

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

EXHIBIT "WITN3095001/9"

This is the exhibit marked "WITN3095001/9" referred to in the first witness statement
of Jennifer Moira Cross dated 23 May 2019

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

11/09/2007

Pretransplant assessment Clinic

HISTORY

I was delighted to meet Mr Spellman and his wife in the transplant assessment clinic. We had a long and frank discussion about him currently not being on the list and the risk balance for him being activated on the transplant list. In himself he is generally well and works three days a week as a physics teacher. A thallium in December was a normal study with a heart rate that only went from 66 to 72 but a walk about half a mile on the flat was really stopped by painful feet more than anything else. When he was on holiday recently he went swimming every day. He is otherwise constitutionally fairly well.

Investigations

His LFT-s are normal. The last clotting from June normal, INR thrombin time was increased at 29.9. I am not clear whether this may have been a contaminated sample. Hb 9.1 with a white cell count of 2.11mls, 1.12 and a platelet count of 65.

PLAN

He and his wife are clearly keen to pursue the idea of transplantation and I have explained that he would be at considerably increased risk acutely partly because of coagulopathy and partly because of his low white cell count.

In one sense while he is physically robust this low white cell count and platelets would make this technically and immunologically quite fraught and I think there is a risk of it doing him serious harm. I have also explained that it is purely from the age point of view there would be survival benefit but there may even be a significant disadvantage in view of his co-morbidity. I very much welcome David Patch's current opinion of his liver status and Mrs Feldman has agreed to do an exercise tolerance test. The only other angle to this is that his sister is 67 and apparently extremely fit and may wish to be considered as a donor. In these circumstances the equation is slightly different although no less complex. He is due to see us again in 3 months time after his exercise tolerance test.

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

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
Anusol prn to haemorrhoids
Lidocaine 2% gel prn to arthritic knuckles
omeprazole 20mg bd
1-alfacalcidol 0.25micrograms x3/wk on HD
interferon
ribavarin
calcium acetate one with each meal
midodrine 5mg pre dialysis
renagel one with each meal

TO:

Dr DI CROSSTHWAITE
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cc: WILLIAM SPELLMAN

GRO-C

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FROM:

Dr Mark Harber