Witness Name: Royal Brompton Hospital (Dr Alexandra Rice]

Statement No.: WITN3866001

Exhibits: WITN3866008 Dated: 14 November 2019

_	INFECTED BLOOD INQUIRY	
	EXHIBIT "WITN3866008"	

This is the exhibit marked "WITN3866008" referred to in the witness statement of Dr Alexandra Rice.

## Rice Alexandra

From:

James Ironside < james.ironside GRO-C

Sent:

06 February 2012 17:41

To:

Rice Alexandra; Simon Mead

Subject:

Re: Management of individuals at risk of vCJD

Attachments:

Edinburgh University charitable status

Follow Up Flag: Flag Status:

Flagged

Dear Alex,

Thanks for your reply - this is indeed a complex topic and I'm glad to have been able to help.

Best wishes.

James.

Professor James W Ironside National CJD Research & Surveillance Unit University of Edinburgh Western General Hospital Edinburgh EH4 2XU

UK

Tel: +44 131 537 3109 Fax: +44 131 343 1404

## Rice Alexandra wrote:

Dear Professor Ironside.

Thank you for your detailed clarification on this issue. This is the first time we have encountered this problem and are very grateful for your advice.

Bw

Alex Rice

Dr Alexandra Rice FRCPath

Consultant Histopathologist & Honorary Senior Lecturer Imperial College

Royal Brompton and Harefield NHS Trust

Department of Histopathology, Royal Brompton Hospital, Sydney St, London SW3 6NP, UK

Tel (RBH): +44 (0) 207 3518425 

email: A.Rice GRO-C

From: James Ironside [mailto:james.ironside]

Sent: 06 February 2012 14:05 To: Rice Alexandra; Simon Mead

Subject: Management of individuals at risk of vCJD

## Dear Alex,

Simon Mead has asked me to contact you concerning the issues raised about a planned intraoperative frozen section of a lung lesion in a patient at increased risk of vCJD. I attach a copy of the relevant guidance in Annex K of the ACDP TSE Working Group guidance. On page 4 there is an algorithm for the handling of tissue samples from patients at increased risk of all forms of CJD, including vCJD. Lung is classified as a low infectivity tissue, so no special precautions are required, even for handling unfixed tissue for frozen section diagnosis. On page 9 of the guidance it states "It is advised that no frozen section work should be done on high risk tissues (i.e. brain and spinal cord) for patients with, or at risk of, CJD or vCJD", but this does not apply to low infectivity tissues, including lung.

In practical terms, the normal precautions for handling unfixed human tissue will be sufficient for this case. I do not think that handling this unfixed tissue poses an increased risk for the pathologist or the biomedical scientists involved in preparing and analysing the frozen sections of a lung lesion.

I will be very happy to speak to you or your colleagues at greater length if this would be helpful.

Best wishes,

James.

Professor James W Ironside National CJD Research & Surveillance Unit University of Edinburgh Western General Hospital Edinburgh EH4 2XU UK

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