14,19,24 305:4,19 306:8,20 308:3 308:4,16,21 309:1 310:7 310:19 311:1,13,23 312:3 312:23 313:23 314:13,19 314:23 315:3,8,19,23 316:2,16,21 317:2,9,15 318:4,15,22 319:3,8,21 320:1,10,15,19,23 321:8 321:14,25 322:4,17,24 324:2,10,15,21 325:4 326:9,15,20 327:1,7,13 327:21 328:11,17 329:1 329:5,11,20 331:1,3,9 331:19 332:14,22 333:1 333:9,18,22 334:1,8,14 334:23 335:3,15,21 336:2 336:9,18,23 337:5,11 338:7,19,24 339:10 340:1 340:8,14,20 341:3,16,23 342:5,11 343:7,22 344:19 345:8,15 346:3 347:10 347:20 348:4,11,18 349:1 349:14,19,25 350:7,15 350:21 351:3,12,18,24 352:5,10,19 353:6,14 354:1,18 355:11,22 356:1 356:8,22 357:9,18,24 358:13 359:1,7,10,25 360:8,13,20 361:4,11,17 362:1,5,9 363:4,11,18 preliminary [1] 248:23</p>
---	---	--	---	---

<p>premier [4] 327:16 328:16,18 329:10</p> <p>premise [1] 150:14</p> <p>premises [1] 234:14</p> <p>preparation [1] 296:10</p> <p>prepared [4] 297:17 304:11,13 315:18</p> <p>preparing [4] 303:15,18 310:13 328:14</p> <p>prescreen [1] 27:6</p> <p>prescreening [3] 25:17 25:25 26:22</p> <p>prescribed [2] 344:13 344:23</p> <p>present [12] 153:25 162:22 169:21 183:11 218:11 220:19 221:24 230:22,25 264:20,20 269:22</p> <p>presentation [5] 310:9 310:12,14 311:4,17</p> <p>presented [1] 121:17</p> <p>press [7] 250:14 251:22 252:3 253:14 256:14,23 364:25</p> <p>pressure [1] 257:23</p> <p>presumably [5] 20:19 21:5 69:6 127:7 229:13</p> <p>presume [1] 276:19</p> <p>presumptuous [1] 252:25</p> <p>pretty [5] 82:8 182:7 194:6 261:9 265:6</p> <p>prevent [1] 60:21</p> <p>previous [6] 50:12 175:20,25 177:11 236:1 305:7</p> <p>previously [9] 16:16 76:2 109:3,4 119:17 133:15 136:20 280:20 345:12</p> <p>primary [3] 56:6 242:25 317:10</p> <p>print [1] 323:5</p> <p>printing [2] 323:8,9</p> <p>priority [1] 27:14</p> <p>Pritchard [3] 147:23 364:5,6</p> <p>Pritchard/Jackie [1] 1:8</p> <p>Pritchett [3] 1:16 364:15 364:16</p> <p>privileged [2] 169:22 183:13</p> <p>problem [53] 28:2 31:5 31:8 42:14 50:21 52:7 52:11 54:16 55:4,25 56:20 58:24 65:12,15,21 66:1,4,13,16 87:19 88:16 139:9 197:18,19 219:2 222:14,23 223:19 224:8 225:11,15,17,21 227:1,4 227:13 228:13 231:19 235:23 263:13 274:4 275:6,13,25 276:4 278:19 353:23 354:4 356:2,3,6</p>	<p>356:16 359:12</p> <p>problems [9] 27:19 199:7 224:20,24 225:20 227:18 270:7 272:24 354:15</p> <p>procedure [1] 270:16</p> <p>procedures [1] 219:3</p> <p>proceed [1] 176:25</p> <p>process [51] 13:7 25:2 58:9 60:1,7 70:1 72:6,7 104:19 109:22 113:2,3 125:3 129:8 149:9,17 155:1 156:2 180:4 187:1 193:11 203:9 255:25 272:20 294:24 296:9 300:21 305:25 313:1 316:11,13,17 317:8 318:14 319:2 321:2,13 321:19 322:22,23 323:20 329:23 342:15 344:1,3 346:17,20,24 347:3,5 350:1</p> <p>processed [1] 219:5</p> <p>processes [1] 232:1</p> <p>produce [1] 338:6</p> <p>produced [3] 219:10,16 303:14</p> <p>product [1] 312:20</p> <p>progesterone [1] 134:6</p> <p>program [5] 13:9 139:8 141:3 241:8,10</p> <p>programs [3] 64:3,8 165:20</p> <p>progress [7] 70:16 78:5 216:12 342:12,14 343:12 343:15</p> <p>progressed [4] 207:1 232:22 233:1 279:25</p> <p>progression [4] 117:17 117:21,21,23</p> <p>pronounce [2] 324:24 325:1</p> <p>proper [1] 71:2</p> <p>proposed [2] 266:1 313:22</p> <p>proposing [1] 206:21</p> <p>protected [1] 154:18</p> <p>provide [21] 21:8 40:6 72:13,17 94:23 142:14 146:25 174:17 177:22 180:11 202:18 212:9 220:20 221:23 269:4 297:9 309:24 310:25 312:13 329:17 331:14</p> <p>provided [14] 38:18 103:20 121:24 144:24 148:9 168:14 175:11 176:18 184:16 201:23 217:20 222:8 304:16 339:9</p> <p>provider [1] 309:11</p> <p>providing [14] 36:24 44:5 78:23 123:21 151:8 161:5 257:21 269:6 309:13,20 310:8 317:23 337:3 339:7</p>	<p>province [2] 244:20 300:15</p> <p>provision [3] 171:13 236:10 276:10</p> <p>proviso [1] 359:20</p> <p>provisos [1] 233:11</p> <p>public [4] 27:18 58:11 157:11,24</p> <p>pull [1] 234:17</p> <p>pulled [1] 190:1</p> <p>Pullman [2] 206:7,10</p> <p>purpose [11] 4:21 42:25 110:4 160:17 179:7 195:14 207:24 214:18 262:6 305:17 330:2</p> <p>purposes [2] 305:3 336:13</p> <p>pursuing [2] 66:5 143:13</p> <p>pursuit [3] 106:4 143:15 159:18</p> <p>put [33] 23:1,3 39:3 40:8 79:10 99:6 116:13 135:22 165:22 171:19 173:1,7 187:1 190:6,12 199:22 261:13 274:22 276:20 286:1 300:14,14 313:11 316:13,17 321:12 328:2 331:12 339:14 355:10 358:7,15 