Charles S. Curtis Memorial Hospital
St. Anthony, NL
A0K 4S0

FAX TRANSMITTAL FORM

TO: Boyd Rowe
c/o Isla Blake
Fax: 896-4032

From: Pathology/Laboratory
Phone: (709) 454-0268
Fax: (709) 454-4982

Date Sent: July 12, 2007

☐ Urgent ☐ Please Comment
☑ For Review ☐ Please Reply
☐ At Your Request

Number of pages including cover page: _____

Message: Boyd,

Attached are Copies of all the Correspondence that we have received so far with regard to ER/PR.

Kweku Dankwa

HealthCare
Corporation of St. John's

MEMO

TO: All Laboratory Directors
(Dr. D. Fontaine, HSC
Dr. G. Baker, Carbonear
Dr. S. Anwar, GB Cross Memorial
Dr. F. Gallagher, James Paton Memorial,
Dr. M. Dalton, Central NL Hospital
Dr. P. Neil, Western Memorial
Dr. Dankwa, St. Anthony)

Sent Sept 8/05

Names at back

FROM: Dr. Donald M. Cook
Clinical Chief, Laboratory Medicine Program

DATE: June 14, 2005

RE: **Estrogen and Progesterone Receptors**

pls return As when Study Comp'

We are aware of a number of negative estrogen and progesterone receptors that have converted on repeat testing with our new Ventana Benchmark immunoperoxidase testing. This new Ventana system is fully automated and is much more sensitive than the immunoperoxidase technique under the previous DAKO method. Most of these false negatives have occurred during the year 2002. Presently, we are in the process of retesting all negative ER and PR's for that particular year. I am requesting that you forward all negative ER and PR cases for the year 2002 to Mr. Barry Dyer at the General Hospital Site. I would ask that you submit the reports, original ER and PR slides including controls as well as H & E slides and paraffin blocks of the tumour. We will repeat all ER and PR receptors with the Ventana system and forward the results to you. I will keep you updated regarding additional information.

If you have any concerns or questions regarding this, please feel free to contact myself at 777-5482 or Dr. Bev Carter at 777-5530.

Sincerely yours,

Donald M Cook

Donald M. Cook, MD, FRCPC, FCAP
Clinical Chief, Laboratory Medicine Program
St. John's Hospitals, Eastern Health

Pls release ER-PR [illegible] H+E slides

St. Clare's Mercy Hospital
154 LeMarchant Road, St. John's, NL, Canada A1C 5B8 Tel. (709) 777-5000 Fax (709) 777-5210
Website: www.hcesj.nf.ca

Newfoundland
Cancer Treatment and
Research Foundation

July 12, 2005

Dr. Essandoh Dankwa
Chief of Pathology
Charles S. Curtis Memorial Hospital
178-200 West Street
St. Anthony, NL A0K 4S0

Dear Dr. Dankwa:

RE: HERCEPTIN

This is a letter to address the current data for adjuvant Herceptin for breast cancer. As you are aware there are four recent trials showing both disease-free survival and overall survival benefit that was presented at ASCO this year. These were the HERA trial, NSABPB 31 trial, NCCTG 9831 and the fourth one was BCIRG006 trial. Because of this overwhelming evidence in terms of both disease-free and overall survival benefits, most provinces in Canada are currently drafting guidelines for use of Herceptin in the adjuvant setting either concurrent with chemotherapy or after their chemotherapy is completed. Because of this we require all breast cancer patients with invasive disease be tested up front for HER2-Neu by an immunohistochemistry. However, if any of them come back as IHC 2+ they should be immediately sent for FISH confirmation as soon as possible. We will need to have this information up front to decide whether or not a particular patient is a candidate for adjuvant Herceptin.

The plan is to use a guideline currently being drafted by Marlene Sellon, pharmacist at the QE-II Health Sciences Centre in conjunction with the cancer center there. This will be sent to us for review as soon as it is ready and we will likely be using this protocol, which was based on the HERA trial, as soon as it has been drafted. I will be asking for Government approval as soon as possible to ask for the increase in budget necessary to give Herceptin for this indication.

If you have any questions, please call my office at (709) 777-8095.

