

Witness Name: Professor Martin Wiselka

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EXHIBIT WITN3294003

Letter to Dr Claire Chapman dated 3 July 2015 from Professor Martin Wiselka

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Typed: 03.07.2015
Clinic: 03.06.2015

Dr Claire Chapman
Consultant Haematologist
L.R.I.

Dear Dr Chapman

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 1, previous liver biopsy showing cirrhosis
 9. Attending infertility clinic **GRO-C**
 10. Fibroscan (3.6.15 = 6.1 kPa, IQR 0.4, CAP 204 (= F0/F1, borderline F2)

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

Many thanks for referring Maria Fletcher who attends the haematology clinic on a regular basis and has previously been investigated and managed for her hepatitis at The Royal Free Hospital in London. She is of Cypriot origin, born in the UK, previously lived in London, has moved to Leicester. She tells me her last liver biopsy was approximately six years ago and showed cirrhosis but no significant iron overload. She is on six monthly ultrasound surveillance and three yearly endoscopy surveillance. She has had four courses of treatment for hepatitis C in the past, the most recent being triple therapy with Telaprevir but unfortunately relapsed after the end of treatment. She has genotype 1 infection. She feels well and her priority at the moment is to become pregnant. She is due to attend an infertility clinic in Birmingham [REDACTED] GRO-C Her periods are not regular but she takes hormone replacement therapy. Her only complaint was of some occasional spots on the upper arms, back and legs.

On examination she appeared well with no stigmata of chronic liver disease although there are some palmar erythema. Abdominal examination was unremarkable, could not palpate her liver. A fibroscan in clinic today showed relatively early liver disease and was not really in keeping with cirrhosis.

I understand she has been paying great attention to her iron levels, the last ferritin was 741. She recently had a cardiac MRI which showed no significant iron overload and the situation has clearly improved and may be responsible for some of the apparent improvement in her liver disease, possibly together with the partial effects of her previous treatment.

I have sent some baseline investigations, checked her hepatitis C RNA, genotype, Q80K (if genotype 1a) and arranged an ultrasound scan. She is keen to transfer care to Leicester for the sake of travelling. I will write to Dr Jacobs requesting details of her medical history. I have arranged to see her in three months. I suspect she will wish to sort out her fertility issues before contemplating further treatment for her hepatitis C.

Yours sincerely

M J Wiselka, MD, PhD, FRCP
Consultant & Honorary Senior Lecturer in Infectious Diseases

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Ms Maria Fletcher, [REDACTED] GRO-C
Dr Michael Jacobs, Consultant in Infectious Diseases, The Royal Free Hospital
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