

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

EXHIBIT "WITN30940013"

This is the exhibit marked "WITN30940013" referred to in the third witness statement
of Debra Anne Pollard

THE ROYAL FREE SHEILA SHERLOCK LIVER CENTRE

Secretaries Ext: 36896/33603/36167/34652/36166

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Royal Free Hospital
Pond Street
London
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Prof Andrew Burroughs, Professor of Hepatology
Prof Burroughs Tel: **GRO-C**

Dr James Dooley, Consultant Hepatologist
Prof Geoff Dusheiko, Professor of Hepatology
Prof Humphrey Hodgson, Professor of Hepatology
Prof Rajiv Jalan, Professor of Hepatology
Dr Raj Mookerjee, Consultant Hepatologist
Prof Kevin Moore, Professor of Hepatology

Dr Marsha Morgan, Consultant Hepatologist
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Dr Jude Oben, Consultant Hepatologist
Dr James O'Beirne, Consultant Hepatologist
Dr Alastair O'Brien, Consultant Hepatologist
Dr David Patch, Consultant Hepatologist
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Dr Douglas Thorburn, Consultant Hepatologist

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Liver Transplant Coordinators Ext: 36522 or ltxc@royalfree.nhs.uk

Viral Hepatitis CNS Ext: 32883 or viral.hepatitisnurses@royalfree.nhs.uk

JOB/MdB/217032

Clinic 22.11.11

Date 28.11.11

Mr E Lim
Consultant Thoracic Surgeon
Royal Brompton & Harefield Hospital
Sydney Street,
London SW3 6NP

Name: Mr Angus STEWART

DOB:

Address:

GRO-C

Herts **GRO-C**

Date of liver transplant: 09.05.08
Original disease: HCV + HCC
Date/Nature other procedures:
Von Willebrand's disease
Domino liver from FAP patient
Hypertension
Incisional hernia repair Sept 2010. Wound infection
Chronic pain around incisional hernia wound –
under pain team at Royal Free
TJ liver biopsy 22.8.11 – No rejection. No
convincing histological evidence of active
hepatitis C infection

Dear Mr Lim

You may remember this gentleman who was discussed at the Royal Free Hospital lung cancer MDT. He was discovered on a surveillance CT scan to have a small lesion in the right lung which has low grade uptake on an FTG PET. His background is that he was transplanted in 2008 for hepatitis C cirrhosis complicated by hepatocellular carcinoma. This was the reason for him undergoing surveillance with CT. In fact in retrospect a nodule had been noted some months earlier, although it was too small to characterise at that stage. From the MDT discussion we are unsure as to what this lesion represents and a number of options were discussed such as observation, percutaneous biopsy or excision biopsy. I have discussed the options with the patient and he would definitely like to go forward for excision biopsy. I wonder if you would be so kind as to send him a timely appointment to discuss this further.

Yours sincerely

Dr J P O'Beirne MBBS (Hons) FRCP MD EDIC
Consultant Physician and Hepatologist



The Royal Free Hospital



The Royal Free Hampstead
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Cc

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