

WITN3289017



Central Manchester Healthcare NHS Trust



Dr CRM Hay
Director, Manchester Haemophilia Comprehensive Care Centre
Dept of Clinical Haematology
Manchester Royal Infirmary
Manchester M13 9WL

Secretary: Kim Jones

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CRMH/KJ/clinics/outpatients/2001/march 22.doc/M67/8620
4th April 2001 / dictated 22/3/01

Professor TW Warnes
Consultant Physician
The Liver Clinic
Manchester Royal Infirmary

Dear Tom

Brian Ahearn dob: GRO-C 1966
GRO-C

Diagnosis: Severe Haemophilia
Hepatitis C

Brian is the brother of Kevin Ahearn. Brian is HIV negative but has Hepatitis C. We treated this about 2 years ago with Interferon and Ribavirin for about 3 months, but he failed to become PCR negative. He tolerated the treatment reasonably well and since he was not responding to it this was stopped.

You can imagine that following poor Kevin's demise Brian's level of anxiety is much higher. I saw him and his wife for a long chat recently and discussed the treatment options, investigative options and so on. I am inclined to have another try using Pegylated Interferon combined with Ribavirin and he is keen to do this as well. Brian would also like a liver biopsy because he appreciates that this gives better prognostic information that anything else. We would be prepared to support this with factor VIII if necessary and we would prefer this to take place early in a week. I should be grateful if you could arrange to see him to discuss all the options with him and investigate him further. I have arranged for his hepatitis C genotyping. I would anticipate that he would be type 1a or 1b. Most haemophiliacs have this genotype and it would be in keeping with his poor response to treatment. I have also arranged an abdominal ultra sound and alpha-feto protein. I will request funding for the Interferon. We have a special deal with Schering Plough, which permits us to use Pegylated Interferon for the same price as ordinary Interferon for all patients started on the drug before June. I would value the opportunity to discuss funding for this, in general, at some stage.

Brian was complaining of a generalised rash. He is excoriated all over and is very itchy. There are also lesions around the wrists and the legs. I think he has probably got scabies and I have given him Prioderm lotion to be taken twice one week apart and washed off after 12 hours. I will review Brian again in 6 weeks.

Yours sincerely

GRO-C

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

Consultants: Professor JAL Yin, Dr G Lucas, Dr CRM Hay, Dr CR Shiach, Dr J Burtham Associate Specialist: Dr KI Cinkotal



Awarded for excellence



Investor in People



DEPARTMENT OF GASTROENTEROLOGY

Professor T.W. Warnes.

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THE LIVER CLINIC

TWW/JMH: 67/8620

Dr. C. Hay,
Director, Manchester Haemophilia Comprehensive Care Centre,
Honorary Senior Lecturer in Medicine,
M.R.I.

21 May 2001

Dear Charles,

Brian AHEARN - GRO-C 66
NHS No: 618 949 3238
GRO-C

Thank you for referring this patient who I saw on 16.5.01. He is now aged 35 and is a known haemophiliac under your care; he has had problems since birth. He has had bilateral knee replacements and effusion of the right ankle. He continues to bleed into his joints 1-2 times a week and gives himself Factor VIII at home. As you know, he is the brother of Kevin Ahearn, who died in GRO-C. He is still troubled by a rash, mainly involving the thighs but occasionally involving the ankles and back. It was wondered whether this was due to scabies and he was tried on Prioderm, without obvious benefit. I understand he is due to start pegylated Interferon and Ribavirin in 5 days time.

He has been a patient at the MRI since the age of 3, though the notes available to me are much more recent than this. I understand his partner GRO-C they have 2 children and GRO-C. Brian's liver function tests were noted to be abnormal in 1981. He was subsequently found to be hepatitis C antibody positive. He started on alpha-Interferon 3 million units three times a week on 21.10.98 and Ribavirin was added on 4.11.98. It is not clear to me exactly how long he took the Ribavirin for but this seems to have amounted to possibly 2-3 months, following which the Ribavirin was discontinued because of side effects. From Brian's point of view, this included nausea and fatigue. However, I see from his notes that his Hb dropped by 3 gm in 9 weeks. Our own protocol for combination therapy suggests that Ribavirin should be discontinued if there is a >2 gm drop in any 4 week period. Prior to treatment, his ALT was 138 and by 2 December, the ALT was 42 and it remained normal until Ribavirin was discontinued. However, the HCV RNA by PCR remained positive when tested on 21.1.99. Interferon was therefore discontinued, following which his transaminases rose. He has not had any upper GI bleeds and there has been no oedema. He denies intravenous drug abuse.

On examination, apart from an earring, there were no other findings of note and, in particular, no stigmata of chronic liver disease.

I telephoned Virology and they told me that the genotyping has not been performed as yet due to funding issues. However, I agree with you that a trial of combination therapy with pegylated Interferon and Ribavirin is certainly worth trying. I also think it would be worth endoscopying him to exclude oesophageal varices. I think you mentioned that you were considering undertaking a liver biopsy under Factor VIII concentrate cover and I will of course leave this aspect entirely to you. I have merely arranged to review him in 4 months time, following his endoscopy. If there are any other aspects you would like to discuss, please let me know.

