Dr. Cook

Heather

- found on 1st June 2005 if you have this BC estrogen rec't pos or neg makes a difference to treatment you receive
- has an effect on what kind of chemo u'll get
- we had 1/2 manual, 1/2 automated system
- in Oct 2003 the first of a new system - fully auto - in Montreal
- We bought it in late April / May 2004
- a patient wants to start to get a 2nd opinion, - will start back to original sample + retested in system → 10X more sens.

25 retested - 16

- best case scenario this is just

TERRY GUNNIER

- 200-300 back to 1997

1997-2004 we were using

IP

- can effect future treatment
- going to take

[redacted]

→ in 2002 our pos results was 50%

11-13 path

- lost about 100 a year

Don Cook

- could be re-agent we use - could have been taken wrong, set in fixature incorrectly
- inadequate tissue hydration
- tissue boiling

→ followed procedures of manufacturer
→ followed manufacturer's manual
→ followed standard of care
→ old process - human error
→ you would expect more positives from the new machine

CIHRT Exhibit P-1527 Page 3

- test about 100 a year

- DR Joy MacCarthy - oncologist

Peggy Deane

→ We have new piece of equip discovered discrep going back in time + test

briefing for media ?

two mths ago patient was retested + consequently pos
- we decided to test more samples
- discovered problem
= decided to test all 2-300 patients

- spot check, tested smaller # discovered a need to retest per ER + PR recept.

ER + PR levels determine type of treatment for this type of B.C

(in notes) Recept. status reflects @ that stage

- women will be contact if needed
- samples already taken will be retested
- no alternate trip in need take place.

DR Cook

- Srg # false negs osp 2002
May '97 - March Apx. 2004

- Patient diagnos 2002
ER PR neg
=seen by 2nd opinion
- colleague in states prove lobular cancers can be ER PR pos

- 2002 sentinal case

5 100 %
25 16 06
33 25
63

- treatment would have been different
- may have been cured
- some controls - assured controls done every day

* - expect more positives because testing is better

- looking @ positives + compare with Mt Sinai

- set up hotline

Is there a list of names - we could contact directly

How new is the research in the database

360

350 bc patients yr
70% still alive

NCTRF Website

Breast Cancer Advocacy Group.

Plan.

N. Parsons

33 → 25+

DR having back 25th >

Dr. Kara Laing [redacted]

Dr. Joy McCarthy [redacted]

Jmccarthy@nctrf.nf.ca

- should have 2000-2004 amended by a few days
  → by end of week we'll know what week

→ Approx x 380 yr patients receive PRICK testing

Aug 29/11-12

I HAVE AN IDEA

- corp wide - Patient Safety
  - Ideas to improve Patient Safety

MON - Sept 19 start (Patient Safety Week)
- end of Nov (Mon to Nov) NOV 18

10 pages & or more $100
< mug + ect.

→ report to Managers on monday before
→ out in E-News

→ use piecing + together logo Patient Safety

- E-News article

- Testimonials } bowling ball headstone

- [redacted] → story
- story about importance of Patient Safety

July 20105 2:30 pm

Terry Gulliver

- review of ER/PR STATS

Cook

no national stats on what ER/PR levels should be

Mt Sinai, uses 75%

Sept 12 bringing in technical consultant from MT Sinai to look @ our operations under QI

Increased sensitivity!

"Reasonable improvement"

- retesting all true negatives - inform oncologists + surgeons

→ identified ER/PR

→ we now have manner of PR positive patients up w/ other Labs 50 - 85%

- can legitimate the #s

eliminating human manipulation of slides replaced by machine

10% more sensitive

- advise the oncologists - they will advise

- some concerns in 2003

[redacted]

[redacted]

Stephaine
=> new cancer drug _ herceptin

[redacted]

[redacted]

Sunday ~~May~~ 24/05

Send out neg → pos to another lab (Montreal gen) to ensure pos

- Bring in Ventana officials to convince us + tbd

- Angl - Kara back → need answers + then make a decision Bf on Ventana

other centres: - conversion rates
- what their experience
- don't follow
- new test vs old test

[redacted]

July 27/05 ER/PR

1999 - 76% p

73% average

=) Montreal Her 2002 - 2005
going to restrain 40-50 cases
- compare their results + ours
- within 2 weeks get slides back
Montreal, Halifax no info on ER PR rates
Sloan - no info on positivity rates
- many labs do not have info

Problems Dr Dogan - Mayo
Mayo in clinic in process of reviewing all ER PR posit no idea if over or under calling stains
- no info on rates or conv rates
- worried at Mayo - don't have a handle on positivity rate
- no standard across Canada

Tom
St Hermine, Dec, Mx, Monc, Montreal - no idea of pos vs neg rate but ppl who have seen which have all said staining quality much better - all are getting better pos rates

- can change from diff biopsy site but not from the same specimen

DR Kwan
- technological advancement
Grade 1 if you recur we can now treat you with hormone
- such as herceptin => was not available years ago, now it is

(NSABP) - clinical trial group
Pittsburgh

Staff Meeting Oct 4

[redacted]

- ER/PR for docs

[redacted]

ER/PR Oct 4

- lab dir may have to do own adendum
- may be 15 patients who/may a may benefit in GFW / similar in Gander
- GB → slide specimens
- only 142 cases returned from Mt Sin due to workload
- 1-2 months for all results back

- article (Dr Williams) from US questioning ER/PR results nationwide

- long term - prov standard, licensing for labs, lack of standard immuno
  - National Standards - FED

97-2004 x 350

135 - 97 HCC
147 - 1998
360 - 99
370 2000
374 01
344 02
373 03

[redacted]

- referred to physician/surgeon of record
- letter going out in days or two to patients

→ Susan send EK web to comm directors and comm that to comm dir.