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Date: 10/18/2007 12:08:38 PM
Subject: UNDER THE MICROSCOPE-CBC RAdio Sunday

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Sent: Monday, October 15, 2007 2:32 PM
To: NLIS, NLIS
Subject: UNDER THE MICROSCOPE: A woman named "Minnie Hoyles" sits at her dining room table in suburban Mount Pearl, NL and shakes her head.
09:43AM Item # 01 CBC Radio St. John's

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Product Summary:

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MICHAEL ENRIGHT: A woman named Minnie Hoyles sits at her dining room table in suburban Mt. Pearl, Newfoundland and shakes her head. How could they have had all these discrepancies and no one caught it, she says, for all that time? She's talking about breast cancer pathology in the province. For seven years it went very wrong. Patricia Sweeney pushes her hair out of her face; they covered it up, she says, just like Mt. Cashel, they covered it up. This is a story that has taken ten years to come out, it has made people very angry and it has badly shaken faith in the health care system in Newfoundland. These are two of the women whose breast cancer test results turned out to be mistakes. The problem lies with a pathology test that determines the absence or presence of positive hormone receptors. The result dictates the type of treatment the patient receives. Positive receptors means a patient can be given the drug Tamoxifen. Tamoxifen increases breast cancer survival rates by up to fifty percent. Between 1997 and 2004, 317 women in Newfoundland were told incorrectly that their tests were negative; they were never considered for Tamoxifen. Some died. A class action lawsuit has been launched against Eastern Health, the corporation in charge of the

pathology lab in St. John's where the tests were done, and the provincial government has called a judicial inquiry into the mess. When its hearings begin in the new year Madame Justice Margaret Cameron is bound to hear testimony that could change the way we think about the safety and accuracy of testing and not only in Newfoundland. Here is Karin Wells' special report, Under the Microscope.

UNIDENTIFIED: I was diagnosed July the 29th in 1998.

UNIDENTIFIED: I was diagnosed April of '99.

UNIDENTIFIED: I was first diagnosed in July of '99.

UNIDENTIFIED: I had been having some problems with my breasts all winter. It was swollen a lot.

UNIDENTIFIED: And I was diagnosed with infiltrating ductal carcinoma.

UNIDENTIFIED: The mammogram showed there was calcification there.

UNIDENTIFIED: There was cancer in my left breast.

UNIDENTIFIED: Plus the fact there was a lump there.

MYRTLE LEWIS: And she said you got cancer in your right breast and you got a lump in your left breast. Well I said I'm going to have two of them off and she said Myrtle I'm glad you made that decision. I opted for the mastectomy and I went through that and (inaudible). I had a mirror in my bathroom; when I go in to look at myself I had to take that mirror down. September I started the chemo.

PATRICIA: When Dr. Ganguly saw me, he said to me, Patricia, you know, everything is great, tiny tumor, nothing in your lymph nodes but. . .but your estrogen receptors are negative so we're going to have to give you chemo therapy. I had six months of chemo and then five weeks of radiation and I didn't take Tamoxifen because I wasn't ER positive.

MINNIE: And I remember saying to them could I go on Tamoxifen because the people that were on Tamoxifen had a chance that I didn't have. He said, Minnie, it'd be just like if you took water, it would do absolutely no good. I had very negative receptors as a matter of fact; there was not even a sign of a positive receptor there.

UNIDENTIFIED: I found out about a year and a half ago that in fact I was ER positive so I should have had the Tamoxifen for five years.

UNIDENTIFIED: There's a lot of questions but no answers.

KARIN WELLS: Things started out badly as they always do with cancer. Some 2,800 women from all over Newfoundland and Labrador were told they had breast cancer between 1997 and 2004. Most of them wondered if this meant they were going to die. They had a cry in some private spot, then they got on with things. They had their tumors removed, the doctors looked at their pathology reports, many of them drove for hours from tiny towns for treatment. Some of them made friends with other women while they were waiting at the cancer clinic for chemo. That's how Minnie Hoyles and Patricia Sweeney met nine years ago. They did their chemo together. They had both tested negative, their pathology said Tamoxifen wouldn't work for them.

UNIDENTIFIED: She would have been one of the ones, Karin, that wouldn't have had to have chemotherapy. It was only people that were negative would have to have chemotherapy. I'm going to warm up your coffee my love because that's cold. . .

KARIN WELLS: Both of them has mastectomies, both of them turned out to have inaccurate pathology and now both of them are trying to figure out just what went wrong. Neither Minnie Hoyles nor Pat Sweeney has cancer today. Other women weren't so lucky; 36 of the wrong pathology women have died.

