

Witness Name: CHRISTINA MCLAUGHLIN

Statement No: WITN2778001

Exhibits: WITN2778002-4

Dated: APRIL 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF CHRISTINA MCLAUGHLIN

I, CHRISTINA MCLAUGHLIN, will say as follows:-

Section 1. Introduction

1. My name is Christina McLaughlin. I was born on GRO-C 1971 and I live at GRO-C Northern Ireland. I am married with a son, Luke aged 16, and a daughter, Carla aged 19.
2. My brother, Seamus Charles Conway (born on GRO-C 1973), was infected with the Hepatitis C Virus (HCV) from contaminated blood products. He died from liver cancer on 28th May 2018, aged 45.
3. I am one of 8 surviving siblings. In order of age, we are Edward, John, Maria, Patricia, Paula, Ann, Rosemary (Rosie) and Christina (me). I was the closest in age to Seamus. He was younger than me, the baby of our family.
4. My brother Edward (Eddie) Conway born on GRO-C 1958 is also infected with HCV from contaminated blood products. He has provided his own witness

statement to the Inquiry (Witness Number WITN2738001). A further five of our siblings have also provided witness statements to the Inquiry (Witness Numbers WITN2964001, WITN2739001, WITN2927001, WITN2765001 and WITN2742001).

5. Our cousins Michael and Christopher were also infected with HCV from contaminated blood products. Cousin Michael died from liver cancer on 9th March 2018, aged 59. Michael's daughter Laura has provided a witness statement to the Inquiry (WITN2880001).
6. This witness statement has been prepared without the benefit of access to Seamus's full medical records. If and in so far as I have been provided with limited records the relevant entries are set out in the medical chronology at the end of this statement.

Section 2. How Affected

7. Seamus (Shea) had severe Haemophilia A. He was treated at the Belfast Haemophilia Centre initially at the Royal Victoria Hospital and then (when it was relocated) at the Belfast City Hospital (City Hospital). He was under the care of Dr Elizabeth Maine (Nee Butler) initially and then by Dr McNulty and Dr Benson.
8. Shea was treated with Cryoprecipitate at first and then Factor VIII (FVIII) concentrate. He had home treatment from 1984/1985. There is nothing in Shea's medical notes and records to identify the product and batch from which he was infected. A lot of Shea's medical notes are missing. There are huge gaps in them and nothing much at all prior to around 1990. Some of the letters written by his doctors contain flippant and misleading comments. Shea was not aware that he had liver cirrhosis and liver cancer until six months before his death.

9. I believe Shea to have been around 11 years old when our parents were informed that he had HCV. They were told that HCV was the best virus you could get (in comparison to being infected with HIV) and that it would cause him no problems. We were assured that it was 'just a virus' that may never bother Shea. If it did, it was no big deal. An ex gratia lump sum of £20,000 was paid by the Skipton Fund to both Eddie and Shea in or around 2004 'because of the contaminated blood'. The emphasis (even then) was on the 'contaminated blood' and not 'HCV'. We were not told how dangerous HCV is.
10. I remember accompanying/driving Shea to his liver ultrasound scan in Belfast in November 2008. Our mother had died 8 weeks before the scan. Shea saw Dr Benson and was told/led to believe that the scan was fine. I remember Shea then telling me that HCV can be nasty and can apparently give you liver cirrhosis. It was the strangest conversation. He went on to explain that the Skipton Fund make a second payment if your liver becomes affected but that that was in effect "dead man's money". I believe that Shea was informed of the dangers of HCV at that meeting but assured his own liver was fine. Nothing further was said between us.
11. Shea was never given any advice about managing the infection. He loved take away food and would choose it over home cooked meals (even though my mother and my sister Rosie, after my mother's death, always made dinner for him). Fish & Chips was one of his favourites but he was not given appropriate advice to not eat certain things or consume alcohol. We did not know what would be sore on his liver. He was told nothing about this until he was diagnosed with liver cancer in 2018. If we had been given all the tools and information to manage the infection, we would have been able to help and support Shea.
12. The liver ultrasound he had in November 2008 was the only scan offered to Shea before he was given the fibroscan ten years later. He was only given the fibroscan (referred through his GP) in 2018 because of the severe stomach pains he had.

