Response from Prof Ludlam re W1708

I have been asked to respond to paragraph 4 of a letter of 23rd March 2021 from the Infected Blood Inquiry referring to criticisms made in paragraphs 30 and 43 of a statement by GRO-B dated 20th May 2019.

In **paragraph 30** Mr GRO-B states that 'What has really annoyed me is that, despite the fact that I was suffering from a liver disease, rather than being treated by a liver specialist, I had a haematologist in charge of my care. I feel they should immediately have referred me to a liver consultant.'

In **paragraph 43** he states that 'I believe that, if I had been under the care of the liver unit for my first two rounds of antiviral treatment, I may have cleared the HCV and I would not have had to have a liver transplant. I believe I went through extra suffering because I was not under the right care. I should have received blood transfusions every time I was given antiviral treatment; this would have meant I was well enough to continue treatment for longer'

Response

Documentation reviewed

The only relevant documentation I initially received accompanying the Witness Statement in relation to paragraphs 30 and 43 was a copy of a letter of 12 January 1995 (WITN1718006). There was some doubt in my mind that both pages of the letter were from a single letter. Page 1 I consider was composed by Dr Rosie Dennis as it is her style and the reference at the top is RD/MD?220756 158X. The text at the top of page 2 does not appear to follow from the previous page and the letter is signed by me. Furthermore, the Chief Executive's name is printed at the bottom of the first sheet but is not apparent on the second.

After writing my initial draft response I was provided with copies of two separate letters; one dated 12th January 1995 from Dr Dennis (WITN6932014), and one dated 25th July 1995 (WITN6932015) from myself. The former is the first page of WITN1718006 and the latter is the second page of that exhibit.

Subsequently I received a photocopy of the medical case record for GRO-B from the Royal Infirmary, Edinburgh. I have reviewed this. This response is primarily based on the copy of the medical records.

Background

GRO-B was diagnosed with severe haemophilia A around 1970 and has been treated with fresh frozen plasma, cryoprecipitate and factor VIII concentrates from a variety of different manufacturers. As a result of this treatment he acquired hepatitis C infection in the early 1970s.

During 1989 to 1996 he was registered and treated at the Edinburgh Haemophilia and Thrombosis Centre at the Royal Infirmary. Previously he had been treated at Haemophilia Centres at the Queen Elizabeth Hospital, Birmingham, St James' University Hospital, Leeds and Glasgow Royal Infirmary. After he left Edinburgh in 1996, he went to live in Geneva and subsequently he was registered at the Haemophilia Centre at St Thomas' Hospital, London, 1998 – 2016.

Management of hepatitis C in Edinburgh

From the mid-1980s the Edinburgh Haemophilia and Thrombosis Centre was fortunate to have the benefit of Dr (and later Professor) Peter Hayes' regular attendance at combined liver/haemophilia clinics in the Centre. He is a specialist in hepatology and a senior member of the Edinburgh Liver Transplant team. Diagnostic and treatment arrangements were overseen by him in relation to viral hepatitis and he made recommendations in respect of the treatment of hepatitis C infection for patients.

The following is a list of significant events in relation to hepatitis C and its treatment in Edinburgh;

22 June 1993

GRO-B was seen at the liver/haemophilia clinic by Drs Ludlam and Hayes. The case notes record that hepatitis C was discussed at length. It was noted that his liver function tests had been abnormal since 1989, he was HCV PCR positive and it was explained that he had quite active hepatitis and without treatment he was a risk of developing cirrhosis. He was told that without a liver biopsy it was very difficult to accurately assess the existing degree of liver damage. Interferon therapy was discussed along with the side effects. He had an ultrasound examination on the day of his clinic visit which was reported as normal. Endoscopy, laparoscopy and liver biopsy were discussed and offered but he was keen to discuss these with his wife before agreeing. He was to contact the clinic after he had discussed these possible investigations with his wife.

