

Witness Name: Debasish Das

Statement No.: WITN3438001

Exhibits: WITN3438002 - 004

Dated: 03/08/2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DEBASISH DAS

I provide this statement on behalf of Kettering General Hospital NHS Foundation Trust in response to the notification under Rule 9 of the Inquiry Rules 2006 dated 7 May 2021 and the request under Rule 9 of the Inquiry Rules 2006 dated 3 June 2021.

I, Debasish Das, will say as follows: -

Section 1: Introduction

1. My name is Debasish Das, date of birth GRO-C 1972, of Kettering General Hospital, Rothwell Road, Kettering, NN16 8UZ. I have been a consultant gastroenterologist and hepatologist at Kettering General Hospital NHS Foundation Trust since January 2011. I hold CCT in General Internal Medicine and Gastroenterology with sub-speciality accreditation in Hepatology and hold full registration with licence to practice with the GMC and listed on their LRMP (specialist register) with registration number 6031890.

Section 2: Response to Criticisms by W4358

2. In response to the criticism number 1, *"At paragraphs 22 and 23 of his first witness statement, witness W4358 states that in 2012, after seeing information about triple therapy for HCV online, he and his wife discussed the*

therapy with a nurse at Kettering Hospital. The nurse said that a triple therapy did not exist, and told the witness and his wife not to believe everything they read online. However when they went to see Dr Das, he confirmed that the triple therapy treatment could potentially be available to witness W4358.” I would want to state that triple therapy for HCV was not generally available as a routine treatment at the time when he had discussed with the specialist nurse in 2011. The UK consensus statement on this treatment plan only came out in February 2012 (WITN3438002). However, I can confirm, that the triple therapy was a potential option which was being considered to be made available on Early Access Programme, on a named patient basis with strict criterion as to who could get access at some point in early 2012. In preparation for this I had discussed possibility of the witness getting access to the programme as early as September 2011 and the witness underwent a liver biopsy by January 2012 to see if he fulfilled the criterion for the early access programme. By March 2012, he and his wife were informed of the plan for the new treatment, pending approval from the East Midlands Specialist Commissioning Group in April 2012. These discussions are clearly documented in contemporaneous clinical notes and letters. He was among the first patients from the trust who got started on the triple therapy.

3. In response to the criticism number 2, *“From paragraphs 30 - 37 of his first witness statement, witness W4358 describes how, in 2012, the staff at Kettering Hospital failed to identify tumours on his liver which were picked up at the witness’s first appointment at Queen Elizabeth Hospital Birmingham, and he questions why the tumours had not been identified during an earlier scan at Kettering Hospital.”*, I would like to state that the clinical letters and case note entries confirm that the patient had an Ultrasound scan of his liver in July 2012 with Kettering General Hospital, as he was having bi-annual scans as part of his Hep C management – which fitted in with national guidance. He was due another liver Ultrasound scan in December/January but was admitted to Kettering in December 2012 with side effects from the triple therapy medication he was on for his Hep C and was referred to Queen Elizabeth in Birmingham for their review. This was done to obtain guidance regarding continuation of the triple therapy medications.

The Birmingham team undertook an ultrasound scan of his liver as it had been some months since the last and identified a possible anomaly. So, an MRI was done in February 2013 which showed lesions which were 'probably hepatocellular carcinoma'.

He was already on the liver transplant list and it was brought forward as a result of the findings and he received a new liver in April 2013. However, his transplant was planned for de-compensation of liver cirrhosis and not for cancer. The cancer was confirmed on histological examination of the liver.

While six-monthly Ultrasound scans are the standard of care for screening for cancers in patients with cirrhosis, it is well recognised that this is not a very sensitive test (WITN3438003) and it has been well documented that despite significant work up, it is not unusual to find previously undiagnosed cancer in the liver removed at transplant (WITN3438004).

Statement of Truth

I believe that the facts stated in this witness statement are true.

GRO-C

Signed Debasish Das

Dated 03/08/2021

Table of exhibits:

Date	Notes/ Description	Exhibit number
February 2012	Full text of reference: Ramachandran P, et al. (2012)	WITN3438002

15 April 2021	Full text of reference: Colli A, et al. (2021)	WITN3438003
November 2017	Full text of reference: Xiong W, et al. (2017)	WITN3438004