Witness Name: Dr Alan Christie
Statement No.: WITN7695001
Exhibits: Nil
Dated: 2nd June 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ALAN CHRISTIE

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 4 May 2023.

I, Dr Alan Christie, will say as follows: -

Section 1: Introduction

1. My name is Dr Alan Christie, date of birth GRO-C 1982, c/o Edinburgh Cancer Centre, Western General Hospital, Crewe Road South, Edinburgh, EH4 2XU. I have been employed as a consultant medical oncologist at the Western General Hospital, Edinburgh since October 2015. My qualifications are MBChB, MSc.

Section 2: Responses to criticism(s) by W7136

I have been asked to respond to the criticism in paragraphs 23, 27, 31, 42 and 48 of witness statement WITN7136001.

2. The statement has been prepared on the basis of the contemporaneous medical records, my recollection of the consultations in question and my usual practice.

3. I first became involved in W7136's stepfather's care on 3rd November 2020 following his diagnosis of a metastatic intra-hepatic cholangiocarcinoma, and was involved in his care until his death on 3rd November 2021.

4. On 3rd November 2020, W7136's stepfather was referred to me by a colleague after investigations for groin pain demonstrated an advanced intrahepatic cholangiocarcinoma, with multiple bone metastases, liver metastases and lymph node metastases.

5. We discussed treatment options for his cancer, including palliative chemotherapy with cisplatin and gemcitabine, or participation within a randomised clinical trial that was running at the time (Nutide-121).

6. 6th November 2020, after taking time to consider his options, W7136's stepfather consented for treatment within the Nutide-121 clinical trial and commenced screening investigations.

7. He was randomised to the trial arm (NUC-1031 and cisplatin) and commenced treatment on 24 November 2020

8. 29th March 2021, W7136's stepfather's second follow up CT scan within the clinical trial had unfortunately shown his cancer was increasing in size despite the chemotherapy. His treatment was stopped and he consented for second line chemotherapy with capecitabine and oxaliplatin. Zoledronic acid was also prescribed due to his symptomatic bone metastases.

9. 22nd June 2021, a restaging CT scan after 2 months of treatment confirmed W7136's stepfather's cancer continued to grow despite his second-line chemotherapy and the treatment was stopped.

10. I referred W7136's stepfather to a colleague for further palliative radiotherapy to bone metastases that were causing increasing symptoms, particularly metastases in his thoracic spine and sternum.

11. 30th June 2021, he received a single fraction of palliative radiotherapy to his lower cervical and upper thoracic spine for symptoms control. He returned later the same week for a second radiotherapy treatment with electrons to a metastasis in his sternum.

12. 10th August 2021, there were no further systemic therapy options for his cancer, and no further cancer treatment was delivered in Edinburgh. No routine clinic follow up was arranged, but he had an open appointment in the clinic and had our team's contact details if he wished to meet us again in the future.

13. 21st October 2021, an emergency admission was arranged to the oncology ward in October 2021 due to worsening symptom control in the community. He was discharged after 6 days with community palliative care support for end-of-life care.

14. In the letter from the Infected Blood Inquiry, criticisms have been raised in paragraphs 23, 27, 31, 42 and 48 by W7136. I provide the following responses to these criticisms.

15. At paragraph 23 of her statement, witness W7136 states that "The treatment consisted of a course of various medications rotated into six cycles. After the third cycle, tests confirmed that the treatment was not working. Once it was concluded that the treatment was not ineffective, Dr Christie abandoned my dad and stopped coming around to see him. As a family we felt like my dad had been experimented upon."

16. The statement is incorrect.

17. After 3 cycles of treatment a CT scan showed stable appearances of his cancer and he continued trial treatment for a total of 6 cycles. Unfortunately, after 6 cycles there was evidence on a further CT scan that the chemotherapy was no longer effective and we agreed to stop treatment at that stage.

18. I phoned W7136's stepfather to let him know this result when it was available on 29th March 2021. He met a consultant colleague in our shared clinic the following day (30th March 2021) to discuss further treatment options, and was admitted to our ward for a further MRI scan of his spine. I met him in person on the Cancer Assessment Unit at the Western General Hospital on 31st March 2021 to discuss the MRI results, options for further chemotherapy, and to complete the consent for subsequent chemotherapy. W7136's stepfather met one of my registrar colleagues 3 weeks into his chemotherapy on 4th May 2021, and then met with me again in clinic on 22nd June 2021 to discuss the results of his next CT scan. I arranged a review with another consultant colleague on 30th June 2021 to discuss further palliative radiotherapy to painful bone metastases, and met W7136's stepfather again in clinic on 10th August 2021 to check on his progress after the radiotherapy. I also met with him during his hospital admission in October 2021, and was continually involved in his care after his trial participation completed in March 2021.

