

Witness Name: Professor Christine Ann Lee

Statement No: WITN06440023

Exhibits: WITN06440024 – WITN06440037

Dated: 20 February 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHRISTINE ANN LEE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 5 September 2019 in relation to the witness statement of Witness 1001 ("W1001") regarding care provided to her late husband, AHS Junior .

I, Professor Christine Ann Lee, will say as follows:

Section 1: Introduction

1. My name is Christine Ann Lee and my address is GRO-C
GRO-C My date of birth is GRO-C 1943. I hold the following professional qualifications – MA (Oxon) 1969 BM BCh (1969) MD (London) 1989, DSc (Med) (1996) FRCP (1990) FRCPath (1994) FRCOG (2010). A copy of my CV is exhibited (**WITN06440024**).
2. I have held the following positions as a haematologist for the following organisations and set out below my roles and responsibilities in each of these positions:

Dates	Position	Roles and responsibilities
September 1974 - June 1976	Registrar to Dr J Fielding, Department of Haematology, St Mary's	Laboratory and clinical; responsible in a district general hospital for the general haematology service. Six-

Dates	Position	Roles and responsibilities
	Hospital	month on call for emergency out of hours haematology including blood transfusion.
November 1976 - December 1982 (part-time)	Senior Registrar to Professor PT Flute, Department of Haematology, St George's Hospital Medical School. This included appointments at St James Hospital, Balham, Royal Marsden Hospital Sutton and South London Blood Transfusion Centre.	This appointment was under government scheme HM (69)6, known as The Women Doctors' Retention Scheme, which enabled female doctors with family commitments to work part time. Provision of haematology service and preparation for Membership of Royal College of Pathologists qualifying examination, achieved June 1982. During this time I provided some care for the small number of patients with haemophilia who attended St George's Hospital.
January 1983 - October 1984	Research Senior Registrar to Dr PBA Kernoff and Dr HC Thomas, Royal Free Hospital	Action Research Fellowship to study non-A, non-B hepatitis in haemophilia patients. This work contributed to the dissertation for MD University of London awarded in 1989, entitled "The Natural History, Prevention and Treatment of Viral Hepatitis in Haemophilic patients."
November 1984 - November 1987	Senior Lecturer in Haematology, Charing Cross and Westminster Medical School and Honorary Consultant Haematologist, Queen	Single handed consultant haematologist responsible for the clinical and laboratory haematology service in the busy district general hospital, Queen Mary's University Hospital, Roehampton, part of

Dates	Position	Roles and responsibilities
	Mary University Hospital, Roehampton, London	Charing Cross and Westminster Medical School. I was also Senior Lecturer and provided regular teaching to undergraduate medical students.
September 1985 - November 1987	AIDS counsellor Richmond, Twickenham and Roehampton Health District	Responsibility for provision of HIV testing service using the newly developed test. Responsibility for providing education about HIV/AIDS to every secondary school within the borough of Richmond upon Thames.
April 1986 - November 1987	Honorary Consultant in Haematology Haemophilia Centre and Haemostasis Unit, Royal Free Hospital, 2 sessions (1 day) per week.	There was no patient contact and these sessions were to prepare research for publication.
November 1987 - December 2005	Consultant Haematologist Haemophilia Centre and Haemostasis Unit, Royal Free Hospital, London.	Particular care for patients infected with HIV and hepatitis. Together with the director, Dr Peter Kernoff, I provided comprehensive care for people with haemophilia – the largest haemophilia centre in the UK with a patient population equivalent to the whole of Scotland and Northern Ireland. There was also provision of care for patients within the Royal Free Hospital who developed bleeding or thrombotic problems. There was a large anticoagulant clinic.

Dates	Position	Roles and responsibilities
April 1991 - April 1992	Acting Director Haemophilia Centre and Haemostasis Unit, Royal Free Hospital, London	The Director was not able to work again for health reasons. Overnight I had to take responsibility for the whole Unit as acting Director.
April 1992 - December 2005	Director Haemophilia Centre and Haemostasis Unit, Royal Free Hospital, London	As Director I was responsible for service delivery and management of a staff of 70 including physicians, nurses, physiotherapists, laboratory scientists and counsellors. Although I was an NHS employee, I also conducted research. Relevant to this enquiry, 4 of 18 MD or PhD theses I supervised were about hepatitis: (1) Dr Paul Telfer 1991-4 MD University of Oxford 'HCV infection in haemophilic patients'; (2) Dr Helen Devereux 1992-6 PhD University of London 'The molecular biology of HCV infection in haemophilia'; (3) Dr Thynn Thynn Yee 1998-2001 MD University of London 'The side effects of therapy for haemophilia'; (4) Dr Esteban Herrero 1998-2001 PhD University of London 'The molecular basis of HIV and HCV interactions'.
January 2006 - present	Emeritus Professor of Haemophilia, University College London	The title Professor of Haemophilia within University of London was an honorary title awarded in 1997 for my work in haemophilia. There was

Dates	Position	Roles and responsibilities
		international peer review of my contribution. It was the first professorship in haemophilia in the UK.
April 2007 - April 2010	Honorary Consultant Haematology, Oxford Haemophilia and Thrombosis Centre	Responsibility for women with bleeding disorders.