359:20</p> <p>putting [8] 63:24 66:8 95:9 111:1 118:4 341:12 353:23 359:4</p> <hr/> <p style="text-align: center;">-Q-</p> <p>Q.C [885] 1:6,7,8,12,14 2:3 4:3,5,10,20 5:4,10 5:19,23 6:3,11,15 7:1,6 7:10,24 8:8,13 10:10,15 11:9,14,20 12:2,9,13,21 13:2,12,19 14:1,12,17 14:23 15:4,23 16:4,10 16:19 17:4 18:1,7,20 19:3,13,21 20:12 21:4 21:17,23 22:5,10,15,20 23:4,13 24:4,9,18,25 25:11,20 26:7,16 27:8 28:7,12,21,25 29:20 30:12,23 31:11 32:10,14 32:20 33:14,22 34:13,25 35:6,11,16,25 36:12 37:11,21 38:11,17,22 39:2,18 40:2,17,22 41:3 41:16,22 42:3,18 43:8 43:16 44:2,9,13 45:3,8 45:13 46:3,9,21 47:3,11 47:24 48:16,21,25 49:21 52:10,16,21,25 53:8,22 54:1,5,20 55:1,9,14,18 56:10,22 57:3,14 65:10 65:20,25 66:15 67:7,18 68:14,21 69:4,16,23 70:5 70:12,21 71:12,17,25 72:12 73:7,13,19 74:1,6 74:13,24 75:7,17,24 76:9 76:15,23 77:5,9,16,22 78:6,14,21 79:4,13 80:16 81:8,14 82:3,11,22 83:2 83:9,14 84:2,6,10,21 85:12,20 86:8,13,22 87:4</p>	<p>87:9 89:3,13,22 90:20 90:25 91:8,12,18 92:2 92:10 93:7,14,23 94:9 94:16 95:24 96:17,23 97:2,8,12,24 98:3,13,23 99:8,14 100:2,8,16,23 101:4,11,17,21 102:1,7 102:16,23 103:16 104:7 104:11,22 105:6,11,18 105:22 106:2,11,16,20 107:1,5,14 108:5,10,19 109:18,25 110:13,21 113:15 114:2,7,14,19 115:2,13,20 116:1,5,9 116:18 117:12,22 118:3 118:19 119:5,15,21 120:10,14 121:10 122:9 122:13,22 123:3,8,12,16 125:5,10,21 126:1,23 127:25 128:15,22 129:9 129:21,25 130:4,23 131:3 131:9,20 132:2,17 133:7 133:12,23 134:22 135:3 135:8,18 136:1,16,23 137:3,7,14,20 139:1,17 139:24 140:17 141:5,14 141:24 142:6,13,18 143:8 143:20 144:2,11,20 145:4 145:12,19 146:9,14,24 147:7,12,20 148:25 149:5 149:12,16,21 150:1,7,25 151:23 152:3,8,21 153:3 153:10,16 155:5,17,24 156:11,18 157:3,7,20 158:12,17 159:3,10,20 160:8,22 161:22 162:3,7 162:13,19 163:1,15 164:17 165:6,14 166:14 166:19,23 167:4,11 168:3 168:15,20,24 169:4,10 170:8,13,18,24 171:4,21 172:5,16 173:2,13,22 174:2,8,15,21 175:7,15 176:10,19 178:17,22 179:4,15,20 180:10,21 181:1,8,14 182:2,10,17 182:23 183:5,9,21 184:2 184:6,12,24 185:5,13,19 185:24 186:4,18,22 187:4 187:19,24 188:22 189:6 189:25 190:9,17 191:1,8 191:14,20 192:3,21 193:8 193:23 194:8 195:11,21 196:11,16,22 197:6,14 198:7,17,24 199:15 200:3 200:8,13,19 201:7,21 202:2,9,16,24 203:7,14 203:23 204:2,9,15,20 205:2,9,14,23 206:19 207:2,7,16,22 208:9,17 209:7,20 210:3,10,15,21 211:1,14,21,25 212:7,16 213:1,8,12,18 214:2,16 214:22 215:3,8,15,19 216:8 217:5,11,23 218:3 218:10 219:1,20 220:3,8 220:12,18 221:5,15,22 222:5,10 223:6,10,17,23 224:11,21 225:12 226:11 226:22 227:14 228:1,10 231:14,23 233:19,24 234:4,16,22 235:4,15 236:15,22 237:2,10,15</p>	<p>238:5,14,23 239:12 240:3 240:14,23 241:15 242:5 242:18 243:12,24 245:1 245:7,16,22 246:2,8,17 246:22 247:2,11,21 248:15,19 249:5,10,14 249:21,25 250:6,13,18 250:24 251:17 252:7,17 252:23 253:3,21 254:2 256:4,9,18 257:1,6,15 257:24 258:3,13 259:13 259:18,23 260:7,15,21 261:2,8,17,22 262:5,12 262:20 263:1,15,25 264:15 265:2 266:6,10 266:16,22 267:6,14 268:2 268:9,13,18,22 269:8,13 269:20 270:3,15,23 271:4 271:9,13,23 272:4,10,16 273:3,7,23 274:12 275:4 275:10,17,23 278:17,22 279:12,21 280:3,10 281:16,20,24 282:4,12 282:24 283:8,13,18 284:1 284:6,17 285:1,6,15,24 286:5,11,15,20 287:16 287:20,25 288:6,12,16 288:21,25 289:12 290:16 291:11,20 292:4,10,16 292:23 293:3,13 294:2,6 295:2,9,13,18,25 296:16 296:24 297:7,14 298:1 298:15,21 299:5,11,21 300:17 301:2,7,17,24 302:7,20 303:6,10,20,25 304:5,21 305:1,13 306:3 306:12 307:2 308:11,18 308:24 309:3 310:17,24 311:9,19,25 312:6,25 314:8 315:15,21,25 316:9 316:19,25 317:6,13,22 318:11,17 319:5,17,23 320:8,13,17,21 321:4,10 321:16 322:19 323:24 324:8,12,18 325:2,21 326:13,18,22 327:4,12 328:10,23 329:3,7,14 330:13,18,25 331:5,17 332:11,18,24 333:3,15 333:20,24 334:5,10,16 335:7,12,17,23 336:5,15 336:20,25 337:7,13 338:15,21 339:1,12 340:3 340:10,16,24 341:10,20 342:4 343:3 344:7,21 345:10,23 346:5 347:13 347:22 348:8,14,23 349:6 349:16,21 350:3,9,17,24 351:8,14,22 352:1,7,15 352:25 353:8,19 354:11 355:3,15,24 356:5,17 357:2,16,22 358:1,19 359:3,22 360:5,10,17,24 361:8,13,22 362:3,7,15 363:9,20 364:1 365:5</p> <p>QA [4] 148:13,13 149:8 150:23</p> <p>QI [1] 150:2</p> <p>quadruple [2] 94:21 95:4</p> <p>quality [52] 42:11 57:23 58:2,7,8,16,18,22 59:1,4</p>
--	--	--	---	---