Yours sincerely,

Kara Laing, M.D., F.R.C.P. (C)
Director, Medical Oncology
The Dr. H. Bliss Murphy Cancer Center
Assistant Professor, Faculty of Medicine
Memorial University of Newfoundland

KL/dpr

Dr. H. Bliss Murphy
Cancer Centre
[illegible] Philip Drive
[illegible], NL A1B 3V6
Tel: 709.777.8480
Fax: 709.753.0927
http://www.nctrf.ca

HealthCare
Corporation of St. John's
MEMO

TO: All Pathologists, Division of Anatomical Pathology, St. John's Hospitals, Eastern Health
Lab Directors – Dr. D. Fontaine (HSC), Dr. G. Baker (Carbonear) Dr. S. Anwar (G. B. Cross), Dr. B. Gallagher (James Paton Memorial), Dr. P. Neil (Western Memorial), Dr. E. Dankwa (St. Anthony)
Mr. Terry Gulliver
Mr. Barry Dyer
Dr. Robert Williams

FROM: Dr. Don Cook
Clinical Chief, Lab Medicine Program
St. John's Hospitals Eastern Health
St. Clare's Site

DATE: July 28, 2005

RE: Her-2-Neu

Recently, four trials showed both disease free survival and overall survival benefit for adjuvant Herceptin for breast cancer. These were the HERA Trial, NSABP-31 Trial, NCCTG-9831 Trial, and BCIRG006 Trial. Because of the overwhelming evidence in terms of both disease free and overall survival, it is anticipated that Herceptin in the adjuvant setting, either concurrent with Chemotherapy or after Chemotherapy, may be approved in Newfoundland very shortly. Therefore all breast cancer patients with invasive disease should be tested up front for Her-2-neu by immunohistochemistry. As usual, all cases scores as 2+ should be then sent for FISH confirmation. We are currently referring FISH confirmation to Dr. Wedad Hanna at Sunnybrook and Women's College Health Sciences Centre at the University of Toronto.

I would appreciate it if you would begin to incorporate this test into your practice as soon as possible.

As a reminder, when choosing blocks to send for both hormone receptor testing and Her-2-neu testing, please select a section that contains both tumour and normal or benign epithelium. The normal and/or benign epithelium acts as an internal control for immunohistochemical staining.

If you have any questions, please call Dr. Beverley Carter at 777-5530.

Donald M. Cook, MD, FRCPC, FCAP
Clinical Chief, Laboratory Medicine Program
St. John's Hospitals, Eastern Health

HealthCare
Corporation of St. John's

MEMO

TO: All Laboratory Directors:
Dr. D. Fontaine, HSC
Dr. G. Baker, Carbonear
Dr. S. Anwar, GB Cross Memorial
Dr. Maurice Dalton, Central NL Hospital
Dr. Barry Gallagher, James Paton Memorial Hospital
Dr. Paul Neil, Western Memorial Hospital
Dr. Dankwa, Charles S. Curtis,
Dr. R. Williams, Eastern Health

FROM: Dr. Don Cook
Clinical Chief
Laboratory Medicine Program
St. John's Hospital, Eastern Health
St. Clare's Site
St. John's, NL A1C 5B8

DATE: September 6, 2005

RE: **Estrogen and Progesterone Receptors (ER'S and PR'S)**

I wish to advise you that we are doing a review of our estrogen and progesterone receptors. I expect to have more information within the next few weeks, and will keep you updated. Please note the following points:

- Further to my memo dated June 13, 2005, I am requesting that you forward all ER negative cases on primary breast lesions, independent of PR status, from May, 1997, to March 31, 2004, to Mr. Barry Dyer at the General Hospital Site.
- From January 1, 2001, ER negative is defined as 10% or less. From May, 1997, to December, 2000, ER negative is defined as 30% or less.
- I would ask that you submit the pathology report, original ER and PR slides, including any controls, as well as the H & E slide and paraffin block of the tumour. We will forward these ER negative cases to Mount Sinai for retesting.
- All ER's and PR's performed on the Ventana System from April 1, 2004, to August 9, 2005, will also be referred to Mount Sinai for retesting. You can also forward these cases to Mr. Barry Dyer.

- I would like to emphasize at this particular point in time that you concentrate on the 1999 to 2004 years, followed by the 1997 to 1998 years, and then the April 1, 2004, to August 9, 2005 year.

- We will return all blocks and slides as soon as possible.

