

BLACKBURN, HYNDBURN & RIBBLE VALLEY
HEALTH CARE NHS TRUST

BHRV

Department of Haematology

Dr D A Newsome Consultant Haematologist

Tel: 01254 263555 ext GRO-C

Direct Line: GRO-C

Mrs R Maynard Secretary

Direct Line: GRO-C

Ref: DAN/RM/171890

6 December 1995

Dr C Hay
Haemophilia Director
The Royal Infirmary
Manchester

Dear Charles

Martin Theaker GRO-C 64
GRO-C

I was wondering if it would be possible for you to arrange to have a look at this chap. He is a haemophilic who has quite a high factor VIII requirement. He is generally very well but is currently getting a lot of problems with his left ankle. He has been giving himself two bottles of factor VIII concentrate twice a day recently with little improvement. In the middle of the day, several hours after his infusion, his factor VIII levels was 12%, so he is clearly getting a decent rise.

He is currently ^{my} biggest user of factor VIII concentrate and I was wondering if possibly anything needed to be done to this joint locally.

I believe he has had an appointment with you in the past, but had to postpone it, so you may already have him among your list of individuals that you want to get hold of.

Yours sincerely

GRO-C

D. A NEWSOME
CONSULTANT HAEMATOLOGIST

DNA X 6

Revised 12/12/95

**BLACKBURN, HYNDBURN & RIBBLE VALLEY
HEALTH CARE NHS TRUST**

Department of Haematology

Dr D A Newsome Consultant Haematologist

Tel: 01254 263555 ext **GRO-C**
Direct Line **GRO-C**

Mrs R Maynard Secretary
Direct Line **GRO-C**

Ref: DAN/RM/171890

BHRV

22 August 1996

Dr C Hay
Haemophilia Director
The Royal Infirmary
Manchester

Dear Charles

Martin Theaker - **GRO-C** 64
GRO-C

I wrote to you about this chap in December last year. He is a severe haemophilic who has a very high factor VIII requirement. I am actually getting some earache about the amount of factor VIII he is getting through, although I must admit I think that he needs it and that it is benefitting him. He is young, active, does not have time off work, and is generally very sensible.

He is currently using about two bottles of factor VIII every other day and when his joints bleeds, and it is usually his right shoulder and his right elbow, he takes as much as necessary to settle it quickly. Possibly because of this, the movement in his elbow and shoulder is no worse than it was ten years ago.

Some years ago he was taking two bottles daily and he did feel that he then less frequently needed to increase the dosage due to bleeds and I am going to try this again for the next month and he is going to keep a careful record of when he actually does have a bleed and needs to give himself extra.

He has not actually seen you ever, and I would be very grateful if you could arrange to see him and his promises that he will come along to the appointment which he had to cancel last time because he had just started a new job and was scared that he might lose it if he promptly took time off work.

I would be very grateful for your opinion as to whether we are treating this chap reasonably or excessively at the moment. Personally I believe it's the former.

continued/...

CRMH/VLW/CLINICS/65/8282

9 October 1996
(Clinic Date: 25 September 1996)

Dr David Newsome
Consultant Haematologist
Blackburn Royal Infirmary
Bolton Road
BLACKBURN
Lancashire
BB2 3LR

Dear Dr Newsome

Re: Martin Theaker - DOB: GRO-C 1964

GRO-C

DIAGNOSIS: Severe Haemophilia

I am pleased to say that this gentleman came today for review, having missed a number of previous appointments. I think his irregular lifestyle as a Rep covering a large area makes it difficult to keep his appointments. I assume he is infected with hepatitis C, although his liver function tests when we last tested them in 1992 were normal. I have checked his liver function tests again today along with hepatitis C antibody and hepatitis C RNA. If his LFT's remain normal, we only need to keep an eye on things and there is a small percentage chance that he could even have cleared the virus, hence the RNA test.

He has been on prophylaxis for a long while. He could not tell me how many units there were in the average bottle. He thought it was 250. This seems improbable since one usually uses 500's or 1,000's.

Yours sincerely

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

CC: Dr D Smith, The Health Centre, Water Street, Great Harwood,
Blackburn, Lancashire, BB6 7QR.

