



Department  
of Health

From the Rt Hon Jeremy Hunt MP  
Secretary of State for Health

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*Dear Mr. Burgess,*

Thank you for your letter following the inquest into the death of Peter Clive Higson. In your report you state that Mr Higson died from Myocardial Infarction and Acute Respiratory Distress Syndrome and Treated Hodgkin's Disease.

You conclude that the deceased died from a complication of a necessary therapeutic procedure.

You raise the following concerns that:

- i) the platelet transfusion following the stem cell transplant seemed to have a major detrimental effect on the deceased and;
- ii) a question arises as to whether there was any aspect of the stem cell transplant interacting with the platelet transfusion suggesting that on occasions such transfusion might be contra-indicated.

The Department has sought information and advice from NHS Blood and Transplant (NHSBT). NHSBT provides blood for transfusion to the NHS, and has expertise in transfusion medicine.

NHSBT provided a report on the circumstances leading up to the death of Mr Higson, together with information on the measures in place to minimise the risk of an adverse outcome to a platelet transfusion. On the basis of this, it appears that prophylactic platelet transfusion was an appropriate treatment for Mr Higson, and that the respiratory deterioration leading up to his death is likely to have resulted from causes other than the transfusion.

A number of points in NHSBT's report are particularly relevant.

- The recent randomised study in the UK and Australia which investigated the risks and benefits of prophylactic platelet transfusions in patients with haematological cancers, particularly in patients who had received autologous stem cell transplantation, as Mr Higson had. This concluded that the benefit of such a transfusion to reduce bleeding outweighs the risk of the transfusion.
- The steps taken by NHSBT, when notified of the case, to investigate the platelet transfusions. They established that the donors had been appropriately selected to minimise the risk of transfusion-related acute lung injury (TRALI) (ie one male apheresis donor, who would be less likely to have white blood cell antibodies which can cause TRALI, and one female apheresis donor who had been screened for such antibodies).
- As TRALI is defined as occurring within 6 hours of transfusion, the length of time (15 hours) between the last platelet transfusion and the main episode of respiratory deterioration suggests there may have been causes other than the transfusion.
- The range of measures in place to minimise the risk of TRALI including leucodepletion, use of plasma from males to suspend platelets, and screening of both new and existing female apheresis platelet donors for the antibodies which can cause TRALI.

Given these points, it does not appear that platelet transfusion would be contra-indicated for patients in Mr Higson's situation, or that action is required to prevent future deaths in similar circumstances.

I attach NHSBT's full report for information.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Mr Higson's death to my attention.

*Yours sincerely*  
*Jeremy Hunt*

**JEREMY HUNT**