UNIDENTIFIED: . . .who passed away after and we often wondered like is it, you know, they were like us, they were negative and they should have been positive and they had the wrong treatments too.

UNIDENTIFIED: I remember seeing especially two. . .

KARIN WELLS: There is a lot of wondering. What if the pathology had been right to begin with, would it have made a difference? Minnie Hoyles was diagnosed in 1998; the pathology report on her tumor said she had no positive receptors, zero percent. Her tumor was retested seven years later, same tumor, the new pathology report said she had seventy percent positive receptors. Patricia Sweeney's results changed just as dramatically. It was the fall of 2005 when their tumors were retested. The first hint that there was something wrong had come a few months earlier.

UNIDENTIFIED: Michelle was the first one.

UNIDENTIFIED: Yes. Yeah, Michelle, our friend now, she was the first one as far as I know, they sent hers off she was 36, wasn't she, but she had been recurring over and over year after year.

UNIDENTIFIED: She passed away about two years ago. Michelle had her tests redone. Our doctor. . . she was seeing all this stuff happening that shouldn't have been happening because the treatment, everything is kind of fitted together except why isn't she responding to anything. So they sent her test, her receptors off to Mount Sinai and then of course when hers came back positive they decided to test a few more and a few more and a few more. And finally they sent everybody's back.

KARIN WELLS: Unbeknownst to the public, Eastern Health suspended breast pathology tests in their own labs and sent every negative receptor tumor right back to 1997 off to Mount Sinai for retesting. Michelle Hanlon was given Tamoxifen but only in what turned out to be the last six weeks of her life. Tamoxifen is not a magic bullet, no one can say if she'd got it when she was first diagnosed it would have saved her life, but it would have increased the odds. Last year, eight years after her diagnosis, Minnie Hoyles was finally put on a drug in the Tamoxifen family.

MINNIE HOYLES: I just wondered is that doing me any good or is it just something they just figures they got to give me to kind of get themselves off the hook right. Like I can remember thinking back then oh my goodness I almost begged you know, please give me something that can help prevent a recurrence because this cancer that we were supposedly had, the negative was described to us as the worst, wasn't it Pat. They said there's no hope for anybody, this is what a doctor told us one time at a retreat right. Wasn't it Pat?

PATRICIA SWEENEY: There was 150 women at a breast cancer retreat and he got up and basically he said that to us.

MINNIE HOYLES: We can't do anything else for you. If you're positive at

least you can take Tamoxifen and I can remember, Pat can you remember all the people that stood up that were negatives at the time. And what we did find out, Karin, is that the incidents of negatives back in 97 and 98, in particular, were extremely high. And when we stood up, I was there looking on, my goodness everybody here, seemed like everybody was negatives. I said to myself after you know that's when all the mistakes were actually made.

KARIN WELLS: But no one knew that then. Typically, 25 percent of breast cancer patients had negative receptors. In 1998, the year that Minnie Hoyles and Patricia Sweeney were diagnosed, the figure coming out of the lab in St. John's was 52 percent, more than double the norm, but no one was keeping track. Minnie and Pat were just trying to get better, they had no idea anything was amiss.

MINNIE HOYLES: So I guess we went along, I went along for over eight years and then I goes to the store this day to buy the little Independent paper that we had and I'm reading in there that some of the negative receptor people are coming back positive. When I read it in the paper I thought it didn't affect me I know that, I said nothing to do with me. And then the thought came in my mind I wonder should I check myself out. So I called out

to the hospital and I asked her if my tumor had been sent to Mount Sinai and she said, oh yes, she said, yours was sent to Mount Sinai. Nobody had ever told me. So of course then I was more, I suppose, anxious. I knew it was sent away and they wouldn't have sent it away had they not had concerns. But getting anything from the Health Care Corporation, Karin, was like pulling teeth.

KARIN WELLS: Minnie Hoyles called the hospital every month for seven months. Patricia Sweeney didn't hear anything and figured it couldn't

affect her. It was her son, a doctor who finally said look mom, don't take anything for granted call them. Phone calls were going off in all directions throughout 2005.

PETER DAWE: We'd heard rumblings in the spring, almost like rumors that there was something big going on with lab testing over at Eastern Health.

KARIN WELLS: Peter Dawe is with the Cancer Society in Newfoundland. He started calling people he knew at Eastern Health to see what was going on and the women, after they couldn't get anything out of the hospital called Peter Dawe.

