



LIVER UNIT (Hepatology)

The University of Edinburgh
The Royal Infirmary
51 Little France Crescent
Edinburgh EH16 4SA

Telephone 0131 242 1625/28

Fax 0131 242 1633

To whom it may concern

17/03/22

Dear Sir/Madam

Statement by Professor Peter Clive Hayes, Professor of Hepatology, Liver Unit & Scottish Liver Transplant Unit, Royal Infirmary of Edinburgh/UoE. DOB 1957. Appointed Senior lecturer and Honorary consultant physician with an interest in liver disease in 1990. One of 3 original consultant hepatologists for the Scottish Liver Transplant Unit which opened in 1992. Published 3 papers on hepatitis C, including a paper on the Edinburgh experience of treating hepatitis C in haemophiliacs, and over 100 other papers before 1996. Appointed Professor of Hepatology in 1998.

ref UK Infected Blood Inquiry: W1718

This is a response to the points raised by **GRO-B** (W1718) in a witness statement. The two points I have addressed, which relate to me, are paragraph 30 and paragraph 43.

In paragraph 30, **GRO-B** says that what really annoyed him was, despite the fact he was suffering from a liver disease, rather than being treated by a Liver Specialist, he had a Haematologist in charge of his care. As a Liver Specialist, I saw **GRO-B**, first on the 22nd June 1993, along with Dr Ludlum from the Haemophilia Centre, at the Royal Infirmary of Edinburgh. We discussed, in some detail, the significance of the finding of being Hepatitis C positive, the treatment available, and potential investigations. Again, I saw him in August and January 1994, and we discussed starting Interferon treatment, initially with Roferon A (34 weeks from January to September 1994), and then changed to Interon on the 6th September 1994, for 18 weeks. I saw patients with haemophilia in the Haemophilia Unit, along with Dr Ludlum, rather than giving them additional Hepatology out-patient appointments.

Regarding paragraph 43, where **GRO-B** believes that if he had been under the care of the Liver Unit for the first two rounds of anti-viral treatment, he may have cleared the Hepatitis C, and wouldn't have needed liver transplant. As mentioned in relation to the comment in paragraph 30, actually, he was under the care of a Liver Specialist, namely myself, for his first two rounds of anti-viral treatment. He was on treatment with Roferon A for 34 weeks. Initially, he had become PCR negative, but unfortunately relapsed on treatment, and then changed to Interon, but did not respond to this. **GRO-B** commented that he should have received blood transfusions every time he was given anti-viral treatment. He thought this would have allowed him to be well enough to continue the treatment for longer. I do not believe this would have had any effect on the outcome of treatment.

Yours sincerely

GRO-C

PC Hayes, Professor of Hepatology, Dept of Gastroenterology, RIE, Tel. Sec. - **GRO-C**