18 August 1993

He attended the liver clinic at the Haemophilia Centre but his wife was unable to attend. He agreed to an endoscopy but was uncertain about a laparoscopy. Arrangements were made for a hospital admission on 15th November for endoscopy and it was agreed he would commence interferon therapy at this time.

21 September 1993

He attended the Haemophilia Centre along with his wife (for anti-HCV test – which was subsequently reported as negative). GRO-B had decided not to have the investigations arranged for November. He was keen to start treatment with interferon without further investigation, but he wished to delay its start because he was very busy at work.

16 November 1993

Reviewed at Haemophilia Centre when treatment with interferon (Roferon A 3 MU three times weekly) was again discussed but he decided to postpone starting until January the following year.

12 January 1994

GRO-B was reviewed by Dr Hayes at the Haemophilia Centre and started interferon (Roferon A 3 MU three times weekly) therapy.

January to September 1993

He was subsequently seen at approximately monthly intervals on seven occasions at the Haemophilia Centre to monitor the therapy.

6 September 1994

GRO-B was reviewed at the Haemophilia Centre. It was noted that although his hepatitis C had responded to the Roferon therapy with a decline in the ALT and the PCR test becoming negative, his liver had relapsed whilst on this therapy. After discussion with Drs Hayes and Ludlam it was recommended that he changed directly to Intron A (interferon Alpha 2B) 3 MU three times weekly. This he agreed to.

20 September 1994

Reviewed at Haemophilia Centre when he reported profound tiredness and sore eyes.

9 October 1994

Reviewed at Haemophilia Centre when he reported some blurring of vision. After discussion with Dr Hayes it was recommended that the Intron A be continued.

21 October 1994

At Haemophilia Centre his visual symptoms were reviewed by Dr Ludlam who suggested a review by an ophthalmologist – an appointment was made for him to see Dr Dhillon on 28th October. (An optic nerve neuropathy is a rare side effect of interferon therapy and it was important to ascertain whether GRO-B may have had this complication).

28 October 1994

GRO-B was reviewed by Dr Dhillon who did not identify any ocular abnormality. He was also given a follow up review appointment for 2 months.

16 November 1994

Reviewed at Haemophilia Centre when it was noted that he still had some visual symptoms but that he was generally managing well.

30 December 1994

Reviewed by Dr Dhillon who noted that GRO-B s visual symptoms had resolved and that all the further ophthalmic investigations had been normal.

12 January 1995

GRO-B was reviewed at the Haemophilia Centre and it was noted that he had not responded to the Intron A therapy which he had been taking for 18 weeks in that his ALT was still raised and his PCR was positive. After discussion with Dr Ludlam it was decided to discontinue the Intron and continue to monitor his liver function tests.

13 February 1995

Reviewed at Haemophilia Centre when he was generally well although still a little troubled in opening his right eye for a few minutes each day for the previous 6 months. No significant abnormality was observed on examination.

10 March 1995

Reviewed at Haemophilia Centre when he reported a flu-like illness two weeks previously along with a rash which was thought possibly due to a community acquired viral infection as his children had similar symptoms.

16 April 1995

Reviewed and as rash persisting a dermatological referral was suggested.

11 May 1995

Reviewed at Haemophilia Centre and a request was made for a routine abdominal ultrasound examination.

23 May 1995

GRO-B 's situation was formally reviewed at a liver meeting with Drs Hayes and Ludlam along with other members of the medical team. It was agreed to offer Welferon (another type of interferon) at 3 MU three times weekly and to monitor the response with serial ALTs and PCR.

6 June 1995

Review appointment arranged to see Drs Hayes and Ludlam at Haemophilia Centre but patient cancelled appointment.

