

**Department of Clinical Haematology**

Orange Zone, Cobbett House  
Manchester Royal Infirmary  
Oxford Road  
Manchester  
M13 9WL

PA/Medical Secretary to Dr Burthem & Dr Shiach: Mrs Tracy Hudd Tel: [GRO-C] Fax: [GRO-C] Email: tracy.hudd@ [GRO-C]

**Our ref: CRMH/tah/** [GRO-C] **MedisecNET ref: 660039** **Clinic Date: 19 August 04**  
**NHS No:** [GRO-C]

Typed: 19 August 04

Dr [GRO-D]  
Castle Surgery  
5 Darwin Street  
Northwich  
Cheshire  
CW8 1BU

Dear Dr [GRO-D]

**Re: Mr Wayne DRINKWATER - DOB** [GRO-C] **1970**  
[GRO-C]

Diagnoses: Haemophilia B Leiden  
Hepatitis C

Wayne had become lost to follow up after our last unsuccessful attempt to eradicate his Hepatitis C using ordinary Interferon and Ribavirin in 1998. We got him up for review partly because there have been several advances in the management of Hepatitis C since that time. Despite having had a fairly rough time in terms of side effects when he was on Interferon, he is actually quite keen to have another think about it. I have checked his LFT's today, arranged an abdominal ultrasound and am establishing his Hepatitis C genotype so that we can have a more specific discussion about it when I review him in three months.

Yours sincerely

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

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Consultants: Dr P Bolton-Maggs, Dr J Burthem, Dr C R M Hay, Professor J A Liu Yin, Dr G Lucas, Dr K Ryan, Dr C R Shiach

**Manchester Haemophilia Comprehensive Care Centre**

Department of Clinical Haematology

Cobbett House

Manchester Royal Infirmary

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PA to Dr CRM Hay:- Ms Kim Jones

Direct phone / fax nos:-

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E-mail:- kim.jones@

GRO-C

Our ref: CRMH/kj/

GRO-C

MedisecNET ref: 782162

NHS No:

GRO-C

Clinic Date: 25 November 04

Dictated: 25 November 04

Typed: 29 November 04

Dr

GRO-D

Castle Surgery

5 Darwin Street

Northwich CW8 1BU

Dear Dr

GRO-D

**Re: Mr Wayne DRINKWATER - DOB**

GRO-C

1970 (Husband)

**Mrs Debbie DRINKWATER - DOB**

GRO-C

1967 (Wife)

GRO-C

Wayne has haemophilia B Leiden, an interesting genetic variant where the factor IX levels comes up to normal by the time adulthood is reached. Sadly, though he now no longer needs any treatment, he contracted hepatitis C genotype 1B. This failed to respond to conventional Interferon and Ribavirin in 1998 but we are now considering the possibility of having another go with the improved pegylated Interferon and Ribavirin which has significantly better results and a 40% complete response rate with his genotype. He did become depressed with the last course of treatment and I have warned him that this is almost certain to recur when we treat him and that it might be good idea for him to start antidepressants at the beginning of the course. He has gone away to think about this aspect but is keen to start treatment in 3 months. We will accordingly apply for funding and start him then.

GRO-C

GRO-C

Yours sincerely

Dr CRM Hay

Director, Manchester Haemophilia Comprehensive Care Centre

Honorary Senior Lecturer in Medicine

**Dr Charles RM Hay - Director, Manchester Haemophilia Comprehensive Care Centre, Honorary Senior Lecturer in Medicine**

**Department of Clinical Haematology**

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Mrs Tracy Hudd

Tel: GRO-C

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Email: tracy.hudd@GRO-C

**Our ref:** SW/tah GRO-C

**MedisecNET ref:** 907702

**Clinic Date:** 24 February 05

**NHS No:** GRO-C

**Dr CRM Hay**

Dictated: 24 February 05

Typed: 09 March 05

Dr GRO-D

Castle Surgery  
5 Darwin Street  
Northwich  
Cheshire  
CW8 1BU

Dear Dr GRO-D

**Re: Mr Wayne DRINKWATER - DOB** GRO-C **1970**

GRO-C

**Cheshire** GRO-C

Diagnoses: Hepatitis C positive  
Haemophilia B Leiden

I reviewed this gentleman in clinic today. He has decided he is very keen to have another go at eradicating his Hepatitis C and is keen to start as soon as possible. I have given him a prescription for PEG 180µg weekly and Ribavirin 600mg bd. He is to see Sister Paula Mohn for counselling regarding his treatment and we have also started him prophylactically on Fluoxetine 20mg daily. He will be reviewed in the Haemophilia Centre on two-weekly intervals for blood tests. I have emphasised that he must attend these appointments in order that we are not forced to cancel his treatment.

Yours sincerely

**Dr S Watt**  
**SpR in Haematology**

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PA/Medical Secretary to Dr Paula Bolton-Maggs, Dr John Burthem & Dr Caroline R Shiah  
Consultants: Dr P Bolton-Maggs, Dr J Burthem, Dr C R M Hay, Professor J A Liu Yin, Dr G Lucas, Dr K Ryan, Dr C R Shiah

**Manchester Haemophilia Comprehensive Care Centre**

Department of Clinical Haematology

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PA to Dr CRM Hay:- Ms Kim Jones

Direct phone / fax nos:

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GRO-C

Our ref: PM/kj/ GRO-C

MedisecNET ref: 896559

NHS No: GRO-C

Clinic Date: 01 March 05

Dictated: 01 March 05

Typed: 01 March 05

Dr GRO-D

Castle Surgery

5 Darwin Street

Northwich

Cheshire

CW8 1BU

Dear Dr GRO-D

**Re: Mr Wayne DRINKWATER - DOB GRO-C 1970**

GRO-C

Cheshire

GRO-C

Mr Wayne Drinkwater attended the Haemophilia department today for monitoring of his pegylated Interferon and Ribavirin treatment. His blood count today was:-

WBC:	$3.6 \times 10^9/l$
Neutrophils:	$1.23 \times 10^9/l$
Platelets:	$144 \times 10^9/l$
Hb:	16.9g/dl

The dose of pegylated Interferon remains the same at 180µg/0.5ml week and the Ribavirin treatment remains the same at 600mg bd.

Mr Drinkwater will be reviewed in 2 weeks' time.

