

UROLOGY SERVICES INQUIRY**USI Ref: Section 21 Notice No. 61 of 2022****Date of Notice: 7th June 2022****Third Witness Statement of: Kothandaraman Suresh****I, Kothandaraman Suresh, will say as follows:-**

1. This is the third statement made by me to the Inquiry. In it I want to provide further detail on an issue which arose during discussions with the Inquiry Counsel which are relevant to the issues before this Inquiry.
2. While in practice outside of Northern Ireland I became aware of a gentleman who was found to have localized intermediate risk prostate cancer in 2013. Gleason 7; rT2 Ca prostate.
3. In the local and regional MDT in the relevant hospital the case came up for discussion and for proposals as to how we should treat his condition. The consensus was to offer him curative treatment in the form of surgery or radiotherapy.
4. The various options were discussed with him and the patient opted for active surveillance. In 2015 he indicated that he wanted only hormonal therapy. He declined the various curative treatment options discussed with him. He was started on monotherapy with Bicalutamide 150 mg, by another consultant who was his treating consultant.
5. Sometime later the patient reduced the dose he was taking by himself to only 50 mg due to the side effects he was experiencing.
6. He was seen by a different consultant in 2016 who explained to him the treatment he was on was not a suggested treatment from any point of view and suggested either he could have proper treatment or active surveillance.
7. When I saw him first in 2017 the patient was taking tablet bicalutamide on intermittent basis- a few months on and a few months off. I explained to him that monotherapy with low dose bicalutamide (50mg) was not recommended by any guidelines and went through other recommended treatment options. He was not keen on any of the recommended treatments available nor for repeat prostate biopsy.
8. He was later seen by two other colleagues who also counselled him appropriately but he again indicated that he was not keen on any other treatments.
9. I did a telephone consultation with him in Feb 2021. As his liver function test was indicating derangements and as a result of this discussion he agreed to stop bicalutamide and agreed to attend for prostate biopsies.

10. However, within a few days he wrote to me saying that he did not wish to have biopsies. I discussed again in the Urology MDT meeting and wrote to him confirming the consensus from the meeting that he should not continue bicalutamide and a review would be set up in two months with PSA.
11. A month later, we received a letter from GP that the patient wanted cyberknife surgery, (not offered by NHS). I intended to see him within two weeks to discuss his request before making the referral. Unfortunately due to COVID his follow up appointment was delayed until May 2021.
12. After the telephone consultation in May 2021 I referred him to oncologist, my consultant colleague who has subspecialty interest in radiotherapy.
13. The patient made a complaint that his bicalutamide treatment was stopped and around the delay in his follow up appointment, which was beyond my control and was triggered by the Covid situation.
14. The case records were reviewed by my clinical lead. His report was supportive of my actions and he refuted all the allegations made by the patient.
15. No-one, neither I nor any other urologist, prescribed a low dose bicalutamide treatment. This patient made a decision, having been advised of alternative treatments, to stay on this monotherapy and elected to take a low dose because of side effects.
16. The patient made a complaint to the GMC and a formal investigation was conducted. The report obtained by the GMC from another expert also was all supportive of my actions. The case was closed with no action.

Statement of Truth

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

Signed.

Personal Information redacted by the USI

Dated. 17/10/2023