

WITN3289018

Done
5/7/95

CRMH/JCA/67/8620

19 April 1995
(Dictated 18 April)

Dr B Sopher
Unsworth Medical Centre
Parr Lane
Bury
Lancashire

Dear Dr Sopher

RE: Brian Ahearn DOB GRO-C/66
GRO-C

Diagnosis: Severe haemophilia
Hepatitis C positive
HIV negative

I saw this gentleman for review today. His main complaint is increasing pain with stiffness in both his knees particularly the left. He walks with them in the position of comfort, although he can actually almost completely straighten them with only 5° of fixed flexion on the right and 10° on the left. He had chronic effusions in both knees, worst on the left, but a full range of movement and only slight crepitus on the right more marked on the left. There are radiological changes of osteoarthritis on both sides. His ankles are fine. There is about 20° of fixed flexion of both elbows with limitation of crenation and supination on both sides, painful on the right with no evidence of any ulnar nerve problems. I have prescribed Voltarol retard 75 mg bd for the pain in his knee and we have discussed knee replacement in general terms. I don't think he justifies knee replacement at the present time but I strongly suspect that with the passage of years, he will require a knee replacement although I have no idea how long that will be.

We also discussed his hepatitis C status. His liver function tests are intermittently mildly abnormally, a pattern consistent with chronic persistent hepatitis. I have warned him to moderate his alcohol intake in view of the hepatitis C and we have discussed both Interferon and testing his spouse.

He will GRO-C
and he is going to think about Interferon. We will review him
in 3 months.

Yours sincerely

Dr C R M Hay
Consultant Haematologist
Director Manchester Haemophilia
Comprehensive Care Centre

MB\maj 67\08620

22 May 1996
(Dictated: 1 May 1996)

Dr B Sopher
Unsworth Medical Centre
Parr Lane
BURY
Lancashire

Dear Dr Sopher

RE: Brian Ahearn DOB GRO-C 66
GRO-C

Diagnosis: Severe Haemophilia
Hepatitis C (Positive)
Haemophiliac Arthropathy

Brian tells me he is now only able to walk about 200 yards before becoming disabled by knee pain. He does not take any other form of exercise, which I stressed he should do more regularly, particularly, for instance, swimming, in order to maintain his muscle bulk. He was unable to take Co-drydamol because of hot sweats and aching, but he still is taking Voltarol Retard 75 mg bd and Co-proximal.

After some discussion, we decided not to refer him to the orthopaedic surgeon at this stage, although we can easily arrange this in the future, should he change his mind.

We discussed Hepatitis C infection at some length. Brian's latest liver function test in January 1996 showed quite marked elevation of his ALT, which is now 95 units per litre. Prior to this, in 1994, his ALT was 53 units per litre.

Continued ...

- 2 -

We discussed the pros and cons of Interferon treatment, particularly the side effects of 'flu-like symptoms and the poor success rate. However, he would be a candidate for Interferon if his liver function tests remain elevated. I have, therefore, asked him to pop into the department for repeat liver function tests at monthly intervals to confirm our January result.

We will see him again in three months' time with these results.

Brian's partner, Jacqueline Pass, is pregnant again. As she is only

GRO-C

GRO-C

GRO-C

GRO-C

I have left her to think about this.

Yours sincerely

Dr M Bolton
Clinical Assistant

MB/VLW/CLINICS/67/8620

10 September 1996
(Clinic Date: 7 August 1996)

Dr B J Sopher
Unsworth Medical Centre
Parr Lane
Unsworth
BURY
Lancashire
BL9 8JR

Dear Dr Sopher

Re: Brian Ahearn - DOB: GRO-C 1966

GRO-C

DIAGNOSIS: Severe Haemophilia
Hepatitis C+
Chronic Haemophilic Arthropathy

Brian's knee joints are deteriorating and he is now keen to consider surgery. I have therefore put his name down for the next joint orthopaedic clinic with Mr Hirst.

