Department of Health & Social Care

From Andrew Gwynne MP
Parliamentary Under-Secretary of State
for Public Health and Prevention

39 Victoria Street
London
SW1H 0EU

Our ref: [redacted]

HM Coroner Krestina Hayes Assistant Coroner
Coroner area of Surrey
Station Approach
Woking
GU22 7AP

By email: [redacted]

17 September 2024

Dear Krestina,

Thank you for the Regulation 28 report of 8 August 2024 sent to the Department of Health and Social Care about the death of Mrs Gillian Patricia Stokes. I am replying as the Minister with responsibility for Public Health and Prevention.

Firstly, I would like to acknowledge the sad circumstances of Mrs Stokes' death, and I extend my sympathy and condolences to her family and loved ones at what I am sure was, and remains, a difficult time. Your report rightly raises several matters of concern where you have indicated there is a risk future deaths could occur unless action is taken. I am grateful to you for bringing these matters of concern to my attention.

Your report raises concerns across multiple fronts over the care provided by the Trust and its processes, in particular:

1. That there is insufficient or no guidance available to clinicians regarding possible radiation induced sarcoma, or first line investigations for patients with breast implants to be able to see down to the chest wall.

2. That the current surveillance period of 5 years is provided to patients with breast cancer considering that the latency period of radiation induced sarcoma is 10 years.

3. That Mrs Stokes initial assessment aspiration was not followed up within two weeks as recommended by the nurse, at the Ashford Hospital One Stop Clinic, and that the requirement was not communicated clearly to her family.

In preparing this response, my officials have made enquiries with NHS England (NHSE) and the National Institute for Health and Care Excellence (NICE) to ensure we adequately address the above concerns. NHSE leads and is operationally responsible for the National Health Service in England and is accountable to Parliament and the Department of Health

and Social Care. NICE provide national guidance and advice for clinicians so that they can give the best care to patients to improve health and social care in England and Wales.

Separately, I understand that the Royal College of Radiologists and the Royal College of Nursing as recipients of your report will also be responding directly to your concerns.

I regret to hear that Mrs Stokes died of radiation induced sarcoma as a complication of life-saving historic radiotherapy treatment for previous breast cancer in 2013. I would like to acknowledge your concern about insufficient guidance available to clinicians regarding possible radiation induced sarcoma, or first line investigations for patients with breast implants to be able to see down to the chest wall. In 2021, the Medicines and Healthcare products Regulatory Agency (MHRA) published an alert about breast implant associated anaplastic large cell lymphoma which the clinical team followed the appropriate investigations to consider. While angiosarcoma following radiation is rare, I have asked my officials to explore with MHRA and NHSE if more can be done to raise awareness of this side effect with patients and clinicians.

Your report raises the concern that patients with breast cancer have a 5-year surveillance period, considering that the latency period of radiation induced sarcoma which affected Mrs Stokes is 10 years. It is my understanding that the rate of recurrence of breast cancer following diagnosis is greatest in the first five years after diagnosis. Current surveillance with annual mammography for 5 years is directed at identifying recurrent breast cancer, which occurs in up to 10% of women post treatment, usually within 5 years. I have been informed that angiosarcoma occurs in 0.1% of women, presenting at around 10 years and is not reliably identified on mammography. Unfortunately, this means that there is currently a lack of evidence about the impact of early diagnosis on survival, and the possibility that regular screening guidance for angiosarcoma may do more harm than benefit cannot be ruled out.

Finally, I regret to hear that Mrs Stokes was not invited for a follow up appointment following her initial assessment within two weeks as recommended by the nurse at the Ashford Hospital One Stop Clinic, and that this requirement was not communicated clearly to her family. As this appears to be a local arrangement, I am unable to comment on this point. However, I understand that Ashford & St Peters NHS Trust is also a recipient of your Report and is preparing a full response.

I want to again express my deepest condolences to Mrs Stokes family and her loved ones.

It is vital that lessons are learnt collectively, and changes are made to reflect where things have gone wrong, which is essential to ensure the NHS provides safe, high-quality care.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

ANDREW GWYNNE