<p>59:10,24 60:2,7 61:7,10 61:23 62:7,13,15,22 63:2 63:16 64:2,4,5,14 121:13 121:16,19 138:14 140:14 147:15 148:18,21 150:10 150:16 154:17 157:17 161:24 162:11,12 165:19 165:23 174:25 224:23 244:16 272:20 280:18 304:15 309:24 358:22</p> <p>quality's [2] 60:11,16 qualms [5] 337:20 339:2 343:1 344:9 357:20</p> <p>quantity [1] 138:23 queried [1] 93:17 query [3] 92:14 132:5,6 querying [1] 93:25 questioning [4] 34:20 129:12 213:21 215:12</p> <p>questions [14] 49:10,13 49:14,20 73:5 107:20 131:10 154:21 161:14 256:19 313:10 325:18 364:8,13</p> <p>quick [2] 86:19 330:14 quickly [3] 34:7 256:6 266:24</p> <p>Quinn [28] 29:2 144:14 144:24 145:24 146:5 147:3 148:8 153:22 156:21 157:10 168:11 171:8,12,15,23 172:18 176:14 177:1,19 178:10 179:22 180:12 181:17,19 182:25 183:18 200:22,22</p> <p>Quinn's [2] 151:2 173:10</p> <p>quite [2] 74:2 92:15 quotes [1] 259:5</p>	<p>readily [1] 286:1 reading [3] 23:24 24:2 342:1 realize [5] 109:15 263:10 263:11 304:17 316:7 realized [2] 24:5 249:2 really [48] 7:17 16:18 27:14 28:5 35:19 41:20 42:16 43:18 44:1 45:24 63:16 68:20 88:2 94:6 96:14,15 102:20 112:24 114:24 139:15 162:17 171:3 177:4 198:3 201:8 215:11 220:22 225:16 226:6 230:7 246:20 252:14 274:25 276:11 277:10 296:14 311:14 314:6 317:16 330:2,11 332:4 333:13 338:8 341:25 353:16 357:12 359:6</p> <p>reason [20] 9:23 75:20 75:22 95:8 151:20 152:9 175:18 179:13 255:1,15 278:3 314:17 315:6 321:23 323:1 329:18 332:2 333:12 350:5,8</p> <p>reasonable [2] 235:22 261:14</p> <p>reasons [3] 15:8 248:2 358:9</p> <p>receipt [2] 13:24 103:25 receive [15] 6:18 56:18 56:23 67:2 73:10 182:25 183:3 190:14 265:14 266:18 268:25 296:6 309:14 345:17 346:14</p> <p>received [31] 9:11 12:15 13:13 14:6 29:6 46:14 46:16 56:15 57:5 66:18 81:15,17 84:15 91:22 98:24 99:17 104:16 122:1 140:23 144:16 147:2 153:21 167:18 173:5 187:11 190:2 265:24 274:15 326:1 345:3,6</p> <p>receiving [6] 117:2 136:9 146:3,6 156:21 344:14</p> <p>recent [1] 62:18 recently [6] 35:2 116:6 132:14 218:2,4 326:11</p> <p>receptor [3] 1:2 154:1 366:4 receptors [1] 148:4 RECESS [1] 295:22 recognition [1] 244:1 recognized [2] 132:12 343:19</p> <p>recollection [8] 57:4 81:17 83:10 85:4 104:23 170:21 264:8 338:16</p> <p>recommend [1] 50:10 recommendation [10] 109:12 110:16 122:3 189:18 190:11 191:3,25 192:5 255:14,16</p>	<p>recommendations [6] 43:11,18 108:25 116:23 118:14 313:2 recommended [4] 51:11 103:5 116:24 251:20 recommending [2] 51:7 51:25 recommends [1] 134:14 reconciled [1] 119:16 record [8] 7:25 8:6 30:17 31:7 105:19 110:22,24 235:18 recorded [1] 114:20 recording [1] 5:13 records [15] 17:3 47:20 85:24 138:3,14 140:13 142:23 144:1 160:16 173:15 174:22,23 335:14 346:9 347:7 recreate [1] 113:24 recruit [1] 206:12 recurrence [3] 25:8 109:2 133:17 recurrences [2] 17:2 27:4 redacted [2] 90:3 285:13 redo [1] 14:21 redone [1] 129:7 reduce [1] 53:20 reduced [2] 177:16 185:1 reduces [1] 177:18 reducing [3] 56:4 58:1,5 reexamined [1] 265:19 refer [5] 50:17,20 51:21 234:18 302:25 reference [15] 25:14,16 92:13 95:4 136:6 183:10 183:23 184:15 233:10 234:7,24 236:2 258:14 284:24 301:3 referenced [3] 67:22 134:24 183:14 references [1] 150:15 referencing [1] 134:3 referral [1] 346:1 referred [6] 8:1 45:19 50:15 116:19 243:20 295:5 referring [15] 15:12,14 16:7 32:3 113:20 237:7 237:7 240:12 294:16 312:21 326:8 327:23 339:24 340:11 347:9 refers [2] 148:1 235:16 refine [1] 177:7 reflect [7] 25:3 26:17 151:22 227:7 229:17 231:21 242:19 reflects [4] 227:10 229:1 229:2 230:18 Reg [1] 148:11 regard [4] 105:23 106:13 113:17 305:18 regarding [18] 12:15</p>	<p>39:19 68:8,17 70:7 86:9 88:16 120:23 121:22 124:1 147:16 153:25 208:1,13 215:24 293:18 296:8 327:18 regardless [3] 98:24 202:11 309:17 regards [1] 65:7 region [14] 16:21 17:1,2 29:8 43:13 79:8,17,20 81:16 106:23 277:24 285:12 300:11 346:9 regional [6] 1:10,17 19:22 32:9 33:18 153:24 regionalization [1] 87:24 regions [33] 17:3 19:23 20:4,7,18 21:3,6 32:17 33:9,10,12 39:20 40:4 40:12 41:24 42:9,10,11 44:4 46:13,13,16 90:10 90:21 106:22 119:10 120:15 277:8 300:12 319:6 346:14,21 347:4 registered [1] 294:15 Registrar [13] 4:11 22:6 49:2 73:20 74:16 123:1 123:6,10 188:4 215:17 296:1 335:9 349:8 registrations [1] 30:20 Registry [2] 34:17 346:8 regular [1] 115:5 reimbursed [3] 270:25 271:6,15 reimbursement [3] 270:9 272:2,12 reiterate [1] 52:4 rejected [3] 255:17,23 255:24 relate [1] 255:5 related [6] 138:6,24 150:10 294:23 312:18 313:3 relation [4] 115:15 297:21 326:23 334:21 relationship [1] 309:11 relative [1] 247:19 relative's [1] 239:22 relatives [4] 208:2 238:10 246:14 256:2 relayed [1] 121:1 release [20] 145:25 154:15,19 161:15,18 163:3 165:9 173:20,20 177:2 236:11 250:14 251:22 252:4 256:1,14 341:14 342:16,19 344:2 released [11] 151:18 170:2 175:22 178:8 184:20 253:18 339:19 341:17,22 343:11 356:20 releasing [2] 158:8 343:5 relevance [1] 164:19 relevant [4] 83:22,24 181:17 341:11 reluctant [3] 358:3,3,9</p>	<p>rely [1] 116:12 remain [1] 154:25 remained [1] 199:19 remaining [3] 108:14 108:16 247:23 remarks [1] 140:18 remember [98] 7:17 10:18 19:7 35:14,21 41:2 41:20 42:17,23 49:15 53:6 56:25 57:10,12 67:5 82:17 102:21 106:7 127:21 151:6,16 152:1 172:21 182:22 193:13,18 202:7 223:1,5 224:10 225:6,7 226:19 229:10 232:21,21 233:6,10 235:3 235:6,8,8,10 236:19,20 237:6,23 239:23 242:1 246:20 257:11 268:12,21 271:3 272:9 281:6 288:15 288:24 293:8,8,10 296:14 297:24 311:2,2,4,14,16 311:16,24 326:12,21 327:22,25 330:2 331:10 331:11,23 333:13 336:3 338:8 341:25 348:12,13 349:2,3 350:22 352:6,12 353:16,21 355:4 360:1,2 360:7 363:5,6,7 remembered [1] 314:1 remind [1] 167:7 reminder [1] 292:5 removal [2] 258:20 265:22 removed [3] 148:13,17 150:9 renamed [1] 362:20 repeat [2] 134:7,10 repeating [1] 331:7 replace [1] 63:11 reply [1] 171:15 report [25] 121:19 123:15 123:21 128:5 134:5,7,10 139:12 140:23 141:1,11 160:18 161:16 217:19 230:12,14 231:2 237:12 237:20 257:18,22 265:9 274:11 276:15 278:24 reported [9] 36:19 37:16 37:18 98:19,21,22 230:17 280:20 338:23 reporting [5] 138:20 140:20,21 194:13 295:4 reports [6] 153:23 162:6 162:23 164:3 201:3 323:5 representatives [2] 241:8 265:13 reprimanded [1] 330:4 request [60] 83:20 140:15 144:13,13 146:23 147:2,6 148:7,7 150:4 150:17 151:2 153:9,22 154:3,6,7 155:21,23 156:8,24 160:24 162:22 163:18 164:2,6,7,11,16 166:16 167:13 168:2,10 168:17 169:14 170:3,10</p>
---	---	--	---	---

