


HealthCare
Corporation of St. John's

CONFIDENTIAL

June 14, 2005

VICE PRESIDENT

JUN 22 2005

MEDICAL SERVICES

Dr. Robert Williams
Vice-President
Quality, Diagnostic and Medical Services
Eastern Health
General Hospital Site
St. John's, Newfoundland
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Dear Dr. Williams:

RE: Preliminary Update on False Negative Results for Estrogen and Progesterone Receptors

Further to my letter of May 24, 2005, we reviewed reports of the estrogen and progesterone receptors in 160 breast cancer patients that originated from the Division of Anatomical Pathology, Laboratory Medicine Program, at the Health Care Corporation of St. John's. These 160 cases are also confined to patients and attending surgeons within the Health Care Corporation of St. John's. Of the 160 cases that have estrogen and progesterone receptors, 50% of these are reported as ER/PR negative. This is following a preliminary review of the pathology reports. It also seems that most of the negative ER/PR results started some time around June 24, 2002. We are in the process of retesting all negative ER/PR cases with our newer more sensitive Ventana Benchmark immunoperoxidase method for the year 2002. We also need to retest cases that are outside of the confines of the Health Care Corporation of St. John's, and I have recently sent a memo to all Lab Directors across the Province asking them to refer ER/PR negative 2002 cases back to the division for retesting.

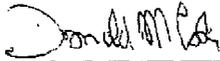
On the surface, a negative rate of 50%, though not the greatest, is not too bad when you compare a 60% positive and 40% negative rate according to figures provided by Dr. Joy McCarthy. We also need to correlate these figures more with our population. There may very well be a large number of women who have high grade lesions who would normally be negative for estrogen and progesterone receptors. We also have cases that are ER/PR negative for 1999 and 2000 and have converted following testing with the new Ventana system. These are specific cases that are identified and are requested for retesting by the oncologist. If the receptors have converted on retesting, the referring oncologist is notified and an addendum report is issued.

St. Clare's Mercy Hospital

-2-

In regards to the large number of cases for the year 2002, a list of patients who have converted with the newer methodology are forwarded to Dr. Joy McCarthy. I had informed Dr. Gardiner of the situation on May 25, 2005, and updated him on June 8, 2005. There is also significant communication between ourselves and the oncologists regarding this issue. I will keep you updated as more information becomes available.

Sincerely yours,



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