

Witness Name: Dr Paul Giangrande

Statement No.: WITN3311015

Exhibits: WITN3311016; WITN3311017; WITN3311018

Dated: 8 June 2022

INFECTED BLOOD INQUIRY

FIFTH WRITTEN STATEMENT OF DR PAUL GIANGRANDE

I provide this Statement in response to a request under Rule 13 of the Inquiry Rules 2006 dated 15 March 2022.

I, Dr Paul Giangrande, will say as follows: -

Section 1: Introduction

1. My full name, date of birth, address and professional qualifications are:
Paul Leo Francis Giangrande dob: **GRO-C** 1955
GRO-C Oxfordshire **GRO-C**
BSc, MD, FRCP (Lond., Edin. & Ire), FRCPATH, FRCPCH
2. I was employed as Consultant Haematologist at Oxford University Hospitals NHS Trust, based in the Oxford Haemophilia and Thrombosis Centre at the Churchill Hospital, from 1 April 1991 until my retirement on 31 May 2015. My primary responsibility was the clinical management of both adults and children with inherited bleeding disorders.
3. I was a member of the UK Haemophilia Centre Doctors' Organisation (UKHCDO) throughout my time in post in the NHS although I never held senior elected office within that body. My primary engagement outside the hospital throughout my career was with patient organisations. I was honoured to be elected to the senior medical position within the World Federation of Haemophilia (WFH) for two consecutive terms from 2000-2008 inclusive. I was the first and only British physician to be elected to this position. I also served as Chairman of the Medical Advisory Group of the European Haemophilia

Consortium (EHC) from 2013-2018 inclusive and I still continue to work with this organisation but in other roles.

Section 2: Responses to Criticisms

4. I received a copy of the First Witness Statement of Richard Kellett-Clarke (signed on 20 April 2019) on 10 March 2022. This relates to the medical care of his late brother, Roger Clarke. I have specifically been asked to comment on allegations in para. 11 of this Statement. Mr Kellett-Clarke states in para. 3 that he drafted his Statement “without the benefit of access to my brother’s medical records.”
5. The Oxford University Hospitals NHS Foundation Trust has not responded to repeated requests from my legal advisers for access to the main set of hospital notes relating to Mr Roger Clarke in order to respond to Mr Kellett-Clarke’s Statement. I have been able to review the separate clinical notes relating to Roger Clarke held by the Oxford Haemophilia & Thrombosis Centre.
6. Mr Kellett-Clarke says in para. 10 of his Statement that his brother “first tested HCV antibody positive in 1991 but he was not told about it or offered any support or treatment.” He goes on to say in paragraph 11: “Roger was informed of the diagnosis by Dr Giangrande in September 1996 but, even then, he was not offered any treatment nor was the implications of having the infection explained properly to him. No adequate information was provided and no action taken until the cancer discovery in 2000. Information about risk should have been given to him and action taken as far back as 1988. His progress should have been monitored and various treatment options discussed with him.”
7. The narrative set out by Mr Kellett-Clarke is incorrect. Roger Clarke was referred to a liver specialist in 1988, three years before I started work at the Oxford Haemophilia Centre, and he was followed up by a hepatologist on a regular basis over the subsequent years.
8. Exhibit WITN1323002 provided by Mr Kellett-Clarke is a medicolegal report drawn up by Dr John O’Grady, consultant hepatologist at King’s College Hospital in London, and dated 9 April 2003. In this report, Dr O’Grady notes that abnormal liver function tests were first identified in June 1988.
9. Dr Joan Trowell was the consultant liver specialist who looked after our patients with haemophilia in Oxford from the mid-1970s until 2000 when Dr Jane Collier took over this role. Exhibit WITN3311016 contains a selection of clinic letters written by Dr Trowell about Mr Clarke for each year in the period 1990-1996 inclusive. Dr Trowell’s letter to Dr C. Thompson dated 31 December 1993 also makes clear that Mr Clarke was indeed initially referred to her in 1988 when abnormal liver first tests were first noted.
10. Dr O’Grady notes that Mr Clarke had an ultrasound of the abdomen in September 1992 and endoscopic retrograde cholangiopancreatography (ERCP) to remove a stone in the common bile duct. Mr Clarke underwent liver

biopsy in October 1992: this did not show evidence of cirrhosis although there was some established fibrosis. This is clear evidence of the active involvement of a liver specialist in Mr Clarke's care at the time. These are invasive procedures which are not performed by a haematologist.

11. I recall my first meeting with Mr Clarke well. I introduced myself to him as the new consultant shortly after starting work in Oxford in April 1991. He told me that he did not want to have regular reviews with the haemophilia team and that he would continue to deal only with Dr Trowell in relation to his liver problems. He explained that he was an accountant working for an international publisher in London, with a busy schedule which included trips abroad. He did not have a severe phenotype and so did not experience frequent or spontaneous bleeds. I was surprised by his approach but we duly noted these specific requests in writing in the hospital notes. Exhibit WITN3311017 is a photocopy of the first page of his haemophilia follow-up review appointment on 16 July 1991. The handwritten text at the bottom reads: "Mr Clarke does not want to have a follow up every six months & just wants to see Dr Trowell for his liver problems, accordingly no further follow ups to be arranged D/W [*discussed with*] Dr Giangrande."
12. Mr Clarke requested an appointment with the haemophilia team in 1995 to discuss symptoms of arthropathy in his ankles. He was duly seen on 7 August 1995 and we took this opportunity to go through our hepatitis C check list with him. Exhibit WITN3311018 is a photocopy of this checklist, listing the topics that were covered with him. It also documents that Mr Clarke was already aware of his hepatitis C test result.
13. Dr Trowell kept notes of her consultations with patients in the main hospital notes rather than our separate haemophilia centre files. It is impossible for me to say when Mr Clarke was first told that he had been infected with hepatitis C without access to the separate hospital records kept by the liver specialist and which have not been provided to me by the Oxford University Hospitals NHS Foundation Trust. However, it is demonstrably not true to say that Mr Clarke was first informed that he had been infected with hepatitis C by me in 1996 or that Mr Clarke was not referred to a liver specialist at the very first opportunity in 1988.

Section 3: Other Issues

I would like to express my sincere condolences to the family of the late Roger Clarke for his untimely death, which I fully accept was due to hepatitis C acquired through treatment with coagulation factor concentrate.

Statement of Truth

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

Signed

GRO-C

Dated 8 June 2022