Witness Name: Michael Murray Statement No: WITN1945001

Exhibits: WITN1945002 - WITN1945020

Dated: 12 November 2019

EXHIBIT WITN1945010



ROYAL DEVON AND EXETER HEALTHCARE NHS TRUST

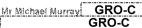
Dr K Gebrge Consultant Gostroenterologist Terbay Hospital Lawes Bridge Torquay TQ2 7AA KIDNEY UNIT

GRO-C GRO-C

Typed 30th January 2001

Our ref: M8/RH 28 47 548

Dear Dr George



Thanks for your letter about this gentlemen with a renal transplant who is Hepatilis c positive. I am not sure of the precise reason why his GP has asked for a review by yourself, but it may be that Mike has requested a second opinion. I have copied his GP in on this letter so I sure he will be able to throw more light on the reason for the referral.

In response to your questions, it became clear he was Hep C positive on screening in 1995, his RNA for Hepatitis C by PCR was positive. He was referred to Reuben Ayres by my colleague. Anthony Nicholis, and I enclose copies of that correspondence. I haven't seen Mike myself recently, but he is on infrequent follow up and as for as I can determine is keeping fairly well. Obviously the use of interferon in this situation would pose a significant risk to his transplant, which being a third graft would certainly make future management difficult. He has got excellent kidney function with a creatinine of 101 µmol/l. He has got excellent kidney function with a creatinine of 101 amol/l. He doesn't seem to have had any recent liver function tests done, but there hasn't been any obvious decline in these over the last few years. I hope this is helpful, if you need any further data, please con't hesitate to contact me. I think intervention and the natural history of Hepatitis C in patients with transplantation and on dialysis is difficult. It is clearly not a new disease, but is something we have become more aware of since we have screened for it. We are in fact using a lot less in the way of blood transfusions now than we used to 20 years ago and I don't recall very many patients over that period of time developing and stage liver disease. I presume this is a consequence of the relatively slow progressive nature of this condition and sadly many of these patients die of cardiovascular complications long before liver disease manifests itself as a serious problem.

i am obviously very happy for you to review Mike as his GP has requested it and look forward to your thoughts.

Yours sincerely :

GRO-C

Martin Seamon
Consultant Physician & Nephrologist

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