

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

---

**EXHIBIT "WITN3095001/15"**

---

This is the exhibit marked "WITN3095001/15" referred to in the first witness statement  
of Jennifer Moira Cross dated 23 May 2019

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

04/08/2008

# Barnet Dialysis Review

## HISTORY:

Mr Spellman is dependant upon fortnightly blood transfusion, he is pancytopenia and has recently attended for the second upper GI endoscopy after high dose of Omeprazole therapy. He is waiting for an appointment for a second bone marrow, the first appeared to be an inadequate specimen, perhaps a dry tap. This is scheduled for thursday 7th of August. Mr Spellman was also admitted to Chase Farm complaining of loin pain and frank haematuria. Renal imaging revealed bilateral stones. I took the liberty of copying the Chase Farm hospital Imaging and reviewed them in our radiology meeting at the Royal Free Hospital with Mr M Al-Akara. He indeed has a small 1.2 cm stone in the pelvicalyceal system on the left but no evidence of functional obstruction. This may be pertinent and contribute to the complexity of transplantation though does not require elective intervention.

## INVESTIGATIONS:

Corrected calcium 2, phosphate 1.48, pre-dialysis potassium 3.9, haemoglobin 8.8 and then a month later 6.2, platelet count 40, white count 2.

## PLAN:

After completion of his GI and haematological investigations I will bring all data to the transplant team so they can make a decision about how to proceed.

## PROBLEM LIST:

- AML (Numerous blood transfusions)
- 1980s Hepatitis C genotype I
- Iron overload cirrhosis
- Oesophageal Varices
- IFN and Ribavirin unresponsive
- 2000 Hep C related MCGN
- Left AVF
- GI bleed (Aspirin and Clopidogrel)
- Melon stomach
- June 2006 (Pegulated Interferon), poor response
- 2000 Pseudogout
- 2000 Polyarthropathy
- Chondrocalcinosis
- Positive rheumatoid factor
- Splenomegaly
- Arterial calcification
- Raised AFP

## 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 40mg bd increased 25 6 8  
1-alfacalcidol 0.25micrograms x3/wk on HD  
calcium acetate one with each meal  
midodrine 5mg pre dialysis  
renagel one with each meal

TO:

Dr DI CROSSTHWAITE  
WALLACE HOUSE  
9-11 ST.ANDREW STREET  
HERTFORD SG14 1HZ

CC Mr Gellister  
Consultant Urologist Chase farm and barnet hospital NHS Trust  
Chase farm Site  
cc: WILLIAM SPELLMAN

**GRO-C**

CC Dr Mark Harber Consultant Nephrologist

FAO: Patients

Department of Health guidelines dictate that all patients are to be included in any correspondence between primary and secondary healthcare and vice versa. The medical terminology can be confusing, and we urge you that you discuss any queries with your general practitioner (GP) or your consultant at the next appointment.

FROM:

Dr Jenny Cross FRCP