

R. Cook

Heath

- found on 15th June 2005
if you have this BC

- estrogen rec +
if pos or neg makes a
difference to treatment
you receive

- has an effect on what
kind of chemo we get

- we had 1/2 manual, 1/2 automated
systems

- in Oct 2003 the first of
a new system - fully auto -
in Montreal

- we bought it in late
April / May 2004

- a patient went to states
to get a 2nd opinion

- went back to original
samples + retested in
system → 10x more sens.

25 retested - 16

- best case scenario
this is just

TERRY GUNNICKER

- 200-300 back to 1997

1997-2004 we were using

IP

- can affect future treatment
- going to take



-> in 2002 our pos results
was 50%

11-B path

- lot about 100 a year

Don Cook

- could be re-agent we use
- could have been taken wrong, set in fixative 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

- 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?

months ago patient was retested
+ was consistently pos

- we decided to test
more samples

- discovered problems
= decided to test all
2-300 patients

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

ER + PR levels determine
type of treatment for
this type of BC

(in notes) Recept. status reflects @ what
stage

- woman will be contact if needed

- samples already taken will
be retested

- no alternate trip in
need take place.

DR Cook

- sig # false negs osp 2002
May '97 - March ^{Apr.} 2004

- patient diagnos 2002
ER PR neg

= seen by 2nd opinion

- colleague in states prog lobular
cancers can be ER PR pos

2002 sentinel case

5	100%
25	1606
33	25

63
- treatment would have been different
- may have been lined
- some controls - assured controls
done everyday

* - 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
is it 60s

350

350 bc patients yr
70% still alive

NCTRF
Website

Breast
Cancer
Advocacy
Group

Plan.

N. Parsons

Re being back 25th

33 -> 25+

Dr. Kara Laing

Dr. Jay McCarthy

Jmccarthy@nctrf.org

Aug 29/11-12

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

-> Approx x 380 yr patients receive PR/CR testing

I HAVE AN IDEA

- corp wide - Patient Safety
- ideas to improve Patient Safety

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

10 prizes \$ or more \$100
- mug + cert.

-> report to managers on monday before
-> out in E-News

-> use piecing it together logo
Patient Safety

- E-News article

- Testimonials } bowling ball
 } headstone

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

July 20 105 2³⁰ PM

Terry Emlinger

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 number
of PR posit
followed up w/ other
labs 50 - 85%

- can legitimize the #'s

eliminating human manip
most of slides replaced
by machine
10x more sensitive

- advise the oncologists - they
will advise

- some concerns in 2003

Stephaine
⇒ new cancer drug, herceptin

Sunday July 24/05

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

- bring in Vertana officials to
convince us ^{it's}

- Aug 1 - Kara back \rightarrow need
answers + then make a
decision ~~of~~ on Vertana

other

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

USA

July 27/05 ER/PR

1999 - 76% p

73% coverage

=> Montreal Nov 2002-2005
going to restrain 40-50 cases
- compare their results + outp
- within 2 weeks get slides
back

Montreal, Halifax no
info on ER PR Rates

Slova - no info on positivity
rates

- many labs do not have info

Dr @ 1 mm hrs ^{PR} 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 cov
rates

- worried at Mayo - don't have a
handle on positivity rate

- no standard across Canada

~~Tom~~ Si tremme, H+, Monc, ^{Mont Gen} - no idea of
pos vs neg rate but ppl who
have seen other have all said
staining quality much better - all
we getting better pos rates