PETER DAWE: There was absolute anger and frustration expressed by these women around not only what had happened, that there was mistakes made in the actual testing, but the lack of information available throughout the process.

KARIN WELLS: In 2005, no one knew how many mistakes had been made. Eastern Health's Vice President of Medicine estimated the error rate at around 10 percent. There was public concern. Things dragged on into 2006, some of the women got their results back and not long after a class action lawsuit was started against Eastern Health. In December, Eastern Health announced the results of the mass retesting. They said 117 patients had been identified as requiring treatment change. It looked like the error rate was around 12 percent. It was a good spin.

PETER DAWE: We were kind of lulled into this sense of well this isn't a big issue affecting a vast number of people. In 2007, the actual retest results were released and there was a 42 percent error rate and it wasn't until that one number came out that the general public and the politicians really looked hard at this and said, oh, there's a major problem here.

KARIN WELLS: Public concern turned into outrage. The provincial government called the judicial inquiry and all heads turned to the pathology lab at the hospital in St. John's.

NEBOJSA DENIC: Pathology is a (inaudible) medicine, everything starts with a disease. Everything start with the microscope so the people who make diagnosis, they're pathology.

KARIN WELLS: If the pathology is wrong the diagnosis can be wrong; if the pathology is wrong the treatment can be wrong.

NEBOJSA DENIC: My name is Nebojsa Denic; I'm a Neuro Clinical Chief of the laboratory medicine program at Eastern Health.

KARIN WELLS: The new Clinical Chief of Pathology. Denic was appointed chief in 2006. Throughout this tour of his pathology lab in St. John's, Nash Denic was shadowed by the even newer Coordinator for the judicial inquiry. Now with the lawsuit, she said, we're limited in what we can

share about what had gone on in the lab. What Denic did want to make clear was Eastern Health's motive in ordering the massive retesting.

NEBOJSA DENIC: Nobody had in the back of their mind inquiry, lawsuits and everything else. Everything was started for the sake and for the better care of our patients. The goal was if you can find one patient that you can help, nobody going to be more happier than us. I'm physician and I'm not a defendant.

KARIN WELLS: And Denic points to the hospital's monumental decision to retest every tumor with negative receptors back to 1997. They could have only retested tumors from those patients whose oncologists raised concerns. No lab in Canada, possibly in the world, has ever voluntarily retested back seven years. Pathologists knew that results would change to some degree simply by virtue of improvements in the science. But the big question is could the test, should the test have been conducted more accurately in the first place? This is where every breast tumor in the province has come into this small relatively crowded lab in the basement of the hospital. It's been next to impossible to keep this pathology lab properly staffed. There aren't enough pathologists anywhere in the country and pathologists in Newfoundland make less than anywhere else. Most don't stay.

NEBOJSA DENIC: This problem was pretty serious.

KARIN WELLS: A turnover in pathologists has been between 80 and 100 percent.

NEBOJSA DENIC: You're over worked, people became over tired, frustrated, you see turnaround time get increased and of course that all can reflect in a patient's care. Cannot go unnoticeable. There's also our managers, they struggle from time to time in keeping the full complement of technologists.

KARIN WELLS: In its court documents, Eastern Health cites the turnover in pathologists as one factor in the 42 percent error rate.

NEBOJSA DENIC: Even before the tissue comes and is brought here depends when the operation was performed, whether the tissue was brought to the lab right away, you know. . .

KARIN WELLS: Denic explains and lists every possible hazard, everything that could go wrong in breast pathology. Slicing the tissue, fixing it, sealing it in wax, heating it for the right length of time, staining the tissue; there can be more than 40 steps.

NEBOJSA DENIC: This is not blindly you just put in a machine and a machine going to spit you out the result. The whole thing about estrogen progesterone receptor testing and the question that people are going to have, why we failed and what failed is any of the steps can affect the final result. And this is your slide. What you have here, so these are all benign main elements, but this guy is obviously looks different than this.

KARIN WELLS: Nash Denic stares into the microscope at the tumor slide that with any luck has been properly prepared by the technical staff. It's the pathologist who interprets the slide. Receptor testing is recognized in the profession as a difficult test.

KARIN WELLS: There's a lot of things that can go wrong. What's the acceptable amount that can go wrong?