-R-

<p>172:18,23 173:5,10,15 175:3 176:24 177:1,7 178:19 179:3,6,23 208:21 246:16 261:14 270:24 274:9 297:15 339:20 341:18,22 352:16</p> <p>requested [11] 41:6,10 48:3 164:1 177:3,12 185:18 230:13,18,22 268:8</p> <p>requests [9] 152:15,16 163:21 165:21 175:20,25 176:3 180:7,9</p> <p>require [9] 15:10 17:8 94:22 124:6 299:14,16 300:2 312:18 313:19</p> <p>required [7] 18:19 70:14 120:1 189:24 214:11 301:23 314:6</p> <p>requirement [1] 127:11</p> <p>requiring [2] 329:18 346:6</p> <p>reread [1] 129:6</p> <p>reschedule [1] 215:23</p> <p>research [3] 83:18 182:1 182:3</p> <p>reservation [2] 208:10 288:22</p> <p>resolved [1] 209:15</p> <p>resource [1] 165:22</p> <p>resources [1] 65:6</p> <p>respect [15] 9:9 17:10 20:3 60:17 79:5 88:23 120:21 123:22 158:25 167:12 212:3 242:9 279:14 328:14 337:8</p> <p>respectively [1] 134:11</p> <p>respond [2] 163:17 216:18</p> <p>responded [2] 151:1 326:10</p> <p>responding [3] 144:13 150:4 165:21</p> <p>response [14] 36:1 57:4 85:21,23 147:1 148:7 166:3 172:17,24 181:2 244:3 249:6 280:12 304:12</p> <p>responsibilities [1] 245:12</p> <p>responsibility [7] 47:14 50:17 105:7,8 244:6 309:22 310:22</p> <p>responsible [2] 103:8 150:3</p> <p>rest [4] 28:19,22 101:2 244:24</p> <p>result [14] 7:14,14 10:3 10:4 110:18 130:16 133:14,14 246:9 272:20 280:18 313:4 345:20 356:13</p> <p>resulted [4] 219:11,17 220:23 354:16</p> <p>results [111] 5:12 6:19 7:3,19,22 9:11 11:2,3</p>	<p>14:3,5,16,18,20 15:15 17:5 19:7,9,11 21:13 22:16,22 24:11,13 26:2 27:5 29:25 30:1,6,8 31:22 33:4,7 37:14,15 37:18 38:7 39:12 45:14 45:17,19 46:12,14,16 49:11 61:14 71:23 79:7 79:16 80:11,23 81:16,20 81:25 82:2,8,9 83:5 84:16 85:1 89:20 93:3,3 97:15,20,23,25 102:9 108:8 117:18 118:25 122:2 123:24 129:2,7,12 129:16,17,18 138:8 140:10 141:16 193:2 195:9 200:22 201:5 207:15 219:3,10,13,16 219:22 239:10,22 240:1 249:4 258:18 265:8 280:19 302:16 314:5 318:12 334:24,25 345:19 346:16,23,25 347:8,17 347:18 354:17</p> <p>RESUMES [1] 2:2</p> <p>retain [1] 284:22</p> <p>retained [9] 138:4 139:25 140:4 142:9,24 143:6,14 212:2,22</p> <p>retaining [1] 159:18</p> <p>retest [13] 6:24 10:4 69:2 71:23 93:3 94:3 128:9 245:18 246:10 247:23 249:4 250:3 258:17</p> <p>retested [30] 9:10 16:16 71:14 81:5,6 93:5,18 102:14 119:23 125:2 126:17,21 132:15 219:10 245:24 246:5,15 247:8 247:20 248:7 249:17 251:11,14 265:8 298:8 300:24 303:1 326:16 346:16,19</p> <p>retesting [20] 23:21 25:24 26:19 84:25 90:16 92:14,20 96:22 108:13 127:12 132:7 265:5 296:9 300:20 301:8,12,23 334:24 346:7,13</p> <p>retests [1] 69:19</p> <p>retired [2] 51:15,19</p> <p>retro [35] 96:24 123:22 124:2 129:11 131:10 134:19 135:13,19 188:2 188:9,13,13 192:24 193:14 194:3 195:16,22 195:25 196:8,24 197:5,8 197:23 203:18,24 273:13 288:1,5 298:16 300:18 301:4,13 302:1 339:24 345:4</p> <p>retrospective [1] 93:11</p> <p>return [2] 346:16,23</p> <p>returned [7] 24:11 25:22 45:15,17 108:8 118:25 347:1</p> <p>retyping [1] 176:1</p> <p>reversed [1] 250:2</p> <p>review [81] 11:23 15:10</p>	<p>15:19,19 18:10 37:14 46:11 119:24 121:23 124:6 125:1 132:22 135:19 138:17 142:9,25 154:13,17 158:18 161:24 162:2,9,11,12 166:6 174:25 177:4 189:11 209:3 214:10 217:13 218:8 237:8 252:2 258:16 265:3,11 272:20,21 274:2 276:9,12 277:11,17,23 277:25,25 278:25 279:6 280:15,18,21 283:9 286:22,23 287:3,6 290:22 299:14,16 300:2,12 302:17 312:16 313:3 315:12 321:22 339:23 340:13 345:12,14,24 347:5,7,11,17 354:21 356:13 357:13 358:22,22</p> <p>reviewed [34] 5:2 14:5 17:14 28:10 108:20 121:20 123:25 135:12 136:5 141:19 160:10 169:24 186:15 188:16 189:14 191:10 192:24,25 193:10 196:5 203:19 218:4 263:17 264:18 279:2,9 280:13,23 281:8 281:9,13,25 283:14 284:19</p> <p>reviewers [1] 353:11</p> <p>reviewing [14] 112:10 121:25 122:15,17 138:5 138:23 141:22 273:17 277:8,10 278:14 300:8 300:10 328:6</p> <p>reviews [32] 276:7 278:4 337:24 350:13,14,16 351:2,7,9,17,20 352:3,4 353:25 354:5,8,13,21 355:9,18 356:3,7 357:5 357:7 358:8 359:24 360:12,18 361:3,7,16,25</p> <p>Reza [3] 324:24 325:3,16</p> <p>Rick [4] 206:5 216:10 218:16 240:11</p> <p>right [55] 1:8 62:10 66:22 77:4,13,23 94:8 106:7 112:8 113:14 123:13,19 124:9 127:21 129:2 131:8 137:19 163:8 169:15 170:17 173:14 180:6 200:7 202:6 204:3,22 205:18 232:4 235:17 236:3 238:1 244:20 254:22 276:24 282:2,17 282:18 289:6 294:8 295:1 299:15 302:8 309:10,12 309:15,18 310:9 311:7 312:1 319:22 333:10 335:4,5,20 352:13</p> <p>risk [67] 50:23 53:12,14 53:19,21 54:7 55:20,21 56:1,2,4 57:20,25 58:1,5 58:6,11,16,17,21 59:17 60:12 61:21 62:9,10,14 62:22 63:16,25 64:5,11 64:21,22,24 65:2,4,11 109:2 121:16,19 140:14 147:15 156:16 157:17</p>	<p>159:11,25,25 160:7 213:24,24 218:13,19,19 218:22 240:6,9 243:1 244:18,19,22,25 245:5 245:13 296:5 304:15 344:24 345:5</p> <p>Robert [1] 145:23</p> <p>Roebothan [1] 138:10</p> <p>role [16] 55:20 156:12,19 158:24 160:1,5,6,9 209:4 226:6 240:17 241:18 242:20,21 243:6 244:22</p> <p>roles [2] 64:2 156:13</p> <p>Rolf [1] 1:8</p> <p>room [2] 253:7,13</p> <p>root [9] 222:14,23 223:19 225:15,20 227:1 228:13 231:19 323:6</p> <p>rooted [1] 219:3</p> <p>round [1] 60:3</p> <p>route [8] 37:16,18,20 58:9 121:7 141:4 169:19 321:24</p> <p>run [5] 259:17,21 260:3 260:25 262:4</p> <p>running [2] 62:3 96:10</p> <hr/> <p style="text-align: center;">-S-</p> <hr/> <p>safe [3] 56:4 59:14 160:1</p> <p>safer [4] 53:16,20 57:21 59:2</p> <p>safety [6] 58:2 60:17 62:8 62:16 243:3 310:10</p> <p>sample [6] 25:6 26:14 27:12,13 247:20 265:4</p> <p>samples [24] 17:5 22:22 23:21 25:15,17,18 26:1 26:4,23 27:2,3,6,7 28:1 28:4 82:5 89:6 219:5,9 219:10,15,21 246:15 346:19</p> <p>Sandra [3] 1:7 2:3 4:3</p> <p>sat [5] 69:8 158:18 201:22 226:3 310:11</p> <p>satisfaction [4] 58:4 61:10,12 64:1</p> <p>Saturday [7] 74:5 76:18 76:18,21,22 97:14,18</p> <p>saw [15] 38:1 45:19 76:14 77:8 92:25 99:5 134:24 135:2 183:10 229:19 278:7,18 298:10 319:19 337:4</p> <p>says [29] 25:1 69:5 70:6 70:15 76:8,12 83:20 90:22 98:11 100:19 128:16 132:24 137:10 141:15 148:12 165:18 170:14 189:3 190:5 215:22 228:17 232:14 258:24 270:6 274:10 289:2 300:19 301:8 307:12</p> <p>scanner [1] 13:6</p> <p>schedule [2] 216:14 217:3</p>	<p>scheduling [1] 347:5</p> <p>Sciences [2] 30:19 328:6</p> <p>screened [1] 101:7</p> <p>screening [4] 25:16 26:23 28:4,8</p> <p>script [1] 186:13</p> <p>scroll [4] 77:4 128:20 175:14 295:12</p> <p>search [7] 163:13 165:17 177:13 178:1 180:14 323:4,7</p> <p>searched [1] 163:11</p> <p>searches [1] 167:20</p> <p>seated [5] 4:2 131:19 205:22 295:24 330:24</p> <p>second [11] 7:14 37:9 52:5,11 123:18 134:8 161:1 193:6 232:11 295:12 360:22</p> <p>seconded [2] 63:8,9</p> <p>secondly [2] 154:10 344:22</p> <p>Secretariat [8] 304:10 330:7,9 332:5 336:17 352:18,21 353:2</p> <p>secretary [2] 75:4 167:9</p> <p>section [9] 153:8 164:3 176:7 181:25 337:20 339:3,13 351:2 357:12</p> <p>sections [9] 44:17 339:16 339:21 340:11 344:8 348:6,16 349:9 357:21</p> <p>see [84] 4:14 5:5,11,17 5:24 6:6 16:1 19:2 22:16 23:5 29:15 31:22 36:5 37:15,25 50:9 52:17 55:4 61:20 74:15 75:25 77:13 77:25 85:8 89:11 90:4 90:15,22 92:3,16 94:20 96:13 97:16 99:3 107:21 108:21 118:10 121:14 136:13,18 138:17 147:21 147:25 154:14 155:9 158:1 163:24 164:11 167:20 171:11 173:3 175:8 188:24 189:7,14 194:23 197:4,12 198:19 198:22 199:9 200:23 204:23 206:3 217:24 234:7 255:18 278:12 279:18 283:21 286:24,24 297:15 298:5 299:4 302:24 304:13 309:18 325:7,10 328:24 335:18 361:5 362:24</p> <p>seeing [3] 107:12 231:17 255:10</p> <p>seek [1] 254:20</p> <p>seeking [1] 179:24</p> <p>seem [9] 25:19 26:10 123:13 201:13 228:11 232:17 289:6 299:15 306:22</p> <p>select [4] 177:23 180:12 347:7,9</p> <p>selected [3] 17:18,24 180:23</p>
---	--	--	---	---

