

Witness Name: Mr Andrew John Furlong

Statement No.: WITN3073001

Exhibits: WITN3073002 – WITN3073007

Dated: 6 June 2019

EXHIBIT WITN3073004

Letter from Professor Wiselka to Dr Aram dated 2 June 2016

CSC22 9.8.16

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University Hospitals of Leicester **NHS**

NHS Trust

Our Ref: MJW/dict8/U5246058

Caring at its best

PATIENT UNDER THE CARE OF PROF. M WISELKA

Typed: 02.06.2016

Clinic: 27.05.2016

Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WWDr G Aram
Countesthorpe Health Centre
Central Street
Countesthorpe
Leics.

Dear Dr Aram

Tel: 0300 303 1573

Switchboard Fax: 0116 258 7565

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. 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

I reviewed Maria Fletcher in the ID Clinic today. Unfortunately she had missed several appointments for the hepatitis clinic and has had a number of recent traumas. I note she has lost eight kilograms in weight over the past year. Her recent blood tests and ultrasound scan were satisfactory. I note her last ferritin was improved at 760. She has no particular symptoms other than reduced appetite and occasional low mood but is naturally concerned regarding the weight loss. She has decided not to proceed further with her fertility treatment.

On examination she appeared pale but looked reasonably well. No lymphadenopathy, chest was clear, heart sounds were normal. Abdominal examination was unremarkable, previous splenectomy.

I explained that her recent bloods and scan were normal and I suspect her weight loss results from the effects of her recent stresses and traumas. However, I have repeated her blood tests, checked her thyroid function test and have also checked her autoantibodies and cryoglobulin.

She would be a candidate for oral treatment for her hepatitis C (12 weeks of AbbVie drugs). There does seem to be a mismatch between her previous liver biopsy showing cirrhosis and her recent fibroscan which shows only early liver disease, possibly improvement resulting from iron chelation therapy.

She wishes to focus on her hepatitis C and I will discuss her case at our MDT Meeting and hopefully, start her on treatment in the near future.

I have provisionally arranged to see her in three months' to keep an eye on her weight.

Yours sincerely

GRO-C

Dr M J Wiselka
Consultant & Honorary Professor in Infectious DiseasesCC: Mrs Maria Fletcher, GRO-C
Dr M Garg, Consultant Haematologist, LRI
Sue Kenney, MDT Co-ordinator, LRI

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