NEBOJSA DENIC: I should have read it in the literature because nobody did it in their own lab and went back seven years and found that this is the result and then said, okay, you just review it and see is this an isolated phenomena or not, it's easy to criticize. I strongly believe that there's no lab without false negative results, especially in those early years. But this is the nature of the beast; it's the nature of the technology, advancement. They practice in Toronto, the Mayo Clinic and everything else, I would believe strongly, but a large number of the labs, they have a problem.

KARIN WELLS: No lab gets every test right all the time, that's the message, Eastern Health is not unusual. Nash Denic points the studies that put the error rate on receptor tests at between 20 and 30 percent. Other papers say 10 percent.

PETER DAWE: You get into a discussion around what the acceptable error rate, believe it or not, in this particular test.

KARIN WELLS: Peter Dawe, the man from the Cancer Society in Newfoundland, is the only civilian on a Canadian Association of Pathologists Committee that is trying to establish national pathology benchmarks. Some measure, other than a lawsuit, to determine when an error becomes blameworthy.

PETER DAWE: There are no national standards, there's no professional best practices. You know, there's no one that has ultimate responsibility for the aggregate group of test results in laboratories across the country. Pathologists sign off on it, so they have a professional accountability for the test results they sign off on, but even there, there's no best practice, no national standards in place to judge if they're right or wrong or are they consistently good at what they do. At the end of the day in the lab in St. John's, I don't think there's a smoking gun there, that there's one thing that you can point at and say, oh yeah, that's what went wrong.

UNIDENTIFIED: It went wrong so many times.

PETER DAWE: Looking at the results, the big question that needs to be asked is was there something about the aggregate of results that Eastern Health were getting over time that should have told them they had a problem. Why wasn't that picked up on?

KARIN WELLS: And when it was picked up on why didn't the health authority tell the women? The retest results came back over the winter of 2005. No one had informed the women their tumors were being sent out for retesting and when the results came back, still no one told them.

PETER DAWE: For the most part, most of the women involved, they would have had no idea that there was a group of clinical people discussing their prognosis and other treatment options. That's totally unacceptable, that's old school, it's patronizing, it's parochial. These people should have been brought into this process much sooner.

GERI ROGERS: My name is Geri Rogers and I am a Filmmaker and I am one of the over 300 women whose pathology was wrong. Most people found out through the media and I called every number that I thought might lead me to something. Nobody ever did call me back. So then finally I called the Minister of Health and I said, you know, I've been treated with absolute respect and care through this whole ordeal with cancer, except for this issue and I am so angry, I am so pissed off with how we've been treated. And again still at that point I was still quite philosophical, okay they've messed up, what do you do, you can't get that time back. And then finally someone called me from Eastern Health, I said why didn't you call me back, why didn't anybody call me back? She said well we didn't want to frighten women. And I thought this is not 1952, this is the year 2006. What do you mean you didn't want to frighten us? This is the worst thing they could do to frighten people. And I said well, you know, why didn't you contact us all, why didn't you at least write us a letter? She said well we didn't know how to find everybody, we weren't sure we could find anyone and I thought, damn it, if I bought a car from Ford ten years ago and something was recalled they would find me. I can't imagine who made that absolutely stupid, inane, disrespectful, foolish decision to not speak to us.

CHES CROSBIE: It's all bound up in the problems with ethics, with depression of disclosure and what and when you must disclose to patients. Down in the bowels of the hospital something has gone drastically wrong and you may have no knowledge of it, you don't know the people responsible for it, you're completely at their mercy. My name is Ches Crosbie and I'm the Class Counsel for a group of women who have been affected by the failure in pathology in the testing for hormone receptor status at Eastern Health here in Newfoundland. I suppose it's inevitable that you're going to have faults in systems, so what do you got in place to check those faults and catch them early on? And when you do catch them, what do you do about it?

KARIN WELLS: Nearly 2,800 women are included in the class action but in the beginning there were just half a dozen who were actively involved. Some women didn't wan to go to court because they didn't want to betray the kindness and compassion of their cancer doctors and the nurses. Some simply wanted to put everything about breast cancer behind them, some were afraid if they went public it could jeopardize their continuing treatment at the hospital. Some still are afraid. But then the women began to say no, I have to get involved, Eastern Health is not going to tell us more than they have to without the lawsuit. And there was something else, the pathology retesting had turned up a second problem, some women turned out not to have full blown cancer but rather what's been called a pre-cancerous condition.

CHES CROSBIE: Some people had their pathology changed from a more extensive invasive tumor categorization to something that was not invasive. The technical term is DCIS, which is ductal carcinoma in situ, which simply means it's cancer but it's still contained in the site. There are 52 of them listed in the affidavit materials and it would mean there are more people who should have Tamoxifen offered to them.

