

Witness Name: Mr Andrew John Furlong

Statement No.: WITN3073001

Exhibits: WITN3073002 - WITN3073007

Dated: 6 June 2019

---

**EXHIBIT WITN3073007**

**Letter to Dr Aram from Profession Martin Wiselka dated 6 September 2016**

---

NL & S/9

Department of Infection & Tropical Medicine

Tel: 0116 258-6952  
Fax: 0116 258-5005

Our Ref: MJW/DICT8/U.5246058

Typed: 6.9.2016  
Clinic: 31.8.2016  
(Typed Without Notes)

Under the Care of Professor Martin Wiselka

Dr G Aram  
Countesthorpe Health Centre  
Central Street  
Countesthorpe  
Leicester

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. [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 x 2 courses  
Pegylated, Ribavirin, Telaprevir 2012 relapsed following end of treatment

Current hepatitis C treatment: Due to start Harvoni for 12 weeks on 5/9/16

I reviewed Maria Fletcher in the Hepatitis Clinic today. We recently discussed her case at our MDT and she was initially approved for Harvoni and ribavirin. However, there are potential interactions between ribavirin and her Deferiprone and we decided to treat her with Harvoni only. She is due to commence treatment next week. She does feel slightly stressed at the moment and I understand her father is due to have a coronary artery bypass graft in the next few weeks.

I have provisionally arranged to see her in the Medical Clinic in seven months, when she should have completed her course of treatment and we will know whether she has made a sustained viral response.

I explained that the chance of SVR (i.e. cure) is around 90% and she will be reviewed regularly by the specialist nurses.

Yours sincerely

Professor M J Wiselka  
Consultant & Honorary Professor in Infectious Diseases

CC: Mrs Maria Fletcher, [GRO-C]  
CC: Feza/Mariesa, Hepatitis Specialist Nurses, LRI