3. Since May 2010, I have retired from clinical practice.
4. I hold and have held membership of the following committees or groups relevant to the terms of reference:
 - a. April 2001 – December 2005: Member of UK Haemophilia Centre Doctors Organisation
 - b. 1996-2003: Chair of International Haemophilia Training Centres Committee, World Federation Haemophilia
 - c. 1993-2005: Member of Medical Advisory Panel, Haemophilia Society of UK
 - d. 1996-2000: World Federation of Haemophilia Executive with special responsibility for WFH/WHO relationship.
5. I also gave evidence as an independent expert witness at the Tribunal of Inquiry into the Infection with HIV and Hepatitis C of Persons with Haemophilia and Related Matters, which was chaired by Her Honour Judge Alison Lindsay in Ireland. The resulting report was published in 2002 and is available online.

Section 2: Background information regarding AHS Junior

6. I make this statement on the basis of the medical records for AHS Junior which have been disclosed to me by the Royal Free Hospital.

7. AHS Junior came under the care of the Royal Free Hospital in October 1978. He was diagnosed with von Willebrand's Disease ('VWD') which is an inherited bleeding disorder arising from an abnormality and deficiency in the quality or quantity of von Willebrand factor ('VWF'), the carrier protein for Factor VIII that is required for platelet adhesion. Patients with 'VWD' classically experience nosebleeds and easy bruising. Women with 'VWD' may experience heavy menstrual periods and blood loss during childbirth.
8. AHS Junior was one of several members of the family (with his brother, father and niece) who were treated at the Centre for 'VWD'. His brother, MAS, is Witness 1000 in these proceedings. His father is AS Senior whose widow, KS, is Witness 1002 in these proceedings.
9. From the records, it is clear that AHS Junior was treated with Factor VIII concentrate for the first time on 1 December 1980 because of intractable nose bleeding **[WITN06440025]**. This was because AHS Junior had suffered a moderately severe transfusion reaction to 10 units of cryoprecipitate used to treat his epistaxis (nose bleeds), suffering from generalised erythema, urticaria and rigor requiring hydrocortisone in spite of being given Piriton beforehand. His first infusion with Factor VIII concentrate would have been when he was infected with HCV. This was well before my involvement in AHS Junior's care.
10. I first saw AHS Junior on 15 March 1990 when he attended the Centre for his annual review **[WITN06440026]**. At that time he was suffering with severe nose bleeds and iron deficiency. We discussed the new anti-HCV test for detection of non-A, non-B hepatitis and AHS Junior agreed to have this test.
11. On 9 July 1990 I wrote to AHS Junior about the new anti-HCV test confirming that he had tested positive for hepatitis C antibody on 19 May 1989 **[WITN06440027]**.
12. I next saw AHS Junior on 15 April 1997 **[WITN06440028]**. He reported high blood pressure and occasional indigestion. I noted that he had had in the past a high alcohol intake. This is information that I would have obtained from AHS Junior himself. We discussed his liver disease and talked about treatment possibilities. I advised stopping alcohol because of hepatotoxicity and explained that abstinence from alcohol would

prevent further liver damage. This was standard advice given to all patients who had been infected with HCV. I made referrals to cardiology for raised blood pressure, gastroenterology for indigestion, ENT for his nose bleeds and also arranged for him to be seen in the liver clinic.