MYRTLE LEWIS: July the 5th, of last year, 2006 they called me. They had the results back on my receptor test.

CHES CROSBIE: Sometimes there can be legitimate disagreements between pathologists about what they're viewing under a microscope. At some point though it becomes a matter of you know unacceptable error.

MYRTLE LEWIS: And we sat down in this room, I'll never forget it. Nash Denic see, that's the pathologist, he looked at me in the face, said Myrtle I got good news for you and I got bad news for you. I said well give me the good news first. He said the good news is, he said, Myrtle, he said, you're not going to die of breast cancer because you never had it, you only had pre-cancer cells. If somebody had shot at me and I was standing I wouldn't have fell down. Then he said the bad news is, he said, you done six months of chemo you didn't have to have done, you had eleven lymph nodes taken out of your arm you didn't have to have done. And I said well what about the surgery, he said well, he said, that's all he said, no more than that.

KARIN WELLS: Myrtle Lewis had a double mastectomy that she was all but told was completely unnecessary. She lives in an outport on the Northern Peninsula of Newfoundland and she works in the seniors' home across the harbour. She got a copy of her new test report in the mail this summer; it shows that she had ductal carcinoma in situ in one breast, nothing in the other. She was too sick to finish the program of chemo they gave her, it has affected her eyes, she has to stay out of the sun, her immune system is severely depleted. An increasing number of studies say that DCIS patients should be offered Tamoxifen. None of the Newfoundland DCIS women were. What Myrtle Lewis still doesn't know is whether there was some mistake in reading her pathology or whether back in 1999 her tests went out under someone else's name.

MYRTLE LEWIS: This is the questions that's going through my mind over and over. Did I do this chemo for somebody else? A tumor that they took out of somebody else's breast and I done this person's chemo and she's probably dead and gone. You know, all this is questions and answers that you're not getting. It makes you wonder who's going to take the blame for this. If I went to work today and I went into that home over there and I gave some patients the wrong pills, they'd be after me pretty quick wouldn't they.

KARIN WELLS: She was offered breast reconstruction at that meeting, something she would normally have had to pay for and a few days later there was a telephone conversation with a hospital staff member. Myrtle

Lewis keeps a record of her phone calls. Myrtle asked the staffer, would $10,000 cover your expenses?

MYRTLE LEWIS: This is the thing that hurts so much, you know. It's, if you're just something that. . .you pay off and throw off. And she said, Myrtle, would $10,000 cover your expense? I said don't even mention it, I said.

CHES CROSBIE: One thing is to have a mistake occur in the past, which it appears was the case, whether it's a culpable mistake for purposes of a lawsuit or not, you know, this remains to be sorted out. But there's another very concerning problem here which comes through on these memoranda that were leaked, which I could call the Ejeckam Memoranda.

KARIN WELLS: Ches Crosbie, the lawyer, picks up the file. Gershon Ejeckam was a Pathologist brought in to troubleshoot in the lab. Dr. Ejeckam is now in Nigeria setting up a medical school. Eastern Health maintains it didn't become aware of the problems until 2005. Dr. Ejeckam's memos date from 2003.

CHES CROSBIE: Now what hasn't really come out in all this is that the hospital knew certainly by April and probably before 2003 that they had major problems. Ejeckam put a stop to the testing for at least six weeks, maybe longer.

KARIN WELLS: He describes the testing as unreliable, erratic and

unhelpful.

CHES CROSBIE: Right.

KARIN WELLS: Strong language.

CHES CROSBIE: And it gets even stronger as you go through it.

KARIN WELLS: In June of 2003, Dr. Ejeckam sent a three page memo to the administrator in charge of the pathology lab. The state of immuno stains is still unsatisfactory he says. He points out that the physical conditions for the test are not right. He said staffing is grossly inadequate and unacceptable and finally just in case no one understood the implications of unsatisfactory lab work in breast cancer pathology, Gershon Ejeckam says diagnosis based on inappropriate stain will surely jeopardize patient care and may even expose the Health Care Corporation of St. John's, as it was then called, to litigation. Shortly after the lab had a new semi automatic testing machine. Today, the Health Authority suggests the old machine was the source of the problem.

CHES CROSBIE: Yes, they went for a more automated machine. However, the irony is that the hospital they chose to send the samples out to for retesting, that's Mount Sinai, still uses the old system. So if you do it right it's going to be reliable. But here's the issue that I'm coming around to, why did they simply pick up and go on when full knowledge that what had been done in the past from 97 through 2003 was unreliable.