13. I do not know whether or not my parents were told of the HCV diagnosis when Shea first tested HCV positive as there are no HCV virology test results confirming his diagnosis in the medical records prior to 1990. A letter sent to Shea by Dr Benson in 2014 (included in the Chronology) appears to suggest that Shea may have been HCV positive as early as the 1970s. Whilst addressed to Shea, it talks about him in the third person. If that letter was sent out, it looks to have been intended for a fellow Consultant.

Section 3. Other Infections.

14. Shea received a letter notifying him of the vCJD risk on 20th September 2004. My son Luke received a letter around the same time. He was just two years old.

15. It would appear that Shea was exposed to the Hepatitis B Virus in 1992 (possibly through a vaccine) as there are two Anti-HBs positive test results noted on 28th February and 20th November respectively. Shea looks to have received the vaccine in 1997 and 2004. Shea was vaccinated against the Hepatitis A Virus in May 2005.

Section 4. Consent.

16. I do not know whether or not Shea was tested for infection without his knowledge and consent but he seems to have been tested for HIV on quite a few occasions. I do not necessarily believe that Shea would have been aware of each and every test. There is record within Shea's medical notes that he tested HIV negative in December 1985, on 19th February 1988, 11th November 1989, 23rd October 1990, 3rd December 1990 in February 1992, November 1992 and 19th June 2014. Some of my siblings recall Shea being tested for HIV on just one occasion as both he and my parents were worried about the result.

17. Shea participated in an Alpha Interferon trial in 1995. He had to self inject into his stomach. It had horrible side effects and made him very sick and he told me that he didn't think he could finish the course.

Section 5. Impact

18. Shea suffered his whole life. He didn't have a normal childhood. I remember him resting on the sofa. His knees, in particular, were always swollen. Even as a child myself, I understood his pain. My parents were devoted to him. Shea was the baby of the house. We accepted that he came first. He was, as they say, 'ruined' by us all. My mother passed away 11 years ago (2008). On her death bed, she made us promise to look after him because he needed it and did not have a significant other. We all said of course. He was no problem.

19. Shea was a talented amateur snooker and billiard player. I refer to **Exhibit WITN2778002** being articles printed in the local press after Shea died, a photograph of him pictured with Jimmy White (and my son Luke) at an event he helped organise and attended on Thursday 17th May 2018 (11 days before his death) and his memorial card. He was a good enough player to have turned professional if it wasn't for his haemophilia. He was the father to one daughter, Jennifer, who turned 16 on **GRO-C** 2018.

20. In September 2014 Shea broke his femur bone and spent three and a half weeks at City Hospital. He was never the same from around that time. He developed respiratory problems. It would appear from his medical notes that Shea's GP took bloods from him to forward on to Dr Benson. There are no blood results amongst Shea's medical records from September 2014 onwards. I have asked Dr Benson for them but I have not been given them. It would however appear that there were issues with Shea's liver markers from the mid 1990s. Shea was not adequately monitored and cared for. Shea was unaware of any serious liver problems until six months before his death.

21. Shea went to his GP in October 2017 with very bad stomach pains and was immediately sent to Belfast City Hospital. He was then backwards and forward to and from Belfast within a relatively short period of time for tests and scans. He was told that his liver markers were elevated and they wanted to make sure there were no tumours.
22. In late October/early November 2017, Shea phoned me and told me that he had liver cirrhosis and liver cancer and there was 'nothing they can do' and that he had just three to six months to live. The cancer was in the stem of his liver. It was hard for me to sometimes tell when Shea was being serious but he clearly was. I told Shea that we would not accept it. Shea was under the care of Dr McCrory and Dr McDougall, Consultant Hepatologists. Dr McCrory had told Shea that the cancer was as a result of his 'lifestyle' (Shea had disclosed to him that he enjoys a couple of beers socially). It was the only time that I became angry with him. I told him not to let them say that to him and that the cancer was caused by HCV. I was angry with him for allowing them to let him believe it was his fault. He trusted his doctors. Dr McCrory had handed Shea his business card and had told him to call him any time day or night. Jennifer, just 15 years, had been taken into a separate room and told the same news. Shea did not know what to say to Jennifer. They were then sent on their way.
23. A lot of Shea's medical notes and records are missing but there are some letters addressed to Shea's GP amongst the limited records. Shea is referred to as having an alcohol issue in many of the letters, with the inference of that being the cause of Shea's liver problem. Shea was a social drinker and not an alcoholic. Eddie's medical notes are the same. He too is branded as an alcoholic. That angers me. Shea is also criticised for failing to attend appointments. The criticism is unfair and disingenuous. I believe the letters to be contrived to cover the failings of the Consultants sending them. Shea was embarrassed at having HCV and did not want to talk about it. That suited his doctors. I believe that they used to tell him not to speak about it.