<p>selecting [1] 181:22 selection [1] 26:24 self-evident [1] 232:13 send [57] 12:23,23 14:21 18:18 19:22 21:21 22:3 25:6 27:7 28:8,11 29:10 33:12 34:5 41:14 42:15 67:5 75:23 80:4 81:7 82:14 84:25 85:5,14,15 85:23 86:16 107:25 130:17 141:21 142:11,21 146:15,16 164:23 168:9 169:13 171:23 174:16 180:5 181:23 182:4 266:11,15 267:10 268:4 268:14 269:9,10,17 283:23 291:22 292:5 326:4 363:2,10,13 sending [27] 4:21 14:4 17:16 26:1 33:9,9 44:15 79:22 146:15 172:6 250:20 258:23 260:2 262:9 268:17 273:2 290:20 291:12,23 292:2 293:6 296:10 298:23 304:22 313:21 316:7 349:5 sends [2] 79:20 303:12 sense [6] 42:24 233:14 238:2,3 292:2 352:11 sent [73] 15:3 17:13 22:4 23:21 25:15,22 26:2,4 26:14 27:2,3,13 28:1,4 39:20 42:9,12 57:2 79:23 80:5,20 81:20 82:5,15 82:19,21 84:17 85:10 86:2,5,25 88:9,10 89:7,7 89:17 90:16,17,18 95:7 103:8,25 108:1,12 135:15 181:6 182:8 186:13 187:9 187:12,16 190:22 201:6 221:13 260:13 265:4 290:5,11 291:6 299:3 302:22 303:2 317:21 318:10 319:4 322:7 324:16,17 325:17 334:24 336:4 362:20 363:15 sentence [5] 27:25 28:19 66:9 70:4 358:16 separate [5] 16:13 63:22 64:15 88:2,7 September [5] 9:4 167:18 252:15 299:18 327:9 series [1] 188:18 serious [1] 311:6 seriously [1] 307:7 serve [1] 53:23 service [2] 21:7 58:12 services [1] 306:10 session [2] 76:17 77:2 sessions [2] 76:22 110:24 set [4] 241:4 321:1,2,20 seven [3] 120:20 193:6,9 several [5] 18:21 19:9 177:9 238:9 280:18 share [3] 157:24 160:15</p>	<p>326:5 shared [3] 20:2,23 253:19 sharing [1] 344:1 Sharon [4] 29:6 39:24 138:2 325:25 shed [1] 132:9 sheet [3] 90:15 112:2 343:1 sheets [4] 85:1 177:17 184:7,8 Sherry [1] 97:4 shipment [1] 87:20 shoot [1] 285:8 shorter [2] 33:25 36:18 shortly [2] 50:6 330:3 shot [1] 36:6 show [1] 85:24 showed [4] 134:5,10 201:14 263:21 shows [1] 134:7 sic [3] 84:11 91:23 144:22 sick [1] 270:6 side [9] 5:6 51:16 53:19 60:8 64:25 73:3,4 118:15 221:3 sides [1] 118:11 sign [12] 155:12,18 276:21,22 287:14,17,22 288:8,17 289:23 290:12 293:9 signature [2] 169:7 287:2 signed [4] 13:23,25 171:13 279:8 significant [4] 70:16 236:21 261:11 306:17 signing [8] 78:10 273:4 273:6,8,18 274:4 275:6 275:14 similar [2] 122:5,10 Simmons [4] 1:10 228:15 229:5 365:1 simplistic [1] 79:19 simply [1] 283:25 Sinai [56] 6:24 7:7 10:5 11:3 14:6 17:6,17,22 18:8 22:22 24:11 26:1 29:25 36:18 37:13,24 74:19 79:23,24 80:11 82:1 86:4 89:8 98:7 108:1 119:11 124:5,7 125:2 128:6 129:16 130:11,17 133:1 134:7 134:11 193:2 194:13,20 198:11 219:7,8 265:5 282:13,25 283:4,15 284:2 284:9,11 285:22 301:9 301:12 318:13 319:1 346:2 Sinai's [2] 93:9 129:12 single [2] 228:22 306:15 Singleton [29] 206:5,21 207:3 209:2,9,16,21 210:5 211:5 212:18,21</p>	<p>214:10 215:21 216:3,10 216:25 218:17 226:24 228:6,17 229:3,11 230:9 233:7 234:13 235:12 241:17 253:9 257:21 sister [2] 269:23 270:8 sit [3] 94:6 164:24 189:11 sitting [1] 114:15 situation [16] 50:25 51:2 51:14 61:4 65:22 78:7 164:18 218:24 228:5 232:6,15 243:22 253:8 270:11 281:7 343:13 situations [3] 60:12 232:6,15 six [8] 63:7 165:15 193:3 221:20 270:5 299:13,16 299:20 skewed [1] 15:5 skillset [1] 63:6 skipped [1] 31:14 slant [8] 50:24 54:7 55:22 56:1,6 65:11 67:9 159:11 slated [1] 48:4 slide [1] 314:4 slides [9] 124:7,7 125:2 129:6 136:5 226:3 345:21 346:12,15 sliding [1] 335:10 slight [1] 196:1 slowing [1] 117:20 small [4] 160:6 193:19 312:17 313:17 Smith [10] 29:6 31:16,20 33:15 39:24 47:2 138:2 167:6,7 325:25 snow [1] 37:1 social [15] 50:1,4,8,9,13 51:6,10,15,18,21,24 52:3 54:18 56:12 159:12 Society [2] 1:15 50:18 solely [5] 57:25 64:24 65:2,6 184:21 solicitor [2] 169:22 183:12 solves [1] 84:7 someone [17] 33:3 34:1 34:7 51:21 63:8 134:18 144:9 148:21 153:7 166:3 166:5 208:3 221:1 232:24 277:16 333:4 359:6 sometime [1] 290:18 sometimes [13] 7:16,18 16:25 18:13,17,19 55:21 139:16 199:12 204:23 244:7 262:10 269:12 somewhat [1] 257:16 somewhere [8] 10:23 34:20 84:1 86:6 285:25 286:12 304:25 311:5 soon [2] 36:13 209:14 sooner [1] 163:23 sorry [23] 22:1 49:2 68:8 72:2 76:10 108:23 111:11 116:20 118:21 132:3</p>	<p>137:23 187:6 215:20 250:25 259:2 273:4 289:17 299:13 331:1,1 335:13 363:11,19 sort [4] 59:10 63:14,21 192:17 sorted [1] 97:15 sought [2] 104:24 105:2 sound [3] 35:12 351:4 366:10 sounded [1] 27:25 sounds [1] 351:5 source [2] 79:15 138:19 sources [2] 138:3 314:22 speak [10] 107:11 149:1 170:9 237:18 254:16 305:16 328:3 334:6 358:21 360:6 speaking [8] 50:6 55:20 144:4 159:4 169:19 170:14,22 353:3 specific [5] 49:13 222:15 326:6 340:22 342:1 specifically [3] 10:18 239:15 248:3 specimen [6] 30:9 77:20 128:5 133:11,13 134:8 specimens [2] 205:5 346:14 spectrum [1] 62:13 speculating [2] 341:24 358:17 speculation [1] 92:24 spell [2] 213:5,6 spelled [1] 31:9 spending [1] 177:15 spent [2] 324:22 325:5 spirit [1] 235:20 spoke [16] 59:20 148:12 148:15 158:13 170:15 177:1 217:6 237:25 267:7 267:12 270:8 296:3 297:12 332:23 336:21 361:6 spot [4] 131:2 205:7 293:12 362:14 spreadsheet [5] 30:8,10 36:11 72:6 103:20 spreadsheets [3] 113:18 354:22,23 St [14] 80:22 81:19 92:14 92:19 100:13 120:15,21 120:25 132:6,6 188:6 194:15 366:7,11 staff [11] 50:22 52:12 54:15 57:10 59:19,24 60:1,3 65:13 164:5 240:7 staffing [1] 61:4 stained [1] 124:13 staining [4] 129:5 134:6 134:6 148:4 stakeholders [1] 310:5 stand [2] 2:2 184:10 standard [4] 168:21</p>	<p>169:5 270:16 323:17 stands [1] 236:21 start [6] 34:15,20 77:13 97:19 179:19 249:1 started [12] 49:17 62:24 63:1 118:12 154:11 157:16 161:11 167:18 194:19 277:7 315:12 344:25 starting [2] 19:15 331:6 starts [3] 28:17 84:13 100:11 state [2] 161:1 222:24 statement [18] 12:15,24 13:8,14,24 122:1 139:22 222:21,21 307:22 308:6 342:13,17 343:9,15,24 344:6 355:8 statements [2] 13:16 65:4 states [1] 334:22 stating [1] 160:24 statistical [2] 248:1,7 Statistics [2] 34:17 35:17 status [6] 15:10 108:23 116:21,22 301:10 312:19 stay [2] 165:19 166:10 stayed [3] 9:21 32:25 194:1 steps [1] 235:22 Stewart [3] 211:10 243:21 264:17 stick [3] 326:7,11 327:10 sticks [4] 330:11 332:2,9 353:5 still [39] 34:8 37:10 40:8 61:18 68:4 71:13 88:1 91:1 94:3 102:25 120:16 122:17,20 126:9 167:24 178:3 186:12 191:10 192:2,9,10 193:15,19,21 194:7 196:6 217:2 252:11 252:13 275:11 280:24 284:12 286:6 291:16,18 316:11 324:25 336:3 339:16 stop [3] 11:1 66:22 335:10 stoppage [2] 148:3 150:23 story [5] 23:19 294:13 297:18,21 307:7 straight [1] 199:11 straightforward [2] 265:6 313:18 stressed [1] 51:20 strictly [2] 61:21,23 strings [2] 184:21 185:8 stroke [1] 345:6 strong [2] 146:8 330:5 strongly [2] 100:12 178:13 struck [4] 66:11 86:20 182:13,14 structure [1] 165:23</p>
---	---	--	--	---

