

Witness Name: Shaun Greer

Statement No.: WITN3290001

Exhibits: None

Dated: 14th June 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF SHAUN GREER

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 15 May 2019.

I, Shaun Greer, will say as follows:-

Section 1: Introduction

My name is Dr Shaun Greer; my address is:

Department of Gastroenterology
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

My date of birth is GRO-C 1960; my professional qualifications are: MB BChir, CCST, FRCP.

I am currently a Consultant Hepatologist at Manchester Royal Infirmary, a post I have held since 2009. I manage both inpatients and outpatients with liver disease of various aetiologies – I do not subspecialise.

Prior to this, I was a Consultant Gastroenterologist and Hepatologist at the Royal Albert Edward Infirmary in Wigan, a post I held from 2002 to 2009.

I have no relevant membership to declare.

Section 2: Response to Criticism of Brian Ahern

Question 4 (paragraphs 66-69 of witness statement)

Mr Ahearn had his CT done on 22 February. The normal process of events would be for this scan to be reported by a radiologist, the result appearing on our reporting system, and if significant being in addition forwarded to the requesting consultant by email. When Mr Ahearn called us in early March, the scan had not yet been reported, and I contacted radiology by email on 7 March asking that the report be expedited. Unfortunately, the scan was not

reported until the 21 March; it was obvious from the report that Mr Ahearn had advanced hepatocellular carcinoma. The only curative option would have been a liver transplant, but from my knowledge of transplant criteria, I thought he would not be a candidate for this. Nonetheless, across the next few days I took the opportunity to discuss him with my colleagues in Leeds, our transplant centre; unfortunately, they agreed that only palliative treatment would be possible. I am sorry that the process of getting the CT scan reported took so long and was so distressing to Mr Ahearn; the delay has been the subject of a formal complaint and is currently being investigated as such by the Trust.

Question 5 (paragraphs 75 and 79 of witness statement)

We normally see patients with cirrhosis who are at significant cancer risk in clinic every 6 months, and organise investigations at their visit to screen for cancer formation. Mr Ahearn had an ultrasound scan in November 2017 which showed nothing of consequence; he was booked to come to clinic in March 2018, but from our patient booking system cancelled that appointment because he was unable to walk. The appointment was rebooked for June, but he again cancelled; he was finally seen in liver clinic in October 2018, when an ultrasound and a gastroscopy were booked. The ultrasound was originally booked for 19 November, but according to our booking system was cancelled by Mr Ahearn; it was rebooked for 17 December but again cancelled by Mr Ahearn. He finally had his scan (which of course showed the liver abnormality) on 29 January; his last ultrasound was therefore just over a year before. Hepatocellular carcinoma is often quite a slow growing tumour, but Mr Ahearn's does seem to be quite aggressive – at diagnosis, it had already invaded the portal vein.

Mr Ahearn was seen in liver clinic in October 2018 by one of our specialist registrars. In the correspondence to his GP following the clinic, he is reported as being well with no liver specific issues. When I saw him in clinic myself on the 1 April, to discuss his diagnosis of hepatocellular carcinoma, he did mention upper abdominal pain (presumably secondary to his tumour) and I suggested we increase his opiate intake. Otherwise, I had not seen him personally since 2016 - he had been seen in the interim on multiple occasions by our treatment nurses and pain is not mentioned in any correspondence I have seen from this period.

Question 6 (paragraphs 64 and 83 of witness statement)

We would routinely do an endoscopy in patients with cirrhosis to look for oesophageal or gastric varices. I did indeed do Mr Ahearn's gastroscopy myself, on 16 November; it was unremarkable, with no evidence of significant varices. The presence or absence of varices would be completely unconnected with hepatocellular carcinoma, which would be diagnosed on imaging. An earlier endoscopy would have made no difference to the timing of Mr Ahearn's diagnosis.

Before 2016, Mr Ahearn was not thought to have advanced liver fibrosis; it was only in that year that a FibroScan suggested cirrhosis. A liver ultrasound in 2016 was reported as being normal; there is no mention of fatty infiltration of the liver in the report of this or subsequent scans, until focal fatty infiltration was reported on his ultrasound of January 2019 – this was investigated by CT, which confirmed his hepatocellular carcinoma.

Question 7 (paragraph 84 of witness statement)

The answer to this is essentially the same as the answer to question 5 – we normally see patients with cirrhosis who are at high cancer risk in clinic every 6 months, and organise investigations at their visit to screen for cancer formation. Mr Ahearn had an ultrasound in November 2017, which showed nothing of consequence; he was booked to come to clinic in March 2018, but from our patient booking system, cancelled that appointment because he was unable to walk. The appointment was rebooked for June, but he again cancelled his appointment; He was finally seen in liver clinic in October 2018, when an ultrasound and a

gastroscopy were booked. The ultrasound was originally booked for 19 November, but according to our booking system was cancelled by Mr Mr Ahearn; it was rebooked for 17 December but again cancelled by Mr Ahearn. He finally had his scan (which of course showed the liver abnormality) on 29 January; his last ultrasound was therefore just over a year before. He had been seen in clinic by other specialities, but given liver disease is not within their remit, no relevant investigations were organised.

Section 3: Other Issues

No relevant issues.

Statement of Truth

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

Signed _____

GRO-C

Dated _____

14th Jun 2019