CRMH/KJ/patients/mtheaker.doc
15 August 1997

Mr M Theaker

GRO-C

Dear Mr Theaker

I note that you have failed to keep your last 2 follow-up appointments. I realise that your job does make it difficult to keep appointments from time to time but if you know that you are going to be unable to keep an appointment it would be helpful to contact us and make an alternative arrangement. Although I should prefer to see you in our Wednesday afternoon clinic, I do also have a Thursday morning clinic. I have made a further appointment for you and have enclosed you appointment letter. If this appointment is inconvenient please contact us to make an alternative arrangement.

Yours sincerely

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

CC - Dr D Smith The Health Centre Water Street Great Harwood Blackburn Lancs BB6

CRMH/KJ/clinics/1998/nov11.doc/65/8282
12 November 1998
(dictated/clinic visit 11.11.98)

Dr D Newsome
Consultant Haematologist
Dept of Haematology
Blackburn Royal Infirmary
Bolton Road
Blackburn
Lancs
BB2 3LR

Dear Dr Newsome

Martin Theaker dob **GRO-C** 1964

GRO-C

I saw this gentleman for review today. It is a couple of years since we last saw him and he has missed several appointments but he seemed quite keen to keep this one as he is loosing an increasing amount of time from work with his bad right shoulder and right elbow. This is sometimes keeping him awake at night. He gets sudden onset bleeds in both the shoulder and elbow which sometimes make it impossible for him to drive, quite a handicap as a Rep. selling IT systems. He protects the right shoulder considerably partly because of pain and partly because movement sometimes brings on a bleed. He is unable to put his hand behind his head and on examination there is very limited rotation of the shoulder and almost no abduction at all. I suspect that the joint itself is close to seizing up and might even be a candidate for replacement. His right elbow is not nearly so bad. There is little crepitus at the extremes of movement and about 10° of fixed flexion. Pronation and supination are reasonably well preserved although he says he had more movement before his synovectomy and removal of the radial head. His right arm is basically quite a problem and there have been occasions when he has been steering his car using his knees. He has a manual gear box and is reluctant to change over to an automatic, which would at least permit him to steer with his left hand at all times. Apart from the pain and the bleeding, he also complains of morning stiffness in his elbow and his shoulder which lasts about 2 hours. His knees and ankles are not particularly troublesome. He is becoming concerned about his employment. I have arranged x-rays of his shoulder and his elbow and will review him our joint orthopaedic clinic in January with Mr Hirst. I think, in the meantime, it would be worth while trying a period of prophylaxis to see if this improves things at all, perhaps with a 1,000 units on Mondays and Wednesdays and 1,500 on Fridays. It will be interesting to see to what extent (if any) these two joints settle down within the next 2 months. I have a suspicion his shoulder may be beyond the help of prophylaxis, however.

I have also given him Volterol slow release 75mg bd with lots of warnings to stop should he derive no benefit within a few days or should he suffer indigestion.

Since he attends only infrequently we only have a few LFTs. These have usually been just on the normal side of the upper limit. He has hepatitis C antibody and RNA. I have discussed treatment with him briefly but if his LFTs remain normal we would only keep him under observation.

At the last time of testing in 1976 his hepatitis B surface antibody had fallen to only 20iu, a non-protective level, and so he requires a booster. Unfortunately, he left for Pharmacy and X-ray before having this today. We will give him a shot of vaccine when we see him next. I note he is still using 8Y. He seems reasonably happy with this, although most patients have now changed to a higher purity factor VIII preparation.

With best wishes.

Yours sincerely

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

Dr D Smith
The Health Centre
Water Street
Great Harwood
Blackburn
Lancs
BB6 7QR

MB/JM/65/8282

Date: 12th January 1999

Clinic date: 06/01/99

Dr D Smith
The Health Centre
Water Street
Great Harwood
Blackburn
Lancs BB6 7QR

Dear Dr Smith

Re: Martin Theaker DOB: GRO-C 64

GRO-C

**Diagnosis: Severe haemophilia
Hepatitis C +ve
Arthritis - right shoulder and elbow**

Mr Theaker attended for the first time for several years in November when he saw Dr Hay. His main problem was arthritis of his shoulder. His opening remark today was that he wanted an urgent shoulder replacement. I am not convinced that we have explored conservative measures yet, especially as he did not try prophylaxis for longer than 2 weeks. However he does have a fairly damning x-ray report on both the shoulder and the elbow. I am sure he will come to shoulder replacement soon, but I think he should try prophylaxis for at least 3 months along with gentle mobilisation exercises. He does have private insurance through work and he is going away to check specifically whether it would cover the factor VIII required for surgery.