<p>structured [1] 62:7 structures [1] 88:7 struggling [1] 45:23 Studies [1] 83:18 study [1] 93:11 stuff [3] 181:25 261:10 343:14 SU5544 [1] 77:21 subject [2] 171:7 337:17 subjects [1] 290:9 subsequent [3] 109:9 265:11 301:11 subsequently [1] 325:16 substance [1] 217:18 success [1] 362:19 such [14] 55:22 64:1 103:6 135:4 139:3,13 141:9 149:18 220:20 225:23 227:7 268:25 314:3 319:1 sue [3] 50:22 52:13 65:14 sufficiently [1] 192:9 suggest [3] 19:22 78:20 280:16 suggested [10] 78:18 152:23 209:16 259:21 263:5,19 274:7 300:13 326:7 327:10 suggesting [6] 20:3 27:9 102:18 281:2 340:17 341:2 suggestion [10] 20:10 20:14,21 40:8,19 102:17 153:4,6 262:4,18 suggests [1] 313:7 suing [3] 50:3 54:14 160:20 summaries [1] 269:4 summarize [1] 45:4 summary [10] 14:3,7 70:16 96:2 259:6,16 261:4 262:22 265:25 267:10 summed [1] 230:9 summer [4] 8:3 252:14 300:7 319:14 superiors [1] 57:6 supplied [1] 175:5 support [1] 62:12 supposed [2] 256:10 332:6 supposing [1] 292:1 surely [1] 60:16 surgeon [1] 21:2 surgery [2] 264:22 308:2 surgical [2] 258:20 265:22 surprise [1] 115:10 surprised [1] 308:5 survey [3] 61:10,12 64:1 Susan [12] 28:14,22 137:25 143:22 145:23 146:17,19 309:5 310:12</p>	<p>313:7 333:5 353:2 synopsis [1] 142:4 system [9] 30:22 309:8 309:22 310:1,4,21 318:3 323:16,18 systems [1] 310:3</p> <hr/> <p style="text-align: center;">-T-</p> <hr/> <p>table [10] 2:1 15:2 21:22 22:4,12 23:2 78:19 96:2 96:10 125:19 takes [2] 227:8,8 taking [8] 18:2 49:18 137:12 165:20 199:8 293:20 331:21,24 talks [1] 71:3 tallied [1] 220:16 tally [1] 114:12 Tamoxifen [38] 21:15 49:12 76:3 99:6 103:6 109:3,5,8,13 116:25 117:3,19 125:6,7 128:12 128:18 133:15 136:9,11 136:19 190:3,16,18 191:25 192:10 193:20 196:7,10,12 258:21 265:23 289:3 344:14,15 344:23 345:1,3,4 Tansy [1] 304:7 Tara [2] 296:2 303:18 task [4] 57:20 107:2 255:9 310:13 tasked [6] 46:15,18,19 47:14 244:5 256:13 team [5] 58:9 68:5 141:2 141:7 143:2 technical [14] 65:1 198:2 198:3 222:13,22 223:19 225:15,20,23 226:25 227:12 231:18 302:14,16 teleconference [1] 186:6 telephone [1] 71:2 telling [22] 11:1 27:18 29:1 65:15 95:21,22 114:24 143:10 198:25 238:24,25 239:9,14,23 277:12 348:25 351:5,19 356:2,4,6,16 tells [1] 209:12 template [10] 171:17,20 172:7,25 173:4,20,21 174:7,13 176:17 templates [1] 168:13 ten [17] 127:3 133:8,13 191:11 194:12,15,17 195:13,15 197:9 198:10 198:12 199:17,20 205:11 205:11 276:13 ten/ten [2] 132:23 133:1 ten/zero [1] 134:10 tended [1] 323:19 tentative [2] 209:10,11 terms [35] 7:11 43:17 45:21,24 54:6 65:1 71:19</p>	<p>72:8 75:13 106:17 110:22 117:14 120:24 158:22 159:6 171:22 179:5 188:8 191:9 194:16,17 211:15 212:8,17 213:14 232:11 240:15 250:20 271:16 311:20,20 317:23 338:22 355:8 358:20 Terry [2] 12:4 49:3 test [13] 24:13 26:2 31:7 120:2 129:7 198:3 219:3 219:13 323:13,15,17,20 323:23 tested [4] 6:17 8:17 121:24 347:18 testified [2] 148:10,19 testing [9] 1:2,13 4:17 68:8 120:4 121:23 175:1 219:7 366:4 tests [7] 4:16 25:22,22 69:25 154:1 248:5 326:23 thank [18] 11:8 65:9 74:16 113:14 131:21 132:18 178:1 205:15 231:15 258:25 280:22 293:14 295:19 296:1 330:19 335:13 363:21 364:7 Thanks [3] 50:25 264:19 290:25 themselves [2] 308:9 321:11 therapy [1] 76:3 there'd [1] 15:18 therefore [6] 25:1 127:11 154:18 193:20 221:12 323:21 thesis [1] 83:25 they've [3] 93:10 143:6 190:12 thinking [17] 98:19 118:13 162:24 195:12 221:18 277:16 280:4 311:2 313:25,25 331:23 340:25 342:2 343:17 352:12 353:22 358:6 thinks [1] 356:25 third [7] 6:6 67:23 91:2 191:2 195:23 312:15 313:16 thought [28] 8:23 36:25 43:17 54:13 86:23 122:8 128:11 138:24 162:17 180:18,20 221:19,20 263:9 264:10 267:24 282:14 311:5 314:20 318:6 334:2 336:10,11 341:4,5,6 343:20 357:1 thoughts [4] 166:1 309:7 310:15 311:12 thousand [1] 312:16 three [16] 6:6 16:20 36:9 63:9,9,12 68:1 74:7 118:23 146:16 147:21,24 174:24 191:11 307:16 324:22 through [92] 4:25 9:5</p>	<p>11:22,23 15:21 37:20 42:10 45:20 47:17,23 69:10,14 72:21,24 73:2 80:2,14 85:2 87:24 88:3 88:4 90:1,11,12,21 95:1 100:6,6 109:21,24 113:23 113:25 114:3 117:7 121:7 129:7 133:16 141:1,2 149:17 161:9 163:14 177:15 178:11 184:7,14 184:19,23,25 185:15 187:1 188:24 190:12 193:11 200:12 201:2 202:11 233:5,9,12 235:25 238:11 240:2 247:4 252:11,14 269:15 280:6 282:20 317:1 318:13,14 319:2 321:12,24 322:10 322:22 324:23 325:6,8 328:4,8 329:23,24,25 330:7 331:21 332:6 333:11 343:11 352:24 362:23 throughout [10] 55:15 72:5,7 80:20 139:4 155:10 156:13 180:4 300:1 344:3 Thursday [2] 97:19 193:1 tick [2] 154:11 161:11 tied [1] 252:16 Tilley [25] 13:20 146:11 146:15,25 147:14 148:10 148:12,14,16,18 149:1,7 152:10 153:14,20 176:21 179:2,7,12 180:4 181:3 182:18 299:9 305:23 310:8 Tilley's [1] 148:16 times [9] 19:9 216:16 226:1 227:19,21 230:21 243:19 324:25 329:24 timing [2] 272:1 308:7 tiny [1] 199:13 tips [1] 163:13 tiring [1] 36:11 tissue [4] 18:16 265:17 265:18 283:24 title [3] 218:12 240:12 306:9 today [7] 18:23 168:9 172:14 259:7 326:2 355:17,18 together [20] 36:13 59:13 95:10 111:1 115:14 116:13 118:4 154:13,20 163:4,8,16,23 164:5 170:7 171:19 253:8 270:20 343:25 358:15 tolerate [1] 109:3 Tom [1] 304:7 tomorrow [4] 29:10 142:22 154:8 364:3 tonight [2] 29:10 326:3 too [6] 31:5 66:8 199:1 224:3 330:5 362:20 took [14] 29:10 60:7 111:6 112:3 171:10</p>	<p>202:23 206:15 221:7 225:4 237:8 259:4 325:11 325:12 347:16 top [6] 14:20 77:11,20 90:22 235:16 251:13 Toronto [1] 219:7 total [13] 23:5 108:12,14 108:14 118:24 177:18 192:14,17 280:24 281:25 284:19 298:6 300:14 totally [2] 99:18 357:1 touch [10] 50:3 95:12 107:7,20 188:3 206:25 313:11 331:12 353:1 361:10 town [3] 165:4,8,8 track [14] 72:9 88:21 95:18,19 110:1,2,4,23 112:13 188:3 189:10 220:9 318:2 322:8 traffic [1] 175:9 train [1] 357:1 transcribed [1] 366:9 transcript [1] 366:3 transmission [2] 4:12 264:16 travel [2] 272:5,8 treat [1] 103:6 treated [21] 21:2 75:12 76:2 98:12,14 99:4,23 99:25 109:4 124:15 126:7 126:9,9 133:15 136:20 194:16 195:6 222:20 264:22 289:3 345:20 treating [2] 43:12 99:12 treatment [39] 15:11 43:11,18 98:25 99:17 103:5 108:24 109:12 110:15 116:23 118:14 120:4,7 128:14,17 133:22 134:15 137:2,11,16 194:25 199:6,6,22 200:16 219:12 220:24 221:4 258:19 261:12 265:15,21 289:3,7 298:10 302:10 302:19 309:15 345:7 tried [3] 44:17 107:18 324:25 trouble [2] 255:10 321:2 true [4] 26:8,10 338:25 366:3 truly [1] 197:2 trust [2] 231:1 309:12 trusted [1] 267:4 truth [2] 165:1 309:20 try [7] 29:3 94:19 113:24 199:9 206:8 217:2 285:13 trying [24] 23:3 26:18 27:20 29:23 43:5,23 45:21 53:15 64:16 67:8 79:8 83:3 89:20 96:8 110:14 115:25 120:16,20 189:10 202:25 206:2 289:8 349:10 362:18 tumour [10] 17:7,11,16 18:15 36:19 124:2 282:14</p>
--	---	---	--	---