19. At paragraph 27 of her statement, witness W7136 states that "The doctors [*the orthopaedic surgeons*] explained that they would need to seek the authority of Dr Christie [*to perform a reconstructive hip surgery*]. Ultimately it was Dr Christie's decision that the cancer should not be removed and that the chemotherapy trial should go ahead before fixing my dad's hips. In addition, Dr Christie said that the chemotherapy trial could also help in reducing the tumour."

20. Paragraph 28 continues to state "Looking back, it is our (my mum and my) view now that

had the tumour in his hips been removed at an early stage, my dad would have had mobility, a better quality of life and could have still been with us today"

21. Unfortunately W7136's stepfather's cancer was very advanced at the time of his diagnosis with multiple bone metastases, liver metastases and lymph node metastases. The pain from his left acetabular (hip) metastasis was significantly affecting his quality of life at the time of diagnosis, but the tumour in his hip was not immediately life-threatening. There was extensive cancer within the liver, with a large 7cm primary tumour, and multiple other liver metastases. I was concerned that if we delayed chemotherapy to facilitate orthopaedic surgery, the disease in the liver would worsen to the point where chemotherapy was no longer safe, and his prognosis would have been significantly shorter.

22. W7136's stepfather was seen again in the orthopaedic clinic on 11th February 2021 after his first 4 cycles of chemotherapy to revisit the option of a hip replacement for pain control. He declined surgery at this stage as his main issue was neck pain related to his spinal metastasis, as opposed to hip pain. He continued to use morphine for his neck pain. The surgery proposed by the orthopaedic surgeons was intended to manage the pain in his left hip, and limit the risk of future fractures in his left hip. It was not an operation that would have changed his survival from the cancer. W7136's stepfather's hip pain improved with trial chemotherapy and morphine, and it was pain from the metastases in his spine that had a bigger influence on his quality of life.

23. At paragraph 31 of her statement, witness W7136 states that "In addition, my dad was advised that he could carry on eating and drinking normally, including alcohol, while undergoing this chemotherapy trial". Paragraph 32 continues "Now our knowledge is such that we believe my dad should not have been allowed to consume alcohol, and that advice was incorrect"

24. Our standard advice for patients undergoing chemotherapy is that alcohol can be consumed infrequently in small quantities, but that drinking to excess is not recommended. We did become aware in May 2021 that W7136's stepfather's alcohol consumption had been increasing, and advised him to try and reduce his alcohol intake at this time.

25. At paragraph 42 of her statement, witness W7136 states that "In the last ten days of my dad's life, the doctors sent him back home. Dr Christie and his team advised that my dad should not be given food or drink, and we were only allowed to moisten his lips. Even this advice was questioned by our GP. The GP confirmed that since my dad could eat and

swallow, why was it that he was not allowed to eat and drink? On the first day my dad returned from the hospital, he asked for food and cola to drink."

26. W7136's stepfather was admitted to our ward from 21st October 2021 until 26th October 2021 with a general decline in his health, and worsening symptom control. During his hospital admission, the ward nursing staff had concerns about the safety of his swallow as W7136's stepfather had been struggling to talk or drink fluids on the ward. He required intravenous fluids during his hospital stay. We sought advice from the speech and language therapists, but he was increasingly fatigued and drowsy on the ward and although he would open his eyes when we spoke to him, he was unable to respond. It was not felt to be safe to perform a formal swallow assessment on the ward. Instead, mouth care was advised, with sips of fluids for comfort if he became more alert.

27. At paragraph 48 of her statement, witness W7136 states that "While my dad was dying, I was struggling with a system that was preventing him from receiving proper treatment. I had to wait a long time for Dr Christie to provide a referral letter allowing my dad to receive private cancer treatment at the Rutherford cancer centre. The centre stated that they were surprised at the delay and difficulty they had in obtaining this."

28. At our consultation on 10th August 2021 I discussed that there were no further systemic therapy options for treating W7136's stepfather's cancer. W7136 contacted our clinical nurse specialist on 16th August 2021 about obtaining a second opinion on her stepfather's treatment options. They had specifically requested a referral to the Freeman Hospital in Newcastle, but unfortunately we are unable to seek NHS second opinions outside of Scotland and I had therefore offered to refer for a second opinion at Ninewells Hospital in Dundee, or the Beatson Oncology Centre in Glasgow.

29. On 20th August 2021 we received an email request from the Enquiries Executive at the Rutherford Cancer Centre asking for copies of clinical notes, biopsy and CT results. I replied to the email from my secretary within 2 hours, and I believe she sent all the requested information the same day. I am surprised by the statement that there were delays in obtaining information from our team. I received no other correspondence from the Rutherford Cancer Centre until 17th September 2021, when a treatment summary was sent to us confirming he received palliative radiotherapy to his left hip on 7th September 2021.

30. I hope that the above information is of assistance, but I would be happy to provide any further information or clarification should it be required.

31. I would also like to pass on my condolences to W7136 and her family for their loss. I would be happy to arrange a meeting with them to discuss any of the issues they have raised in this statement in more detail.

Section 3: Other Issues

32. None.

Statement of Truth

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

Signed GRO-C

Dated 2nd June 2023.