Witness Name: Ian Cadden
Statement No.: WITN3821001
Exhibits: None
Dated: 13th January 2020

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF IAN CADDEN

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

I, Ian Cadden, will say as follows: -

Section 1: Introduction

1. My name is Dr Ian Samuel Hendry Cadden. My date of birth is GRO-C 1972. My professional address is The Liver Unit, 1st Floor East Wing, Royal Victoria Hospital, Grosvenor Road, Belfast. My professional qualifications include Bachelor of Medicine and Surgery (MB, BCh, BAO) awarded by Queens University of Belfast in 1997, Membership of The Royal College of Physicians (MRCP) obtained 2000 and Doctorate of Medicine (MD) awarded by Queens University of Belfast in 2005. I was elected to the fellowship of The Royal College of Physicians (FRCP) in 2015

2. I took up my current post as Consultant Hepatologist in The Royal Victoria Hospital, Belfast in October 2009. My first consultant post was as a Consultant Gastroenterologist in Altnagelvin Area Hospital from September 2008 to October 2009. Whilst holding my appointment as Consultant Gastroenterologist in Altnagelvin Hospital, I also held a position as Honorary Consultant in Hepatology at The Royal Victoria Hospital in Belfast. As part of my role I provided hepatology outpatient clinics for the Belfast Health and Social Care Trust. Prior to my appointment as a consultant in 2008, I was a specialist registrar in the Northern Ireland Medical and Dental Training Agency gastroenterology training programme, obtaining my

certificate of completion of training (CCST) in August 2008. Between August 2006 and July 2007, I completed a specialty training fellowship in Hepatology in Vancouver General Hospital, Vancouver, Canada.

3. In my role as a hepatologist in The Royal Victoria Hospital I am a member of the Northern Ireland Hepatitis C Managed Clinical Network, acting as lead for the surveillance sub-group. This network co-ordinates initiatives by public health, addictions services, prison services, laboratory services, maternity services and patient support groups to improve strategies for the management of viral hepatitis in Northern Ireland. In my role associated with this group I have participated in a number of educational events attended by both medical and other affiliated professionals and patient interest groups.

4. I have been an advocate for patients through a number of patient charities and in particular, along with my colleagues I have supported The Royal Victoria Hospital Liver Support Group since my appointment in 2009. I have also helped the British Liver Trust whilst they were running a Love Your Liver campaign stationed in Belfast in 2019.

5. I am not a member of any committees or groups relevant to the enquires terms of reference.

Section 2: Responses to criticism of witness W2880

6. In paragraphs 9 and 10 of Dr McDougall's statement he correctly states that Mr Birtles' first consultation with the Regional Liver Unit was with me on 8th May 2009. Mr Birtles had been diagnosed with hepatitis C genotype3 infection which he had contracted as a result of a blood product infusion previously. Between March and August of 2006, under the care of the haemophilia service, he received treatment for his hepatitis C infection in the form of Pegylated Interferon injections once weekly and daily Ribavirin tablets. Following 6 months of treatment, his hepatitis C PCR result was negative, but at 6 months following treatment this had become positive again suggesting failure of his treatment to clear the virus. I explained the treatment options to Mr Birtles at his consultation, either re-treatment at that time with the same combination of drugs or alternatively waiting for newer therapies to be introduced in the future. He was offered a review appointment.

7. Mr Birtles next attendances at the Regional Liver Unit between 2010 and 2016 were as detailed in paragraphs 12-18 of Dr McDougall's statement.

8. In paragraph 15 of her statement, Miss Birtles states that her father was to have a fibroscan in 2016 and that when Mr Birtles attended the machine was broken. I can confirm that when Mr Birtles attended for a fibroscan on 9th December 2015 with Dr McDougall, Dr McDougall was unable to obtain readings with the standard probe and was unable to attempt any readings with XL probe as this was broken. Miss Birtles also states that when Mr Birtles attended for a second time the machine was also broken and that the one in the Children's ward also did not work. I cannot find any reference to a further fibroscan appointment. In addition the Regional Liver Unit has not used the fibroscanner in the Children's Hospital. Therefore I cannot add anything further in relation to Miss Birtles comments regarding this.

9. I next reviewed Mr Birtles at the Regional Liver Unit along with Dr Geraldine Carroll (Staff Grade) on 6th January 2017. Mr Birtles had cancelled an appointment to attend in November 2016. Mr Birtles expressed his disappointment with his hepatitis C relapse following his most recent course of treatment. When the option of further treatment was discussed, he was clear that he did not wish to consider further treatment. He mentioned both physical and financial concerns in relation to this. Following discussion with Mr Birtles, he agreed that he may reconsider his decision, pending the outcome of his brother's treatment.

10. After Mr Birtles attended Dr Benson (Consultant Haematologist) with unexplained weightloss in August 2017, a CT scan was carried out on 30th August 2017, which revealed a large lesion within the right lobe of his liver.

11. I presented Mr Birtles case at the regional hepatobiliary multidisciplinary meeting on 8th September 2017, where it was agreed that a biopsy should be obtained from the non-lesional liver, to determine whether surgical resection could be considered. This biopsy was carried out on 19th September 2017. It confirmed mild changes due to hepatitis C, but no cirrhosis. However, there was evidence of tumour (hepatocellular carcinoma) in the left lobe of the liver meaning that surgical resection was not an option.