The Laboratory Medicine Program for St. John's hospitals is currently undergoing a quality review process. Consequently, please note the following changes:

- There is currently a hold on the reporting of Estrogen Receptors and Progesterone Receptors by all pathologists in the Division of Anatomical Pathology.

- All current requests for Estrogen and Progesterone Receptors are being forwarded to Mount Sinai hospital for immunohistochemical processing, interpretation, and reporting. You may elect to directly refer your Estrogen and Progesterone Receptors to Mount Sinai or to a laboratory of your choice.

- The status of the Ventana System will be determine when we review correlations of the ER and PR results from Mount Sinai and Montreal General Labs. As a precautionary measure, we are awaiting reports from medical and technical consultants before we operationalize the Ventana System.

If you have any questions, please feel free to call me at (709) 777-5482.

Sincerely yours,

Donald M. Cook, MD, FRCPC, FCAP

MOUNT SINAI HOSPITAL

Pathology & Laboratory Medicine

600 University Avenue
Toronto, Ontario, Canada M5G 1X5
www.mtsinai.on.ca

J. Brendan M. Mullen
M.D., FRCPC
Director, Andrology Laboratory
Deputy Director, Pathology & Laboratory Medicine
Associate Professor, Laboratory Medicine & Pathobiology; Anesthesia
University of Toronto

t: (416) 586-4553

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bmullen@mtsinai.on.ca

September 26, 2005

Dr. K. Dankwa
Charles S. Curtis Memorial Hospital
Labrador-Grenfell Regional Integrated Health Authority
178-200 West Street
St. Anthony, Newfoundland A0K 4S0

RECEIVED
OCT - 7 2005

Re: ER-PR-HER2/neu Assessment

Dear Dr. Dankwa:

At the request of Dr. Donald Cook, Clinical Chief, Laboratory Medicine Program, St. John's Hospitals, Eastern Health, the Department of Pathology and Laboratory Medicine at Mount Sinai Hospital is providing temporary coverage for the performance and interpretation of ER and PR receptors and HER2/neu assessment.

To refer a case, please send to my attention, a paraffin block, preferably including normal breast tissue, with the accompanying pathology report and a covering letter to include the patient's name, MCP Number and Date of Birth. The ER/PR and immunohistochemical HER2/neu assessment will be billed using the MCP number. For cases requiring FISH assessment of the HER2/neu status, the hospital will be billed $400.00. Based on our experience, less than 20% of cases require FISH confirmation.

To expedite the reporting of results, please provide the fax number for your facility.

If you have any questions, please do not hesitate to contact me.

Yours sincerely,

Brendan Mullen, M.D.

c.c. Dr. Donald Cook

Eastern HEALTH

Dear Physician,

The laboratory at the Health Sciences Centre would like to inform you of a situation which may affect you and your patients.

Eastern Health has begun retesting a select group of breast cancer patients – those whose results indicated that they were negative for Estrogen and Progesterone receptors (ER and PR). The immunohistochemistry laboratory at the Health Sciences Centre does ER and PR testing for the province.

A few months ago, based on new information, a patient who was previously negative for ER and PR receptors tested positive using new technology introduced to the Laboratory in 2004, and we discovered some inconsistent results from the old methodology.

This has prompted Eastern Health to re-test all negative ER and PR receptors results since 1997 to ensure that all patients have every treatment opportunity that may be available to them. There is some evidence that taking Tamoxifen up to ten years post cancer may be beneficial to patients.

We are using previously collected tissue samples, so patients are not required to come to hospital or have any additional testing.

Only a small percentage of breast cancer patients may be affected by this retesting. Approximately 75% of all breast cancer patients already tested positive for ER and PR receptors. From the results that we have retested thus far, we are anticipating that less than 10% of all breast cancer patients will convert from a negative to a positive and *may* experience a change or addition to their cancer therapy. Patients with positive ER and PR results or those who previously received hormone therapy for their cancer are not impacted.

You may be contacted by your patients for answers or information about this situation. Although only a small number of people are directly affected by this situation, many more may have concerns or questions and may direct them to you – their trusted physician.

Feel free to tell your patients that the laboratory is continuing to test results and patients are being contacted if there is a change to their result or a potential change to their treatment.

Patients with general questions about this issue may call the Patient Relations Officer at Eastern Health at 777-6500. She will attempt to answer questions or link patients to the appropriate medical resource.

