

Witness Name: Dr Roger McCorry

Statement No.: WITN3320001

Exhibits: WITN3320002 – WITN3320012

Dated:

**INFECTED BLOOD INQUIRY**

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**WRITTEN STATEMENT OF DR ROGER MCCORRY**

**EXHIBIT WITN3320002**

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# Belfast Health and Social Care Trust

**The Liver Unit**  
**Royal Victoria Hospital**  
**1<sup>st</sup> Floor**  
**East Wing**  
**Grosvenor Road**  
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## Consultants

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 Dr Ian Cadden, Consultant Hepatologist  
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**GRO-C**

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 Dr Cadden's Secretary  
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 H&C No.: 606 222 1898

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 Clinic Date: 06/10/2017, (Appt. Type: REV)

DR G BENSON  
 HAEMOPHILIA CENTRE DIRECTOR  
 HAEMOPHILIA UNIT  
 BELFAST CITY HOSPITAL  
 LISBURN ROAD  
 BELFAST  
 BT9 7AB

Dear GARY

**RE: MR SEAMUS CHARLES CONWAY, D.O.B.:** **GRO-C** 1973  
**GRO-C** COUNTY LONDONDERRY, **GRO-C**

**Diagnosis:**

1. Severe haemophilia A
2. Chronic hepatitis C genotype 3
3. Previous monotherapy with Interferon in 1990's by Haemophilia Unit
4. Previous excess alcohol intake

**Comments:** Thank you for referring Mr Conway for assessment regarding chronic hepatitis C. He said he does not think he has ever attended the Liver Unit for assessment regarding hepatitis C. He recalls having Interferon monotherapy (injections three times a week) in the 1990's and not surprisingly this treatment was unsuccessful. The treatment was delivered by the Haemophilia Unit. In more recent years his health has been troubled by a few traumatic injuries affecting his right femur and left knee. He takes maintenance treatment with Factor VIII on Monday, Wednesday and Friday but otherwise says he has no medical problems.

His alcohol intake is currently approximately six to eight beers on two separate nights per week which he knows is heavier than would be recommended. He admits that his alcohol intake was heavier for three or four years whenever he had a few very significant social pressures.

**Investigations:** FBP, LFTs, U&E, hepatitis C PCR and confirmation of genotype, ultrasound of abdomen and Fibroscan study.

**Management:** I explained to Mr Conway that we now have some excellent tablet based therapies for hepatitis C with response rates in excess of 95%. In addition the side-effect profile of these new medications is minimal. He would be keen to pursue treatment and therefore I have added him to the waiting list for treatment today. The finer details of which treatment we offer him will depend on the blood results that come back and also the results of his ultrasound and Fibroscan study. If his ultrasound and Fibroscan study suggest evidence of significant liver damage or cirrhosis then this may modify the treatment choice and will also have an impact on his longer-term follow-up.

**Review:** 12 months but I would expect him to get an appointment for his Fibroscan study in the next three or four months and hopefully he will come towards the top of the treatment waiting list in the next eight months or so.

Kind regards

Yours sincerely

Dr Neil McDougall MD FRCP (Ed)  
 Consultant Gastroenterologist/Hepatologist

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/MGB