

21.

Discussed changing therapy.

1

? D4T / RTT / IND / DMP.

3

? ABC / RTT / IND / DMP.

00

Await resistance test results
Review (1/12)

6/

To Restart antiviral therapy.
Review. See resistance profile.

5/

Working at airport passenger
services. Worried about S/E

Discussed in detail. Stop Combivir

for D4T 40²

Rit 100²

Ind 800²

EV 600¹

- Clarithromycin 500²

Ciprofloxacin 500²

- Flucanazole 50¹ → 150 weekly

Omeprazole 20¹

Nebidoamide

- Septrin 960¹

15/7/10

Man Ray

Albino A/E = 1/2 h of same throat
2 pain on (R) side of face.

Able to swallow food / med?

o/c Sherry symptoms @ mouth area.

o/Lw patch

Temp 37.3°C po

PRS on RTG - last night

- have hoarse

Present on lips / dark brown

Says is allergic to penicillin, but
has been on cephalexin before

→ Cephalexin 250mg qds x 5

+ ret - 2 mornings

- IV Rx not needed at present
other by phlegm - no fever noted

GRO-C

5/9/10 Well

tolerating Rx Well

More bloods

CD4 840 36 VL <400

ZIT 40mgs

Rit 100 20

Ind 800²

KPV 600¹

continue Bloods ✓

GRO-C

HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

GRO-C

WARD

Mark

GRO-C 69

M/F
M/S/W**Special Combined Clinic
Johnson/Lee**

DATE

CLINICAL NOTES (Each entry must be signed)

21.3.00

Special Combined Clinic – 21st March 2000**Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist**

Mark Ward is generally well. However, he is very immunocompromised with a CD4 count of $0.18 \times 10^9/l$ and a viral load of 10,9000 copies/ml. He has been discussing, at length, changing therapy and I think he now feels that the time is right. We are awaiting the results of his resistance testing but, my own feeling is, that we should change him to Ritonavir, Indinavir, and DMP266, with either D4T or Abacavir, depending on the results of his resistance profile. He would prefer to change therapy as an outpatient, so the plan will be to review him in clinic in a months time.

6.6.00

Special Combined Clinic – 6th June 2000**Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist**

Mark Ward seen today with a view to changing his anti-retroviral therapy. He has been on combivir, has persistent viraemia and a low CD4 count. We did a genotypic resistance profile and this then showed resistance mutations associated with AZT, 3TC, and abacavir. On the basis of these findings, I decided to put him on D4T 40 mg bd, ritonavir 100 mg bd, indinavir 800 mg bd, and efavirenz 600 mg at night. We discussed with him, in detail, his regime and potential side-effects. We have also discussed with him the importance of compliance. He will continue on his previous prophylactic treatments although we decided to reduce the fluconazole from 50 mg daily to 150 mg weekly. Mark will be reviewed in one months time by Professor Lee and in three months time in the Combine Clinic.

5.9.00

Special Combined Clinic – 5th September 2000**Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist**

Mark Ward is doing very well since changing his therapy. He has noted the warts on his face have disappeared. He is tolerating the treatment with little in the way of side-effects and says that his compliance has been excellent. This is reflected in a marked improvement in his blood and that the viral load is now undetectable at less than 400 copies/ml and his CD4 count has risen from $0.018 \times 10^9/l$ to $0.36 \times 10^9/l$. I have checked his bloods today and will see him for review in a few months time.

Cont...

ROYAL FREE HOSPITAL
POND STREET
LONDON NW3 2QG
TELEPHONE 020 7794 0500



THE ROYAL FREE HAMPSTEAD

Royal Free Hospital

NHS TRUST

THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT

Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath

Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

Dr Simon A Brown MB MRCP MRCPath

TEL: 0171 830 2068

FAX No: 0171 830 2178

Out of hours: 071 794 0500 bleep **GRO-C**

MAJ/gs **GRO-C**

Professor Clive Loveday
Retrovirology
Royal Free Hospital
LONDON NW3 2QG

Dear Clive,

Patient: Mark Antony WARD (Mr) RFH **GRO-C** DOB **GRO-C** 69
GRO-C

Special Combined Clinic - 21st March 2000

Consultants: Dr Margaret Johnson - Consultant Physician

I would be very grateful if you would carry out a resistance profile on this patient. He has been on AZT, and 3TC for a number of years and is about to change to a second line regimen. I think this is an important test and I would be very grateful if this could be sorted out soon.