Martin's liver function tests in November were slightly elevated, he was drinking about 30 units of alcohol per week at that time and has since cut back. I have repeated his liver function tests today. Should the liver function tests remain elevated he would be a candidate for treatment in an attempt to eliminate hepatitis C infection. The side effects of treatment, with Interferon and possibly Ribavirin can be very troublesome and the cure rate is less than 30%. I have explained this to him today and also that the most important factor from his point of view is reducing his alcohol consumption.

I have given Mr Theaker the first dose of hepatitis B vaccination today. I did request virology (hepatitis A,B + C) today but the lab never received the sample, so this will need repeating on his next visit. I have also taken blood to re-check his factor VIII baseline and will send some blood to our DNA lab for future reference.

Yours sincerely

Dr M Bolton
Clinical Assistant in Haematology

Department of Orthopaedic Surgery

Manchester Royal Infirmary
Oxford Road
MANCHESTER M13 9WL

Mr P. Hirst FRCS
Mr N.W. Kenny FRCS, FRCS(Orth)
Mr A. Paul FRCS, FRCS(Orth)
Mr M. Amr FRCS



0161 276 4232 (Admissions)
0161 276 1234 (Hosp. No)
0161 276 8006 (Fax)

PH/AB/65/8282

17th March 1999

Consultant Mr Hirst

Clinic date 17th March 1999

Dr D Smith
Water Street H/C
Water Street
Great Harwood
Blackburn
Lancs
BB6 7QR

Dear Dr Smith,

Re: David Theaker Dob: **GRO-C** 1964

GRO-C

I have seen Mr Theaker in the joint Haematology/Orthopaedic clinic today. He has problems with both his right elbow and right shoulder. Symptomatically though the elbow is very good with a good range of motion despite dreadful looking radiographic appearances. The shoulder is painful but is controlled and the bleeds are being controlled by prophylaxis.

He has a good range of motion of the shoulder with external rotation of 15°, elevation to 75° of glenohumeral motion and internal rotation as far as L5. He is able to manage all activities of daily living although with some difficulty.

I think at the present time the best advice for this shoulder is not to proceed with any surgery but to await events. I think if he can be managed conservatively he may well not come to shoulder replacement, but there is that option if his pain gets worse.

With kind regards.

Yours sincerely

GRO-C

Mr P. Hirst F.R.C.S.
Consultant Orthopaedic Surgeon

CRS/JCA/65/8282

25 March 1999
(Dictated 24 March)

Dr D Smith
The Health Centre
Water Street
Great Harwood
BB6 7QR

Dear Dr Smith

RE: Martin Theaker DOB GRO-C 64

GRO-C

Diagnosis: 1. Haemophilia A
2. Hepatitis C positive.

I reviewed Martin at the Haemophilia clinic this afternoon. Since starting on prophylactic factor VIII he has had a lot fewer problems with bleeds from his shoulder, and his symptoms are much improved. Otherwise he is well. He has recently reduce his alcohol intake and has no symptoms associated with liver disease. Most recent liver function tests in January 1999 showed a very minimal elevation of the ALT, but were otherwise normal, and a recent blood count was also normal. He is happy to continue on prophylactic factor VIII. I have repeated his blood count and liver function tests today and also arranged for an abdominal ultrasound which has not been done in this hospital. He will be reviewed in the Clinic in 3 months time.

Yours sincerely

Dr C R Shiach
Consultant Haematologist

cc Dr D Newsome Consultant Haematologist Blackburn Royal Infirmary

65/8282

University Department of Haematology

Manchester Royal Infirmary

GRO-C

Oxford Road, Manchester M13 9WL

Tel: GRO-C Fax: GRO-C



UNIVERSITY
ANCHESTER

CRMH/JCA/65/8282

24 May 1999

*Not Jan 95
please*

Mr D J Eldridge
Consultant in Maxillo Facial Surgery
Phase II
MRI

Dear Mr Eldridge

RE: David Martin Theaker DOB GRO-C /64

GRO-C

appt with DC

Diagnosis: Severe haemophilia.
Hepatitis C.
Arthritis right shoulder and elbow.

