PROF M F BASSENDINE - EXT GRO-C

MFB/DA/0301316T 19 August 1994
Dr I T Gilmore Consultant Physician and Gastroenterologist Royal Liverpool Hospital Prescot Street LIVERPOOL L7 8XP

Dear Dr Gilmore

| WILLIAM MURPHY | DATE | OF BI | RTH GRC |)-C 34 |
|----------------|------|-------|---------|---------------|
| GRO-C | LIVE | RPOOL | ← GRO- | C . |

DIAGNOSIS

- 1. Haemophilia A
- Cirrhosis secondary to chronic hepatitis C 2. with portal hypertension
- Hepatocellular carcinoma 3.

Thank you very much for asking us to assist with this charming 59 year old man for liver transplantation. As discussed on the phone we were all optimistic that he would be an ideal candidate, as transplant would not only cure his liver disease, but also his haemophilia. As part of his work up he had an NMR scan (copy enclosed), which confirmed a small shrunken liver with splenomegaly and ascites, but unfortunately also revealed a lesion of approximately 7cm in the left lobe possibly penetrating the capsule. On review of his Liverpool medical records we unearthed an alpha-fetoprotein protein from blood taken on 15th of July of 9280, confirming that he has developed a hepatocellular carcinoma, on the background of his hepatitis C cirrhosis.

Contd./...

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Mr Murphy and his wife have been told that he has developed a growth within his liver and that this alters our decision to recommend transplantation and probably other surgery. They know that on their return to Liverpool treatment options will be discussed with you and the ones that I have mentioned are of chemotherapy and/or intra-hepatic injection of alcohol, directly into the growth. Mr Murphy and his wife asked whether a transplant would be reconsidered if the tumour shrank and I indicated that we would happily re-discuss this with you, but emphasised that he should not hold out too much hope for this as in the past I had had patients turned down at the assessment meeting despite some improvement in the growth however, it may be that we will shortly adopt a protocol using intra-venous Adriamycin pre-operatively, during the anhepatic phase and postoperatively as good results have been obtained in tumours of this size using this regime in the States. Certainly if his alphafetoprotein falls reflecting repsonse to medical therapy I would be very keen to re-discuss this option with you.

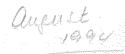
King regards

Yours sincerely

M F Bassendine Professor of Hepatology/Consultant Physician

ENC

Liver Transplant Assessment Name: Grand Myzry 7.



Bloods:

| /U.S. | | | 경기 가장 사람들은 그리다. | | 104 |
|----------|-------|--------------|-----------------|--|---------|
| Hb: | 10.0 | Na+ | | Ferritin | 104 |
| WCC : | 5.5. | K+ | 3.2. | Iron | ******* |
| Hct : | .295 | Urea | 4.4. | %Satn | |
| MCV: | 99.9 | Creatinine | 83 | TransF | |
| | 576 | Tot. Protein | 73 | | |
| PT : | 19 | Albumin | | IgG : | **** |
| KCT : | 83 | Tot.Calcium | .2.09 | IgA : | |
| Fib. | | Phosphate | :.) | IgM _: | |
| Fac.V: | | Bilirubin | 40 | | 0.14 |
| | 1000 | Alk.Phos. | | CRP : | 6 |
| Folate:. | 8-J | ALT | . 87. | | |
| RCFol : | | Amylase | 19 | TSH : | |
| | | Giucosc 1. | 5.2. |) ———————————————————————————————————— | |
| | 1 | AlphaFP | 7100,000 *) | Mg : | 0.65 |
| | Ø > | Alpha1-AT | | Zn : | |
| AutoAb: | | | | Cu : | |
| | | | | Choles:. | 39 |
| B-2-M: | | | | TGs :. | |
| RI OOD (| ROUP: | A Posis | -1 V E | | |

Antibodies?

CMV IgG:

BLOOD GROUP: A

Blood Film: