

HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

GRO-C:

WHERRY**Derek**

GRO-C: 75

M/F

M/S/W

LIVER CLINIC

DATE

CLINICAL NOTES (Each entry must be signed)

14.10.96

Combined Liver/Haemophilia Clinic - 14th October 1996 Mistry/Lee**Diagnosis: HCV genotype-1 (Exposure late 1970's)
Severe Haemophilia A****Ultrasound requested. Quantitation of HCV, LFT's taken today.****See history sheet Dr Mistry did not dictate on this patient today.**

23.10.96

u/s

**Examination: U/S Liver GB CBD & Pancreas
Date of Exam: 23rd October 1996****Report: The liver appears normal in size and echogenicity. No space occupying lesion is seen. The pancreas, spleen and both kidneys all appear normal. the portal vein is patent with flow in the forward direction.****Conclusion: Normal study. No ultrasound evidence of cirrhosis. Unfortunately, no hardcopy is available from this exam.**

Radiologist: Dr K Rosenfeld

18.1.99

Combined Liver/Haemophilia Clinic 18th January 1999 -GRO-D/Lee**Diagnosis: Haemophilia A (2 u/dl)
Hepatitis C Virus Positive
(Genotype-1) Viral Load 29×10^9 Eq/ml****It is clear that Mr Derek Wherry's prophylactic factor VIII replacement is haphazard (one to two times a week) and, therefore, consideration for hepatitis C therapy is essentially irrelevant, as it requires a fair amount of patient compliance. Self-injecting subcutaneously three times a week, as well as regular oral medication. Mr Wherry is well aware of this situation and agreed that he would need to be compliant with his factor VIII replacement prior to commencing hepatitis C combination therapy.****He has an outpatient appointment in the combined clinic in six months time and will have an ultrasound and blood tests before then.**

HISTORY SHEET

Hospital No.

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D. of B.

Derek Wherry.

GRO-C 175

M/F

M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

14/10/96

(21)

severe haemophilia A

HW - Genotype I; exposure late 70s
N LGS

Alcohol: 10 yrs/week; much more over 1 year.

LGS Sept ALT 50
BHT 93.

H/o Cocaine dependency
Taking ~ 15mg OD
- stopped 2 1/2 yrs.

O/E No evidence of CLD.



oxygen.

USS

Diagnosis of HW
LGS

↓ alcohol intake; 11 TAs removed 10 months
R. of HW.

3/12

GRO-C

HISTORY SHEET

Hospital No.

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D. of B.

M/F
M/SW

Wherry
Deren

DATE

CLINICAL NOTES (Each entry must be signed)

18.1.99

Type 1

KCU

29x10⁶ viral load.

well

feels weak on upward angle

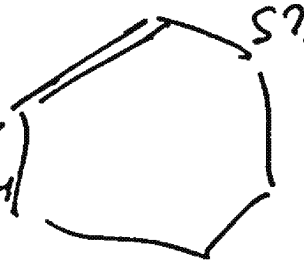
↳ 1-2 weeks faster well repaired.

going to Gwyny for 1/12. (Labouring).

would like to delay for 6/12.

GRO-C

11-B
normal
no anxiety



⇒ u/s
Boots
Gm.

GRO-C

27.09.99

Auditing Incoming 4.10.99.

WCC.

Genotype I

Naproxen VIII replacement.

Ben offered job for British Car Auctions.

Factor VIII replacement now regular
3x week.

Plan await mins of Bath of baby

-462

GRO-C

ROYAL FREE HOSPITAL
POND STREET
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TELEPHONE 0171 794 0500



Royal Free Hospital

THE HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
Director: Professor Christine A Lee MA MD DSc(Med) FRCP FRCPath
Consultant: Dr K John Pasi MB PhD FRCP MRCPath FRCPC(H)
Senior Lecturer: Dr David J Perry MD PhD FRCP FRCPath

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PAH/gs/349248/18th January 1999

Dr D S Thompson
Consultant Haematologist
The Luton & Dunstable Hospital
Lewsey Road
LUTON LU4 0DZ

Dear Dr Thompson,

Combined Liver/Haemophilia Clinic - 18th January 1999

Consultants: Dr - Consultant Hepatologist
Professor Christine Lee - Consultant Haematologist

Patient: - DOB:

Diagnosis: Haemophilia A (2 u/dl)
Hepatitis C Virus Positive (Genotype-1) Viral Load 29×10^9 Eq/ml

I saw Mr Derek Wherry in the Combined Liver/Haemophilia Clinic on 18th January 1999. It is clear that his prophylactic factor VIII replacement is haphazard (one to two times a week) and, therefore, consideration for hepatitis C therapy is essentially irrelevant, as it requires a fair amount of patient compliance. Self-injecting subcutaneously three times a week, as well as regular oral medication. Mr Wherry is well aware of this situation and agreed that he would need to be compliant with his factor VIII replacement prior to commencing hepatitis C combination therapy.

He has an outpatient appointment in the combined clinic in six months time and will have an ultrasound and blood tests before then.

Yours sincerely

Dr
Consultant Physician/Honorary Senior Lecturer

Professor Christine A Lee
Professor of Haemophilia

cc: Dr Momen - GP, Sandy Medical Centre, NORTHCROFT, Sandy, Bedfordshire

INTERNATIONAL TRAINING CENTRE OF THE WORLD FEDERATION OF HAEMOPHILIA

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PAH/gs/349248

27th September 1999

Dr Thompson
Consultant Haematologist
Luton & Dunstable Hospital
Lewsey Road
LUTON LU4 0DZ

Dear Dr Thompson,

Combined Liver/Haemophilia Clinic - 27th September 1999

Consultants: Dr GRO-D - Consultant Hepatologist
Professor Christine Lee - Consultant Haematologist

Patient: Derek WHERRY GRO-C - DOB: GRO-C75
GRO-C

Diagnosis: Haemophilia A
Hepatitis C Virus Co-Infection (genotype-1)

Mr Derek Wherry has now got his factor VIII replacement under control, which he says he is taking regularly now, three times a week. His lifestyle at the moment is not suitable for consideration of anti-hepatitis C therapy and we will see him in four months time by which time his baby child will have been born, and he will be in a better position to consider combination therapy.

Yours sincerely

GRO-C

Dr GRO-D
Consultant Physician/Honorary Senior Lecturer

Professor Christine A Lee
Professor of Haemophilia

cc: GP - Dr Jennet
The Surgery
Tanner Meadow
Brookham
Betchworth
Surrey RH3 7NJ

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