

Sent: Thursday, November 10, 2005 8:44 AM  
To: hspark@healthwest.nf.ca  
Subject: FW: NLIS 5 - Improving access to treatment therapies for breastcancer patients

should be distributed to medical staff. Tnx.

Ken

*file ERPR*

For your information this release was issued today by the Provincial Department of Health & Community Services. Thanks, Heidi

Heidi Staeben-Simmons  
Director of Communication  
Western Regional Interated Health Authority

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In order to improve access to treatment therapies for cancer patients, Health and Community Services Minister John Ottenheimer today announced that government will introduce a new drug \* Herceptin - to the Provincial Systemic Therapy Formulary to treat selected patients with early stage breast cancer (Stages 1, 2 and 3). The drug is currently used to treat patients with metastatic breast cancer.

"Government recognizes that advances in medical research result in new treatment therapies for cancer patients and we are committed to providing these patients with the most current and beneficial treatment possible," said Minister Ottenheimer. "Recent research on Herceptin has demonstrated its effectiveness in the treatment of early stage breast cancer selected patients and we are therefore pleased to make the treatment available for st cancer patients in our province."

Government will invest \$2,030,000 annually to add Herceptin to the Provincial Systemic Therapy Program to cover treatment costs for approximately 40 patients. The Provincial Systemic Therapy Program is administered by Eastern Health, which is responsible for the introduction of and utilization of intravenous systemic therapy drugs for all cancer patients in the province.

Dr. Kara Laing, Director of Medical Oncology and Head of the Provincial Systemic Therapy Program with Eastern Health said she is very pleased with today's announcement. "The benefits seen with the addition of Herceptin to adjuvant therapy for breast cancer is one of the most significant advances in cancer care that we have ever seen. We are now able to offer this important treatment to our patients here in Newfoundland and Labrador," said Dr. Laing. Canada is one of the first countries to now have this therapy available to breast cancer patients and this will improve cure rates for patients across our country."

Recent research from clinical trials for patients with HER-2 positive invasive breast cancer demonstrates that those patients with early stage breast cancer who received Herceptin in combination with chemotherapy had a significant decrease in risk for breast cancer recurrence and death compared with patients who received the same therapy without Herceptin. Patients are considered "HER-2 positive" if their cancer cells overexpress, or make too much of, a protein called HER-2, which is found on the surface of cancer cells. Herceptin slows or stops the growth of these cells, and it is only used to treat breast cancers that overexpress the HER-2 protein, which is approximately 20 per cent of breast cancers. These tumours tend to grow faster and are generally more likely to recur than tumours that do not overproduce HER-2.

Today's announcement enhances government's Budget initiatives to strengthen cancer services across the province. Budget 2005 provided over \$16 million to reduce wait times cancer care, give patients greater access to chemotherapy and radiation and improve early detection of cancer with new diagnostic equipment including mammography and endoscopy units, ultrasounds, an MRI and CT Scanners. A further \$1.55 million was invested in April 2005 to improve cancer services in the central region.

Media contact: Tansy Mardon, Communications, (709) 729-1377, 685-1741.

Hellen Sparkes

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m: KenJenkins@hcswnf.ca  
Sent: Wednesday, November 23, 2005 8:37 AM  
To: hspark@healthwest.nf.ca  
Subject: FW: ER/PR Patient Notification

File pls

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Ken

-----Original Message-----

From: Jenkins, Ken  
Sent: Tuesday, November 22, 2005 10:47 PM  
To: sbarne@healthwest.nf.ca  
Cc: kjenki@healthwest.nf.ca  
Subject: Re: ER/PR Patient Notification

Hi Sharon

When we get the results they will be distributed to attending physicians for follow up. There has been an expert panel formed in St. John's to provide advice to physicians on follow up. There will probably be some orphan patients that we will need to contact. Pls ask the person who is doing the calling to confirm who is contacted and record any concerns that individuals and/or relatives may have. In particular, if there are any indications of potential legal action we will need to advise our risk manager. Tnx kindly.