Yours sincerely

Sr P Mohn

Haemophilia Nurse Specialist

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**Dr Charles RM Hay - Director, Manchester Haemophilia Comprehensive Care Centre**  
Honorary Senior Lecturer in Medicine

WITN3289194\_0004

**Manchester Haemophilia Comprehensive Care Centre**

Department of Clinical Haematology

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PA to Dr CRM Hay:- Ms Kim Jones

Direct phone / fax nos:

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E-mail:- kim.jones@

GRO-C

Our ref: PM/kj/ GRO-C

MedisecNET ref: 919202

NHS No: GRO-C

Clinic Date: 15 March 05

Dictated: 22 February 05

Typed: 18 March 05

Dr GRO-D

Castle Surgery

5 Darwin Street

Northwich

Cheshire

CW8 1BU

Dear Dr GRO-D

**Re: Mr Wayne DRINKWATER - DOB** GRO-C **1970**

GRO-C

Cheshire

GRO-C

Mr Wayne Drinkwater attended the Haemophilia department today for monitoring of his pegylated Interferon and Ribavirin treatment. His blood count today was:-

WBC:	2.6 x 10 <sup>9</sup> /l
Neutrophils:	0.94 x 10 <sup>9</sup> /l
Platelets:	128 x 10 <sup>9</sup> /l
Hb:	14.7g/dl

The dose of pegylated Interferon remains the same at 180µg/0.5ml week and the Ribavirin treatment remains the same at 600mg bd.

Mr Drinkwater will be reviewed in 2 weeks' time.

Yours sincerely

Sr P Mohn

**Haemophilia Nurse Specialist**

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**Dr Charles RM Hay - Director, Manchester Haemophilia Comprehensive Care Centre**  
**Honorary Senior Lecturer in Medicine**

**Department of Clinical Haematology**

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M13 9WL

PA to Dr P Bolton-Maggs/Dr J Burthem: Mrs Tracy Hudd

Tel/Fax: [GRO-C]

Email: tracy.hudd@ [GRO-C]

Our ref: **PBMA/JCM** [GRO-C]

**MedisecNET ref: 1199789**

NHS No: [GRO-C]

Typed: 19 October 05

Dr [GRO-D]  
Castle Surgery  
5 Darwin Street  
Northwich  
Cheshire  
CW8 1BU

Dear Dr [GRO-D]

**Re: Mr Wayne DRINKWATER - DOB** [GRO-C] **1970**

[GRO-C]

**Cheshire**

[GRO-C]

I reviewed Wayne on the 10<sup>th</sup> October. As you know, he going through a course of Interferon and Ribavirin, to try and eradicate his hepatitis C infection. He started treatment in February and initially tolerated it quite well. However, in the last few weeks he has been feeling unwell with great fatigue and episodes of dizziness. For this reason he was signed off work for two weeks, two weeks ago. He is somewhat better today, but is still really not well enough to be at work and I have given him a further sick note for two weeks.

I wonder whether he has got a viral infection on top of his treatment and this is the reason why he has become less well just in the last couple of weeks. Certainly he feels better now than he did two weeks ago, so hopefully he will be well enough to return to work when we see him next.

With best wishes,

Yours sincerely

**Dr P Bolton-Maggs**  
**Consultant Haematologist**

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Consultants: Dr Paula Bolton-Maggs, Dr John Burthem, Dr Charles R M Hay, Professor John A Liu Yin, Dr Guy Lucas, Dr Kate Ryan

**Department of Clinical Haematology**

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PA to Dr P Bolton-Maggs/Dr J Burthem: Mrs Tracy Hudd Tel/Fax: GRO-C Email: tracy.hudd@ GRO-C

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**Our ref: PM/tah/** GRO-C **MedisecNET ref: 1338068** **Clinic Date: 24 January 06**  
**NHS No:** GRO-C

Typed: 26 January 06

Dr GRO-D  
Castle Surgery  
5 Darwin Street  
Northwich  
Cheshire  
CW8 1BU

Dear Dr GRO-D

**Re: Mr Wayne DRINKWATER - DOB** GRO-C **1970**  
GRO-C **Cheshire** GRO-C

Mr Drinkwater has now completed 48 weeks treatment of pegylated Interferon and Ribavirin for Hepatitis C infection and at the end of this treatment he is Hepatitis C PCR negative.

We will keep this under review and inform you of any changes.

Yours sincerely

**Sr Paula Mohn**  
**Haemophilia Nurse Specialist**

---

Consultants: Paula Bolton-Maggs, John Burthem, Charles R M Hay, John A Liu Yin, Elizabeth Love, Guy Lucas, Kate Ryan

**Department of Clinical Haematology**

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PA to Dr P Bolton-Maggs/Dr J Burthem: Mrs Tracy Hudd

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**Our ref:** LB/tah/

**MedisecNET ref:** 1397902

**NHS No:**

Typed: 07 March 06

Mr Howard Treslore  
Lloyds TSB

Dear Mr Treslore

**Re: Mr Wayne DRINKWATER - DOB**  **1970**  
 **Cheshire**

Throughout Wayne's treatment of PEG Interferon and Ribavirin for Hepatitis C, you have shown great understanding and have given him a great deal of support. I would like to express our gratitude as this has enabled Wayne to complete his course of treatment, which he would have been unable to do without your support.

Yours sincerely

**Sr Lorraine Birtwistle**  
**Haemophilia Nurse Specialist**

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Consultants: Paula Bolton-Maggs, John Burthem, Charles R M Hay, John A Liu Yin, Elizabeth Love, Guy Lucas, Kate Ryan





**Department of Haematology**

Manchester Royal Infirmary  
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M13 9WL

Clare Devine - Secretary to Dr CRM Hay Tel: [GRO-C]  
Clerical Officer Tel/Fax: 0161 276 4445/4814

IF YOUR PATIENT HAS BEEN LISTED FOR A PROCEDURE AND HAS NOT HEARD ANYTHING WITHIN, FOUR WEEKS, PLEASE  
CONTACT THE DEPARTMENT

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Our ref: CRMH/cd [GRO-C]      MedisecNET ref: 2308954      Clinic Date: 24 October 07  
NHS No: [GRO-C]

Dictated: 24 October 07  
Typed: 31 October 07

Dr [GRO-D]  
Castle Surgery  
5 Darwin Street  
Northwich  
Cheshire, CW8 1BU

Dear Dr [GRO-D]

Re: **Mr Wayne DRINKWATER - DOB** [GRO-C] **970**  
[GRO-C] **Cheshire** [GRO-C]

**Diagnosis:** Haemophilia B Leiden  
Hepatitis C secondary to FIX replacement as a child (genotype I treated unsuccessfully)  
HIV negative

I saw Wayne for review today. His last liver ultrasound conducted in June showed no change that is to say a mild fatty liver. There is no new treatment to try at the moment to eradicate his Hepatitis C. I have emphasised the need to be very moderate with alcohol. He does not drink during the week at all only at weekends but I have pointed out that the normal safe limit does not apply to him.

