

Testimony of Dr. Oliver Sartor

Mr. Chairman, ladies and gentlemen, I am pleased to be here today to offer my clinical opinion regarding the medical prognosis given to Mr. Abdelbasset al-Megrahi. When considering whether a three month prognosis was a reasonable estimate for Mr. al-Megrahi in of July 2009, I look no further than the medical report issued by the Scottish Government. In this report it is explicitly stated that no specialist was willing to say whether or not the prognosis was more or less than three months. I believe that they knew – as I know from my many years of clinical practice and knowledge of research – that medical science would not support a prognosis of less than three months to live.

My name is Dr. Oliver Sartor and I am the Medical Director of the Tulane Cancer Center in New Orleans, LA. I have focused my career on patients with advanced prostate cancer for over twenty years and have published over 100 articles on prostate cancer in the scientific literature.

In 1990, I was appointed to a Senior Investigator position at the National Cancer Institute in Bethesda, MD and became an integral part of the team focusing on advanced prostate cancer. Since that time I have been on faculty at various medical schools where I have lectured about and continue to research prostate cancer. During my career, I have seen literally thousands of patients with prostate cancer.

As you are aware, Mr. al-Megrahi was released from a Scottish prison, supposedly for compassionate reasons, in August 2009. At that time, it was publically stated that his life expectancy was less than three months and that then justified his release. Mr. al-Megrahi was subsequently seen on international television being greeted as a hero on his return to Libya. I personally watched those television broadcasts and, based on that alone, I knew that he was not near death. Let me explain.

Patients who have less than three months to live, as Mr. al-Megrahi was said to be by the Scottish Government, are typically unable to walk without assistance. Indeed, they are often bed-ridden or close to bed-ridden because of the pain, weakness, and weight loss that occurs as consequence of advanced cancer. A man who walks down a steep flight of stairs off a plane on his own accord, then mingles and greets a crowd, certainly does not fit the description of someone on the verge of death from prostate cancer.

I want to emphasize the point by highlighting a part of the medical report released by the Scottish Government. Dr. Andrew Fraser noted that, as of August 10, 2009, just ten days before he was released, that Mr. al-Megrahi's condition did not restrict or remove his ability to carry out any particular tasks. This is a very important piece of medical data to consider. It implies that he had a reasonable performance status which is an important prognostic factor. Thus it is clear based on this statement that Mr. al-Megrahi's prostate cancer had not advanced to the terminal stages that require true palliative care, that is to say, he was not at the stage where he would best be served by receiving only pain management in a hospice setting to provide comfort during his final few months of life.

Beyond the images of Mr. al-Megrahi walking down a staircase, I have had the chance to review the patient's available medical data and consider the research available to the specialists treating Mr. al-Megrahi. Here are the highlights of what I think you should know:

- Mr. al-Megrahi had advanced prostate cancer. When he was diagnosed in September 2008, the patient had a highly elevated PSA, which stands for "prostate-specific antigen." A high reading often means prostate cancer but additional tests must be conducted. Those tests were done in Mr. al-Megrahi's case and they confirmed cancer was present.
- Next, Mr. al-Megrahi received "hormone therapy," which is standard first-line care for patients with his condition. Prostate cancer typically regresses when testosterone lowering therapies are administered.
- After initially responding to the treatment, Mr. al-Megrahi's cancer later began to fail "hormone treatment." This failure was initially manifested only by a rising PSA. While this is unfortunate, it is to be expected.
- In July of 2009, Mr. al-Megrahi, Scottish officials, and doctors rightly began discussing chemotherapy. This is a standard, "next step" treatment after hormone failure. Though the patient had failed hormonal therapy, and the cancer had spread to his lymph nodes and bone, he had not yet been treated with therapies that are established in the field of prostate cancer. Specifically, he had yet to undergo chemotherapy with docetaxel, which has been shown in large trials to be able to extend life in patients such as Mr. al-Megrahi with advanced cancers that have failed initial hormonal therapy.

Over the past ten years, various therapies have been shown to prolong survival. In patients similar to Mr. al-Megrahi, treated with modern chemotherapy, the median survival is either 18.9 or 19.2 months (depending on whether the initial or final study report is cited).

Based on the information available to me concerning Mr. al-Megrahi's condition, there is little doubt that in July and August of 2009, he would have been a candidate for chemotherapy. That is why Scottish officials, doctors, and Mr. al-Megrahi himself were not only aware of but actively exploring chemotherapy for the patient. They would have known that it would have the potential capacity to extend his life.

Let me then emphasize the point: patients like Mr. al-Megrahi who failed hormone treatment and started chemotherapy have a median survival time of either 18.9 to 19.2 months. This is quite distinct from the three months that was cited prior to his release.

To summarize, Mr. Chairman, I again come back to not my words or clinical assessment but to those of the Scottish cancer experts who oversaw the treatment of Mr. al-Megrahi. They were not willing to say that a three month prognosis was reasonable. I have shared with you today the reasons why I believe in July of 2009 – just weeks before the release of Mr. al-Megrahi – the cancer specialists held that view. I believe that they knew that medical science would not support such a prognosis. I take this position based on my experience in treating advanced prostate cancer over the past two decades, and based on published data on patients treated for

advanced prostate cancer... data that was well published in the medical literature and available to be referenced by those treating Mr. al-Megrahi.

The fact that he remains alive today is not at all unexpected to me and leads me to be very skeptical of the process whereby his prognosis was determined at the time of his release from prison.

I am happy to answer any questions at this time.