Ken Jenkins

-----Original Message-----

From: Sharon Barnes <sbarne@healthwest.nf.ca>  
To: Jenkins, Ken <KenJenkins@hcswnf.ca>  
Sent: Tue Nov 22 16:38:25 2005  
Subject: RE: ER/PR Patient Notification

Dr. Jenkins, This is to give you an update on the calls re ER/RR. I have the files from the Lab as of today and I had hoped to get the calls started this week however Louise is not available and other resources are taken up with a the bed issues. I will get to is as quickly as possible and it will be no later than next week.

I know clients will be asking if they will hear once the testing is done and I don't think that was covered under the script. Do you know what the process will once the testing is finished? Sharon

-----Original Message-----

From: KenJenkins@hcswnf.ca [mailto:KenJenkins@hcswnf.ca]  
Sent: Friday, November 18, 2005 4:21 PM  
To: sbarne@healthwest.nf.ca  
Cc: minniwasmeier@hcswnf.ca; KenJenkins@hcswnf.ca  
Subject: RE: ER/PR Patient Notification

Tnx Sharon,

The lab has the 2000 list done and are working on the other years. Minnie and I can figure out how we will pay for this. Tnx!

-----Original Message-----

From: Sharon Barnes [mailto:sbarne@healthwest.nf.ca]  
Sent: Friday, November 18, 2005 4:25 PM  
To: Jenkins, Ken  
Cc: Wasmeier, Minnie



Subject: RE: ER/PR Patient Notification

Dr. Jenkins, Unable to reach Louise today but left a message for her to call me on Monday. I should be able to accommodate relieving her regular shifts to allow her to do this for if she is willing. This could be done at regular pay and estimating three days to do it would cost us about \$730.00. I really don't have any money in the Nursing Admin budget to cover this cost, although minimal it would have to be recognized as an over expenditure for nursing administration. I would expect to hear from Louise on Monday and if she is available and willing the process could be started on Tuesday or Wednesday.

Sharon

-----Original Message-----

From: KenJenkins@hcswnf.ca [mailto:KenJenkins@hcswnf.ca]

Sent: Friday, November 18, 2005 2:26 PM

To: sbarne@healthwest.nf.ca

Cc: minniewasmeier@hcswnf.ca; heidistaebensimmons@hcswnf.ca; KenJenkins@hcswnf.ca;

susangillam@hcswnf.ca

Subject: ER/PR Patient Notification

Importance: High

Hi Sharon,

As per our phone discussion, could you pls advise me on the availability of one of your AOs to serve as our point person to contact patients for whom we have submitted negative samples for review at Mount Sinai. We expect that this issue will be addressed by the Minister in the legislature next week. We discussed this issue at Senior Management this week and we have decided to follow Eastern Health's lead in notifying patients. The lab is compiling the list of names and contact phone numbers and should have something for us on Monday. It would be best for one person to handle this for consistency sake. Pls let me know if you have someone available and what the budget impact will be for this overtime service. Eastern Health provides a contact phone # if patients have additional questions and I am available as a resource as well. Thanks kindly.

Ken Jenkins

-----Original Message-----

From: Simmons, Heidi Staeben

Sent: Tuesday, November 01, 2005 10:10 AM

To: Jenkins, Ken

Cc: Gillam, Susan

Subject: Fw: potential script

-----Original Message-----

From: Heather Predham <Heather.Predham@hccsj.nf.ca>

To: Simmons, Heidi Staeben <heidistaebensimmons@hcswnf.ca>

Sent: Tue Nov 01 10:04:57 2005

Subject: potential script

Hi,

Here's the script...we changed it abit to reflect our conversations.....call me if you need me....also make sure you have actually sent the sample prior to calling. I would recommend that someone with a clinical background make the calls

Heather <<potential script.doc>>

<<potential script.doc>>

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