He suffers recurrent viral symptoms which could be secondary to his Hepatitis C. His transaminase are unusually variable, varying from 70 up to 450, and I wonder whether the viral symptoms correspond with transient exacerbations of his Hepatitis C.

Incidentally, he did express some irritation that every time he goes to the Practice, and particularly when he sees one of the younger partners, he is cross-questioned about his lifestyle and HIV. For someone with iatrogenic Hepatitis C I would imagine this quite irritating!

We will review him in twelve months time, and will arrange a further interval ultrasound at that time.

Yours sincerely

**Dr CRM Hay**  
**Consultant Haematologist**  
**Director Haemophilia Comprehensive Care Centre**  
**Honorary Senior Lecturer in Medicine**

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Consultants: Paula Bolton-Maggs, John Burthem, Charles RM Hay, John A Liu Yin, Elizabeth Love, Guy Lucas, Kate Ryan

Clare Devine - Secretary to Dr CRM Hay Tel: [GRO-C]  
Clerical Officer Tel/Fax: 0161 276 4445/4814

IF YOUR PATIENT HAS BEEN LISTED FOR A PROCEDURE AND HAS NOT HEARD ANYTHING WITHIN, FOUR WEEKS, PLEASE  
CONTACT THE DEPARTMENT

Our ref: CRMH/cdl [GRO-C] MedisecNET ref: 2933343 Clinic Date: 22 October 08  
NHS No: [GRO-C]

Dictated: 22 October 08

Dr [GRO-D]  
Castle Surgery  
5 Darwin Street  
Northwich  
Cheshire, CW8 1BU

Dear Dr [GRO-D]

Re: Mr Wayne DRINKWATER - DOB [GRO-C] 1970  
[GRO-C] Cheshire [GRO-C]

**Diagnosis:** Haemophilia B Leiden  
Hepatitis C genotype 1B (failed treatment with PEG Interferon and Ribavirin)  
HIV negative

I saw Wayne for review today. I note that when you recently checked his LFT's his ALT was about 300. His last ultrasound was normal except for some mild fatty change, and I will arrange to repeat that when I see him next. There is no new treatment for his Hepatitis C. He is well in himself.

GRO-A

GRO-A

I will review Wayne in twelve months or sooner should the need arise. It should be noted that in common with many other affected members of his kindred, his FIX level has not risen completely in to the normal range, and is still slightly subnormal of between 42% and 44%. He would therefore require FIX replacement therapy to cover any surgical intervention.

Yours sincerely

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

**Department of Clinical Haematology**

New Manchester Royal Infirmary  
Purple Zone, 3rd Floor  
Oxford Road  
Manchester  
M13 9WL

Department of Clinical Haematology - Tel 0161 276 4801

Our ref: CRMH/mmm GRO-C MedisecNET ref: 3550142 Clinic Date: 21 October 09  
NHS No: GRO-C

Dictated: 21 October 09

Typed: 22 October 09

Dr A S Norman

GRO-D

Cheshire GRO-D

Dear Dr Norman

Re: **Mr Wayne DRINKWATER - DOB** GRO-C **1970**  
GRO-C **Cheshire** GRO-C

**Diagnosis:** *Haemophilia B Leyden*  
*Hepatitis C, Phenotype 1b failed treatment*

I saw Mr Drinkwater for review today. He is well in himself with no active problems other than his hepatitis C. His liver function tests remain abnormal. He failed treatment with PEG-Interferon and Ribavirin. We will arrange another ultrasound and I have checked his liver function tests today.

GRO-A

GRO-A I will review Mr Drinkwater in six months.

Yours sincerely

**Dr CRM Hay**  
**Consultant Haematologist**

**Clinical Haematology Offices**  
Department of Clinical Haematology, 3rd Floor, Purple Zone,  
Manchester Royal Infirmary  
Oxford Road  
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M13 9WL

Assistant Medical Secretary Colette Jefferies Tel/Fax: [GRO-C] Email: colette.jefferies@[GRO-C]

Our ref: GP/cj1/[GRO-C] MedisecNET ref: 4029896  
NHS No: [GRO-C]

Dictated: 06 July 10  
Typed: 13 July 10

Dr A S Norman

[GRO-D]

Cheshire

[GRO-D]

Dear Dr Norman

Re: **Mr Wayne DRINKWATER - DOB** [GRO-C] 1970  
[GRO-C] **Cheshire** [GRO-C]

Diagnosis: Haemophilia B Leiden  
Hepatitis C phenotype 1B failed treatment  
Hepatitis C contracted secondary to a blood transfusion product  
Possible depression

I reviewed this pleasant gentleman in the haematology clinic today with his wife. He has been doing very well from his haemophilia point of view and has had no active bleeding problems. He has however been feeling very low in mood with decreased energy and tiredness. He admitted today of occasional feelings of thinking of ending it all, he has recently told his wife about these feelings. He tells me that he does feel slightly better than he did 2 or 3 months ago where he was feeling extremely low in mood. I note that he has been on Fluoxetine 20mg daily previously when he was on Interferon treatment. He feels that he has never fully returned to his usual happy self since going on the Interferon treatment 4 years ago. I have explained to him that the symptoms he has been having could well be indicative of him having depression. I have explained that there are a number of ways that depression can be treated in the form of either counselling, anti depressants or in some cases with psychiatric input. He does not want to start on anti-depressants at present but has agreed that he will make an appointment to see his GP in the next couple of weeks to talk about how he has been feeling recently. I would be very grateful for you help with this gentleman's depression.

Mr Drinkwater has also asked me to request a Urology opinion as he is keen to have a vasectomy. I have written to Mr Payne who is a Urologist at the MRI with regards to this. I have arranged for him to have a further ultra sound of his abdomen and repeat full blood count, liver function tests, alpha feta protein, U's and E's and Hep C PCR today. I have advised Wayne to see his GP about his depression and have asked him to make an appointment to see us again in clinic in 4 months time. Wayne knows that he can contact us at the haemophilia centre if he needs to see us earlier than this.

