

Witness Name: Ingrid Western

Statement No.: WITN2062001

Exhibits: WITN2062002-

WITN2062024

Dated: 14 August 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN2062016

Hepatitis Service- Dr Agarwal/ Dr Harrison

Denmark Hill
London
SE5 9RS

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Hepatologist/Lead Clinician

Dr Philip Harrison PhD MD FRCP Senior Lecturer/Consultant Hepatologist

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Viral Hepatitis Clinic -- Dr Kosh AGARWAL

Clinic Date: 14 November 2012

Dr Ansell
Chomley Gardens Surgery
1 Chomley Gardens
Mill Lane, London
NW6 1AE

Dear Dr Ansell

GRO-C	DOR: 06-12-1960, Hospital No: P564546, NHS No:	GRO-C
GRO-C		

Diagnoses:

1. HCV genotype 1a.
2. Previous non-Hodgkin's lymphoma 1987 treated with bone marrow graft
3. OLT 2006 for HCV cirrhosis
4. Re-transplant 2008 September for multi-factorial graft failure
5. F4 fibrosis 2010
6. F5 fibrosis 2012 August
7. Previous failed HCV treatment courses
8. LADR regimen with pre-emptive GCSF started 12th November 2010
 - Spinal abscess on treatment August 2011
 - September 2011 CT scan no evidence of lymphoma
 - Relapse at treatment week 52 secondary to dose reduction/Ribavirin discontinuation due to on-treatment anaemia

Current Medication:

Prograf 0.5mg am 1mg pm, last dose 8pm yesterday
Omeprazole
Fosamax

I reviewed Ingrid on 14.11.2012 at the expanded access clinic. We have discussed further possibilities of the therapy with triple therapy- pegylated IFN, ribavirin and telaprevir for her

Typed on 27 November 2012 by Dr Ivana Carey (Specialist Registrar)
Ingrid Western P564546

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HCV infection. LADR lead-in (until 1 log drop is achieved) with pegylated IFN and ribavirin followed by 12 week combination with telaprevir + pegylated interferon and ribavirin with careful monitoring tacrolimus and significant dose reduction of tacrolimus and finished with at least 36 week of pegylated interferon and ribavirin. This therapy will be response guided and all stopping rules will be followed. Alternatively, based on the recent results presented at the Liver Meeting 2012, there might be possibility of compassionate use of other antivirals with less interaction with immunosuppressant therapy and slightly less severe side effects profile with potentially better response (GS-7977 or daclatasvir). We try to contact drug companies and regulatory authorities whether that might be other option to 'cure' HCV infection for Ingrid.

We discussed the risks and benefits of protease inhibitor treatment which would also include Ribavirin and Interferon treatment for a planned duration of 48 weeks. We also discussed significant anaemia, rash, renal impairment and the need for Tacrolimus dose reduction. She complains about recurrent joint aches recently, but her rheumatoid factor and all autoantibodies were normal. There is slight anaemia (Hb 10.1 g/dl) in her FBC today and she will likely require erythropoietin from the start of her therapy. Her therapy will commence in mid/second half of January 2013.

Yours sincerely

Dr Ivana Carey, PhD
Clinical Lecturer in Viral Hepatitis/Sp.Registrar

Cc: Ms. Western