Sincerely,

Dr. Robert Williams
Vice-President, Medical Services
Eastern Health
October 4, 2005

Alison Dower

From: Alison Dower
Sent: Friday, October 07, 2005 3:52 PM
To: Addictions
Subject: Estrogen Receptors/Progesterone Receptors

Labrador-Grenfell Regional Integrated Health Authority

Internal Memorandum

To: All Staff

From: Dr. Michael Jong, VP Medical Affairs

Date: 07/Oct/2005

Re: Estrogen Receptors/Progesterone Receptors

Dear Staff,

Many of you may have heard in the media about the issue with breast cancer patients and the testing for Estrogen Receptors/Progesterone Receptors at Eastern Health.

Labrador-Grenfell Health is currently working with Eastern Health to re-submit previously collected tissues samples from breast cancer patients for re-testing, from the period of 1997 to 2004. The re-testing will not change an individual's diagnosis, but may be one of the factors considered in determining the type of treatment a patient will receive.

Please find attached a handout that has been prepared for physicians, public health nurses, the Provincial Breasting Screening program, nursing administrators, and other groups to provide to their clients who may have concerns about this issue.

This information will also be posted on our organization's website.

Sincerely,

Dr. Michael Jong, VP Medical Affairs

ER PR CLIENT ANDOUT.doc (29 K.

Labrador-Grenfell Regional Integrated Health Authority

CLIENT HANDOUT

➢ What is ER/PR?

All patients who have had breast cancer have been tested for the presence or absence of estrogen and progesterone receptors (ER and PR). The presence or absence of ER and PR helps determine the most appropriate treatment of breast cancer.

When your ER and PR are positive, hormone therapy is one treatment option open to you. ER and PR are just one of the many things oncologists look at to determine the type of cancer treatment a patient will receive.

➢ What is happening now? Why are some test results different?

All breast cancer samples gathered in the Labrador-Grenfell Region are sent to Eastern Health for testing. Right now, Eastern Health has begun retesting a select group of breast cancer patients from across the province – those whose results indicated that they were negative for ER and PR. In 2004, the lab at the Health Sciences Center that does all of the provincial ER and PR testing introduced a new piece of technology and discovered some inconsistent results from the old system.

This has prompted Eastern Health to need to re-test all of the negative ER and PR receptor results since 1997 to ensure that all patients have every treatment opportunity that may be available to them.

Labrador-Grenfell Health will be submitting previously collected tissue samples to Eastern Health for this re-testing. Patients will not be required to come to hospital or have any additional testing.

Please note, only a small percentage of breast cancer patients may be affected by this retesting.

➢ As a breast cancer patient, I haven't been contacted. What should I do?

The laboratory is continuing to test results and patients are being contacted if there is a change to their test result and their treatment may be affected. If you have or had breast cancer and are concerned about your previous test results and treatment, you may wish to contact your oncologist, surgeon or family doctor.

Eastern Health

Dr. H. Bliss Murphy Cancer Centre
300 Prince Philip Drive
St. John's, NL
Canada A1B 3V6
T: 709-777-8095
F: 709-753-0927
www.easternhealth.ca

April 5, 2006

Directors of Pathology

- Eastern Health – Dr. N. Denic, St. Clare's Hospital/Fax #: 777-5178
- Corner Brook – Dr. P. Neil, Western Memorial Regional Hospital/FAX #: 634-9162
- St. Anthony - Dr. E. Dankwa, Charles S. Curtis Memorial Hospital/FAX #: 454-0393
- Grand Falls – Dr. M. Dalton, Central Memorial Regional Health Centre/FAX #: 292-2287
- Gander – Dr. F. Gallagher, James Paton Memorial Hospital/FAX #: 256-5675
- Clarenville – Dr. S. Khan, Dr. G. B. Cross Memorial Hospital/FAX #: 466-3499
- Carbonear – Dr. Gary Baker, Director of Pathology/FAX #: 945-5195

Dear Pathology Department Director:

This is a letter to request that all ER/PR and *Her 2-neu* reports from Mount Sinai Hospital in Toronto be faxed to the Cancer Clinic.

We realize that you are not necessarily aware if a patient has been referred to the Cancer Clinic or not. Reports sent on patients that are **NOT** referred will be destroyed by our New Patient Referral booking clerks. We will not be sending back reports to you.