Yours sincerely

**Gill Pike**  
SpR in Clinical Haematology

**Department of Clinical Haematology**  
New Manchester Royal Infirmary  
Purple Zone, 3rd Floor  
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Manchester  
M13 9WL

Assistant Medical Secretary Colette Jefferies Tel/Fax: [GRO-C] Email: colette.jefferies@[GRO-C]

Our ref: CRMH/cj1 [GRO-C] MedisecNET ref: 4295825 Clinic Date: 24 November 10  
NHS No: [GRO-C]

Dictated: 24 November 10  
Typed: 26 November 10

Dr A S Norman

[GRO-D]

Dear Dr Norman

Re: **Mr Wayne DRINKWATER - DOB [GRO-C] 1970**  
**Wayne's wife Debbie DOB [GRO-C] /67 and daughter Tamara DOB [GRO-C] 94.**  
[GRO-C] **Cheshire** [GRO-C]

Diagnosis: Haemophilia B leyden  
Hepatitis C (genotype 1B failed treatment)

I saw Mr Drinkwater with his wife for review. Contraception remains a bit of a problem. He saw Mr Burke for a consultation for consideration of vasectomy but took fright after that and has changed his mind. I am not entirely sure why since it would have been a perfectly straightforward surgical procedure and quite easy to correct his haemophilia.

[GRO-A]

[GRO-A]

[GRO-A]

Mr Drinkwater's LFT's are stable but consistently abnormal. I am checking his LFT's and alpha feta protein today. He had an ultrasound in September but this as still not been reported!

I will review him in 6 months.

Yours sincerely

**Dr CRM Hay**  
**Consultant Haematologist**

cc: Mr Burke  
Consultant Neurological Surgeon

**Department of Clinical Haematology**

New Manchester Royal Infirmary  
Purple Zone, 3rd Floor  
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Assistant Medical Secretary Colette Jefferies Tel/Fax:

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GRO-C

Our ref: RB/cj1/ GRO-C

MedisecNET ref: 5106786

Clinic Date: 18 January 12

NHS No: GRO-C

Dictated: 18 January 12

Typed: 20 January 12

Dr A S Norman

GRO-D

Cheshire

GRO-D

Dear Dr Norman

Re: **Mr Wayne DRINKWATER - DOB** GRO-C 1970

GRO-C

Cheshire GRO-C

Diagnosis: Haemophilia B Leiden  
Hepatitis C failed treatment

I saw Mr Drinkwater in clinic today. He is very well and has no problems with bleeding or bruising. He is suffering with some bloating of his abdomen which was quite severe and required a hospital visit, but nothing was found however since then he has been getting occasional upper abdominal blotting. I just wonder if this could be due to hepatomegaly although unlikely and as he is due an ultra sound of his liver anyway I have booked this today and also asked them to look at the rest of his abdomen to see if there is any other organomegaly. If this is going on it may well be just simple IBS but I wonder if it would be worth referring him to a gastroenterologist for review. I have also checked Mr Drinkwater's Hepatitis C serology today along with his liver function test, full blood count and we will review him in 6 months time with the results of these or sooner if any problems arise.

Mr Drinkwater did inform me that he is still not considering any form of vasectomy GRO-A  
GRO-A Otherwise he is planning to see a dentist and was asking regarding any treatment he may need. I would advise if that he does need any treatment the dentist in question should contact the haemophilia centre for advice. Mr Drinkwater is fully aware of this.

Yours sincerely

Dr GRO-D

SpR in Haematology (GMC No. GRO-D)

**Department of Clinical Haematology**  
New Manchester Royal Infirmary  
Purple Zone, 3rd Floor  
Oxford Road  
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M13 9WL

PA Senior Medical Secretary Colette Jefferies Tel/Fax: [GRO-C] Email: colette.jefferies@[GRO-C]

**Our ref: CRMH/cj1/** [GRO-C]  
**NHS No:** [GRO-C]

**MedisecNET ref: 5728477**

**Clinic Date: 21 November 12**

Dictated: 21 November 12  
Typed: 29 November 12

Dr A S Norman

[GRO-D]

Cheshire

[GRO-D]

Dear Dr Norman

**Re: Mr Wayne DRINKWATER - DOB** [GRO-C] 1970  
[GRO-C] **Cheshire** [GRO-C]

Diagnosis: Haemophilia B Leiden  
Hepatitis C genotype 1B  
? early cirrhosis

I saw Wayne today in the Haemophilia follow-up clinic with his daughter.

[GRO-C]

Wayne is well in himself, though I gather he has been getting some ankle swelling. It struck me looking at him over the desk that he had developed paper money skin. On examination he appears to have gynaecomastia, perhaps some palmar erythema and certainly a few spiders around his trunk. I thought that his liver was enlarged at least 2 cm below the costal margin. I could not convince myself I could feel his spleen. I will dig out his ultrasound from earlier this year. This does not appear to have been reported and was not accessible using the computer. I have arranged liver function tests and an ultrasound. If he turns out to have evidence of cirrhosis I will refer him for a liver opinion.

I note that we did attempt to eradicate his hepatitis C with PEG Interferon and Ribavirin but stopped after only 3 months because of his failure to respond under the circumstances. I suspect he would not be a candidate for the newer regime including a protease inhibitor because patients who fail to respond altogether to PEG Interferon and Ribavirin are unlikely to this regime.



Re: **Mr Wayne DRINKWATER - DOB** GRO-C **1970**  
GRO-C **Cheshire** GRO-C

I will review him in 3 months.

Yours sincerely

**Dr CRM Hay**  
**Consultant Haematologist**

Colette Jefferies Secretary to Dr Hay Telephone No: [GRO-C] Fax No: [GRO-C]

Our ref: CRMH/cj1 [GRO-C] MedisecNET ref: 5837221 Clinic Date: 21 January 13

NHS No: [GRO-C]

Dictated: 21 January 13

Typed: 28 January 13

Dr M Prince  
Consultant Gastroenterologist  
MRI

Dear Martin

Re: **Mr Wayne DRINKWATER - DOB** [GRO-C]/1970  
[GRO-C] **Cheshire** [GRO-C]

Diagnosis: Haemophilia B Leiden  
Chronic hepatitis C genotype 1B  
Failed two attempts at hepatitis C eradication  
Cirrhosis of the liver

I would appreciate it if you could see this gentleman. Haemophilia B Leiden is caused by a mutation of the promoter region. This causes very low factor IX levels in early infancy, rising to near normal in adolescence. Wayne's last factor IX level is now 44%. I am checking it again today along with the rest of his coagulation.