<p>283:4 284:13 347:12 tumours [2] 252:12 282:3 tunnel [1] 365:2 turn [2] 90:2 298:4 turnaround [1] 86:19 turned [2] 14:21 31:10 turnover [1] 63:2 twice [1] 130:12 two [69] 5:22 15:16 17:2 38:3 46:12 49:19 51:5 67:24 75:10 88:1,6,6,7 88:12,13 92:18 96:20,24 98:4 117:18 118:11 119:23 122:19 124:2 132:7 133:25 154:15 161:10,20 177:15,21,22 191:10 193:3 194:2,19 195:24 196:12,21,23 200:6,7 205:3,5 211:8 244:11 263:10 268:23 274:1 294:11 298:17 302:3 306:2 313:14 322:16,18 324:22 334:19 339:16,21 340:2,4,11 348:6,15 349:9 355:4 357:21 364:24 type [17] 17:21 21:8 43:2 45:2,2 64:7 138:20 174:7 174:14 191:7 224:9 272:5 275:7,13,14 326:24 331:25 typed [1] 262:22 types [4] 161:2 241:13 288:1 315:11 typical [2] 179:5 180:6 typing [2] 36:10 191:6</p>	<p>undermine [2] 214:24 238:19 underneath [1] 88:7 understand [30] 8:16 17:13 18:13 56:14,16 80:21 85:15 98:18 117:13 150:14 203:16 206:15 207:8,23 212:11 218:18 225:13 229:6 238:2 245:5 250:14 252:18 258:9 263:2 283:1 289:9 305:2 323:12 327:13 329:17 understood [25] 10:7 28:3 80:18 204:7 210:16 211:16,17 213:9 225:18 227:2 228:18,21 229:11 241:17 242:3,4,6,8,15 242:17 252:19 253:6 255:2,5 303:21 undone [1] 250:20 undue [2] 51:12,23 unduly [1] 155:22 unfortunate [1] 51:13 Unfortunately [1] 187:18 unknown [1] 345:13 unless [7] 76:14 202:11 204:14,16,18 246:15 341:13 unnecessary [3] 26:15 128:18 270:25 unredacted [1] 94:11 unrelated [2] 294:12 345:13 unusual [4] 257:17 342:24 343:16 352:16 up [150] 11:22 12:1 17:8 17:14,17,25 18:18 19:2 19:12 24:2 27:17 28:1,2 34:23 35:8 36:9,20 38:8 40:11,25 43:15 44:25 45:2,2 48:14 50:7 52:3 54:17 56:20 62:24 70:8 71:13 76:6,12 77:11 79:25 80:12 82:9,9 84:3 86:23 93:15 100:4 107:11 111:2 114:13,18 119:1 125:19,25 128:20 131:11 132:21 135:20 138:22 145:21 146:1 161:21 164:21,22 171:18 172:14 172:17 174:1 175:14 176:17 178:14 183:2 187:10,13 188:19 189:15 189:23 195:17 201:12,14 201:19 202:22,23 203:11 203:16 213:17,21 219:12 220:16,24 222:1 226:24 227:22 230:9,12 233:15 234:23 236:1 241:4 245:17 248:13 252:16 253:10,12 259:16 262:22 267:5 270:8 272:22 277:5 281:11 283:14 285:7 289:22 292:6,20 293:18 298:18 299:8,18 303:2 304:23 307:8 317:7,10 317:19 318:13,20 321:1 321:2,20 324:6 325:14</p>	<p>327:6,15,24 328:15 329:9 329:12 331:13 342:18 345:22 346:1,10,10 349:7 355:18 357:8 358:12,15 360:3,25 361:21 363:7 update [16] 36:25 37:1 38:19 44:18 78:24 94:24 115:22,24 121:17 134:24 257:12,18 280:21 297:9 298:5 312:14 updated [5] 35:3 37:17 296:6 316:1 363:2 updates [3] 167:15 296:9 336:13 updating [1] 94:20 urgent [1] 266:23 used [9] 80:19 85:10 193:21 195:13 202:3 219:4 305:15 331:25 337:3 useful [1] 35:15 user [1] 58:4 using [3] 194:15 195:8 198:10 usual [2] 166:7 344:5 usually [12] 13:7 163:22 206:13 230:7 260:1,11 260:11 342:14,15,18 343:23 363:5 uterine [1] 345:5 utilization [1] 61:8</p>	<p>voice [1] 53:3 volume [1] 143:19 VP [3] 179:25 278:23 306:9</p> <hr/> <p style="text-align: center;">-W-</p> <hr/> <p>wait [2] 25:2 193:24 waiting [1] 58:13 Walker [4] 67:20 68:8 68:23 70:8 walking [2] 270:7 352:23 wanting [1] 276:22 wants [4] 16:1 178:10 216:19 342:8 Waterford [1] 51:11 weak [1] 69:18 wear [2] 159:5 242:7 Wednesday [2] 293:21 295:16 weeded [2] 201:15 203:8 week [3] 68:7 150:23 311:5 weekend [1] 96:3 weeks [3] 103:23 324:22 325:5 Wegrynowski's [1] 162:6 weigh [1] 364:5 weight [1] 66:8 well-established [1] 140:12 West [2] 87:16 88:12 Western [10] 1:16 29:9 32:1 72:23 79:6,8 82:23 83:5,11 91:11 whatsoever [1] 149:22 Where'd [1] 10:11 wherever [7] 40:25 114:8 131:1 205:7 244:21 293:12 362:14 whichever [1] 319:25 white [1] 199:5 who'd [1] 248:20 whole [18] 15:1 42:19,25 55:15 68:12 118:9 140:21 174:9 181:11,25 191:7 226:7 276:12 307:13,20 319:14 331:8 344:1 Williams [78] 12:3 14:5 36:23 44:22,25 45:5 46:5 49:23 53:1 78:24 94:19 118:13 123:21 137:25 141:10,11 145:23 146:17 146:19 148:2 150:22 153:19 176:22 179:16,18 180:25 181:3,6,10,16,22 182:3,8 206:6 208:5 231:7,9 255:17 257:13 257:18 272:18,25 273:8 273:21 274:1,3,7,10,16 275:3,6 277:16,22 279:22 280:13 281:5 284:21 285:9 286:22 287:5,14 287:17,22 289:18,23 290:22 292:17,20 293:9</p>	<p>305:24 306:6,13,18,24 307:6 361:6,15,19 Williams' [2] 12:12 276:21 willing [1] 217:2 wills [1] 50:11 wish [1] 253:4 wished [1] 249:17 wit [1] 328:7 withheld [1] 153:8 within [16] 59:1 63:15 64:14 106:22 110:12 140:22 153:6 156:14 160:12 174:23 296:7 306:10 319:6 346:18,25 347:3 without [6] 30:2 43:12 92:8 101:9 321:12 348:6 witness [1] 363:25 witnessed [1] 51:24 wold [1] 165:2 woman [1] 30:14 women [5] 222:18 301:9 307:10,16,23 wonder [2] 196:19 330:14 wondering [12] 83:21 157:22 175:8 179:6 180:11 253:5 264:2 287:4 301:25 307:21 308:19 350:25 Woolgar [3] 12:6,6 216:11 word [4] 294:14 311:15 326:1 330:5 worded [3] 260:19,22 294:20 wording [11] 78:17,18 78:20 171:17 173:9 193:17,19 280:17 281:2 281:12 284:22 words [4] 216:4 268:6 276:21 344:9 worked [9] 59:25 60:2 165:24 236:13 252:24 257:10 270:20 282:20 349:4 worker [8] 50:1,5,9 51:6 51:15,24 52:3 54:18 worker's [1] 51:18 workers [5] 50:13 51:10 51:21 56:12 159:12 workload [1] 323:19 works [2] 94:20 206:13 world [1] 342:9 worry [2] 55:8 66:25 worth [1] 166:2 worthy [1] 179:24 write [15] 15:5 19:22 111:16 155:11 168:4 173:16 175:6 226:24 227:1 230:11,11 274:7 337:17,25 350:19 writes [4] 85:13 306:13 309:5 326:1</p>
<hr/> <p style="text-align: center;">-U-</p> <hr/> <p>uh-hm [4] 37:8 63:4 101:5 290:1 ultimate [1] 339:8 ultimately [26] 82:14 110:24 115:9 119:8 157:10 166:15 172:2 182:24 201:12,16 206:15 206:20 208:12 262:13 282:5,5,22 284:8 287:10 287:21 301:18 302:22 339:5 348:15 353:1 354:15 Um-hm [1] 137:4 unable [1] 25:21 unavailable [1] 70:25 uncomfortable [5] 51:14,19 155:11,16 274:22 uncovered [1] 294:24 under [23] 119:22 120:15 120:15 121:16,21 128:13 128:17 150:17 154:18 161:10 197:9 199:17,20 236:9,10 255:25 256:15 276:10,20 279:4 287:4 300:18 355:5 underlying [1] 227:17</p>	<p>vague [4] 254:18 331:20 332:1 360:3 values [1] 235:19 variation [1] 126:13 vehicle [1] 157:11 Ventana [7] 4:17 7:3 8:17 9:10 10:3,8 11:2 veracity [1] 309:9 Verbal [1] 121:23 verbally [8] 94:22 100:7 121:20 260:23 355:19 358:24 359:6,20 verification [1] 346:7 verify [10] 4:24 5:18 30:4 103:25 105:14 107:8,13 201:1,5 347:8 verifying [1] 104:15 versa [1] 72:17 version [7] 21:19 94:11 217:25 286:9 327:17 350:20 351:1 versions [1] 217:15 versus [1] 309:7 vet [1] 269:9 vice [1] 72:16 view [3] 10:24 186:23 199:4 viewed [1] 306:15 visits [2] 30:20 360:23 Vital [2] 34:17 35:17</p>	<p style="text-align: center;">-V-</p> <hr/>		