This gentleman has a tooth that needs extracting. I gather there is not very much left of it. I have given him a prescription for Tranexamic Acid to start on the day prior to surgery. I gather that Mrs Wilson has referred her to you. He will require 25 units/kg factor VIII prior to the procedure which can be conducted as a Day Case. He should continue the Tranexamic Acid for 5 days after the operation. We will give him the factor VIII in the department before he comes to see you. Please liaise with us about the time of the procedure.

His elbow and his shoulder are responding well to prophylaxis 1,000 units of factor VIII on Monday and Wednesday and 1,500 units on Friday appear to be keeping him completely free of bleeds. He is very pleased with the progress in his elbow since we put him on prophylaxis and he is also doing exercises taught him by the Physiotherapist.

There is not much change in his hepatic state. His recent ultrasound was normal with the possible exception of a slightly enlarged spleen. The liver size and texture, and biliary tree, and kidneys were all normal. I will review him again in June 1999.

Yours sincerely

GRO-C

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

Consultants: Dr J A Liu Yin, Dr G S Lucas, Dr C R M Hay, Dr C R Shlach Associate Specialist: Dr K I Cinkotai
Top Grade Clinical Scientist: Dr K Hyde (Email: KHYDE@FS1.MCI.MAN.AC.UK)



for excellence



Investor in People



CRMH/JCA/65/8282

24 May 1999

Mr D J Eldridge
Consultant in Maxillo Facial Surgery
Phase II
MRI

Dear Mr Eldridge

RE: **David Martin Theaker** DOB GRO-
C /64
GRO-C

Diagnosis: Severe haemophilia.
Hepatitis C.
Arthritis right shoulder and elbow.

This gentleman has a tooth that needs extracting. I gather there is not very much left of it. I have given him a prescription for Tranexamic Acid to start on the day prior to surgery. I gather that Mrs Wilson has referred her to you. He will require 25 units/kg factor VIII prior to the procedure which can be conducted as a Day Case. He should continue the Tranexamic Acid for 5 days after the operation. We will give him the factor VIII in the department before he comes to see you. Please liaise with us about the time of the procedure.

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There is not much change in his hepatic state. His recent ultrasound was normal with the possible exception of a slightly enlarged spleen. The liver size and texture, and biliary tree, and kidneys were all normal. I will review him again in June 1999.

Yours sincerely

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

4727
4812
4810

CRMH/GMM:

8 June 1999

Dr F Moss
New Business Department
Britannic Assurance PLC
1 Wythall Green Way
Wythall
Birmingham B47 6WG

Dear Mr Moss

Re: **Martin Theaker** DOB **GRO-C 64**

GRO-C

Thank you for your enquiry about Mr Theaker's Hepatitis C. I can confirm that he is Hepatitis C antibody and RNA positive. His liver function tests are mildly abnormal, his ALT usually being between 40 and 49 (normal <40).

He has no clinical problems referable to liver disease and statistically has probably got chronic persistent hepatitis. He has not undergone liver biopsy.

He drinks about 25 units of alcohol per week, we have asked him to reduce his alcohol intake as we do all patients' with Hepatitis C. We are considering treating his Hepatitis C with Interferon Ribarvirin to eliminate the virus. In our practice, such treatment is considered in any patient with Hepatitis C who has any degree of abnormality of the liver function tests. This therapeutic decision does not imply severe underlying liver disease.

Should you require any further information please do not hesitate to contact me.