24. I recall Dr Benson making a slight, underlying comment at one of Luke's appointments in or around 2016 about patient's not turning up for appointments which I pulled him up on. Dr Benson has a jovial manner and is well liked by his patients to include my son, Luke, but he does not like to be challenged or even questioned.
25. No-one bothered and nothing was done for Shea with regards to offering him another scan for 10 years (after 2008).
26. Our cousin Michael was given his liver cancer diagnosis around the same time as Shea (and subsequently died in March 2018). He had bleeding from the back passage for five years and was told it was colitis and to be careful to avoid certain foods. In May 2017, Michael went to visit his daughter, Laura, in Australia. He told me before hand at the Haemophilia Clinic that the hospital were sending (funding) him. He looked very unwell then. I just said "well good on you, you won't want to come back". He came back and 4 weeks later the weight just disappeared from him. He phoned the GP and City Hospital and could not get an appointment. Eventually he was offered a scan, but, every time he attended the scanner would be broken and, on one occasion, a procedure aborted because of contamination risk. Poor Michael attended each and every appointment without fail. I said I would drive him up but he went up on the train right up until he died. I believe the doctors knew that he was dying a long time before they told him and certainly before his trip to Australia (as do his family). When he was told he was specific about wanting to know how long he had and when his time was up. He collapsed and died at home with liver cancer and HCV being the cause of death but upon post mortem it was said Michael died of "condition" with no mention of liver cancer or HCV. This greatly upset my uncle (Michael's father) and Michael's daughters, further compounding that they never got to be with him when he died.

27. When Shea was told that he had cancer, I tried to support him in remaining positive. He had wonderful friends that were like family to him. They watched out for him. Rosie was in and out as usual keeping an eye on him, cooking for him and helping him with housework. He loved cooking programmes and we used to watch them together. He had lots of friends in the snooker community. I said to him "you should open a snooker school". He looked at me like 'I am dying'. I remember he phoned me one day and said "Do you remember what I told you about the second Skipton payment? They have given me the 'dead man's' payment".

28. Around that time Shea became more reclusive. He always presented as being upbeat and said he was 'great' if asked, but he was putting a brave face on. We had keys but he would leave his key on his side of the door to stop us/Rosie getting in. Rosie rang me one day (at the end of April) and said we need to get him help. The doctor came out to him and sent him to hospital. He was used all his life to managing the pain from his haemophilia bleeds but he was in so much pain with his back that he could not lie straight (and had in fact been trying to sleep upright in his car). When I walked in and saw him he just burst into tears and he said "Look at me, I am dying". I thought to myself this just cannot be the end for him.

29. At hospital, Shea was panicked and kept saying "I think I have two months left". Imagine at the age of 44, begging for two more months of life. Shea was fully aware how Michael died and it worried him. He was in side room to the general admissions ward and we had been trying to get him moved to the cancer unit. We begged for them to do a scan. We (his siblings) were with him in turn throughout the day. Shea had been given very specific advice from Dr McCrory not to take paracetamol which is bad for the liver. Shea was trying to stay alive. Whilst I was out of the room (between a short change over with my sister) Shea was informed by a junior doctor they were going to administer paracetamol based pain relief (and was refused access to his FVIII). As a haemophiliac he

cannot be injected into muscle. He told the doctor he needed IV Morphine administered 'directly into his veins' as a result of which he was accused of being a drug addict and asked "are you trying to get your fix, are you looking for a high?"