With best wishes,

Yours sincerely

GRO-C

Dr Margaret A Johnson
Consultant Physician in HIV/AIDS

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MAJ/g **GRO-C** 21st March 2000

GP - Dr D Kirby
The Surgery
Nevills Road
LETCHWORTH
Herts SG6 4TS

Dear Dr Kirby

Patient: Mark Antony WARD (Mr) RFH **GRO-C** - DOB **GRO-C** 69
GRO-C

Special Combined Clinic - 21st March 2000

Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist

We reviewed Mr Mark Ward in our Special Combined Clinic. He is generally well. However, he is very immunocompromised with a CD4 count of $0.18 \times 10^9/l$ and a viral load 10,900 copies/ml. He has been discussing, at length, changing therapy and I think he now feels that the time is right. We are awaiting the results of his resistance testing but, my own feeling is, that we should change him to Ritonavir, Indinavir, and DMP266, with either D4T or Abacavir, depending on the results of his resistance profile. He would prefer to change therapy as an outpatient, so the plan will be to review him in clinic in a months time.

Yours sincerely

GRO-C

Dr Margaret A Johnson
Consultant Physician in HIV/AIDS

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MAJ/gs/**GRO-C**/6th June 2000

GP - Dr D Kirby
The Surgery
Nevills Road
LETCWORTH
Herts SG6 4TS

Dear Dr Kirby

Patient: Mark Antony WARD (Mr) RFH **GRO-C** - DOB **GRO-C** 69
GRO-C

Special Combined Clinic - 6th June 2000

Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist

We reviewed Mark Ward in the Combined HIV/Haemophilia Clinic on 6th June 2000 with a view to changing his anti-retroviral therapy. He has been on combivir but, clearly, has persistent viraemia and a low CD4 count. We did a genotypic resistance profile and this then showed resistant mutations associated with AZT, 3TC, and abacavir. On the basis of these findings, I decided to put him on D4T 40 mg bd, ritonavir 100 mg bd, indinavir 800 mg bd, and efavirenz 600 mg at night. We discussed with him, in detail, his regimen and potential side-effects. We have also discussed with him the importance of compliance. He will continue on his previous prophylactic treatments although we decided to reduce the fluconazole from 50 mg daily to 150 mg weekly.

Mark will be reviewed in one months time by Professor Lee and in three months time in the combined clinic.

Yours sincerely

GRO-C

Dr Margaret A Johnson
Consultant Physician in HIV/AIDS

Professor Christine Lee
Consultant Haematologist

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MAJ/gs **GRO-C** 5th September 2000

GP - Dr D Kirby
The Surgery
Nevills Road
LETCHEWORTH
Herts SG6 4TS

Dear Dr Kirby

Patient: Mark Antony WARD (Mr) RFH **GRO-C** - DOB **GRO-C69**
GRO-C

Combined HIV/Haemophilia Clinic - 5th September 2000

Consultants: Dr Margaret Johnson - Consultant Physician
Professor Christine Lee - Consultant Haematologist

We reviewed Mark Ward in the Combined HIV/Haemophilia Clinic on 5th September 2000. Since changing his therapy, Mark is doing very well. He has noted the warts on his face have disappeared. He is tolerating the treatment with little in the way of side-effects and says that his compliance has been excellent. This is reflected in a marked improvement in his blood and that the viral load is now undetectable at less than 400 copies/ml and his CD4 count has risen from $0.018 \times 10^9/l$ to $0.036 \times 10^9/l$. I have checked his bloods today and will see him for review in a few months time.

Yours sincerely

GRO-C

Dr Margaret A Johnson
Consultant Physician in HIV/AIDS

Professor Christine Lee
Consultant Haematologist