25 July 1995

GRO-B was fully reviewed by Dr Ludlam at the Haemophilia Centre. Mr GRO-B 's skin rash had been diagnosed as lichen planus by a dermatologist, Dr Tidman and with dermovate ointment the lesions were resolving. His liver situation was reviewed and it was explained that Dr Hayes had recommended Welferon therapy. GRO-B declined the treatment as there were changes at his place of work and he was keen to be as fit as possible for the succeeding few months. I was concerned about the situation of his liver as he had had HCV infection for almost 40 years, in the past there was a time when he was drinking 30-40 units of alcohol weekly, and that 'there was a good chance that he might have cirrhosis'. It therefore important that he had four monthly abdominal ultrasounds. He declined a further offer of endoscopy and laparoscopy.

24 November 1995

Routine review at Haemophilia Centre when it was noted he was busy at work. His recent ultrasound was normal. He continued on his thrice weekly factor VIII infusions as prophylaxis.

22 March 1996

At GRO-B s review at the Haemophilia Centre it was noted that he was feeling well. A recent ultrasound was reported as normal. Dr Hanley had discussion with him about hepatitis C as his wife had been 'alarmed by a recent television programme'. He was recorded as being well informed about hepatitis C and that he was aware that decompensation or hepatoma would be reasons for considering liver transplantation.

30 April 1996

GRO-B was referred to Dr Philip de Moreloose at the Geneva Haemophilia Centre as he had taken up a post in the city.

In summary

GRO-B received over a year's treatment with interferon. Initially he was treated with Roferon which resulted in a virological response with the virus becoming undetectable in his blood after 3 months therapy. Despite continuing the Roferon unfortunately the hepatitis C virus re-emerged and he was commenced on Intron A. After 18 weeks the virus was still detectable in his blood and it was therefore decided to discontinue treatment as the virus had not been successfully supressed. Subsequently he was recommended Welferon (a further interferon preparation) but he declined this therapy because he was busy at work and did not want to suffer the side effects of the therapy. Shortly after this he moved to Geneva.

Anaemia, blood transfusion and anti-HCV therapy.

GRO-B was not anaemic during the entire time he was treated with interferons. His haemoglobin was around 16.0 gm/dl which is towards the upper end of the normal range for the blood's haemoglobin level. His antiviral therapy in Edinburgh was therefore not stopped because of anaemia. Nor was the interferon discontinued because he did not receive a transfusion. To have given him a transfusion when his haemoglobin level was 16 gm/dl would have been hazardous.

In paragraph 31 of GRO-B s statement he claims that he was anaemic with the interferon therapy in 1994-5. As indicated above there is no record of anaemia in his Edinburgh medical records. He is likely to have developed anaemia when treated at Kings College, London – see below.

In London he received ribravirin therapy. This can cause a significant haemolytic anaemia which can be treated by blood transfusion. It appears likely he became anaemic following receipt of ribravarin therapy at Kings College Hospital and this was the reason for his blood transfusions. Ribravarin was not licensed for treating HCV in 1994 when Mr Uppal was treated with interferon in Edinburgh.

Specialist hepatological advice

GRO-B s hepatitis investigation and management was overseen by Dr (now Professor) Peter Hayes who is an eminent international expert on hepatitis C and liver transplantation. Dr Hayes reviewed GRO-B initially in 1993, explained the nature of the condition, the options for its assessment, and the treatment options. Thereafter Dr Hayes saw GRO-B l in the Haemophilia Centre at the combined Liver/Haemophilia clinics particularly at times when decisions were required in relation to his liver. His haemophilia and hepatitis was monitored at the Centre routinely by staff with a good knowledge of hepatitis C treatment and its complications. During 3 years GRO-B had the benefit of seeing, or being considered by, Dr Hayes on at least 6 critical occasions. GRO-B 's investigation and treatment of his liver disease was directed by an expert hepatologist who also worked in a liver transplant centre.

Management of hepatitis C at St Thomas' Hospital

After 1998, GRO-B 's haemophilia was overseen by the Haemophilia Centre at St Thomas' Hospital. I do not have any knowledge of how the staff will have arranged the management of GRO-B 's hepatitis C infection.

Signed GRO-C

Date 16/03/2022