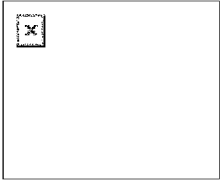


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From: Susan Bonnell
Sent: Wednesday, May 16, 2007 4:46 PM
To: 'Tansy Mundon'
Subject: FW: Materials for tomorrow

This might help as well...Re: the dead.



Susan Bonnell
Director, Strategic Communications
709-777-1426 (1338)

From: George Tilley
Sent: Sunday, December 10, 2006 2:57 PM
To: Susan Bonnell; Oscar Howell; Heather Predham; Leona Barrington; Kara Laing; Nebojsa Denic(HCCSJ); 'jbussey@smss.com'
Subject: RE: Materials for tomorrow

This is very comprehensive. I appreciate the efforts you are all putting in to this. In the end we need to keep reminding ourselves that we are here to do the best for our patients despite what the media may chose to present. Good luck.

George

George Tilley
President/Chief Executive Officer
Eastern Health
c/o Corporate Office
Waterford Bridge Rd.
St. John's, NL, Canada
A1E 4J8
Tel: 709-777-1330
Fax: 709-777-1302

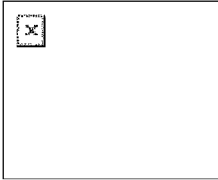
From: Susan Bonnell
Sent: Saturday, December 09, 2006 6:21 PM
To: Oscar Howell; Heather Predham; Leona Barrington; Kara Laing; Nebojsa Denic(HCCSJ); 'jbussey@smss.com'; 'dboone@smss.com'; George Tilley
Subject: Materials for tomorrow

Hello again, everyone. Following conversations with Nash, Heather, Dan and Oscar, I have revised the original drafts in anticipation for our meeting at 1pm tomorrow. We can make further revisions at that point and I will bring copies with me. Please note that I have added speaking point to the slides, especially for Oscar – less so for Kara and Nash.

I guess the most significant change you will note from the original material is the lack of reference to a “rate of error.” We can anticipate that this will be a major pressing point with the media, but the approach we will be taking here is that (a) we can’t indicate that an error is actually occurred and (b) the whole process wasn’t about identifying a rate of error anyways – it was about identifying patients whose treatment would change as a result of the review and the paneling. Hence, the number of individuals impacted has changed from 104 to 117 – taking into account the 13 individuals who had no change in their results but, because of the new definition of positivity, should have been offered tamoxifen

Re: the dead, we must also be prepared. Our statement will need to be that, in this almost ten year period, individuals have died, either as a result of their breast cancer or for any one of numerous reasons. We did not retest these individuals because the purpose of the retest was to provide opportunities for individuals who could potentially benefit from a retest. However, if families would like to have their relative’s samples retested, we can arrange that for them. We have no way of predicting how many if any of those individuals would not have died had they been offered tamoxifen after their initial treatment for cancer.

Hope all this helps. See you tomorrow.



Susan Bonnell

Director, Strategic Communications
709-777-1426 (1338)