




HealthCare
Corporation of St. John's

TO: TERRY GULLIVER
FROM: Dr. G. EJECKAM 
SUBJECT: IMMUNOHISTOCHEMICAL STAINS AT HEALTH SCIENCE CENTRE
DATE: JUNE 19, 2003

Following persistent erratic results of immunostains in our laboratory, I accepted to work closely with the technical staff in order to rectify this problem. Despite the fact that the problem seems to have been arrested, the state of immuno stain at the General Hospital Department of Laboratory Medicine and Pathology is still unsatisfactory.

1. The physical location of this facility is unsatisfactory.
Immunohistochemical stains need to be housed in a separate room with proper humidity control. This is lacking in the corner of an open laboratory where the procedures are carried out at the moment.
2. Immunohistochemical stain is not just another special stain. It is affected by far more numerous factors than may apply in other special stains. It is an extremely sensitive procedure, therefore, a haphazard and lassie affair approach to it is not the way to go.
3. The staff arrangement as it stands now is grossly inadequate and unacceptable for problem free or minimal problem operations.
There has to be a dedicated staff to take over this special procedure.
The staff is expected to read wide on the subject and to understand the theory and practical aspects of the immunohistochemistry. The staff

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should be a problem shooter and that can only materialize through thorough understanding of the subject. Besides the designated staff there should be a need for a stand-by staff in case of holidays or illness of the designated staff. The dedicated staff should cut and stain all cases while the assistant/standby staff does that twice a week. The designated staff uses this valuable time for house keeping jobs in immuno. This will include dealing with ordering and titrating new antibodies. This ensures that the stand-by staff is in tune with the procedure and can produce acceptable results when the need arises.

To do less will simply become a gamble where you may win or lose.

This obviously will spell disaster.

4. The volume of immunohistochemical procedures continues to increase. Every day more diagnostic antibodies are added to the armamentarium of immunohistochemistry. Each new antibody poses its own special problem that needs to be mastered and solved before reliable, reproducible and consistent results can be obtained. Since this is the only centre in the province that performs this test there is enough case to be made for identifying this activity as special and unique, therefore, requires financing and staffing.
5. The present staff performing this procedure are doing the best they can but with myriads of other duties that take them away from the immuno stain fairly regularly it is virtually impossible for them to devote the time required to master the intricacies of this procedure.
The fairly good stain we have now is a credit to them but they do not have

enough time to spare.

It is my understanding too, that some of them have less than two or three years in the establishment and their exit will create a vacuum and another period of uncertainty for immunohistochemistry.


6. Finally it is pertinent to mention that results of immuno stains are extremely important in histopathologic diagnosis, especially where classification of lymphomas and determination of benign or malignancy of certain lesions, for example, in the prostate biopsies depend on crisp, reliable and reproducible staining results.

Diagnosis based on inappropriate immuno stain will surely jeopardize patient care and may even expose the HCCSJ to litigation.

Therefore, it will be ill advised to operate an unreliable and erratic immunohistochemical procedures in our laboratory.

I, therefore, advise that you kindly take a hard look at the above and then commit the necessary resources, human and financial to this special, all important and only service in the Province of Newfoundland.

Thank You,


Dr. G. Ejeckam

GE/jp

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