writing [20] 79:12 90:13
 95:6 226:23 261:13
 276:17 348:25 352:9
 353:13,24 355:5,10,21
 357:5 358:7,25 359:5,9
 359:21 360:3

written [14] 74:20 92:1
 113:22 120:22 134:1
 231:17 261:4 272:19
 273:24 292:3 305:9
 311:20 312:2 354:10

wrong [10] 27:18 54:12
 55:6 66:11 188:17 223:15
 229:4 230:19 307:12
 317:8

wrote [4] 114:8 228:19
 229:14 311:11

-Y-

year [1] 248:14

years [16] 61:6 63:10,25
 128:11 159:18 164:4
 235:12 236:9 242:16
 244:5,19 276:13 300:22
 323:13 342:21 355:4

yesterday [2] 78:4
 297:18

yet [2] 84:16 93:4

yielded [1] 167:21

yourself [23] 23:16 53:11
 103:1 137:22 146:17
 170:9 171:6 176:21
 181:18 187:6,7 199:1
 206:6 215:22 275:24
 286:16 290:20 291:13
 292:5 293:16 307:5
 325:24 337:16

-Z-

zero [29] 15:17 96:22,22
 98:7,7 99:6 100:17
 133:13,13,14 134:6
 189:21,21 191:23,24
 192:8 194:1,2 197:3,3
 198:1,1 205:11,11 301:10
 301:20,21 302:3,3

zero/zero [5] 126:22
 127:18 128:6 133:1
 134:11

zero/zeros [1] 15:16