

Date 21 June 2022

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To Whom It May Concern,

Response to a request from the Infected Blood Inquiry dated 20 August 2020 to Lothian Health Board for a response to criticisms made by Rachel Gordon-Smith (W2633)

My name is Dr Colette Reid. I am currently Associate Medical Director for Cancer Services at NHS Lothian. My qualifications are MBChB, MD. I did not treat the patient in question but in my role as Associate Medical Director I have been asked to review the care of the late Randolph Peter Gordon-Smith and respond to the criticism at paragraphs 32-33 of WITN2633001.

The criticism I have been asked to comment on is set out at paragraph 15 of the Rule 9 Request, which states:

“At paragraph 32-33, witness W2633 states that two of her father’s oncology appointments at RIE in 2017 were incorrectly scheduled on the same day, as the second appointment was intended to discuss the results of the first appointment. Witness W2633 goes on to state that at a follow up appointment, her father was told that he could not have surgery because he was too high a risk as a haemophiliac, and the family felt let down by the NHS. Witness W2633 also states that from this point there was no follow up palliative care. Please comment on this.”

In December 2016 during an inpatient admission, the patient had a CT scan on 1st December which revealed a hepatocellular cancer. He then had an MRI liver to confirm the findings. These scans were subsequently reviewed on 12th December by the Hepatobiliary Cancer Multidisciplinary Meeting (a meeting with surgeons, radiologists, oncologists and clinical nurse specialists) where decisions about treatment options can be made based on X-ray (ultrasound and CT) findings. It was agreed at this meeting that, because of the CT findings, the patient would not be suitable for a transplant. Further X-rays (MRI of the liver and CT of the chest) were requested to see the extent of the cancer in order to decide if there were other treatment options. The MRI showed that the cancer was present in more than one segment of the liver and had invaded one of the blood vessels in the liver. These findings meant that a transplant would not have been successful and there was no option to remove the cancer surgically. The decision not to operate was based on the extent of spread of the cancer and not because of the patient’s other health



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*Lothian NHS Board is the common  
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problems. A procedure called TACE (Chemoembolisation (TACE) for liver cancer Cancer Research UK) was offered and carried out on 7th February 2017. Subsequent scans showed that whilst this had been effective in one area, there had been progression of the cancer in another, meaning this procedure could not be repeated. The only remaining treatment to be offered was medication called sorafenib. The Hepatobiliary Cancer Multidisciplinary Meeting suggested the patient was seen by the oncologist to discuss sorafenib. He was also called for a follow-up appointment with the surgical team which is usual after any procedure. Unfortunately, in trying to expedite the oncology appointment, an administrative error resulted in both these appointments being on the same day.

At the appointment with the oncologist, the patient was told that there was a risk of bleeding with sorafenib, which might mean its potential for harm might outweigh its potential benefit. The oncologist also felt that the patient was of borderline fitness to be able to tolerate the treatment, but there was a request from his daughters that he be considered for active treatment. A decision was made to offer an appointment in two weeks time to give him time to think. At this subsequent appointment the oncologist felt that the patient would not tolerate sorafenib and that it was no longer an option. Referral to the community palliative care team was offered but initially declined as the patient did not want too many people involved in his care. He did however agree to consider a referral depending on how he felt in the future.

I have included letters written in the clinics and after the multi-disciplinary meetings I refer to.

Yours faithfully

GRO-C

Dr Colette Reid

AMD Cancer Services  
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