

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

EXHIBIT "WITN3095001/11"

This is the exhibit marked "WITN3095001/11" referred to in the first witness statement
of Jennifer Moira Cross dated 23 May 2019

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

11/12/2007

Pre transplant assessment clinic

HISTORY:

Mr Spellman remains keen on a transplant.

ON EXAMINATION:

BP: 141/67.

INVESTIGATIONS:

Abdominal examination essentially unremarkable. Spleen palpable, feet in good condition, good pulses, no lymphadenopathy, chest clear. HCV RNA approximately 1 million, vascular calcification, alpha-fetoprotein raised at 23, liver function tests normal, PTH 30, thyroid function tests normal. Albumin 32, Hb 10, platelet count 71,000, wbc 2.8, MCV 101. Liver ultrasound showed coarse textured shrunken liver, splenomegaly 14 cms; no varices, no ascities, no portal hypertension. Exercise ECG 64%, maximum exercise with no ECG changes, ECHO left ventricular ejection fraction 60%, normal, thallium scan normal. Arterial calcification.

PLAN:

Mr Spellman's sister has offered him a kidney. She is a very fit 67 year old, single retired PE teacher. She had offered him a bone marrow transplant in the past so I guess she must be HLA identical. She is blood group A and he is blood group O. I have arranged to see them next week to see if could expedite her investigations. The liver team feel that Mr Spellman's liver disease is stable and that he would survive a kidney only transplant. He is not a candidate for a combined liver/renal transplant. I think we need to check out the raised alpha-fetoprotein and he may need a triple phase CT scan of his liver. He also needs an up to date chest x-ray, PSA and rectal examination. I have asked Dr Harber if he could finish off the last few loose ends while I work up the potential donor.

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 Ribavirin
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
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:

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FROM:

Paul Sweny MD FRCP