

Denise Dunn

From: Deborah Thomas-Pennell
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To: Alice Kennedy; Arlene Cook (acook@peninsulas.ca); Beverley Clarke; Brenda Yetman (E-mail); Dianne Clements (E-mail); Dianne Smith; Doris Murphy (E-mail); Dr. Robert Williams; Elizabeth Strange-Hollett; Fay Matthews; George Butt; George Tilley; Joyce Penney; Kathryn Atkin (katkin@sjnhb.nf.ca); Louise Jones; Mary Haynes (E-mail); Michele Keats (MicheleKeats@hcse.ca); Pat Coish-Snow; Patricia Pilgrim; Paula Dillon; Steve Dodge; Susan Bonnell; Wayne Miller
Cc: Heather Predham; Nancy Parsons; Dr. Donald Cook
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Ann: Audrey Whelan

Announcer: Eastern Health says it's continuing to contact patients affected by inconsistent results of breast cancer tumor samples. The problem was discovered this spring and affects samples tested between 1997 and 2005. Spokesman Dr. Bob Williams said while it didn't affect whether any surgeries were performed, it may have impacted follow up treatment for breast cancer patients. Williams says around 700 samples are being retested at Mount Sinai Laboratory in Toronto. Williams expects the results will change in less than 10 percent of the samples. He speaks with VOXM's Doug Learning.

Bob Williams: What we've done is that in late May we were made aware that a, for a variety of reasons one patient was tested, retested for estrogen and progesterone receptors. These are markers in the nucleus of the cells of breast cancer patients which indicate if the tumor is sensitive to estrogen or progesterone which are hormones secreted by patients normally. When we became aware that one patient that for a variety of reasons was retested and her results changed in this case from negative to positive then another of other individuals were tested and based upon some convergence in that group, Eastern Health decided to retest all patients who had tested negative on those receptor tests from the time we introduced a new methodology in 1997 to our current date. And we suspended all testing within our laboratories at that time.

Doug Learning: Now would this have affected whether someone would've had breast

cancer surgery?

Williams:

No, Doug, this didn't affect the diagnosis of patients with breast cancer. They were diagnosed prior to these tests being done. So this is a test that's done after the diagnosis of breast cancer has already been confirmed. As you know, the main treatment for breast cancer initially is surgery where where any suspected tumors, a tissue sample is taken to make the diagnosis of whether the patient has breast cancer or not. Subsequently then the main say treatment is surgery to remove the, the lump. And then on the tissue specimen this test is performed for ER and PR receptors on all patients who've had breast cancer. So the diagnosis has already been made and surgery has been performed and then decisions need to be made with respect to each patient as to what the next steps are.

Learning:

Okay, so it's really, it affects the follow up treatment?

Williams:

Yes, the primary treatment for patients with breast cancer is surgery. Other forms of treatment are called agimen[?] therapy, that means they've done in, in conjunction with surgery. Forms of agimen[?] therapy are radiation therapy which is sometimes given depending on the indications, what they call systemic therapy which is really chemotherapy which affects the whole body but is designed to treat some patients with breast cancer. Another form of treatment is hormone therapy which is designed for patients who test ER or PR positive. And that's about 75 percent of patients will, will have an ER or PR positive result on testing. Another form of therapy you've heard about recently is called herceptin therapy and that's aimed at a gene which is expressed in about 15 percent of patients with breast cancer. And in those patients then they're able to use the drug herceptin which interferes with the action of this gene which promotes the growth of the tumor cells.

Learning:

So if, if someone did not receive perhaps the, the right kind of treatment, follow up treatment, could this not affect their, their overall prognosis?

Williams:

Well what I'll say, Doug, is that I, actually this test is an important component of developing a treatment regime for each patient. So it's

important that this test be done and then it's part of the planning that goes into planning the treatment for each patient. That and a number of other factors are considered by the physician who's treating the patient. So it is an important part of their treatment and it's important that if we make sure that if people are, tests have been changed and we make sure, we want to make sure that we tested every patient who, who were negative to make sure that we picked up on any patients who were actually positive so that this additional information can be used by the treating physician in the case of that particular patient. We understand that tamoxifen, in the literature is useful for up to 10 years after the patient has been diagnosed with breast cancer. So that's why we've gone back seven years from the time this test was first instituted here to retest patients.

Learning: What do you have to say to women out there who are probably very concerned and, and waiting on pins and needles to find out if indeed their, their, they did get the best course of treatment as a result of these test changes?

Williams: Well, Doug, when we found out that there was an inconsistency in our results, we certainly made the decision to retest everybody. We've done a lot of research. This is a very difficult procedure. There's about 40 steps involved from the time breast tissue is obtained in the surgical suites to the time it's, a report is generated by the pathologist. We've done a lot of work at looking at various labs and we've chosen Mount Sinai because they had an international reputation. They're a big lab and they have a lot of expertise in this, in this area. So we wanted to make sure that when the testing was done, within as much as we can, guarantee that the results are as good as they would be in any other setting, setting. So we wanted to take the time to make sure we had the test reports back and they're as accurate as, as possible in, in terms of various laboratories across the country. So this is why we choose Mount Sinai and this is why we acted quickly when we found out there was a problem.

Learning: So this would affect people who I think were tested between 1997 and 2005. Any idea why the test results were inconsistent?

Williams:

Well, Doug, we've, we've had an outside consultant come, the head of the cancer pathology section in the BC Cancer Institute and the chief tech[?] of Mount Sinai visited our labs in September and in the process of doing a quality for us, doing a quality review. And they will be making some recommendations as to how we can improve this testing. But there's 40 different steps in the procedure, I guess we won't know which of those particular steps were involved in each particular case but some of the steps are, are very problematic and you know, they can be affected by a number of things, even the humidity in the lab at the time some people can say can affect the outcome of some of these tests because they're very, very sensitive.

Announcer:

Dr. Bob Williams.

Deborah Thomas-Pennell
Media Relations Officer
Direct 777-1339/1338
Cell 685-7697
Email: deborah.thomas@easternhealth.ca

"In a perfect world, every dog would have a home and every home would have a dog."