We originally tried to eradicate his hepatitis C when Interferon first came along, using Interferon alone. He became almost suicidally depressed and so we made no further attempt for some time. He was unable to tolerate the treatment's full course and failed to respond. We attempted to treat him again with PEG Interferon and Ribavirin, starting anti-depressants at the beginning of treatment. He was much less depressed though he still was depressed and tolerated the treatment badly. His initial response was transient and he was viremic at 3 months and so he truly failed to respond to treatment and we stopped. This may have been before we were actually monitoring viral load during treatment so I am not sure how many logs of virus reduction he had.

We have been checking liver ultrasound on a fairly regular basis and for several years he has had some evidence of either fatty change or early fibrosis. Over the last 6 months he has felt less well in himself and has complained of abdominal bloating. He is bruising far more than normal. On examination he had spider naevi and I suspected cirrhosis. His ultrasound done 2 weeks ago shows a cirrhotic liver with normal direction of portal flow but some splenomegaly. His platelet count has fallen and there was a small amount of ascites

I suspect that he has established cirrhosis with early hepatic failure and portal hypertension. The patient is aware of this. I have discussed cirrhosis with him at the last two visits. I suspect that current state of the art treatment may not have much to offer him in terms of hepatitis C eradication although the next generation of treatment currently in clinical trials might be worth considering. I would value your opinion. He also needs to be investigated for varices. I will review him in 4 month's.

Re: **Mr Wayne DRINKWATER - DOB** GRO-C **1970**  
GRO-C **Cheshire** GRO-C

Yours sincerely

**Dr CRM Hay**  
**Consultant Haematologist**

cc: Dr A S Norman

GRO-D

PS: He might be a good candidate for transplantation. He is not co-infected with HIV. I have not mentioned this possibility to him however since I think he and his wife, who accompanied him are just coming to terms with the situation.

Department of Gastroenterology  
Manchester Royal Infirmary  
Oxford Road  
Manchester M13 9WL

PA to Dr Prince : [GRO-C]

PA to Dr Greer/Dr Kochar: [GRO-C]

FAX: 0161 276 8779

Our ref: MP/WG/ [GRO-C]  
NHS No: [GRO-C]

MedisecNET ref: 5969582

Dictated: 27 March 13  
Typed: 03 April 13

Dr D Mortimer  
Consultant Hepatologist  
University Hospital Birmingham  
The Queen Elizabeth Hospital  
Edgbaston  
Birmingham  
West Midlands  
B15 2TH

Dear Dr D Mortimer

Re: **Mr Wayne DRINKWATER - DOB** [GRO-C] **1970**  
[GRO-C] **Cheshire** [GRO-C]

I wonder if you or a colleague would see this gentleman to assess him for liver transplantation. I met him for the first time today as he has previously been solely under the care of our local haematologists.

Wayne is a 42 year old gentleman with haemophilia B Leiden. As a complication of this he has genotype 1b hepatitis C although he is HIV negative. He had two previous attempts at treatment of his hepatitis C under the haematologists. The first was with non-pegylated Interferon Monotherapy and had to be stopped because of suicidal depression. He was subsequently treated with pegylated Interferon and Ribavirin including prophylactic antidepressants but again, treatment was tolerated poorly and he failed to have a viral response (exact value uncertain) at three months, so it was stopped. These attempts were many years ago

The haematologists have referred him to me today because he is now suffering from symptoms of decompensation. Over the last 12 months he has lost his appetite and has decreased muscle bulk. He has mild peripheral oedema and ascites on a scan. He has also noticed jaundice.

The most recent blood tests arranged by the haematologists show an albumin of 27 with a bilirubin of 59. His platelets are 62. These have dropped off fairly rapidly over the last 12 months. I have taken bloods today and will append them to the base of this letter.

Wayne is otherwise fit and well. He is HIV negative. His current medication is Omeprazole 20mg daily, Spironolactone 100mg daily and Furosemide 20mg daily.

He smokes three cigarettes a day and drinks 10 units of alcohol per week. Although alcohol is not the cause of his liver disease I have advised him on total abstinence today. He is a bank manager.

I have explained to Wayne that he needs to come to consider a liver transplant. I am referring him to you rather than Leeds given that he lives so far south of Manchester. I have asked his GP to arrange for a dietician to review him and also arranged a gastroscopy to screen him for varices.

Wayne understands that he has fairly advanced synthetic impairment and that consideration of transplantation has probably been inevitable for some time.

A recent ultrasound scan showed features in keeping with cirrhosis without evidence of portal vein thrombosis. He has had no further imaging as I do not know your protocols in Birmingham but I would of course be delighted to arrange any investigations locally.

Continued...

Re: **Mr Wayne DRINKWATER - DOB** GRO-C **1970**  
GRO-C **Cheshire** GRO-C

Yours sincerely

GRO-C

Reviewed and signed electronically for rapid communication

Martin Prince  
GMC 3587104  
Consultant Hepatologist

**PS HB 147, WCC 3.8, platelet 68, U+Es normal (eGFR 87), BILI 55, alb 27, pt 16.7  
FERRRTIN 372, HBV & HIV NEGATVE. Autoantibodies normal**

Department of Gastroenterology  
Manchester Royal Infirmary  
Oxford Road  
Manchester M13 9WL

PA to Dr Prince : [GRO-C]

PA to Dr Greer/Dr Kochar: [GRO-C]

FAX: 0161 276 8779

Our ref: MP/WG/ [GRO-C]

MedisecNET ref: 5969578

Clinic Date: 27 March 13

NHS No: [GRO-C]

## HEPATOLOGY CLINIC

Dictated: 27 March 13

Typed: 03 April 13

Dr C Hay

Consultant Haematologist, Director Haemophilia Comprehensive Care Centre, Honorary Senior Lecturer  
MRI

Dear Dr Hay

Re: **Mr Wayne DRINKWATER - DOB** [GRO-C] 1970  
[GRO-C] **Cheshire** [GRO-C]

Thank you for referring Mr Drinkwater to clinic. He has been under your care for several decades due to haemophilia B Leiden and has chronic hepatitis C (genotype 1b) secondary to this.

As you say he has had two failed attempts at treatment partially due to side effects. You have now referred him because he is struggling with his hepatitis C.

