

Witness Name: Karen Fox

Statement No.: WITN2012001

Exhibits: WITN2012002 – WITN2012019

Dated: 16 March 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN2012009

Royal Free Hospital
Pond Street
London
NW3 2QG

THE ROYAL FREE SHEILA SHERLOCK LIVER CENTRE

Secretaries Ext: **GRO-C**

Fax: 020 7472 6226

Switchboard: 020 7794 0500

Direct line:

Prof Andrew Burroughs, Professor of Hepatology
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
Dr Jude Oben, Consultant Hepatologist
Dr James O'Beirne, Consultant Hepatologist
Dr Alastair O'Brien, Consultant Hepatologist
Dr David Patch, Consultant Hepatologist
Professor William Rosenberg, Professor of Hepatology
Dr Douglas Thorburn, Consultant Hepatologist

Duty Hepatology SpRs: Bleep **GRO-C**

Liver Transplant Coordinators Ext: **GRO-C** rfh.ltxc@**GRO-C**

Viral Hepatitis CNS Ext: **GRO-C** or viral.hepatitisnurses@**GRO-C**

Lynda Greenslade, Clinical Nurse Specialist, Ext: **GRO-C** Bleep: **GRO-C** Email: lynda.greenslade@**GRO-C**

GMD/DICT/270255

23/12/2010

Dr Postgate
87-89 Prince Of Wales Rd
Kentish Town
London
NW5 3NT

Dear Dr Postgate

Re: **Karen Fox - DOB: **GRO-C** 1963**
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Diagnoses:

1. Hepatitis C genotype 1 infection.
 2. Pre-eclampsia and end stage renal failure, 1989.
 3. Long-term anticoagulation.
 4. Two previous live related kidney transplants.
 5. Cadaveric renal transplant 2000.
 6. Nephrogenic fibrosing dermopathy, secondary to Gadolinium, 2000.
 7. Renal transplant. Arterial thrombosis graft failure, November 2009.
 8. Recent combination of pegylated Interferon and Ribavirin for hepatitis C infection.
- Discontinued due to features of bone marrow suppression.

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I was pleased to see this patient again today. I note that she has had several FibroScans. The FibroScan reading taken on 27th March 2010 showed a reading of 15.6/9.7/100%. She subsequently, on 6th October 2010, had an ELF test which showed a reading of 11.86; the interpretation is moderate to severe fibrosis. She had another FibroScan on 4th October 2010, which showed the median stiffness was 15.6 but the IQR was 9.7.

On balance these tests could reflect at least moderate fibrosis. However, her liver function is good, although her prothrombin time shows some worsening. I have explained that she is a long way away from any hepatic decompensation. It is most important that we continue to



The Royal Free Hospital



The Royal National Throat,
Nose and Ear Hospital

The Royal Free Hampstead NHS Trust
Dominic Dodd, chairman; David Sloman, chief executive; www.royalfree.nhs.uk Tel: 020 7794 0500 Fax: 020 7830 2468

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monitor her status carefully. It would be helpful in the future to be able to treat her hepatitis C with newer agents that are Interferon sparing, as these are developed over the next few years. I would have to be optimistic that we can reach that point at least for some patients.

I thought that we test her IL28b polymorphism which I have explained to the patient. She needs regular ultrasound surveillance and alpha-fetoprotein monitoring. I have also repeated the FibroScan again today. She will need careful monitoring. An ultrasound and alpha-fetoprotein have been booked. The transaminases are a spurious guide to a degree of fibrosis as these remain normal on dialysis in her case.

She may be a candidate for new direct acting antivirals when these are available given her sensitivity to Interferon. However these will worsen her anaemia and if we do decide to treat with a regimen of a direct acting antiviral say, Telaprevir or Boceprevir, together with Interferon and Ribavirin, we will have to anticipate quite severe anaemia with a necessity for an increasing EPO as well as the possibility of requiring blood transfusion to support her haemoglobin during treatment. However, treatment with these agents remains a possibility. It would be helpful to clear the hepatitis C virus to arrest the apparent progression of her disease.

Yours sincerely,

dictated & electronically reviewed

Professor G. M Dusheiko MB BCH FCP (SA) FRCP FRCP (edin)
Professor of Medicine and Honorary Consultant

CC:
Ms Karen Fox

GRO-C