Brian is also becoming more keen to try Interferon. I went through the side effects with him today and we immediately encountered a problem as his partner, Jacqueline Pass, has GRO-C. I am aware that Interferon reduces sperm counts and I also think it is sufficiently toxic that they should not be trying for a family while he is taking it. We are applying for funding for Interferon from the District Health Authority today and this will take at least 2-3 months to come through. I think Brian himself will delay treatment until his partner is pregnant again. It obviously makes very little difference to his long term prognosis whether he starts Interferon now or in 6 months time.

We will see him again in 3 months for review.

Yours sincerely

Dr M Bolton
Clinical Assistant in Haematology

MB/VLW/CLINICS/67/8620

25 June 1997
(Clinic Date: 23 June 1997)

Dr Sopher
Unsworth Medical Centre
Parr Lane
Unsworth
BURY
Lancashire

Dear Dr Sopher

Re: Brian Ahearn - DOB: GRO-C 1966
GRO-C

DIAGNOSIS: Severe Haemophilia
Hepatitis C+

Brian's liver function tests remain grossly elevated, the latest ALT being 114u/l. I understand that partner, Jackie, is GRO-C pregnant. I have put a little bit of pressure on Brian to think about starting Interferon whilst Jackie is still pregnant as it would probably be easier than when there is a young baby in the house. I have therefore arranged to see him in 2 months time when it will be more certain that Jackie's pregnancy is proceeding satisfactorily so that we can talk about Interferon further.

Yours sincerely

Dr M Bolton
Clinical Assistant in Haematology

MB/VLW/CLINICS/67/8620

17 October 1997
(Clinic Date: 15 October 1997)

Dr Sopher
Unsworth Medical Centre
Parr Lane
Unsworth
BURY
Lancashire

Dear Dr Sopher

Re: Brian Ahearn - DOB: GRO-C 1966
GRO-C

DIAGNOSIS: Severe Haemophilia
Hepatitis C+

Brian remains very reluctant to start Interferon for his hepatitis C infection. He may be slightly more interested in a combination of Interferon and Ribavirin, which will soon be available and which gives a slightly higher success rate. However, my impression is that he will remain reluctant even for that.

His liver function tests are elevated at about twice normal and I have checked this again today.

We will see him again in 6 months time, or earlier as his haemophilia requires.

Yours sincerely

Dr M Bolton
Clinical Assistant in Haematology

CRMH/VLW/67/8620

19 December 1996
(Dictated: 18 December 1996)

Michelle Kelly
Legal Claims Co-Ordinator
Legal Claims Office
Manchester Royal Infirmary

Dear Ms Kelly

Re: Brian Ahearn - DOB: [GRO-C 1966]
[GRO-C]

Thank you for your further enquiry from Pinone and Partners. I find their enquiry a little odd. Mr Ahearn was first tested for hepatitis C shortly after the introduction of the first reliable (second generation) hepatitis C test in 1983. His liver function tests were checked on a regular basis from early 1981, eight years before the hepatitis C virus was described and five years before the introduction of virally inactivated factor VIII concentrate. Mr Ahearn has regular replacement therapy, since he has severe haemophilia. His early liver function tests were normal, but became consistently abnormal in August 1981. I cannot exclude the possibility that they may have been intermittently abnormal, a common pattern in chronic hepatitis C prior to that time based on the absence of markers of active infection with other hepatitis viruses, I would therefore conclude that Mr Ahearn had been infected with hepatitis C no later than 1981 and possibly earlier.

Since Mr Ahearn has severe haemophilia and no reasonable alternative treatment was available at the time and given that mononucleon B hepatitis was considered benign and non-progressive at that time, I would conclude that his treatment was not negligent in any way. Since Pinone and Partners, and presumably an expert on their behalf, have carefully examined his notes, I am surprised that they have not formed this conclusion themselves.

Yours sincerely

Dr C R M Hay
Consultant Haematologist
Director Manchester Haemophilia Comprehensive Care Centre