Witness Name: Dr David Throssell
Statement No.: WITN3807001
Exhibits: WITN: WITN3807002-015
Dated: 31th October 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR DAVID THROSSELL

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 3rd October 2019.

I, Dr Throssell, will say as follows: -

Section 1: Introduction

1. My name is Dr David Throssell, of GRO-C Sheffield; Date of Birth GRO-C 1961; professional qualifications MD, FRCP.

2. My first appointment at the Northern General Hospital in Sheffield was as a Senior Registrar in renal medicine: this post commenced in January 1996. I had not worked in Sheffield in any capacity prior to this date. I took up my first and only post as a substantive Consultant Renal Physician, also at the Northern General Hospital, in October 1997, and remained in this post until retirement from the Sheffield Teaching Hospitals NHS Foundation Trust (STH), the successor organisation of the Northern General Hospital, in 2019. My responsibilities in the role of Consultant Renal Physician comprised the inpatient and outpatient care of patients with acute and chronic kidney disease, including those with established renal failure treated by dialysis or transplantation. I also developed subspecialist interests in renal disease in pregnancy, and electrolyte and acid-base disorders. I was appointed as Clinical Director of the Sheffield Kidney Institute in 2000, a post I held until 2007. During this period, I maintained a full clinical commitment as outlined above. In 2009, I was appointed as Deputy Medical Director of STH, at which time my clinical commitment reduced to half-time and I withdrew from the care of inpatients. In 2012, I was appointed as Medical

Director of STH, a post I held until my retirement from the Trust in 2019. On appointment as Medical Director, my clinical commitments reduced further, and were confined to the management of patients with renal disease in pregnancy. I withdrew from all clinical work in January 2018.

3. To the best of my knowledge I am not currently, nor have I been previously, a member of any committees or groups relevant to the Inquiry's Terms of Reference.

Section 2: Responses to criticism of W0507

4. I have reviewed Mr GRO-B: H 's hospital medical records to assist in this response. The first mention in Mr H 's clinical notes of a test for Hepatitis C being carried out appears in a clinical note relating to an outpatient appointment with Dr M.E Wilkie at the Sheffield Kidney Institute on 14th April 1993 WITN3807002. The laboratory report relating to this test, dated 26th April 1993, states: '*Hepatitis C antibody – detected; indicative of current hepatitis C infection*' WITN3807003. I cannot comment on the circumstances of the original Hepatitis C test in 1993. The clinic note on 14th April 1993 does not record whether a discussion took place with Mr H about the fact that this test was being requested, or about the rationale for carrying it, and as stated in paragraph 2 above, I did not take up the post of Senior Registrar at the Sheffield Kidney Institute until January 1996.

5. The next comment in the clinical record about the positive result is dated 1st March 1996, when Dr Wilkie wrote: '*to discuss and counsel re hepatitis C positivity at next clinic attendance*' WITN3807004.

6. I met Mr H for the first time at a clinic appointment on 21st February 1996. I reviewed him again in the outpatient department on 10th April 1996, when in line with the comment from Dr Wilkie my clinic note records: '*Counselled re hepatitis C'* WITN3807004, and my subsequent letter to Mr H 's GP states: '*routine screening has shown him to be Hepatitis C positive and I explained the significance of this to him today*' WITN3807005. Given the interval of many years since this appointment, I cannot recall any specific details of the issues covered during this counselling discussion.

7. As stated above, I cannot recall, nor do the clinical records detail, the content of the counselling discussion on 10th April 1996 to which witness W0507 refers in paragraph 19 of her statement.

8. Following the outpatient appointments described above, Mr H continued to be treated by haemodialysis, and to have regular clinic appointments with a range of Consultant and Junior Medical staff including me, until his death in 2008. I cannot comment on whether at any of these subsequent appointments further discussion or information was provided to Mr H about the management of his Hepatitis C, save for what is written in the clinical records and detailed below.

9. There is no mention in the clinical record of 10th April 1996 of a request for or discussion about a specialist referral. The notes do, however, confirm that Mr H was subsequently referred for a specialist opinion about his Hepatitis C status following an appointment with Dr Wilkie on 6th August 1997 WITN3807006-007. Dr Wilkie's referral letter to Dr Gleeson, consultant hepatologist, dated 13th August 1997, states: '*Through our screening it has become apparent that he is Hepatitis C positive. His transaminases are not abnormal, but I would value your advice on whether any action is required, in particular as he is on the renal transplant waiting list and I am a bit concerned about the effects that immunosuppression may have on occult hepatitis*' WITN3807008.

