Witness Name: Ingrid Western
Statement No.: WITN2062001
Exhibits: WITN2062002-
WITN2062024
Dated: 14 August 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN2062013

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GMD/SKB/525464

9 April 1992

Dr Jane Mercieca
Senior Registrar
Haematology Department
The Royal Marsden Hospital
Fulham Road
London
SW3 6JJ

Dear Dr Mercieca

Ingrid WESTERN dob: GRO-C

GRO-C

Thank you for referring Miss Ingrid Western. She was born in Chicago but has lived here for 15 years. She is aged 31, is single, and works as a musical promoter. Four years ago, stage IV B Hodgkin's disease was diagnosed, for which she was given chemotherapy, ChIVPP, followed by an autologus bone marrow transplant. She had presented with fatigue and lymphadenopathy and the diagnosis was eventually made at St Mary's Hospital and the Royal Marsden Hospital.

She has responded quite well to chemotherapy. During this time she had several blood transfusions and, after receiving high dose melphalan and developing thrombocytopaenia, she had many platelet transfusions.

At the moment, she has been noticed to have raised amino transferases, but this goes back to 1988. They became somewhat more markedly elevated in early 1989. At the moment she has no symptoms. She has never had jaundice. She is able to work quite hard and for long hours. She is not receiving any current therapy and stopped her danazol and cyclosporin six months ago.

Her mother died at the age of 48 following infection after hysterectomy. Her father is well. She has one sister who is well. She has not noticed any bruising but does have some fatigue.

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Her most recent transaminases show that she has an ALT of 99 with a normal value of 17.

EXAMINATION

She looked well. Her blood pressure was 130/70. There was no clubbing, cyanosis, jaundice, pallor or oedema. Examination of the neck revealed a systolic thrill at right base, but there was no thyroid enlargement.

Examination of the chest and heart was within normal limits. She had a previous incision scar from her biopsy in the right axilla. Examination of the abdomen was normal and there was no hepatosplenomegaly. Examination of the extremities was within normal limits.

ASSESSMENT

Miss Western has elevated amino transferases following blood transfusion and is known to be hepatitis C positive, and therefore has chronic hepatitis C. She also has thrombocytopaenia with platelets from her most recent examination of 42,000. I believe that her hepatitis C warrants treatment but do not think she would be a good candidate for alpha interferon because of the risk of thrombocytopaenia, as you correctly point out in your referral letter.

It may be possible to treat her with ribavirin as this is a nucleoside analogue which has been known to suppress hepatitis C in a proportion of patients. We have obtained reasonable results in patients treated in a pilot study, and have now embarked on a placebo controlled study. It is difficult to obtain ribavirin through the NHS at the moment from this hospital, but I could make enquiries. Alternatively, Miss Western could be, if she agrees, entered into our trial of ribavirin shortly. She will evaluate what I have told her and see me in four weeks when we will make a decision as to whether we will try to obtain ribavirin for her through the NHS or whether she will enter the study. I hope we will see some improvement in her transaminases.

A liver biopsy is not mandatory at this stage, but if it is done it will be have to be done as a plugged procedure under CT guidance to reduce the risk of bleeding. I am not sure of the reason for the neck bruit, but thought an ultrasound of the carotids would be indi[illegible]

Yo[illegible] GRO-C

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