

Witness Name; Tracey Gillies  
Statement No.: WITN6932042  
Exhibits: None  
Dated: 22 November 2022

## **INFECTED BLOOD INQUIRY**

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### **WRITTEN STATEMENT OF TRACEY GILLIES**

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I provide this statement on behalf of NHS Lothian in response to a request under Rule 9 of the Inquiry Rules 2006 dated 20 August 2020.

I, Tracey Gillies, will say as follows: -

#### **Section 1: Introduction**

##### **1. Please set out your name, address, date of birth and professional qualifications**

My name is Tracey Gillies, my date of birth is **GRO-C** 1966, and my professional qualifications are MBChB FRCS. My address is NHS Lothian, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

##### **2. Please set out your current role at the Lothian Health Board and your responsibilities in that role.**

My current role is as Executive Medical Director with consequent responsibilities and as Responsible Officer for NHS Lothian.

##### **3. Please set out the position of your organisation in relation to the hospital/other institution criticised by the witnesses (for example "NHS Foundation Trust ('theTrust') operates from Hospital X and Hospital Y (formerly Hospital Z)").**

NHS Lothian is responsible for healthcare provision for the population of the Lothian area.

## **Section 2: Response to Criticism of witness W2100**

### ***Criticism of W2100***

- 3. At paragraphs 8-9 of her statement, witness W2100 states that her late husband contracted hepatitis C in the 1980s after he received blood transfusions during medical procedures, but was not informed of this until 2010. She states that this diagnosis was delivered at Western General Hospital at the same time as his liver cancer diagnosis, but that the doctors' focus was solely on the cancer diagnosis. Witness W2100 recalls doctors told her "in passing" that she would also need to be tested, and states she and her husband received no support or information about hepatitis C, including while she was awaiting her own test results. Please comment on this.**

I am sorry to learn that W2100 did not receive counselling or support from healthcare professionals at the time of her late husband being diagnosed with a very serious blood tissue disorder (high grade diffuse B cell lymphoma stage IVb). Tests undertaken as part of the process to make that diagnosis showed the presence of Hepatitis C virus and the medical team were focussed on providing W2100's late husband with the necessary chemotherapy to manage the lymphoma. As far as can be determined from the hospital records, the diagnosis of hepatitis C had not been made before that time. The Board acknowledges that W2100 should have received separate support and advice as an individual.

- 4. At paragraphs 27-28, witness W2100 states that after her husband underwent initial treatment for liver cancer and went into remission, a June 2012 MRI scan showing a possible recurrence was not followed up. She notes that a January 2013 medical record incorrectly indicated that the cancer had not been present on the June 2012 MRI scan. W2100 states that had appropriate action been taken in June 2012, her husband could have received life saving treatment. Please comment on this.**

I have been provided with information from the hospital medical records and from Dr

GRO-D

Consultant Hepatologist and Mr James Powell, Consultant

Hepatobiliary and Liver Transplant Surgeon. The radiotherapy and chemotherapy W2100's husband underwent in 2012 was to treat the high-grade lymphoma which had deposits in the bones of the spine and pelvis, nodes in the pelvis and in the liver. A liver biopsy taken at the start of this treatment in 2010 shows that the disease in the liver was lymphoma. Once the chemotherapy was complete, the haematology team wrote back to Dr [GRO-D] the hepatology expert, to consider whether the treatments available at the time to treat the Hepatitis C virus (pegylated Interferon) could be used in W2100's late husband. Unfortunately, the counts of essential cells in his blood remained too low for this to be provided safely. The opinion of Dr [GRO-D] was that treatment for the Hepatitis C virus should be deferred for newer medication shortly to become available with fewer side effects and possible to use in people with low cell counts.

The June 2012 MRI scan of the liver showed two lesions in the right side of the liver, neither a cancer. One was a haemangioma and one a nodule, measuring 8 mm in diameter, characterised as a possible dysplastic nodule. The MRI taken in December 2012 showed the whole of the left lobe of the liver to be infiltrated with hepatocellular carcinoma (cancer). In this regard the medical record is correct. At the time the hepatocellular carcinoma was diagnosed, life-saving anti-cancer treatment was not possible.

The actions taken in June 2012 to follow up the nodule were correct, in that further imaging was arranged. It has been confirmed that this was the correct pathway at the time and remains the follow up protocol in RIE in 2022 for dysplastic nodules less than 2 cm in diameter. No invasive treatment was indicated for the liver nodule present in June 2012.

- 5. At paragraph 29, witness W2100 states that her husband was not provided with his Western General Hospital December 2012 scan results, which confirmed the cancer's recurrence, until January 2013 and there had been no contact from the hospital between those months. Please comment on this.**

I am provided with information by Dr [GRO-D] and Mr Powell regarding the care of W2100's husband. Dr [GRO-D] has commented on the delay in receiving the MRI results taken in December 2012 which showed a very significant change in the appearance of the liver and showed extensive hepatocellular carcinoma, with no evidence of recurrence of lymphoma. It is not possible to determine why this result

was not returned to Dr [GRO-D] other than by speculation. Dr [GRO-D] apologised for this delay in explaining the results when he saw W2100 and her husband on 22nd January 2013 after his brief admission in Dumfries (DGRI). The results of the December MRI were highlighted to him when W2100's husband was an inpatient in DGRI and staff there contacted Dr [GRO-D] to discuss the result of the December 2012 MRI scan.

The report of the June MRI scan issued on the 5th July 2012 shows a 4mm increase in the size of the lesion in the right lobe of the liver (in segment VIII) and comments that the imaging appearances remain those of regenerative or dysplastic nodule. This type of lesion is not a cancer and the standard pathway in NHS Lothian was repeat imaging for lesions under 2 cm.

The appearance of the liver had changed markedly on the subsequent MRI scan undertaken on the 7th December 2012 with a report available electronically on the 11th December 2012. Dr [GRO-D] has commented that he discussed the scan undertaken in December with Mr Powell, and there was a discussion at the hepatobiliary multidisciplinary team (MDT) meeting on 17th January 2013. Best supportive care was the recommended treatment option from the MDT at this time as sadly no other treatment could be given without undue complications. The advanced stage of the disease meant that curative treatment and palliative treatment with locoregional therapy such as chemo-embolisation was not possible. There was only one possible drug licensed for use (Sorafenib) but the view from the oncology team was that the use of this medicine would have been more likely to shorten the life of W2100's husband and so it was not recommended. This was explained to W2100 and her husband when they saw the oncologist on 31st January 2013.

Mr Powell and Dr [GRO-D] are both clear that the delay in explaining the MRI results to W2100 and her husband in December 2012 was very regrettable and should not have happened but did not impact on any treatment options no longer being available.

In between hepatology appointments, W2100's husband was seen by the Haematology team for follow up of his lymphoma on 23rd August 2012 and 1st November 2012. A bone marrow trephine was undertaken as part of investigation of low cell counts and reported on 3rd September 2012.

I am sorry that we were not able to do more to help W2100's husband and offer my condolences for her loss.

### **Section 3: Other Issues**

**13. If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please insert them here.**

None.

### **Statement of Truth**

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

Signed

**GRO-C**

Dated

22 November 2022