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

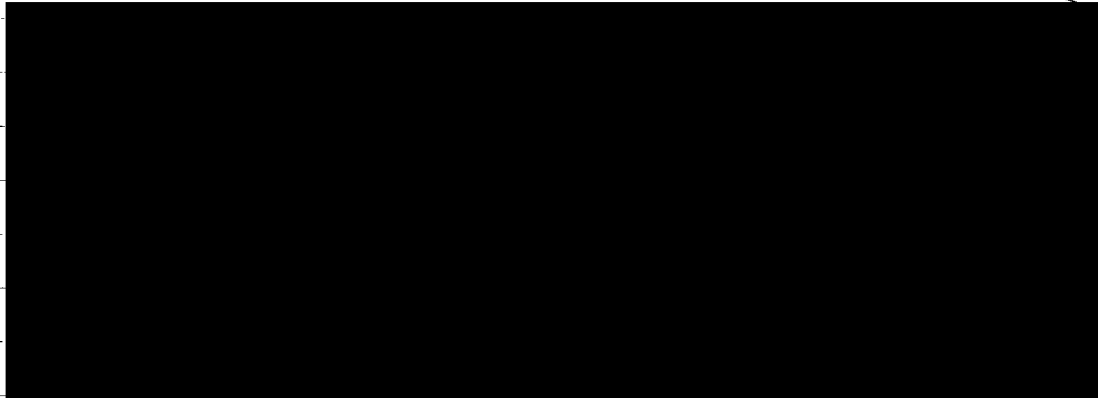
PR Kwan

- technological advancement
↳ now if you ream we
can now treat you with
hormone

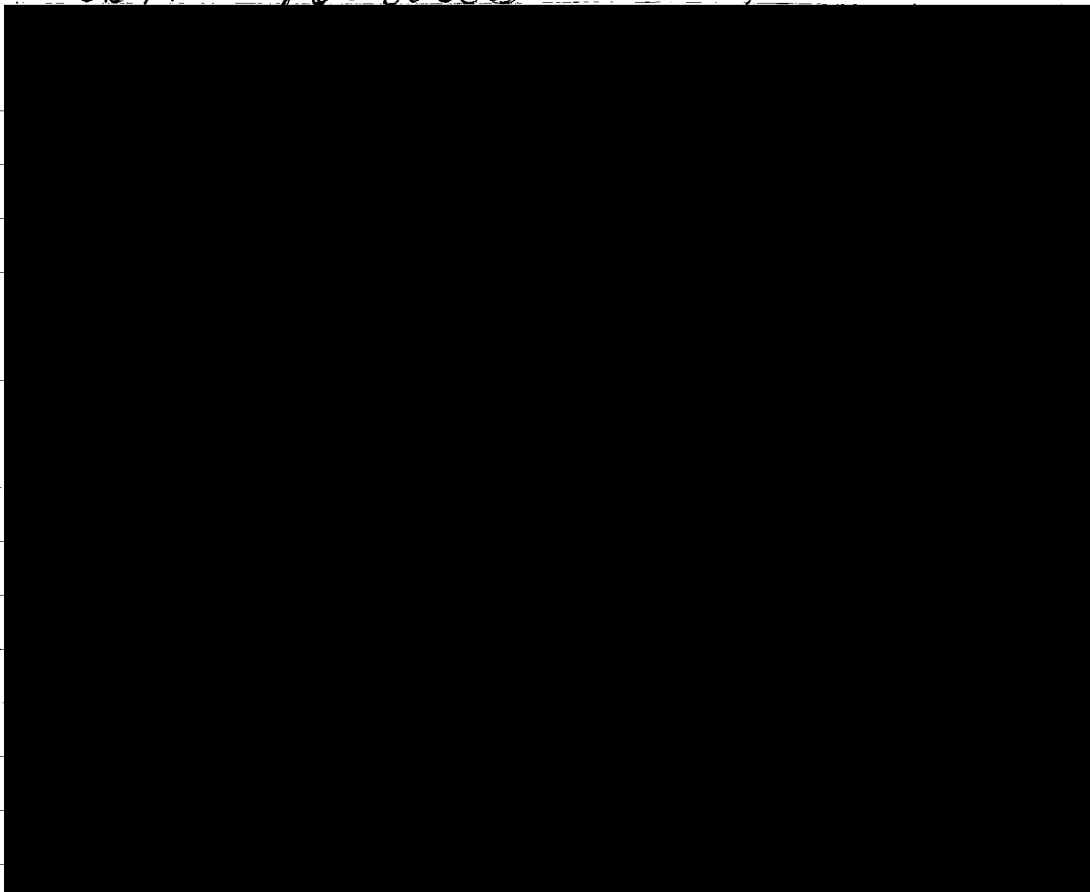
- such as hereceptin →
was not available years ago,
now, + is

(NSABP) - clinical trial group
LPittsburgh

Staff Meeting Oct 4



- CR/PR for docs⁰



CR/PR Oct 4

- labs dir may have to do own addendum
- may be 15 patients who may a
may benefit in GFW / similar in gender
- GBS shie specimens
- only 147 cases returned from MIT Sin
due to work load
- 1-2 months for all results back

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

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

97-2004 x 350

135 - 97 HPL

147 - 1998

360 - 99

370 2000

374 01

344 02

373 03

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

→ Susan and El web to common
directors and com strat
to com dir.

