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Cardiff and Vale NHS Trust

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Department of Haematology
Haemophilia Centre and Haemostasis Laboratory
Consultant: Dr Peter Collins
*E-mail: peter.collins@***GRO-C**
Secretary: **GRO-C** **029 20 745442**

23 December 2002
PWC/MB/U032244J

Dr S Ismail
Consultant Haematologist
Singleton Hospital
Swansea

Dear Saad

Re: **W2384**

Diagnosis:

1. *Severe haemophilia A*
2. *HIV infection*
3. *Hepatitis C infection*
4. *Left total knee replacement*

I reviewed this gentleman in the Haemophilia Centre at UHW on 23rd December 2002. In the past few months he has had a number of bleeding episodes into his right hip, right elbow and on one occasion into the replaced left knee. He feels that the increase in bleeding episodes may be related to the fact that he has allowed his general fitness to decline over the last 3 months, and I have arranged for him to have a formal review with Fiona Hall our physiotherapist, so that she can assess his musculoskeletal system and advise him on a programme to strengthen this. I note that on his current anti-HIV regimen of Abacavir, Kaletra and Tenofovir, he has been viral load undetectable for the last few months, and that his CD4 count is about 400.

I further discussed with him treatment with pegylated Interferon and Ribavirin, and he has decided that he wishes to start a course of this treatment. I have explained to him that the treatment will be given on a named-patient basis as pegylated Interferon is not yet licensed for HIV co-infection. The plan is to commence pegylated Interferon 180 mcg once weekly and Ribavirin 1000 mg daily on the 13th January 2003. I have performed the baseline screening test today including the quantitative PCR for hepatitis C. I have discussed with him in detail the possible side effects and I also have given him a written information sheet regarding the treatment.

Cont/d over.....



We will continue to keep him under review from the hepatitis C point of view during the course of treatment, but will assume that his HIV management will continue under Dr Yoganathan at Singleton Hospital.

Yours sincerely

GRO-C

Dr P W Collins
Consultant Haematologist

cc. *Dr K Yoganathan*
Department of GU Medicine
Singleton Hospital
SWANSEA

Dr W Giltinham
The Surgery
Ysgol Street
St. Thomas
Swansea

256 155



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Department of Haematology
Haemophilia Centre and Haemostasis Laboratory
Secretary: ☎: **GRO-C** 📠: **029 2074 5442**
E-mail: **hasmukh.dasani@GRO-C**

HD/MB/A389000U

(Clinic 27.01.03)

28 January 2003

Dr W Giltinham
The Surgery
Ysgol Street
St. Thomas
Swansea
SA1 8LH

cc. *Dr K Yoganathan*
Consultant Physician
Dept. of GU Medicine
Singleton Hospital
Swansea

cc. *Dr S Ismail*
Consultant Haematologist
Singleton Hospital
Swansea

Dear Dr Giltinham

Re: **W2384**

- Diagnosis:
1. Severe haemophilia A
 2. Chronic HIV & Hep C infections from receiving pooled contaminated blood products (HIV reasonably well controlled on current anti-HIV treatment, hepatitis C PCR positive, persistently elevated liver enzymes & genotype 1a)
 3. Starting on expanded access pegylated Interferon and Ribavirin for hepatitis C from today.

Further to my previous communication I saw Michael today at the Haemophilia Centre with a view to starting treatment for hepatitis C with combination of pegylated Interferon and Ribavirin. I have had long chats with him over the last few months regarding the side effects of pegylated Interferon and Ribavirin. I discussed with him all this again today at length, including neuropsychiatric side effects, and the risk of anaemia, neutropenia and thrombocytopenia. I have also informed him, and he is aware that pegylated Interferon and Ribavirin combination is not licensed for the co-infected patients.

Michael is having his first injection of pegylated Interferon today at the Haemophilia Centre under supervision. He has had his baseline bloods checked today and he will be monitored on a fortnightly basis for the review. He has no clinical stigmata of chronic liver disease when I saw him today. I have advised him to take Paracetamol with injection to minimise the side effects of aches and pains, and flu-like symptoms.

Michael will be reviewed in 2 weeks' time.

Yours sincerely

GRO-C

Dr H Dasani
Physician for Haemophilia Centre

DR. S. AL-ISMAIL

Next OPD:	Haemophilia 1996 - 15/5/03.
File:	
Other:	

31 JAN 2003

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10 February 2003
HD/MB/U032244J
(Clinic hrc – 10.02.03)

Dr K Yoganathan
Department of GU Medicine
Singleton Hospital
SWANSEA

Dear Dr Yoganathan

Re: **W2384**

Diagnosis:

1. Severe haemophilia A
2. Chronic HIV and hepatitis C infection from receiving pooled contaminated blood products
3. On named-patient basis peg. Interferon and Ribavirin over last 2 weeks.