30. The nurse on the ward said she found it hard to stand up to the doctors. I said to her "You have to, my brother needs you". Shea was so vulnerable and we were desperate to help him. I rang Dr McCrory seven times (he had left Shea his card to ring him day or night). The number went to voicemail. I emailed Dr Benson saying "you might have washed your hands of Shea, but he needs you!" I received an out of office reply.
31. They did a scan the next day. The cancer had spread and he had a large tumour in his spine resonating pain in his back. Shea had five blasts of radiotherapy to maintain some form of mobility otherwise he was going to be paralyzed. He desperately wanted to take Jennifer on a family cruise with all of us before he died. We all encouraged him, saying "you have to be better for the cruise". He wanted to celebrate Jennifer's 16th birthday with a party and he wanted to attend the event he had organised for Jimmy White to attend his snooker club and play against the amateur players.
32. The day Shea was discharged, Dr Benson had a clinic downstairs and said he would be up to see Shea before it finished. An hour before he arrived, Shea had seen two solicitors organised by John to make his Will. It was heart breaking. After they left, Dr Benson came to Shea's room with a social worker and a physio. He sat at the end of Shea's bed and said "I am so sorry that we could not make things different for you". I thought the comment to be an admission of blame. He offered Shea his hand and Shea stuck his thin orange arm out and shook Dr Benson's hand. When he had left Shea told me that he felt angry that they (the doctors) had "done this to me" but he was dying and saw no point in an argument.

33. He was discharged on GRO-C [REDACTED] and very much wanted to go with me to buy the balloons but he could barely walk to the car. Rosie had his room rearranged and ready. He attended the snooker event the following week and had his wheelchair carried up the back stairs of the snooker room to spare his embarrassment (he had wanted to walk in). It was an emotional last night out for Seamus. He would not talk about the evening or the past to me on the way home. He never got to go on the cruise.

34. It is apparent from the letters sent by Dr Benson to Shea's GP that there were issues with Shea's liver for a long time. Shea had chronic liver disease and advanced liver cancer when he was finally told that there was a problem with his liver. It was too late for treatment and/or a liver transplant. After Shea's death we were contacted by an infected haemophiliac who knew Eddie and Shea and was devastated to hear of Shea's death. I told this fella how upset and frustrated I was that others had been scanned and Shea had not. He said he had never been scanned and that Dr Benson had told him that they see everything in the blood. Shea had bloods taken every 6 months (as did Eddie).

35. As a family we were devastated.

Eddie

36. When Shea was diagnosed with liver cirrhosis and cancer, we were shocked and we wanted to ensure that Eddie had not been neglected. We have been told that Eddie has vascular dementia. His consultants do not accept there is a connection between HCV and cognitive issues. Eddie has similar symptoms to Shea and Michael and we were keen to ensure he had no liver related issues. An appointment was sent to Eddie for a scan on 22nd May 2018 (just six days before Shea's death). The doctors and staff at City Hospital are very familiar with ten of our family members including Shea, Eddie, Michael, Christopher, Luke and (my nephew) Emmett. They knew Shea's death was imminent and they were

also aware that Eddie has short term memory issues. Notwithstanding the same, they contacted Eddie directly on the Thursday before his scan and said it was cancelled saying 'the scanner is broken' and the appointment cancelled. Eddie called me straight away and told me.

37. Given that Shea was dying I thought that they may have been thinking of us in cancelling our appointment, but no-one from the hospital attended Shea's funeral and he was an extremely likeable/popular man. I chased for another scan without success and eventually heard back from the Head of the Trust that 'my brother had been struck out because he failed to attend his last appointment'. My brother has short term memory issues but he makes post it notes of things he needs to remember. I was able to trace the incoming call from the hospital and the outgoing call to me (to inform me that the appointment had been cancelled) through Eddie's O2 bill.