With best wishes

Yours sincerely

Dr C R M Hay
Consultant Haematologist

Dr CRM Hay – Haemophilia Centre Director
Consultant Haematologist

Manchester Haemophilia Comprehensive Care Centre
Department of Clinical Haematology
Cobbett House (Orange Zone)
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

Miss K Jones
Secretary to Dr CRM Hay

Telephone: +44 (0) [GRO-C]
Facsimile: +44 [GRO-C]
E-mail: [GRO-C]

Our ref: CRMH/KJ/clinics/outpatients/2002/crmh/march 27/M65/08282
NHS No.: [GRO-C]

11 April 2002
Clinic Visit: 27th March 2002

Dr D Smith
Water Street Health Centre
Water Street
Great Harwood
Blackburn BB6 7QR

Dear Dr Smith

Mr Martin Theaker DoB: [GRO-C 964]
[GRO-C]

Diagnosis: Severe Haemophilia
Hepatitis C

I saw this gentleman for review today (28/3/02). He is getting a few problems with his right shoulder but his joints are otherwise not too troublesome.

He has a waning immunity to Hepatitis B and I have therefore given him a booster and have checked his immunity.

I think he is a moderate drinker, although his alcohol intake varies. This is of course unwise in the context of Hepatitis C. His LFTs are intermittently abnormal. I think he fulfils the criteria for treatment and that we should offer him pegylated Interferon and Ribavirin. I have run the side effects of this. I am arranging to test his Hepatitis C genotype and his LFTs today to assess his likely response rate and the length of time for which he would require treatment. We will discuss funding with the Health Authority. He seems very pro having treatment despite my description of the side effect. I have suggested that it might be an idea for us to see him with his wife, since we find that the tetchiness and depression that commonly accompany the treatment are as much of a problem for the family members as for the patients themselves. We in fact often find that we have to use antidepressants in these patients. He wishes to defer the start of treatment until after his Summer holiday so whilst we will put the administrative steps in to place, we plan to start his treatment in August. There is no clinical urgency. We will see him at that time.

Yours sincerely

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

**Dr CRM Hay – Haemophilia Centre Director
Consultant Haematologist**

Miss K Jones
Secretary to Dr CRM Hay

Telephone: [GRO-C]
Facsimile: [GRO-C]
E-mail: [GRO-C]
Ref: CRMH/KT/M65/08282
Date: 9 August 2002

Manchester Haemophilia Comprehensive Care Centre
Department of Clinical Haematology
Cobbett House (Orange Zone)
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

Dr D Smith
Water Street Health Centre
Water Street
Great Harwood
Blackburn
Lancs B86 7QR

Dear Dr Smith

Re: Martin Theaker DOB [GRO-C] 1964

[GRO-C]

**Diagnosis: Haemophilia
Hepatitis C**

I saw Mr Theaker today with his wife. I had suggested at the last visit that he should bring his wife with him so that we could discuss treatment for his hepatitis C together. I have discussed the prognosis, the side effects and all the other details relating to treatment with Interferon and Ribavirin in some detail. We have started him on treatment today with 600mg of Ribavirin bd, and peg Interferon 0.5ml of 150µg/1/2ml once a week.

We have taken baseline blood samples and will review him in seven days time.

Yours sincerely,

**Dr Charles R M Hay
Director, Haemophilia Comprehensive Care Centre
Honorary Senior Lecturer in Medicine**

Doc:c:\windows\temp\swpm75e6.doc



Manchester University
NHS Foundation Trust

Clinical Haematology
Manchester Royal Infirmary
3rd Floor
Oxford Road
Manchester
M13 9WL

Fionnuala Lake Assistant Medical Secretary in Haematology Department Tel: [GRO-C] Fax: [GRO-C] Email: [GRO-C]

Our ref: CRMH/fl/M65/08282 **MedisecNET ref: 9944152** **Clinic Date: 24 January 18**
NHS No: [GRO-C]

Dictated: 24 January 18
Typed: 13 February 18

Dr Gkikas
Specialty Doctor in Gastroenterology
Royal Blackburn Hospital
Haslingden Road
Blackburn
BB2 3HH

Dear Dr Gkikas

Re: Mr Martin THEAKER - DOB [GRO-C] 1964
[GRO-C]

Diagnosis:
Hepatitis C genotype 1A
Failed treatment with Peginterferon and Ribavirin
Severe haemophilia A
Haemophilic arthropathy
HIV negative

I saw Mr Theaker for review today in the Haemophilia follow-up clinic. He tells me that his GP has referred him to you for consideration of viral eradication treatment. I am glad he has done this since it will be more convenient for Mr Theaker to have his treatment locally than in this hospital. Had Mr Theaker's GP not referred him, I would probably have referred him to my colleague Martin Prince. I understand that Mr Theaker's Fibroscan shows either early cirrhosis or fibrosis. You are due to see him as a new patient in February. I should be grateful if you could continue to copy me into the correspondence.