I saw **GRO-A** today for the review of hepatitis C treatment. He seems to be tolerating pegylated Interferon and Ribavirin without any major side-effects. He told me that he felt tired and flu-like symptoms only on the day of injection. He had mild itching into his left arm. He seems to be sleeping well and so far this treatment is not interfering with his day to day activity.

I have checked his full blood count and liver function tests today and he will be reviewed again in 2 weeks' time.

Yours sincerely

GRO-C

Dr H Dasani
Physician for Haemophilia Centre

cc. Dr W Giltinham, The Surgery, Ysgol Street, St. Thomas, Swansea SA1 8LH
Dr S Ismail, Consultant Haematologist, Singleton Hospital, Swansea

GRO-C

Next	Haemophilia
Plan	15/5/03
Other	

17 FEB 2003



WITN3761045_0004

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8 April 2003

HD/mb (clinic – 08.04.03)

Dr K Yoganathan
Department of GU Medicine
Singleton Hospital
SWANSEA

cc. Dr W Giltinham
The Surgery
Ysgol Street
St. Thomas
Swansea SA1 8LH

cc. Dr S Ismail
Consultant Haematologist
Singleton Hospital
Swansea

Dear Dr Yoganathan

Re:

- Diagnosis:
1. Severe haemophilia A
 2. HIV infection
 3. Hepatitis C infection

I saw today at the Haemophilia Centre for the routine review of his peg. Interferon and Ribavirin trial. As you know Mike has been on peg. Interferon and Ribavirin for the last 12 weeks. He seems to be tolerating this reasonably well with minor side-effects of sleep disturbances, dry skin and some diarrhoea. He has had no major infections or bleeds. His compliance with his medication is 100%. His haemoglobin, white cell count and platelets have all slightly dropped by not to the worrying level.

He remains hepatitis 'C' PCR positive, hence I have sent off a sample for the quantitative hepatitis 'C' PCR to Birmingham today.

We will review him again in 3 weeks' time to discuss the results.

Yours sincerely

GRO-C

GRO-C

Dr H Dasani
Physician for Haemophilia Centre

Haemophilia
15/5/03
14 APR 2003



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Department of Haematology
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Secretary: **GRO-C** **029 2074 5442**
E-mail: hasmukh.dasant@ **GRO-C**

29 April 2003
(Clinic - 28.04.03)

Our ref: HD/MB/U032244J

Dr K Yoganathan
Department of GU Medicine
Singleton Hospital
SWANSEA
SA2 8QA

cc. Dr W Giltinham
The Surgery
Ysgol Street
St. Thomas
Swansea SA1 8LG

cc. Dr S Ismail
Consultant Haematologist
Singleton Hospital
Swansea

Dear Dr Yoganathan

Re: **W2384**

GRO-C

- Diagnosis:
1. Severe haemophilia A
 2. Chronic HIV and Hep 'C' infections from receiving pooled contaminated blood products

I saw today at the Haemophilia Centre for his routine review. As you know Michael has been on treatment of combination of pegylated Interferon and Ribavirin for the last 14 weeks. He has been tolerating the treatment with mild to moderate side effects of sleep disturbances, dry skin and loose motions.

When I saw him today I had the result of his quantitative hepatitis 'C' PCR results from week 12. Unfortunately, there is no significant reduction in his hepatitis C RNA viral load from his baseline. In view of this I feel that he is a non-responder to the combination treatment. I have discussed the implications of this result in detail with Michael today and we both agree to discontinue the Interferon and Ribavirin treatment.

I have checked his full blood count and liver function test today.

I have not made any formal plans to review him at Cardiff in the near future, but I would be very grateful if Dr Yoganathan can keep an eye on his alpha fetoprotein and prothrombin time when he has a blood test to monitor his HIV on a regular basis.

Cont/d over.....

28 MAY 2003

Haemophilia
Clinic
15/5/03

I will probably arrange to see him again in a few months' time, to make sure he has fully recovered from the side-effects.

Yours sincerely

GRO-C

Dr H Dasani
Physician for Haemophilia Centre

PS. Michael has not had any ultrasound scans done at Cardiff since November 2001 and I would be grateful if this could be arranged locally.