12. I re-presented Mr Birtles case at the hepatobiliary multidisciplinary meeting on 29th September 2017, and in light of the biopsy findings palliative Selective Internal Radiation Treatment (SIRT) was recommended. I completed the individual funding

request for this treatment on 29th September 2017 and this was submitted the following week.

13. Mr Birtles was reviewed at the regional hepatology clinic by me again on 6th October 2017. I explained the outcome of the radiological investigations carried out to date and the results of the liver biopsy. I explained that his case had been discussed at the regional hepatobiliary meeting and that surgical resection was not an option for treatment of his tumour due to the result of the liver biopsy. I explained to Mr Birtles that we planned to carry out an alternative procedure (palliative SIRT) instead. I explained that I had already applied for funding for this procedure.

14. Miss Birtles in paragraph 19-24 of her statement Miss Birtles raised concerns about Mr Birtles SIRT treatment. Mr Birtles first appointment in the process of receiving SIRT treatment was arranged for 23rd October 2017 however, Mr Birtles procedure had to be cancelled on the morning of the 23rd October 2017. Upon hearing about the cancellation of Mr Birtles procedure, I contacted the interventional radiology consultant (Dr Raghu Sathya). Dr Sathya explained that medical emergencies had arisen on the morning of 23rd October 2017 meaning that Mr Birtles had missed the cut-off for his scan being performed as part of the SIRT procedure. In paragraph 19-20 Miss Birtles states that the procedure was aborted due to the omission of haemophilia in the medical notes. Whilst I can confirm that Mr Birtles had not been made aware it was necessary for him to take an additional dose of his medication prior to the procedure, Dr Sathya advised me that this was not the reason why his procedure was cancelled, but rather that the cancellation resulted from medical emergencies that arose on the morning of the 23rd October 2017 meaning that Mr Birtles missed the cut off time for his scan. Dr Sathya advised me that this had been explained to Mr Birtles by the interventional radiology co-ordinator on the morning of the 23rd October 2017. Dr Benson was informed of these events, and following this, Mr Birtles was advised to bring additional medication with him on 30th October 2017 to self-administer prior to the rebooked procedure.

15. In paragraph 20 of her statement, Miss Birtles states that Mr Birtles explained that the omission of haemophilia in his notes led to a delay in his procedure of a couple of weeks. The procedure cancelled from 23rd October 2017 was rebooked after minimal delay for 30th October 2017, one week later.

16. Miss Birtles states in paragraph 21 of her statement that Mr Birtles treatment was halted as a result of a faulty line. As outlined in paragraph 24 of Dr McDougall's statement, Mr Birtles was admitted under his care on 7th November 2017. As recorded in the radiology report on 8th November 2017, the procedure was cancelled by the radiology team due to "clumping" of the SIRT beads. This was reported to the MHRA (Medicines and Health Care Products Regulatory Agency) and SIRTEX (the company that manufactures the beads) by the radiology team.

17. Mr Birtles was subsequently admitted under my care on 5th December 2017 for the rescheduled SIRT treatment. This was carried out successfully on 6th December 2017 and Mr Birtles was discharged home the following day 7th December 2017.

18. Mr Birtles had a protocol follow up CT scan of liver on 12th February 2018 which was reported as showing significant disease progression. According to the electronic care record this scan was reported on 17th March 2018.

19. Mr Birtles attended the Regional Hepatology Unit for review on 2nd March 2018. He was seen by myself and Dr Carroll. The result of the recent CT scan was not available at that time. At review Mr Birtles stated that he was "enjoying life at present and getting out and about". He was not keen for further treatment. I undertook to contact Mr Birtles with the result of his scan, but he died shortly after this clinic appointment.

20. In paragraph 26 of Dr McDougall's statement he states that there was an abnormal scan in Altnagelvin Area Hospital performed by the surgical department in June of 2015. In Dr McDougall's statement he comments that there is no record of the scan having been forwarded to me and I can confirm that at no stage was I in receipt of the results of this scan carried out in Altnagelvin Area Hospital. Dr McDougalls' statement also comments that he believes that this error may have had a detrimental impact on Mr Birtles care. Having reviewed the relevant information, I would be in agreement with Dr McDougall's opinion.

21. Mr Birtles was under the care of both myself and Dr McDougall in the Regional Liver Unit between 2009 and 2018. The above description illustrates that Mr Birtles was offered the option of repeat treatment when he first attended clinic in 2009 and subsequently was offered the newest treatment available for his hepatitis C as soon as that became available in 2015. He underwent a fibroscan initially in 2011 and subsequently in 2013, neither of which showing any evidence of cirrhosis. Based on

this information, he would not have been a candidate for surveillance scans every 6 months for hepatocellular carcinoma. During the course of his follow up Mr Birtles experienced technical failure with his fibroscan in 2015 as a result of a broken fibroscan probe and a further technical failure due to clumping of the radiotherapy beads in 2017. In addition to this, the initial part of his SIRT procedure was delayed for a period of one week as a result of medical emergencies meaning that his initial procedure had to be cancelled. Neither incident materially affected his treatment. I understand that these issues will have caused distress to Mr Birtles and I apologise unreservedly for these.

Section 3: Other Issues

22. There are no other issues in which I consider evidence relevant to the enquiries terms of reference.

Statement of Truth

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

Signed **GRO-C**

Dated 13/1/20