Mr Theaker is on prophylaxis with factor VIII 2000 units on alternate days. His elbows have settled down a lot and are pain free and he has very few bleeds now that he is on this regimen. He is currently not a candidate for any of our gene therapy clinical trials. I have discussed with him the prospect of Emicizumab (bispecific factor VIII mimetic antibody), which will become available when fully licensed, probably in about twelve months. We will review him in six months' time or sooner should the need arise.

Yours sincerely

Charles Hay

Professor CRM Hay
Professor of Thrombosis and Haemostasis

cc

Dr A K Tyagi
Great Harwood Health
Water Street
Great Harwood
Blackburn
BB6 7QR

Mr Martin Theaker

GRO-C



Manchester University

NHS Foundation Trust

Clinical Haematology
Manchester Royal Infirmary
3rd Floor
Oxford Road
Manchester
M13 9WL

Fionnuala Lake Assistant Medical Secretary in Haematology Department Tel: Fax: Email:

Our ref: CRMH/fi/M65/08282
NHS No:

MedisecNET ref: 10380096

Clinic Date: 04 July 18

Dictated: 04 July 18
Typed: 31 July 18

Dr Gkikas
Consultant Gastroenterologist
Royal Blackburn Hospital
Haslingden Road
Blackburn
BB2 3HH

Dear Dr Gkikas

Re: Mr Martin THEAKER - DOB **1964**

Diagnosis:

Hepatitis C genotype 1A - finished treatment 5 weeks ago, hopefully eradicated
Severe haemophilia A
Haemophilic arthropathy
HIV negative

I saw Mr Theaker for review today. He is very well. I understand his recent fibroscan was normal. I should be grateful if you could copy me into correspondence so I have record of what has been going on and perhaps you could send us your recent past letters to the GP.

Mr Theaker is on NovoEight 2000 units every second day, which is very effective prophylaxis and renders him bleed free. I have not changed this. His arthropathic pain is not bad. His FitBit says that he is managing about 7000/8000 steps day. He is happy walking on the flat but cannot manage uneven ground. We will review him in six months' time but sooner should the need arise.

Yours sincerely

Charles Hay

Professor CRM Hay
Professor of Thrombosis and Haemostasis

cc

Dr A K Tyagi
Great Harwood Health
Water Street
Great Harwood
Blackburn
BB6 7QR

Mr Martin Theaker





Manchester University
NHS Foundation Trust

Department of Clinical Haematology

Burgundy Zone, Third floor
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

DRAFT LETTER

Support Typist

Our ref: CRMH/mc/M65/08282

MedisecNET ref: 11339099

Clinic Date: 24 April 19

NHS No: GRO-C

Dictated: 24 April 19

Typed: 22 July 19

Dr A K Tyagi
Great Harwood Health
Water Street
Great Harwood
Blackburn
BB6 7QR

Dear Dr Tyagi

Re: Mr Martin THEAKER - DOB GRO-C **1964**

GRO-C

Diagnosis: Severe haemophilia A.

Medication: Prophylaxis factor VIII 2000 units every second day.

Martin is doing very well at present time with no particular problems. He is getting to the end of his review for hepatitis C eradication and subject to a last blood test would appear to have cleared the virus. He has had no recent bleeds and is compliant with his prophylaxis.

I have made no changes to his treatment but I have discussed with him the future possibility of treatment with Emicizumab bispecific factor VIII mimetic antibody.

We will review him in 6 months.

Yours sincerely

Professor CRM Hay
Professor of Thrombosis and Haemostasis

Dr S Burns, Dr R Brown, Dr F Dignan, Professor C Hay, Dr A Rocci, Dr M Nash, Dr K Ryan, Dr M Saif
Dr C Lobetti, Dr J Norman, Dr Thachil, Dr Tholouli

CC:

Mr Martin Theaker

GRO-C