Witness Name: Alice Mackie

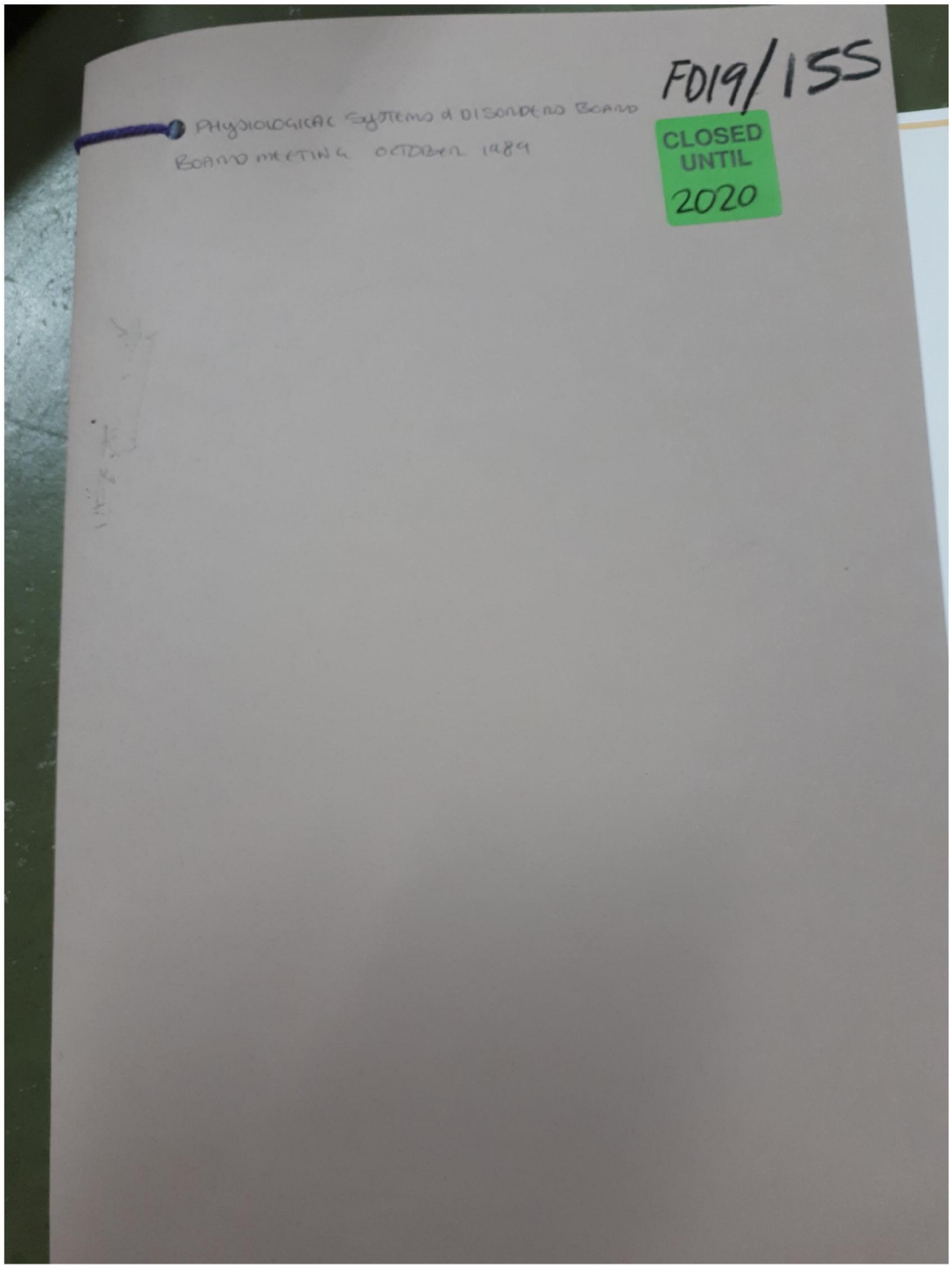
Statement No.: WITN2189005

Exhibits: WITN2189006 – WITN2189065

Dated: 30th April 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN2189019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2020

antibody negative haemophiliacs under regular review from whom a comparative group will be recruited.

Parents will be invited to enter their child(ren) after a full explanation of the tests and their purpose. They will receive written explanation of the project and will be asked to give consent in writing. Explanation of the tests will made to each child appropriate to his understanding.

Ethical approval has been given by the ethical committee at the Royal Liverpool Childrens Hospital for this study.

