

Witness Name: Royal Free Hospital (Jennifer Moira Cross)
Statement No. WITN3095001
Date: 23 May 2019

EXHIBIT "WITN3095001/12"

This is the exhibit marked "WITN3095001/12" referred to in the first witness statement
of Jennifer Moira Cross dated 23 May 2019

William Spellman, 18/12/1943, NHS No.4227741688

16/04/2008

Referral

I would be most grateful for your help with this complex gentleman. He developed AML in 1989 and was treated in Addenbrooks Hospital by Dr Robert Marcus and Dr G P Davis. He was treated in 1989 with chemotherapy. We have correspondence printed from microfiche filed in the notes. He had multiple blood transfusions at that time and at some point picked up hepatitis C. He has been unresponsive and intolerant of interferon and ribevarin therapy. He currently has a viral load of 1 million copies. Associated with this hepatitis C he has an MCGN glomerulonephritis which has resulted in end stage dialysis dependent renal failure.

We have recently had a problem with pancytopenia. Hb of 6. which understandably he has been reluctant to correct with blood transfusion,. His Hb may in part relate to varices though it is markedly macrocytic with a normal B12 and folate reticulocyte count is low despite modest doses of IV iron little and often in the form of cosmofer and 15000 units 3x weekly of EPO.

I think this may be marrow suppression related to his previous chemo for AML. He is being considered, despite the obvious difficulties, for LRD renal transplantation. His wife is not an ABO match so the options are paired donation or an ABO mis match kidney transplant. It seems likely to me that he would require substantial immunosuppression including MMF and I have grave anxieties about his ability to tolerate such a marrow suppressive regime. I would be grateful for your review and advice regarding repeat bone marrow and trephine which may help us make a decision about his suitability or otherwise for renal transplantation. Mr and Mrs Spellman are understandably very keen to proceed with transplantation, however I am unsure whether this is the best course for him. Your thoughts would be much appreciated.

PROBLEM LIST:

- 19s acute myeloid leukaemia
- Numerous blood transfusions
- 1980s Hepatitis C genotype I
- Iron overload cirrhosis
- Portal hypertension
- Varices
- Initially unresponsive to Interferon and Ribavarine
- Nephrotic Syndrome (? hepatitis C related MCGN)
- Chronic renal failure
- Haemodialysis
- 2005 Hypertension
- Left wrist fistula
- GI bleed (Aspirin and Clopidrogel)
- A melon stomach
- Laser therapy to stomach

June 2006 second course Interferon (Pegulated Interferon)

2000 Polyarthropathy

Chondrocalcinosis

Positive rheumatoid factor

Splenomegaly

Thrombocytopenia

Arterial calcification

Raised alphafoetoprotein

MEDICATIONS:

NeoRecormon 10,000iu three times a week sc cont

Ketovite T-tab od po cont

Folic acid 5mg od po cont

Propranolol 40mg bd po

Lidocaine 2% gel prn to arthritic knuckles

omeprazole 20mg bd

1-alfacalcidol 0.25micrograms x3/wk on HD

ribavarin

calcium acetate one with each meal

midodrine 5mg pre dialysis

renagel one with each meal

Cosmofer 25 mg once weekly IV on HD

TO:

Dr P Kottaridis

Consultant Haematologist

RFH

Dr Harber

Dr Paul Sweny

Dr G Jones

Dr D Patch, Hepatology

FROM:

Dr Jenny Cross PhD