10. Dr Gleeson reviewed Mr H in his outpatient clinic on 14th October 1997, and his clinic letter relating to this appointment states: '*The first step is to check for hepatitis C RNA. If this is positive we may need to proceed to liver biopsy with a view to possibly interferon treatment. There is limited data on the effect of immunosuppression on the course of hepatitis C but the evidence does suggest that there are no major problems with immunosuppression.*' WITN3807009

11. Dr Gleeson saw Mr H again on 5th December 1997 with the result of his hepatitis C RNA test, which was positive, and an ultrasound scan of his liver which reportedly showed no abnormality. His subsequent letter to Dr Wilkie states: '*Mr H at the moment is adamant that he does not want to have a liver biopsy…..Ideally, of course, he should have a liver biopsy but I do not feel very strongly about this given the normal liver tests and the disappointingly low sustained response rate to Interferon therapy – about 20 per cent.*' He concluded that '*I don't think I would hesitate to offer Mr H a renal transplant if a suitable graft became available. That said, if I were Mr H I would probably want a liver biopsy as in the*

(admittedly unlikely) event of having active hepatitis with a high Knodell score, I would wish to try Interferon therapy on the basis that I would have 20 to 25 per cent chance of a sustained response' WITN3807010. Given that a liver biopsy would have been needed before any treatment was administered, and Mr H had decided against undergoing a biopsy, no treatment was given. He was given an open appointment in Dr Gleeson's clinic but in the event, it appears he did not see Dr Gleeson again.

12. The next clinical records relating specifically to Hepatitis C are dated 2004, when Mr H underwent Hepatitis C genotype testing for the first time. Dr Wilkie, who organised this test, confirmed in a letter dated 10th August 2004 to Cecilia Bryan, the Home Haemodialysis co-ordinator, that Mr H was aware that this test was being carried out WITN3807011. After the result of the test, which was reported on 14th September 2004, WITN3807012 established that his Hepatitis C genotype was 1b, Mr H was referred by Dr Wilkie to Professor R Read in the Department of Infectious Diseases WITN3807013. Dr Wilkie wished to establish whether in the light of the genotype, Mr H should be considered for treatment with Pegylated Interferon.

13. Prof Read reviewed Mr H on 11th January 2005, and commented in his subsequent letter to Dr Wilkie: '*I had a long and frank discussion with* H *and his wife and they really wanted to discuss the implication of* H *s infection with hepatitis C.* H *does not want to have a liver biopsy and I did explain that it would be much easier to give him a clear idea of prognosis with the information that we would get from histopathology. Obviously his infection with genotype 1 is significant, as well as the potential problems with ribavirin.*' WITN3807014

14. At a subsequent Infectious diseases outpatient appointment with Mr Ray Poll, Nurse Consultant for viral Hepatitis, it is noted that Mr H had decided against undergoing treatment for Hepatitis C. In his letter to Dr Wilkie dated 14th April 2005, Mr Poll states: '*following further discussion about treatment for hepatitis C,* H *does not want to undertake this option. He realises that the treatment would be for one year, have significant side-effects, with a reduced chance of success, because he would be unable to take Ribavirin.*' WITN3807015 Mr Poll also states in this letter that '*His wife is aware of his hepatitis C infection, but appears to have chosen not to be screened for hepatitis C*'. Although Mr Poll states that a follow-up outpatient appointment would take

place in six weeks' time, no record of any further appointments in this clinic appear in the clinical notes.

15. In summary, Mr H s clinical notes record that he was reviewed in relation to his Hepatitis C status by two specialists: a hepatologist in 1997 and an infectious diseases consultant in 2004. After discussions with him about the advisability of performing a liver biopsy to inform a decision about treatment and prognosis, and consideration of treatment options for his Hepatitis C including their potential efficacy and side-effects, it was decided not to proceed with treatment on either occasion.

Section 3: Other Issues

16. Mr H died on GRO-B 2008. The notification to his General Practitioner recorded the cause of death as:

    1a. Carcinomatosis
    1b. Right sided renal carcinoma
    2. Hypertension

Statement of Truth

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

Signed GRO-C

Dated 31st October 2019

Table of exhibits:

Date	Notes/ Description	Exhibit number
14th April 1993	Clinical note	002
26th April 1993	Laboratory report	003
1st March and 10th April 1996	Note regarding counselling for Hepatitis C, and clinical note relating to 10th April	004
12th April 1996	Letter from Dr Throssell to Mr GRO-B s GP	005
6th August 1997	Clinical note	006
13th August 1997	Letter from Dr Willkie to Dr GRO-B	007
13th August 1997	Dr Wilkie's referral letter to Dr Gleeson	008
14th October 1997	Letter from Dr Gleeson to Dr Wilkie	009
27th January 1998	Letter from Dr Gleeson to Dr Wilkie	010
10th August 2004	Letter from Dr Gleeson to Cecilia Bryan	011
14th September 2004	Test results	012
14th December 2004	Referral letter by Dr Wilkie to Professor R Read	013
12th January 2005	Letter from Dr Read to Dr Wilkie	014
14th April 2005	Letter from Mr Ray Poll to Dr Wilkie	015