You see what I'm getting at. These women who now have been retested, many of whom have been offered these therapies like Tamoxifen could have had this two years before.

GERI ROGERS: But nothing was done. Nothing was done for two years. Nothing was done. They knew, they knew that there was a problem in 2003.

CHES CROSBIE: Why didn't they go back and retest in 2003? That's a burning question.

UNIDENTIFIED: I have friends who have metastasis. It means that the cancer has spread and I've had friends who were diagnosed around the same time I was and they're dead. Would it have made a difference in their lives? Maybe, but who in God's name, who in God's name made the decision not to do anything about it? Who did that?

GEORGE TILLEY: It had been dealt with by the leadership team in the lab, which includes four pathologists and a senior technologist. They would have referred it on to a surgical pathology. . .

KARIN WELLS: Not me said George Tilley last May. Tilley was the CEO of Eastern Health; he resigned a few weeks later. Not me, I knew nothing about it.

GEORGE TILLEY: I wouldn't have been personally involved in this. . .

KARIN WELLS: This was a committee decision.

GEORGE TILLEY: . . that's ongoing in the lab. . .

UNIDENTIFIED: Was a run and duck and cover? Is it the same thing that happened in the church when they all just ran and ducked, when they just keep pushing the problem along and hoping that nobody will see, that nobody will hear, that nobody will know? Is that what it is?

KARIN WELLS: Minutes of two meetings of the surgical pathology review committee have also been leaked. There are short cryptic references to technical problems. Nothing to suggest there was a discussion of retesting. There were more than half a dozen doctors on that committee.

CHES CROSBIE: And there were oncologists as well on the committee as you'll see if you look at these memoranda. This gentleman here, whose name begins with an S, he's an oncologist. The pathologist would know the treatment ramifications of getting this wrong, but certainly the oncologist would. That's one of the things that we want to find out, is why did they lose two years?

KARIN WELLS: And was it only two years? There are indications now that some medical personnel in the system in Newfoundland were aware of problems with receptor testing and were double checking tests with other labs as early as the late 90's. Could they have lost six years? It's a question that in all likelihood will only be answered under oath at the judicial inquiry or the trial in the new year. The lab in St. John's has instituted a more rigorous quality control program; it continues to send samples to the lab at Mount Sinai in Toronto to be double checked. Mount Sinai is considered the gold standard among pathology labs in Canada. Peter Dawe of the Cancer Society in Newfoundland has been looking at pathology testing across the country. When he heard Newfoundland was double checking with the gold standard lab he was pleased, at first.

PETER DAWE: And then I started thinking, well, if they're the gold standard that means that there's a whole bunch of other labs that aren't the gold standard. Does that mean that there's an error rate in other labs that wouldn't happen at Mount Sinai? We want some assurances that it's not just a problem in this particular one lab, that it could be a problem in other labs in the country. Maybe not to that extent, a 42 percent error rate, my God, I hope not. But is 10 percent okay, is 5 percent okay to get wrong? It's still 5 out of 100 women, predominantly women who potentially aren't going to have a life saving treatment. Potentially anywhere the test is done.

CHES CROSBIE: The same thing could, in principle, happen anywhere in the country. It may be happening elsewhere in the country.

MINNIE HOYLES: It is a scary thought, if you actually went across Canada I believe that you would see a lot of that somewhere else and which might be a good thing for people in other provinces to send out their random samples as well to Mount Sinai.

KARIN WELLS: Minnie Hoyles has a point. In the UK they setup an independent lab to do rechecking seventeen years ago. Some of their smaller labs had error rates of up to 60 percent. Those rates have gone down. The Canadian Association of Pathologists is working on something similar in Canada, but there is no funding. Myrtle, Geri, Minnie and Patricia will be there at the inquiry in St. John's. They will go down to the court house for the lawsuit. They will continue to wonder if their friends might be alive today had things been different.

UNIDENTIFIED: It's not about the money. For me it's about Michelle and the girls. . .

UNIDENTIFIED: For me it's about changes. . .

KARIN WELLS: For the Sunday edition in St. John's, I'm Karin Wells.

UNIDENTIFIED: By me doing those reports, please God that it's going to help somebody else.

UNIDENTIFIED: It's about treating us with respect. It's about treating us as adults. It's about making it better.

UNIDENTIFIED: I wanted to make sure that this never happens again.

UNIDENTIFIED: That's what it should be about.

-30-

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