13. On 2 June 1997, AHS Junior was seen in the joint liver/haemophilia clinic by both Dr Mistry and myself **[WITN06440029]**. It was recorded that AHS Junior had stopped all alcohol and the plan was to start interferon therapy for his hepatitis C.
14. From 23 December 1998 until 12 April 1999, AHS Junior was an in-patient the Royal Free Hospital for a period of over 4 months **[WITN06440030]**. He had pyrexia of unknown origin following a right knee arthrosis. Despite numerous investigations, no cause for the pyrexia was found. He was treated with a number of different antibiotics, initially by intravenous injection. When oral antibiotics were introduced, his pyrexia gradually improved. At the time of discharge, he had persisting low grade pyrexia and some continuing diarrhoea.
15. On 20 April 1999, the SHO wrote to Dr Paul Giangrande, Consultant Haematologist at Oxford, in order to obtain an external opinion in relation to AHS Junior's unexplained pyrexia **[WITN06440031]**. This review did not ultimately take place as AHS Junior's condition had improved.
16. On 21 April 1999, AHS Junior was reviewed in the Centre. Dr Karen Murphy, Specialist Registrar in Haematology, made a referral to Mr Hamilton, general surgeon, for review of his ongoing night sweats and diarrhoea **[WITN06440032]**. Whilst an in-patient, consideration had been given by the general surgeons to AHS Junior having a laparoscopy/laparotomy.
17. A similar referral was made on 28 May 1999 to Professor Brian Davidson, Professor of Surgery **[WITN06440033]**. Professor Davidson assessed AHS Junior on 22 June 1999 and wrote to me on 24 June 1999 **[WITN06440034]**. He confirmed his plan to do an IV contrast CT scan of abdomen in order to exclude an intra-abdominal focus of sepsis.

18. As AHS Junior had returned to work by this point, I wrote to Professor Davidson on 13 July 1999 inviting him to discuss with me the necessity for laparoscopy **[WITN06440035]**.
19. On 21 August 2001, AHS Junior was reviewed in the combined liver/haemophilia clinic prior to restarting interferon therapy **[WITN06440036]**. He had a raised GGT (gamma glutamyl transpeptidase), a liver enzyme, which can be a marker for raised alcohol intake.
20. On 29 April 2003, it was noted that funding was in place for combination therapy with interferon and ribavirin. On 19 January 2005 we were still awaiting for AHS Junior to clear space in his diary for treatment with interferon and ribavirin.
21. I did not have any further involvement in AHS Junior's care.

Section 3: Criticism by W1001

Response to Question 2.1 – 'At paragraph 57 of W1001's statement, she exhibits a letter from you to Professor Davidson dated 13 July 1999 in which you write that there were many features of her husband's medical history that were "difficult to explain" Please comment on this.'

22. The comment made in this letter was a reference to AHS Junior's illness when he was admitted to the Royal Free between 23 December 1998 and 12 April 1999. As stated above, AHS Junior had unexplained pyrexia of an unknown cause despite numerous investigations. By the time I wrote to Professor Davidson, AHS Junior had returned to work and a laparoscopic assessment was no longer clinically indicated.

Response to Question 3.2 – 'At paragraph 58 of W1001's statement, she further claims that you considered that her husband's infection with HCV was due to his alcohol intake, which she found to be insulting. The witness denies that her husband drank to excess, stating that he was a "social drinker". Please comment on this.'

23. I would never have attributed the cause of AHS Junior's HCV as being due to alcohol. However, I did advise all patients with HCV infection that alcohol consumption in any amount may cause or exacerbate damage to the liver and this would add to any damage caused by HCV infection. I documented the information that AHS Junior gave to me about his alcohol consumption in the notes.

Section 4: Other issues

24. I note that at paragraph 39 of her statement, Witness 1001 states that she was told by the Royal Free Hospital that hepatitis C could not be transferred through sexual intercourse. I do not believe that this is correct. In my letter to AHS Junior dated 9 July 1990, I stated, *'Although it is possible that NANBH (HCV) can be spread sexually, information in this area is at present very limited'*. Further, we had a protocol in place at the Haemophilia Centre in relation to patients who had HCV [WITN06440037]. This specifically stated that patients should be counselled as to the possibility of sexual transmission and how this might be prevented.

Statement of Truth

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

Signed GRO-C

Dated February 20th 2020

Table of exhibits:

Date	Notes/ Description	Exhibit number
18.04.19	Professor CL's CV	WITN06440024
01.12.80	Clinical notes from Haemophilia Centre	WITN06440025
15.03.90 20.03.90	Clinical notes by Professor CL Letter Professor CL to GP	WITN06440026
09.07.90	Letter CL to AHS Junior	WITN06440027
15.04.97	Clinical notes by Professor CL	WITN06440028
02.06.97	Clinical notes and letter	WITN06440029
12.04.99	Discharge summary	WITN06440030
20.04.99	Letter CL to Dr P Giangrande	WITN06440031
21.04.99	Letter Dr K Murphy to Mr Hamilton	WITN06440032
28.05.99	Letter Dr K Murphy to Professor B Davidson	WITN06440033
24.06.99	Letter Professor B Davidson to Professor CL	WITN06440034
13.07.99	Letter Professor CL to Professor B Davidson	WITN06440035
21.08.01	Clinical notes and letter	WITN06440036
04.05.90	HCV Policy Document for the Haemophilia Centre	WITN06440037