Witness Name: Paul Thomas Bullen

Statement No.: WITN3114001

Exhibits: WITN3114002– WITN3114003

Dated: 11th September 2019

THE INFECTED BLOOD INQUIRY

EXHIBIT WITN3114003

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Our ref kj/M63/01420 **Clinic Date: 20 November 02**
NHS No 4523073333

Typed 22 November 02

Dr Ali
Department of Gastroenterology
MRI

Dear Dr Ali

Re: Mr Paul BULLEN - DOB GRO-C 1958
GRO-C GRO-C

Thank you for seeing this patient with me. He has severe haemophilia, cirrhosis of the liver secondary to chronic hepatitis C genotype 3. He has now completed about six months of Peg interferon and Ribavirin treatment. I note that he has been on most of this time on half doses of both drugs because of cytopenia. I am not quite sure why the Ribavirin was reduced to 600 mg a day since the lowest haemoglobin I could find was about 11.5 g. he has also been neutropenic and his neutrophil count has fallen as low as 0.83 X 10^9/l. most worrying is his platelet count. He does have portal hypertension and is permanently thrombocytopenic and his platelet count has fallen as low as 33, though it usually runs around the low 40's.

Paul's liver function tests have improved on treatment, but his ALT is still about 80.

I think it is extremely unlikely that he will obtain a complete remission on this reduced dose os treatment. On the other hand, I doubt that he will be able to tolerate full treatment because of his thrombocytopenia. I think it is worthwhile in the short term titrating his dose upwards to see what the maximum dose is that he could tolerate, using Lenograstim recombinant human GCSF to boost his white cell count and, if necessary, Erythropoietin to improve his haemoglobin. We have titrated the GCSF dose to achieve an acceptable white cell count and have found that patients tend to be extremely sensitive to quite small doses. Similarly I do not think much problem would be encountered supporting the haemoglobin and he aught to be able tolerate full dose Ribavirin. My concern is that as we increase the Interferon the platelet count may fall to a dangerous level. I would be willing to contemplate a platelet count perhaps down as low as 25.

If he is unable to tolerate significantly higher doses of treatment than he currently has then I think there is an argument for discontinuing treatment altogether.

Yours sincerely

Dr CRM Hay
Director, Manchester Haemophilia Comprehensive Care Centre
Honorary Senior Lecturer in Medicine