1. MRI Scanning protocol for 1.5 Tesla System

A standard neuro-imaging protocol will be used for all studies, which basically consists of three series of images:

Series 1 Sagittal T1 weighted localiser	Time 1.24 min
Series 2 Axial-Oblique Vemp TR 2000 TE 20/90	8.57 min
Series 3 Coronal Vemp TR 2000 TE 30/90	8.57 min

This protocol has been chosen because the entire brain examination can be completed in 20 minutes, or 12 minutes if the coronal views are omitted. The morphological detail obtained with multiplanar T1 and T2 weighted axial/oblique and sagittal scans is excellent at 1.5 Tesla. Our main concern is to minimise scan time so reducing problems due to motion artefact and patient compliance. In pilot studies of young children we have found the above sequences to give good morphological resolution, and minimal problems with image degradation or motion artefact due to long scan times.

While we appreciate the potential value of relaxation time measurements (13) in this population, as recommended by the MRC guidelines, the additional imaging time needed to acquire precise and accurate data may pose problems for our patients. The recommended sequences outlined for T1 and T2 estimations will produce very reproducible measurements in approximately 30 minutes of imaging at 0.5 Tesla but much longer relaxation times are encountered in the human brain at 1.5 Tesla especially in pathological states (T1 approximately 1500-2000 msec) and would require scans with much longer repetition times. While study times of 1 hour may be acceptable for co-operative adults this would be unacceptably long for our population.

We have discussed our imaging protocol with Professor MJG Harrison (Reta Lila Weston Institute of Neurological Studies, University College and Middlesex School of Medicine) and are encouraged by his view that their present protocol works well with non-quantitative measurements, and that our imaging sequences seem entirely appropriate. However, we remain flexible on this issue and would be prepared to modify our protocol in the light of future recommendations. In particular we will contact Dr. Paul Tofts at the National Hospital for Nervous Diseases, Queen's Square, to see if his sequences for quantitative imaging of the white matter are suitable for our system.

The MRI scans will be reported in a standard way by two radiologists independently without any clinical details. We have asked for Professor Harrison's format (suitable for computerisation).

During the scan, a parent may remain with the child at all times. The scan is safe, requires no special preparation, and is not associated with any unusual sensations or any pain. No children with any metallic devices such as surgical clips and metallic orthopaedic prostheses will be imaged.

The scans will be scheduled so as to minimize waiting time, and transport will be provided for our patients from home to the centre and

The University of Liverpool

FROM PROFESSOR J.C. CAWLEY
DR. J.M. DAVIES
DR. C.R.M. HAY

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Dr. A.C.Peatfield, PhD.,
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Recd 2/10.

September 28, 1989

Dear Dr. Peatfield, Ack 2/10

A STUDY OF THE NEUROPSYCHOLOGICAL EFFECTS OF HIV INFECTION IN HAEMOPHILIAC CHILDREN

Many thanks for your helpful letter of August 1. As a result of our subsequent discussions we submit a formal project grant application, which is enclosed together with certification of ethical approval, and the support of the Haemophilia Centre Director.

We realise that ours is a small group, but fortunately there are not large numbers of infected children in the country, and the largest single group I think is in Birmingham. We know that Dr. Frank Hill is setting up a major psychometric study, and there has been some discussion as to whether our children should follow his protocol. However this would involve more intensive testing, and probably need recruitment of extra staff. We have attempted to standardise our psychometric testing with workers at the Hospital for Sick Children, Great Ormond Street, and with Yorkhill Hospital in Glasgow but the psychologists have not reached a clear consensus on what tests should be done. One feature of the testing in Glasgow, however, was that after an initial very intensive battery of tests patient compliance was poor suggesting poor tolerance of extensive testing. Our psychologist has taken this into account in planning her tests.

We look forward to hearing from you again in due course.

With best wishes,
Yours sincerely,

GRO-C

Dr. Paula Bolton-Maggs
Senior Registrar in Haematology

P.S. It occurs to me that if size is an important consideration, there is a Paediatric haemophilia Centre in Manchester — but this would mean a lot of travelling for their patients — even if they were willing to collaborate.

subsequent analyses to avoid contamination of samples with extraneous DNA.

Detailed justification for support requested

The PCR work will require a full-time post, as recommended by the referee of an earlier (supplementary) application. This could be either a post-doctoral scientist or medical graduate working in the immunology laboratory of the Institute of Molecular Medicine directed by Professor Andrew McMichael. The person employed would work closely with Drs. Rodney Phillips and Charles Bangham (letter following). As the financial cost of either a scientist or a medical graduate at Senior House Officer or Junior Registrar grade are not dissimilar we should prefer to leave open the decision of which to appoint depending on the response obtained to an advertisement. The salary quoted is that of a mid-point SHO, but also approximates to that of a junior registrar or the upper range of the post doctoral research assistant scale.

The major items of equipment required can be made available by the Institute of Molecular Medicine (Ultra centrifuges, fume hoods, bacteriological shakers, incubators). Smaller items that are needed by each individual investigator for DNA amplification, cloning and sequencing are itemised in Appendix 2 page 3. Consumable expenses per person per year in the Institute of Molecular Medicine Immunology Dept are close to £10,000 itemised in Appendix II 2.

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