Having the faxed original Mount Sinai ER/PR and *Her 2-neu* reports ensures that there is no discrepancy between the Newfoundland pathologists report and the original Mount Sinai report. Sometimes there may be typos or clerical errors in these reports that are inconsistent with the original Mount Sinai report. We have discovered three such cases, to date, in the *Her 2-neu* reports.

We have informed our New Patient booking clerks that all such reports will be faxed to them. They will shred any reports that are not Cancer Clinic patients and will distribute the other reports to the appropriate oncologist when they arrive.

The fax number for New Patient Referral Department, to the attention of Sandi or Michelle, is (709) 777-8215.

Thank you for your attention in this matter.

Yours sincerely,

Kara Laing, M.D., F.R.C.P. (C)
Clinical Chief, Cancer Care Program
Dr. H. Bliss Murphy Cancer Center
Assistant Professor, Faculty of Medicine
Memorial University of Newfoundland

Cc Dr. D. Fontaine
Agnes Butler
Sandi Barnes
Michelle Goose

Eastern HEALTH

MEMO

TO: Dr. P. Neil, Pathology, Western Memorial Hospital
Dr. M. Dalton, Pathology, Central Newfoundland Hospital
Dr. S. Somers, Pathology, James Paton Memorial Hospital
Dr. S. Mustasa Khan, Pathology, G.B. Cross Memorial Hospital
Dr. G. Baker, Pathology, Carbonear Hospital
Dr. E. Dankwa, Pathology, Curtis Memorial Hospital
Dr. D. Fontaine, Pathology, General Hospital Site, Eastern Health
Dr. B. Williams, Medical Services, Eastern Health

FROM: Dr. Don Cook
Clinical Chief, Laboratory Medicine Program
St. John's Hospitals, Eastern Health

DATE: February 1, 2006

RE: **ER/PR Reports from Mount Sinai**

We have received most of the results from Mount Sinai regarding the ER/PR review process. The results from Mount Sinai were issued on Exel Spreadsheets. I will be issuing individual reports on patients and submitting these to you at your respective sites. When you receive these reports, please ensure that they are incorporated into your hospital information or laboratory information systems. I expect that you will be receiving the first of these reports within the next two weeks.

If you have any questions, please feel free to call me at 709-777-5482.

Sincerely yours,

Donald M Cook

Donald M. Cook, MD, FRCPC, FCAP
Clinical Chief, Laboratory Medicine Program
St. John's Hospitals, Eastern Health
Phone 709-777-5482
FAX 709-777-5178

Cora Snow

From: Alison Dower
Sent: Tuesday, May 22, 2007 3:50 PM
To: 'lghealth@lghealth.ca'
Subject: Government to Undertake Judicial Commission of Inquiry on Estrogen and Progesterone Receptor Testing for Breast Cancer Patients

Health and Community Services
May 22, 2007

Government to Undertake Judicial Commission of Inquiry on Estrogen and Progesterone Receptor Testing for Breast Cancer Patients

In order to maintain confidence in the provincial estrogen and progesterone receptor (ER/PR) breast cancer testing system at Eastern Health, the Honourable Ross Wiseman, Minister of Health and Community Services, today announced that the Provincial Government will undertake a Judicial Commission of Inquiry on estrogen and progesterone receptor testing for breast cancer patients.

On Friday, Eastern Health CEO George Tilley apologized for the confusion that has ensued over this issue and stated that 'at no time did Eastern Health withhold any personal information from any of the patients impacted by our decision to retest for ER/PR' and that 'Eastern Health has acted and will continue to act in the best interest of our patients.'

"Government recognizes it is of the utmost importance for those directly involved and the general public to understand what happened to ensure that this situation does not reoccur," said Minister Wiseman. "Through an independent review, we will endeavor to get those answers. It is critical that patients and their families are assured that government takes this matter very seriously and that any questions they have are addressed in an open and transparent manner."

A Judicial Commission of Inquiry will be established by the Provincial Cabinet under Section 3 of the *Public Inquiries Act, 2006*. Cabinet will appoint a commissioner, set the terms of reference for the inquiry and authorize an appropriate budget. Once the commissioner's report is completed, it will be submitted to the Minister of Health and Community Services and will be released publicly.