Mr Drinkwater is clearly not a well man. His appetite has been decreased for the last 12 months and he has lost lean muscle bulk in that time. He has noticed a marked increase in peripheral oedema and some increase in his girth over this time. He is also itching. He attended in the haemophilia unit with a single episode of black stools four weeks' ago. At that appointment his blood tests showed significant liver synthetic dysfunction with an albumin of 27 and a bilirubin of 59. His platelets were 62.

Apart from omeprazole and 100mg of Spironolactone he takes no medication. He has no other previous medical history and is HIV negative.

He smokes three cigarettes a day and drinks 10 units of alcohol per week. He is a deputy bank manager.

On examination he was plethoric with mild oedema to his mid thighs. He had no obvious clinical ascites today.

Mr Drinkwater has significant hepatic synthetic dysfunction and undoubtedly needs to be considered for a liver transplant at this stage. I have explained this at very great length to him and his wife and although this came as somewhat of a shock, they understand this. As he lives quite far to the south of Manchester I will refer him to Birmingham.

In terms of immediate management, I would be grateful if his GP could add 20mg of furosemide to his Spironolactone and repeat his bloods in two weeks and six weeks' time to ensure his renal function is stable. I would also be grateful if his GP could refer him locally to a dietician for a no added salt high protein diet.

I will arrange a gastroscopy to screen him for varices particularly in view of his episode of black stools, and would be grateful if the haemophilia unit could advise on necessary precautions for his coagulopathy.

I will review him back in clinic in eight weeks.

Continued...

Re: **Mr Wayne DRINKWATER - DOB** **GRO-C** **1970**  
**GRO-C** **Cheshire** **GRO-C**

Yours sincerely

**GRO-C**

Reviewed and signed electronically for rapid communication

Martin Prince  
GMC 3587104  
**Consultant Hepatologist**

cc

Dr A S Norman

**GRO-D**

Department of Gastroenterology  
Manchester Royal Infirmary  
Oxford Road  
Manchester M13 9WL

PA to Dr Prince : **GRO-C**

PA to Dr Greer/Dr Kochar: **GRO-C**

FAX: 0161 276 8779

Our ref: **MP/WG/** **GRO-C**

MedisecNET ref: 6083372

Clinic Date: 20 May 13

NHS No: **GRO-C**

Dictated: 20 May 13

Typed: 24 May 13

Dr Charlie Hay  
Consultant Haematologist

Dear Dr Hay

Re: **Mr Wayne DRINKWATER - DOB** **GRO-C** **1970**  
**GRO-C** **Cheshire** **GRO-C**

**Diagnoses:**

1. Haemophilia Leyden
2. Cirrhosis secondary to Hepatitis C

I reviewed Wayne in clinic together with his wife. Since I have last seen him our colleagues in the Birmingham Liver Transplant Unit have kindly reviewed him. They agree that his liver disease is serious enough to warrant transplant assessment although he may prove to be just a little bit early to require a transplant. His only ongoing symptoms are fatigue and occasional peripheral oedema. This has been helped by his SpironolactoneHay and furosemide and I have advised him just to take small extra doses prn as required.

Wayne was complaining of difficulty sleeping but he had no signs of encephalopathy and no constructional apraxia.

Finally, he has now received his stage 2 payment from the Skipton Fund.

I have arranged to see him in three months' time. He is due to be admitted in July to Birmingham for his full assessment. I have taken basic bloods.

Yours sincerely

**GRO-C**

Reviewed and signed electronically for rapid communication

Martin Prince  
GMC 3587104  
Consultant Hepatologist

cc

Dr A S Norman

**GRO-D**



Colette Jefferies Secretary to Dr Hay Telephone No: GRO-C Fax No: GRO-C

Our ref: CRMH/cj1 GRO-C MedisecNET ref: 6082768 Clinic Date: 20 May 13

NHS No: GRO-C

Dictated: 20 May 13

Typed: 24 May 13

Dr M Prince  
Consultant Gastroenterologist  
MRI

Dear Dr Prince

Re: Mr Wayne DRINKWATER - DOB GRO-C 1970  
GRO-C Cheshire GRO-C

Diagnosis: Haemophilia B Leiden  
Hepatitis C genotype 1  
Cirrhosis of the liver with liver failure and varices

I saw Wayne for review today in clinic. He and his shortness of breath are very much better since he started on Frusemide and Spironolactone and his indigestion has responded very well to Omeprazole. He does feel chronically tired and washed out however and has had to at least temporarily give up his job. He is coming in for an endoscopy and treatment of varices in the next couple of days and is due to be seen shortly in Birmingham for consideration for liver transplantation. We had a general discussion around that. I will review him in 3 months time or sooner should the need arise.

With best wishes,

Yours sincerely

Dr CRM Hay  
Consultant Haematologist

cc: Dr A S Norman

GRO-C

**Department of Gastroenterology**

Manchester Royal Infirmary

Oxford Road

Manchester M13 9WL

PA to Dr Prince: [GRO-C] PA to Dr Greer/Dr Kochar: [GRO-C] PA to Dr Willert: [GRO-C] PA to Dr  
Levison: [GRO-C] PA to Makin: [GRO-C] PA to Dr Puleston: [GRO-C] PA to Dr Campbell: [GRO-C]  
[GRO-C] IBD NURSES: [GRO-C] LIVER NURSES: 0161 276 8772/6958/4316 FAX: 0161 276 8779

Our ref: MP/WG/ [GRO-C]

MedisecNET ref: 6265899

Clinic Date: 14 August 13

NHS No: [GRO-C]

**DR PRINCE'S HEPATOLOGY CLINIC**

Dictated: 14 August 13

Typed: 20 August 13

Dr A S Norman

[GRO-D]

Cheshire

[GRO-D]

Dear Dr Norman

Re: **Mr Wayne DRINKWATER - DOB** [GRO-C] 1970

[GRO-C]

**Cheshire**

[GRO-C]

**Diagnoses:**

1. Hepatitis C
2. Haemophilia

I reviewed Wayne in clinic. He has nearly finished his assessment process at Birmingham liver transplant unit and I believe he has been put active on the transplant list although I await confirmation of this. Wayne's biggest problem is abdominal cramp and intermittent gynaecomastia due to his diuretics. I gather he has had some hyponatraemia. Although I gather you have advised him to increase his salt to deal with hyponatraemia, I have advised him strongly against this since the hyponatraemia is dilutional and unfortunately this will worsen things if anything. I suspect he is on the optimal dose of diuretics at 100mg of Spironolactone and 80mg of furosemide and he is happy to put up with his side effects of this as his cramps have largely settled.

