

Medical implications

U.S. doctor says proper treatment may have impacted spread of breast cancer



The hormone drug Tamoxifen could have slowed or prevented the spread of breast cancer in Newfoundland and Labrador patients who missed out on the treatment due to inaccurate testing, according to a U.S. oncologist.

But Carina Biggs, a surgeon at Mount Sinai Hospital in New York, says there is no data to support the possibility the drug may have prevented death or unnecessary breast removal in cancer patients.

The Independent first reported last October that as many as 1,000 breast cancer tissue samples dating back to 1997 had been sent from Eastern Health in St. John's to Mount Sinai Hospital in Ontario for review.

Inaccuracies had been detected in hormone

receptor tests, which are used to determine the correct course of treatment for patients. An estrogen positive result in the samples would indicate the sufferer might benefit from taking the drug Tamoxifen. Out of the 1,000 negative samples retested, as many as 200 may have in fact been positive.

"There's such a broad spectrum of breast cancer," Biggs tells *The Independent*. "If you

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'Not likely it will become a class action'

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take someone who has an estrogen receptor positive breast cancer who has metastatic disease (the cancer has spread), certainly she could have benefited from Tamoxifen. Whether or not she would have been cured or whether or not her survival would have been prolonged significantly, no one's going to be able to say that."

She adds, "there certainly is a benefit to Tamoxifen in the right person."

Tamoxifen can decrease the likelihood of the cancer returning in patients who have undergone a lumpectomy procedure with radiation to remove cancer cells, as opposed to a full mastectomy.

"It also has a protective affect on the contralateral (other) breast," says Biggs.

Out of the 200 patients thought to have had false-negative results, she says it's unlikely they would all have been offered Tamoxifen, even if they had been correctly diagnosed.

"When a medical oncologist makes a recommendation for Tamoxifen, based on estrogen

receptor status, the quick answer is estrogen receptor positive patients will get Tamoxifen, estrogen receptor negative patients won't. However, there are a lot of variables that will go into making the decision or the recommendation for Tamoxifen."

Michelle Hanlon, a Mount Pearl woman, has launched a suit against

Eastern Health for misdiagnosing her tissue sample. She alleges the cancer that cost her both breasts and later spread to her lungs, liver, and brain could have been stopped or slowed if Eastern Health had correctly performed her hormone test.

Hanlon's lawyer, Colin

Feltham of the St. John's lawfirm Roebathan, McKay, and Marshall, says his firm is also dealing with other clients in respect to the breast cancer tests.

"(It's) not likely it will become a class action," he says, "but I can't say it has been ruled out at this point."

Eastern Health is expected to respond with a statement of defence by early March.

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Carina Biggs