

## **EXPERTS' MEETING**

### **22<sup>nd</sup> February 2012**

#### **NOTE TO AGENDA**

##### **Item 1: Literature**

1. Please comment on your consideration of:
  - (a) The literature about the rate of fall and papers on use of N/5 saline.
  - (b) The articles of Paut and Sicot.

##### **Item 2: Adam's characteristics & Risk Factors**

2. On your receipt of the information about the intracranial volume of cerebral spinal fluid in a 4-5 year old child in order to deduce the amount of water accumulated in the brain - please comment on that information.
3. Please comment on your consideration of:
  - (a) The rate of fall in serum sodium in Adam's previous episodes of hyponatraemia, and whether he was symptomatic/asymptomatic at those times
  - (b) Adam's clinical history in relation to: (i) whether Adam had been anaemic in the past (ii) whether Adam had been dehydrated in the past from polyuria (iii) whether Adam had an iron deficiency (iv) the length of time Adam had received erythropoietin.
  - (c) Whether you regard the 'intermittent risk of dehydration due to polyuria' as a risk factor for Adam or not, and state the reasons why
  - (d) Adam's previous surgical procedures in hospital, particularly over recent months and Dr. Armour's finding of a suture in Adam's autopsy
  - (e) Cyclosporin which is recorded as having started in PICU at 12.00 (Ref: 057-018-026, Ref: 058-005-012, Ref: 058-035-137, Ref: 058-038-150)

(See an attached Table compiled by the Inquiry to assist you)

4. Please advise on the extent to which you consider that in Adam's case there were any other risk factors for chronic or acute venous thrombosis which could have involved the cerebral venous sinuses, and explain what they were any your reasons for considering that they could have been present.
5. A query was raised whether Adam had any seizures in previous operations. Please comment on how it could be determined whether Adam was experiencing seizures during any of his operations whilst anaesthetised.

6. Please comment on the point at which you consider that Adam's condition would have ceased to have been reversible and explain the reasons why.
7. Having reviewed your position, please provide any further comment on the cause or causes of Adam's "subtle neurological problems". If you believe that there may have been an underlying bulbar weakness or variant cerebral palsy, please state the reasons why.
8. Please state whether or not you are now able to express a view on the differentiation between bulbar weakness and cerebral venous thrombosis, and state the reasons why.
9. Please comment on whether you agree or disagree with Professor Kirkham's opinion that Adam developed PRES during his transplant surgery (p.78 Transcript of Experts' Meeting on 22<sup>nd</sup> February 2012) and that it caused cerebral oedema, particularly his posterior cerebral oedema.
10. Please furnish the Inquiry with a copy of the 2012 and 2008 American recommendations for anti-coagulation and investigation of children with thrombotic events (which you referred to as the "US chest guidelines"). We understand these documents are voluminous and we would be grateful if you would indicate the pertinent parts of those guidelines.
11. We attach for your information and consideration:
  - (a) Table compiled by the Inquiry
  - (b) The other Experts' papers on Dr. Taylor's latest statement
  - (c) The other Experts' papers on Professor Kirkham's Report
  - (d) The responses from Dr. Squier and Dr. Anslow to queries posed by Professor Kirkham
  - (e) Report of Messrs. Forsythe & Rigg on the suture
  - (f) Report of Dr. Haynes on the suture
  - (g) The British Association of Paediatric Nephrologists paper referred to by Dr. Coulthard including the slide which he showed the Experts during the meeting.
  - (h) An Article entitled "Measuring CVP" and seek your guidance with reference to it on the method intended to be employed with Adam
  - (i) Information Note dated 6<sup>th</sup> March 2012.

5 March 2012