The review will address six key questions:

1. What went wrong with the ER/PR tests that resulted in a high rate of conversions when re-tested?

2. Why was the problem with the tests not detected until 2005? Could it have been detected at an earlier date? Were the testing protocols during that period reasonable and appropriate?

3. Once detected, did the responsible authorities respond in an appropriate and timely manner to those categories of people who needed re-tests and those who were being tested for the first time?

4. Once detected, did the responsible authorities communicate in an appropriate and timely manner with the general public about the issues and circumstances surrounding the change in test results and the new testing procedures?

5. Are the testing systems and processes currently in place reflective of "best practice"?

6. Does Eastern Health currently employ an effective quality assurance system to provide maximum probability that the testing problems will not reoccur?

The Commissioner will provide recommendations as necessary and appropriate to address the questions for the inquiry as identified above. The minister will announce further details regarding the Commission of Inquiry, including the appointment of a commissioner.

Minister Wiseman added, "I look forward to receiving the commissioner's report which will answer the many questions that have arisen with respect to this issue."

- 30 -

Media contact:
Tansy Mundon
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
tansymundon@gov.nl.ca

Backgrounder – ER/PR Testing for Breast Cancer Patients

- This issue is not about breast cancer screening. At no time has there been a question of accuracy of mammograms or biopsy results to diagnose breast cancer.

- Estrogen and progesterone testing (ER/PR) takes place after a breast cancer diagnosis to determine whether cancer cells have estrogen or progesterone receptors. Breast cancers that are either ER-positive or PR-positive (or both) may respond to hormone therapy, such as the drug Tamoxifen. Hormonal therapy, chemotherapy and radiation are considered to be adjuvant therapies. The aim of adjuvant therapy is to decrease breast recurrence rates and improve overall survival rates. Adjuvant therapies are generally additional treatments given after potentially curative surgery.

- Eastern Health first became aware of a problem with ER/PR test results in May 2005 and immediately conducted an internal review. In July 2005 it made a decision to retest all negative ER/PR tests done between May 1997 and August 2005 to ensure that if there was one patient who could benefit as a result of a change in their test result and subsequent treatment change that it was important that this be done. Eastern Health also suspended their own testing at that time.

- The process to retest and conduct external and internal reviews in the lab took about one year to complete. Once test results came back, the results were assessed to determine if a recommended treatment change was necessary. The assessments were conducted by a panel of experts in cancer care, including oncologists, pathologists and surgeons. The first test results were received by Eastern Health in October 2005. All test results were received by February 2006.

- There were a total of 939 patients with ER negative reports. Of the 763 patients reviewed, 317 patients had a change in result. Of that number, 117 of the patients had a resulting change in treatment. A further 176 patients, of the total 939, originally reported as negative are deceased.

- Eastern Health contacted each patient who was affected by the ER/PR test review or their family physician to make sure they received all the information and support they required. They were told either one of three things:

    - That their tissue had been retested and there was no change in the original results;

    - That their tissue had been retested and that Eastern Health was recommending a change in their treatment; or

    - That although there was a change from their original test result, no change in treatment was recommended.

- There was full disclosure to patients and their families once test results became available. Unfortunately, test results came back at different times and there was a delay in the retesting process which led to some patients feeling they were not informed in a timely fashion. Ultimately, Eastern Health's primary concern was notifying all affected individuals.

- Eastern Health held a media briefing in December 2006. At the time the focus was on the 117 patients who had a change in test result and a change in treatment plan and this was communicated to the media. Unfortunately, the media were not provided with the number of test results that had changed (317).

- Eastern Health has committed to retest results for the 176 patients who are deceased and to ensure that all patients' families are contacted for follow up.

- Eastern Health apologized on Friday for the confusion created by not disclosing all of the information to the media in December. Although the media were not informed, the 317 patients who were directly impacted were informed of their individual circumstances.

- Eastern Health has implemented a number of measures to provide a high standard of ER/PR testing for new breast cancer patients. These measures include a quality management program, seeking national accreditation for the laboratory and ensuring all technologists and pathologists receive special training. In addition, as a measure of quality control, a random sample of tests are sent to Mount Sinai to ensure the accuracy of Eastern Health test results. Eastern Health resumed ER/PR testing in St. John's on February 1, 2007.

2007 05 22 1:30 p.m.