I await further word from Birmingham and will be happy to arrange follow up as and when needed around their schedule.

Yours sincerely

[GRO-C]

Reviewed and signed electronically for rapid communication

Martin Prince

GMC 3587104

**Consultant Hepatologist**

cc

Continued...

Re: **Mr Wayne DRINKWATER - DOB** GRO-C **1970**  
GRO-C **Cheshire** GRO-C

Dr D Mortimer  
Consultant Hepatologist  
University Hospital Birmingham  
The Queen Elizabeth Hospital  
Edgbaston  
Birmingham  
West Midlands  
B15 2TH

Dr C Hay  
Consultant Haematologist, Director Haemophilia Comprehensive Care Centre, Honorary Senior  
Lecturer  
MRI

GRO-C

University Hospitals Birmingham   
NHS Foundation Trust

Liver Recipient Transplant Coordinators  
2<sup>nd</sup> Floor - Nuffield House  
Queen Elizabeth Hospital Birmingham  
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Birmingham  
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Tel: 0121 371 4528  
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e-mail: [info@uhb.nhs.uk](mailto:info@uhb.nhs.uk)

Hospital Switch: 0121 627 2000

17 FEB 2014

Date of Clinic: 13 January 2014  
Date of Typing: 21 January 2014

GRO-C

D: GRO-D

GRO-D

Cheshire

GRO-D

Dear Dr: GRO-D

RE: Wayne Drinkwater DOB: GRO-C 1970

GRO-C

I saw this gentleman with his wife 12 weeks following his liver transplant. He is doing very well physically and mentally although he has struggled a bit with coming to terms with being diabetic post-transplant. We discussed this further and whether this will be a long-term issue or not. We also spoke about the comorbidities of hypertension and hypercholesterolaemia and I did inform him that he will be put on a statin when he comes to see the Physicians in a month's time.

We talked about the importance of having a healthy balanced lifestyle and the importance of regular exercise. He feels a bit distended in his abdomen but also is concerned about weight gain, so I have suggested that he increases his exercise tolerance. He did inform me that he has an exercise bike at home and I have suggested that he starts using this.

He does not drink and does not smoke.

We spoke about holidays and the importance of having adequate holiday insurance and taking enough medication for the period and extra. We also spoke about the importance of not getting dehydrated due to upset stomach.

We spoke about returning to work and he has already been in discussion with his employees about having a phased return. We ended our discussion on talking about writing to the donor's family which is something he would like to do quite soon. I gave him some information leaflets on writing to a donor family, diet and exercise, and leading healthy balanced lifestyle afterwards.



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17 FEB 2014

DD2Job ID -1726808

GRO-C

Yours sincerely

  
Moira Perrin  
Liver Transplant Co-ordinator

C.C.

✓ Dr M Prince  
Consultant Hepatologist  
Manchester Royal Infirmary  
Oxford Road  
Manchester  
M13 9WL

17 FEB 2015

GRO-C

# University Hospitals Birmingham

NHS Foundation Trust

Dr Ye Htun Oo  
MRC Clinician Scientist & Consultant Hepatologist  
University of Birmingham & UHB NHS Foundation Trust

GRO-C

Date of Clinic: 11 June 2014  
Date of Typing: 16 June 2014

Dr GRO-D

GRO-D

Dear Dr GRO-D

RE: Wayne Drinkwater DOB: GRO-C/1970

GRO-C

I reviewed Mr Drinkwater in clinic on 11<sup>th</sup> June. It has been nearly seven months since he underwent liver transplantation for Hep C (genotype 1) related cirrhosis. Today, main issue is his diabetes and his weight. His current BMI is 36. He gained 4kg since he underwent liver transplantation. Currently, he is on NovoRapid and Glargine. I am aware that he is going to be reviewed by local Diabetologist and Diabetic Nurse for both diabetic control and weight reduction this week. I would take the advice from the Specialist. He complained of the peripheral neuropathy type symptoms which will require proper diabetic control, and nerve conduction study as some point.

His graft function tests last time were normal. Regarding the hepatitis C treatment point of view, we will either perform a FibroScan or arrange further liver biopsy at year 1 (October this year). Depending on the fibrosis score, we will plan for suitable antiviral treatment. He might benefit from Interferon-free regime due to psoriasis and psychiatric symptoms with previous IFN treatment.

His current medication include Tacrolimus 3 mg twice a day (reduced today due to high level), Mycophenolate 1 g twice a day and Lansoprazole. I have planned to see him in six weeks' time.

**I will be most grateful if you could repeat his renal function, liver function, glucose and full blood count for me and fax it to us as the bloods were not done here today. Please accept my apologies.**

Yours sincerely

**AUTHORISED BUT NOT SIGNED**

Dr Ye Htun Oo  
MRC Clinician Scientist & Honorary Consultant (Liver Medicine)

C.C.  
Dr M Prince Consultant Hepatologist Manchester Royal Infirmary  
The Patient

Chief Physician, Clinical Medicine

DD2 Job ID – 2137876

GRO-C

Dr M Prince  
Consultant Hepatologist  
Manchester Royal Infirmary  
Oxford Road  
Manchester  
M13 9WL

N/A

Mr Wayne Drinkwater

GRO-C

Dear Mr Drinkwater

As per our conversation on the phone, can you please reduce Prograf dose to 3mg twice a day. Thank you.

Chief Executive, Greater Manchester

**Department of Clinical Haematology**

Manchester Royal Infirmary  
Purple, Zone, Third Floor  
New Manchester Royal Infirmary  
Oxford Road  
Manchester, M13 9WL

PA/Medical Secretary to Professor Hay and Dr Thachil Tel/Fax [GRO-C] Email  
colette.jefferies@[GRO-C]

**Our ref: CRMH/cj1** [GRO-C] **MedisecNET ref: 7299701** **Clinic Date: 17**  
**December 14**  
**NHS No:** [GRO-C]

Dictated: 17 December 14  
Typed: 19 December 14

Dr A S Norman

[GRO-D]

Cheshire

[GRO-D]

Dear Dr Norman

**Re: Mr Wayne DRINKWATER - DOB** [GRO-C] **1970**

[GRO-C]

Diagnosis: Hepatitis C genotype 1B  
Recent liver transplant  
Haemophilia B leiden

I saw Wayne, accompanied by his wife, in clinic today. He looks infinitely better than he did just prior to the transplant. The hepatitis has, of course, recurred in his transplanted liver and he will require eradication treatment at some stage. I understand that he may require liver biopsy sometime soon to evaluate the extent to which hepatitis C is damaging his transplant. Hopefully he will soon be able to benefit from Sofosbuvir.

