

Witness Name: Royal Free Hospital (Debra Anne Pollard)  
Statement No. WITN3094003

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**EXHIBIT "WITN30940012"**

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This is the exhibit marked "WITN30940012" referred to in the third witness statement  
of Debra Anne Pollard

The Royal Free Sheila Sherlock Liver Centre and Welwyn Garden City Joint ~~Unit~~ Trust

Dr. James O'Beirne MB BS Hons. MD MRCP EDICM  
Consultant in Hepatology Royal Free Hosp/Honorary Consultant at QE11  
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Dr. David Rowlands FRCP  
Consultant Gastroenterologist & Physician  
Lister & Queen Elizabeth 11 Hospitals  
QE11 Secretary: **GRO-C**  
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JOB/PE/217032

Date: 20/05/2010 (Clinic: 20/04/2010)

Date of liver transplant: 09.05.08  
Original disease: HCV / HCC  
Date/Nature other procedures:  
Von Willebrand's disease  
Domino liver from FAP patient  
HCV RNA positive  
Hypertension  
Incisional hernia awaiting surgical review

Dr Lim  
Wrafton House Surgery  
9-11 Wellfield Road  
Hatfield  
Hertfordshire AL10 0NB

Name: Mr Angus STEWART  
DOB:  
Address: **GRO-C**  
Herts **GRO-C**

Dear Dr Lim

Medication	Dose	Laboratory Investigations			
Tacrolimus	2mg bd	Hb	14.3	(g/dl)	Creatinine 97 (μmol/l)
Mycophenolate	500mg bd	WCC	6.3	(x10 <sup>9</sup> )	FK506/CyA level 8.4 (ng/ml)
Amlodipine	5mg od	Platelets	205	(x10 <sup>9</sup> )	Albumin 46 (g/l)
Prograf	2mg bd	PT		(secs)	Bilirubin 16 (μmol/l)
		INR			ALP 42 (u/l)
		Urea	6.1	(mmol/l)	AST 58 (u/l)
		Potassium	3.9	(mmol/l)	ALT 105 (u/l)
Blood pressure	161/100	Sodium	141	(mmol/l)	eGFR 76
Weight	105.8kgs				Gamma GT 57
					CRP 2

I saw this patient today in clinic with my colleague <sup>D</sup>Mr Rowlands at Welwyn Garden City. He was upset to hear that his HCV was positive having been told that his HCV RNA was negative previously. In fact going back through his results on one of our reporting systems there are two instances where his HCV RNA was reported as negative with a positive level in between times. I can only surmise that this is artefactual; it would be incredibly rare for people to clear HCV following transplantation without treatment and some degree of graft re-infection is universal. What we need to do now is evaluate the degree of liver damage from HCV to his graft. In that regard we will organise a transjugular biopsy and wedge pressures at the Royal Free. Also today in clinic he was complaining of incisional hernia and I think it would be helpful for him to see his surgeon, Mr Rolles, again with a view to getting this repaired. He was hypertensive in clinic and I prescribed him Ramipril 2.5mg once a day. I would be grateful if you could monitor his blood pressure and titrate as appropriate. In view of his generous Tacrolimus level in the context of his HCV, we have taken the opportunity to decrease his Prograf today to 2mg bd.

Yours sincerely,

**GRO-C**

Dr James O'Beirne MBBS (Hons) MRCP MD EDICM  
Consultant Physician & Hepatologist

cc.

Dr. David Rowlands FRCP  
Consultant Gastroenterologist & Physician  
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