Yours sincerely,

T.W. WARNES, M.D. F.R.C.P.
Consultant Physician

cc: Dr. B. Sopher, Unsworth Medical Centre, Parr Lane, BURY BL9 8JR

DEPARTMENT OF GASTROENTEROLOGY

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THE LIVER CLINIC

Our ref: TWW/SMK/67/8620

Clinic date: 7th November 2001
15th November 2001

Dr C Hey
Department of Haematology
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

Dear Dr Hey

Re: BRIAN AHEARN

GRO-C

I reviewed Brian Ahearn in the clinic on 7.11.01. I last saw him on 16.5.01 and on reviewing the correspondence, I saw your letter to me of 31.5.01, at which time we were both thinking in terms of a possible liver biopsy, but clearly this has been deferred on the basis that he had already started treatment with pegylated interferon and ribavirin. It is my understanding is that he commenced this around the middle of May and that his liver function tests had returned to normal, but he remained PCR positive on 14.8.01 and he has geno type 1A. His ultrasound scan on 1.4.01 showed a normal appearances to the liver, with no evidence of ascites and he is therefore Child's Grade A in terms of his liver disease. Reassuringly, the endoscopy on 3.10.01 was normal, with no evidence of oesophageal varices or portal hypertensive gastropathy.

We therefore had the dilemma as to whether to continue his pegylated interferon and ribavirin or not. As we know, the conventional wisdom is that for standard alpha interferon treatment, plus ribavirin, individuals with geno type 1, who remain PCR positive at 6 months should terminate treatment. However, the data in relation to pegylated interferon plus ribavirin is much less clear cut. One is tempted to advise continuing the treatment for a full year, providing he can tolerate it. The current side effects include generalised itching, with some hair loss and flue like symptoms, together with irritability. Thus, the situation is pretty finely balanced.

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BRIAN AHEARN

I will leave this decision to yourself, but I have arranged to see him again in 6 months time.

I suspect the evidence base on which to make a decision is lacking and that the decision will be sacral rather than cerebral!

Yours sincerely

T.W.WARNES. M.D. F.R.C.P
Consultant Physician

c.c. Dr B J Sopher
Unsworth Medical Centre
Parr Lane
Unsworth
Whitefield

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PROFESSOR T.W. WARNES

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Our ref TWW/JMH/M67/08620
NHS No 6189493238

Clinic Date: 16 October 02

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

18 October 2002

Dear Dr Sopher

Re: Mr Brian AHEARN – DOB **GRO-C** 1966

GRO-C

I reviewed this patient on 16.10.02. He is a haemophiliac who suffers from chronic hepatitis C and received conventional combination treatment with alpha-Interferon 3 times a week, together with Ribavirin, commencing on 21.10.98 and he was treated for 3 months before this had to be discontinued due to side effects. At the end of May 2001, he was started on pegylated Interferon and Rebetol and was treated for a year. Unfortunately, during the treatment period he never cleared the virus with the HCV RNA remaining positive throughout. However, he did have a biochemical response, since the ALT on 11.10.00 was 175 and since this time his liver function tests have been persistently normal. Furthermore, since discontinuing treatment, his side effects have virtually disappeared and the marrow depression has ceased, ie. the blood tests of 21.8.02 showed a Hb of 14.8, WCC 6.3 and platelets 202. The prothrombin time is normal and he remains Child's A. He had further blood tests in Haematology 4 weeks ago and I have therefore not repeated these today but have arranged follow up ultrasound scan of the liver and will review him in six months time. Clearly, any further attempt at clearing the virus is contra-indicated at present.

Yours sincerely,

T.W. WARNES. M.D. F.R.C.P.
Consultant Physician

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PROFESSOR T.W. WARNES

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Our ref: TWW/JMH/M67/08620
NHS No: 6189493238

Mr Brian Ahearn

GRO-C

7 May 2003

Dear Mr Ahearn

Further to your recent visit to the clinic, I am pleased to say thank your recent ultrasound scan was normal. We will review you in clinic as planned.

Yours sincerely,

T.W. WARNES. M.D. F.R.C.P.
Consultant Physician

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NHS No: 6189493238

Clinic Date: 29 October 03

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

31 October 03

Dear Dr Sopher

Re: Mr Brian AHEARN - DOB **GRO-C** 1966

GRO-C

I reviewed this man on 29.10.03. Since he started having the prophylactic Factor VIII his joint problems have been markedly reduced, under the supervision of Dr. Hay. The alphafetoprotein is normal and ultrasound scan of the liver showed no abnormality. Serum folate and red cell folate were normal and the ferritin is only slightly raised. In terms of those tests known to be of prognostic significance ie. bilirubin, albumin and prothrombin time, these are all normal and he is Child's Grade A, indicating that there is no need to consider him for liver transplantation. He is aware that a liver transplant would cure his haemophilia but he is also aware that it is an operation carrying a mortality rate of the order of 15%. Furthermore, it would not cure his hepatitis C problems, because the average time taken for cirrhosis to develop in the transplanted liver, following a transplant, is only 7 years. Of course, we do not know whether or not he is cirrhotic because he has never had a biopsy as an adult and there is no reason for us to try and obtain one. However, I am arranging for a radio isotope liver and spleen scan which should give us good functional information about liver function in the presence or absence of portal hypertension. I am also arranging for hepatitis C genotype because I cannot find a result in the notes and, on telephoning through to Virology, they have no record of one either. His HBV DNA is negative, so there is no hepatitis B problem here.

We will review him in 9 months time. I have told him that there is a new drug under current trials which shows high promise for his type of case. It acts by interfering with an essential enzyme involved in hepatitis C replication, and is undoubtedly going to be of value in patients who have failed conventional treatment with pegylated Interferon and Ribavirin, such as Brian.

Yours sincerely,

T.W. WARNES, M.D. F.R.C.P.
Consultant Physician