

Witness Name: Mr Andrew John Furlong

Statement No.: WITN3073001

Exhibits: WITN3073002 – WITN3073007

Dated: 6 June 2019

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**EXHIBIT WITN3073003**

**Letter from Professor Wiselka to Dr Aram dated 27 January 2016**

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31/08

Department of Infection & Tropical Medicine

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Our Ref: MJW/DICT8/U.5246058

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(Typed Without Notes)

Under the Care of Professor Martin Wiselka

Dr G Aram  
Countesthorpe Health Centre  
Central Street  
Countesthorpe  
Leics.

Dear Dr Aram

Re: Maria FLETCHER D.O.B. GRO-C 1969  
GRO-C  
NHS No. 438 057 5780 Case Note No. S2777509

- Diagnoses:**
1. Beta thalassaemia major transfusion dependent
  2. Deferoxamine treatment since aged 5, previous iron overload resulting in cardiac failure
  3. Previous splenectomy aged 8
  4. Insulin dependent diabetes diagnosed aged 21 (1990)
  5. Osteoporosis
  6. Intermittent atrial tachyarrhythmias
  7. Previous atrial thrombus
  8. Chronic hepatitis C genotype 1a, previous liver biopsy showing cirrhosis, Q80K negative
  9. Attending infertility clinic GRO-C
  10. Fibroscan (3.6.15 = 6.1 kPa, IQR 0.4, CAP 204 (= F0/F1, borderline F2)
  11. Hepatitis B markers all negative, hepatitis B surface antibody >100 following vaccination (i.e. immune), hepatitis A immune, HIV/treponemal antibodies negative

**Current medications:**

- Deferiprone
- Desferrioxamine
- Midronate
- Prempak C
- Amitriptyline
- Novorapid/Lantus insulin
- Folic acid
- Ascorbic acid
- Co-codamol
- Aspirin
- Sotalol 40mg prn
- Vitamin D 2000 units weekly
- Penicillin occasional

**Previous treatment for hepatitis C:**

- Interferon alone x 1
- Pegylated interferon + Ribavirin x2 courses
- Pegylated, Ribavirin, Telaprevir 2012 relapsed following end of treatment

Maria Fletcher attended the hepatitis clinic today. She is currently having IVF, arranged by Kings' College Hospital but performed in Spain. She has had one unsuccessful cycle, with a second attempt due in January. Her main priority at the moment is to try to become pregnant. She uses her Desferal four times weekly and has three weekly two unit blood transfusions. She had a surveillance ultrasound scan in October, which was normal, showing no focal lesions. Interestingly, the comment was that there was a normal appearance of the spleen.

We should be in a position to offer her oral treatment with Harvoni, but this will need to be delayed until we know the outcome of her fertility treatment. I have therefore discussed this with her and arranged to see her in six months with a repeat ultrasound scan surveillance in the meantime.

Yours sincerely

Dr M J Wiselka  
Consultant & Honorary Professor in Infectious Diseases

CC: Mrs Maria Fletcher, GRO-C