Witness Name: Martin Ivor Prince
Statement No.: WIT3942001
Exhibits:
Dated: 13/12/2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR MARTIN IVOR PRINCE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 2 December 2019.

I, Dr Martin Ivor Prince, will say as follows: -

Section 1: Introduction

1. My name is Dr Martin Ivor Prince.
2. My professional address is Manchester Royal Infirmary, Oxford Road, Manchester. M13 9WL
3. My professional qualifications are B Med Sci (1987 Nottingham), BM BS Hons (1992 Nottingham), MRCP (1995 London), MSc (2003 Newcastle), PhD (2006 Newcastle) and CCST (gastroenterology and GIM 2003)
4. I have worked as a consultant hepatologist at Manchester royal infirmary since July 2006
5. I am not a member of any relevant organisations. I am the co-chair of the Manchester and East Cheshire Hepatitis C operational delivery network.

Section 2: Responses to criticism of NR

6. Given the time since the consultation where witness W0143 states requesting my advice regarding the risk of transmission of infection in pregnancy I do not recall the conversation. My clinic letter notes that I had a lengthy consultation with W0143 although it does not state every topic discussed and every answer given. The clinic

letter notes that the appointment was more focused on treatment options and the pros and cons of treatment at that time.

7. However as the risk of vertical transmission was a frequent question I can state that my usual answer to this concern was to reassure clearly that the risk of transmission in pregnancy was very low (around 2%) and not increased by breast feeding.

8. At the time treatment was lengthy with significant side effects and limited success. Therefore I usually would state that I could not give clear advice as to whether children should be screened for this small risk and furthermore could not advise as to whether this risk was high enough that parents should disclose their diagnosis to their children unless they wished to. I am sorry if this increased witness W0143's distress. The potential adverse effects of disclosing infection status are highlighted by W0143's experience described in paragraph 85.

9. I reviewed W0143 personally on just one occasional after 2009. On this consultation it was not clear whether she had developed cirrhosis. The only evidence of fibrosis progression following her biopsy was from ultrasound scans and these had been contradictory on this point. Her spleen had been enlarged on one scan (a potential sign of liver fibrosis) but this was not seen on a follow up scan. Her liver stiffness had been assessed with ARFI (a form of electrography). Although the result of this was in keeping with stage 4 fibrosis the results of repeated measures had been variable indicating a degree of unreliability in the results.

10. Given this uncertainty of the results it is likely that I would not have told W0143 that she had cirrhosis as at that time this was not clear. Also at that time highly effective interferon free treatment had recently become available and therefore the main concern of the consultation was to offer her curative treatment at the earliest opportunity with a more reliable assessment of her fibrosis stage (with fibroscan) to be performed at the end of treatment. Our experience was that the degree of fibrosis was often lower than estimated with active infection. For this reason it would have been appropriate to defer this discussion until more reliable results were available.

11. An extract from the clinical letter is given below

> *"I am delighted to say that we are now in a position to offer* **GRO-B** *second line therapy, as this is shortly due to be funded by the government. It is likely*

she will use the AbbVie 3D regime and I will bring her to our MDT. It is not exactly clear whether or not GRO-B *has any liver fibrosis. She had one ultrasound scan suggesting splenomegaly but this was not found on a follow up scan. She had F4 fibrosis on ARFI but this can be unreliable.*

I suggest we go ahead and treat her for hepatitis C without delay, and will repeat a FibroScan at the end of therapy so we may advise her on her prognosis after, hopefully successful treatment."

12. I apologise for any delay in completing forms for the Skipton. However none of the forms discussed were sent to me nor acted on by me. The request for additional information from the Skipton fund was addressed to Dr GRO-D (Consultant hepatologist, MRI) dated 11 July 2016. I cannot find that this was received at this time. A copy request was sent and is marked as received on 9 September 2016. This letter was also sent to Dr GRO-D Dr GRO-D dictated a response to this letter on 25 January 2017. We would usually aim to respond to these requests within six weeks. In retrospect it is not possible to state the reason for the delay in response, however in his response letter Dr GRO-D notes that it was difficult to obtain the notes as they were frequently being taken to clinic for W0143's assessment as part of her on going viral therapy. I have discussed this with Dr GRO-D prior to submitting this statement and he is in agreement with this conclusion.

Statement of Truth

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

Signed GRO-C

Dated 13/12/2019