I note that he has developed insulin-dependent diabetes. His haemophilia B Leiden should now be completely cured. We will keep an occasional eye on him and I will review him in 12 months.

Yours sincerely

**Professor CRM Hay**  
**Professor of Thrombosis and Haemostasis**

cc: Dr M Prince  
Consultant Gastroenterologist  
MRI



Re: **Mr Wayne DRINKWATER - DOB:** GRO-C **1970**

**GRO-C**

Dr Ye Htun Oo  
Liver Medicine  
University Hospitals Birmingham  
Queen Elizabeth Medical Centre  
Birmingham  
B15 2TH

Mr Wayne Drinkwater

**GRO-C**

DD2.Job ID -3192287

GRO-C

University Hospitals Birmingham **NHS**  
NHS Foundation Trust

Catherine O'Donnell RN  
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Telephone: 0121 371 4603 Fax: 0121 627 2263  
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GRO-C

Date of Clinic: 02 December 2015  
Date of Typing: 09 December 2015

N/A  
17 DEC 2015

Dr GRO-D

GRO-D

DISCONTINUED



C122SVWSV1E  
A322 c3.3/195 b1

Dear Dr GRO-D

RE: Wayne Drinkwater DOB: GRO-C/1970

GRO-C

I reviewed your patient in the Hepatitis Treatment Clinic on Wednesday, the 2<sup>nd</sup> December. Mr Drinkwater is now four weeks following a 24 weeks course of antiviral treatment with Viekirax, Exviera and Ribavirin.

He has noticed that his requirement for Insulin has decreased since stopping treatment. He is obviously happy with this progress. He remains well with no complaints of any ill health.

We increased his Tacrolimus dose to 3mg twice daily on the 20<sup>th</sup> November his other medications remain unchanged. He is to continue with Mycophenolate 1g BD, Aspirin 75mg daily, Lansoprazole 30mg BD, Pregabalin two tablets daily and Losartan 50mg daily.

I have checked routine bloods along with a hepatitis C PCR and tacrolimus levels. Depending on today's blood tests will be when we next see him in clinic and I will inform the patient at the end of the week.

We will keep you informed of his progress.

Yours sincerely

**AUTHORISED BUT NOT SIGNED**

Catherine O'Donnell  
Hepatitis Clinical Nurse Specialist



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Chairman: Rt Hon Jacqui Smith

Chief Executive: Dame Julie Moore

Page 1 of 2

WITN3289194\_0034

DD2Job ID -3192287

GRO-C

NHS No. GRO-C Name Drinkwater Wayne Age 45y Sex M Loc Cons

Pat Sitch Sed DNADPR/TEAL Hand Over Episode None selected Dep S

edures Requests Forms Flowchart Observations Assessments ICU Notes Classify Diet Food Prescription Immun Law Alert List Misc Res

Immuno Micro Drugs Additional Liver Transplant Outpatient External Print Imaging Blood Bank INR PoC Filter results: All Inpat Oth

01/09/14	15/10/14	12/11/14	25/02/15	20/05/15	27/05/15	03/06/15	17/06/15	15/07/15	12/08/15	09/09/15	07/10/15	04/11/15	11/11/15	18/11/15	02/12/15	
106.5	109.6	119.0	109.6	109.4	109.1	109.5	109	109.1	106.2	103.7	102.3	101.0	100.4	99.0	98.8	Weight
35.58	36.62	36.75	36.62	36.55	36.45	36.59	36.42	36.12	35.48	34.65	34.18	33.75	33.55	33.08	33.01	BMI
141	145		145	132	140	118	135	143	143	115	139	125	148	134	133	Systolic BP
90	97		83	88	96	85	81	82	82	76	97	84	92	81	87	Diastolic BP
7.0	6.1	5.8	5.7	4.1	5.1	4.6	4.9	4.4	5.2	4.6	5.1	4.7	3.7	5.0	4.8	Urea
112	108	112	95	99	75	99	97	90	94	82	68	78	67	74	77	Creat
138	139	140	142	143	140	141	138	137	141	140	141	142	139	139	140	AKI
4.6	4.6	4.5	4.2	4.2	4.1	4.4	4.1	4.2	4.3	4.2	4.0	4.2	3.8	4.2	4.0	Na
38	47	44	43	58	22	16	21	20	19	16	18	16	18	16	13	K
48	47	47	52	75	30	16	16	15	13	13	12	10	15	14	13	AST
7	8	9	9	10	36	24	18	28	36	31	30	30	8	6	4	ALT
103	96	91	77	84	73	50	66	69	63	67	57	61	61	54	49	BIL
64	66															ALP
46	42	45	43	44	50	46	47	47	42	45	45	44	45	45	46	GGT
11.4	13.4	14.4	9.4	11.1	7.2	5.8	12.3	13.1	7.3	9.9	7.0	10.9	10.5	15.9	15.4	ALB
2.20	2.23		2.35	2.38	2.40	2.55	2.40	2.31	2.44	2.43	2.33	2.39	2.34	2.39	2.38	GLUC
																Ca
																Phosphate
																CRP
144	139	139	139	142	142	123	113	113	106	117	108	119	126	134	144	Hb g/L
																Hb g/dL
5.1	5.1	4.9	5.5	4.2	5.5	4.9	4.4	3.5	3.3	4.0	3.8	3.5	4.0	3.9	4.0	WBC
151	162	171	175	161	185	210	226	231	236	220	203	216	217	207	178	PLATS
1.0	1.0		0.8	0.9	0.8	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	1.0	INR
																Prednis
																Azathi
																Mycoph
																AFP
																CEA
																Alcohol (mg/L)
																Alcohol (mg/dL)
																CA19-9
																MELD Score
																UKELD score
																Creat Clearance
					Abbvia ...	week 2	week 3	week 5	week 9	week 13	week 17	week 21	EOT	1 wk FU	wk 4 FU	Event

C.C.  
Dr M Prince  
Consultant Hepatologist  
Manchester Royal Infirmary  
Oxford Road  
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