38. Eddie was then given an appointment for a scan on 28th November 2018 and was told he had a gallstone. I asked for a copy of the report ahead of the Consultant appointment later that day and was told by the receptionist it would be sent out. I then asked for Eddie's bloods. The Consultant, Dr Cash, said that all was looking good with Eddie's liver and I readily accepted that. I did however push for a CT scan and was unhappy when Dr Cash confirmed his view that there was no link between HCV and vascular dementia. Eddie was worried about losing his driving licence. He is a gentleman and is reluctant to make waves. I explained to Dr Cash that we had lost our brother and had concerns as a family. He informed Eddie that they had an amazing treatment which was a cure for HCV. He was unable to answer when I asked why it had not then been offered to Shea. He did however agree to organising a CT scan. I refer to **Exhibit WITN2778003** being a copy of Eddie's bloods for two years. Dr Cash did not want me to have them and asked why I wanted them. I told him I wanted them for the Inquiry and (unbeknown to him) I obtained them from the nurse on the way out.

39. Whilst I was waiting for the bloods and Eddie was waiting downstairs, Dr McDougall had appeared. He turned to me and said "I am just explaining to Eddie that he has advanced cirrhosis of the liver". I thought 'I was told less than an hour before that Eddie's liver was fine'. Dr Cash had also mentioned alcohol to Eddie. Eddie has had no interest in drinking for more than 10 years. Dr McDougall said to Eddie that he could have HCV treatment and that "Your brother had big tumours and the treatment would not have worked. Your tumours are small ones. Upon hearing the words "tumours" I did not want Eddie alarmed and, before I left, had tried not to get to the doctor alone. Eddie said "He said I (Eddie) might have a wee bit of cancer". I said "cirrhosis is not cancer" and he said "No, when you were not there the doctor said 'cancer cells' but do not worry about it and I will be scanned in May". They were apparently referring Eddie to our local hospital, Altnagelvin Hospital, for our convenience. We did not request that and it is no problem for us to go to Belfast but they were adamant. We are now left in limbo waiting to hear about Eddie and worrying whether he awaits the same fate as Shae.

40. I no longer trust the medical profession. In 1994, my sisters and I had tests and we were assured that we were not carriers and to go away and have families of our own. They were wrong. That is not the case.

41. My son Luke had a bleed to the back of his eye in March 2018. We were at first assured by the hospital that a bleed in that location was highly unlikely. Luke came then home from school with a severe headache and his eye ball sitting out further than the other one. I gave him 6,000 units of FVIII and immediately phoned City Hospital and they said to get to hospital and get him scanned. We sat for 4 hours and no scan took place. In September 2018 we found out that Luke was on just half the recommended dose of FVIII. I asked for Luke's notes and was given just 6 sheets of paper. There is just one comment about the incident being that "Luke had injured his eye – probably heading a ball". He doesn't even play football. The doctors lie all the time.

42. I saw the opening hearings of the Inquiry on television and my husband told me to just go and so I dropped everything and I flew to London. I walked in and said to someone "I lost my brother this year and no-one cared that he had HCV". The response that "yes we know" was so refreshing to hear. To be believed and understood means a lot.

Section 6. Treatment/Care/Support

43. Shea was failed. He was not provided with the treatment and support he needed. Shea had just one (failed) attempt at clearing HCV in 1995. Thereafter it was left untreated despite the recorded concerns in relation to liver damage.

44. I refer to **Exhibit WITN2778004** being a letter sent by Dr Benson to Shea's GP on 24th November 2014. He is reported to be treatment naïve due to 'ongoing trouble with alcohol'. For the record, we as a family, do not accept, in any event, the reports therein that Shea was under the influence of excess alcohol when he sustained his leg injuries.

Section 7. Financial Assistance

45. I remember both my brothers receiving £20,000 Skipton Fund payments. They were given the payments because their blood was contaminated.

46. It would appear that the Skipton Fund had tried to contact Shea on 16th August 2016 with a view to escalating his claim. He told me that he had the 'dead man's money' some time around the beginning of 2018.

Section 8. Other Issues

Conclusion/Final Thoughts

47. Shea was my younger brother by one and a half years. We had a very close relationship. Even as a child myself I was acutely aware of the huge sacrifice and detrimental affect haemophila had, not only on Shea, but, on the whole family, mostly my parents who gave up their whole lives even at times at the expense of the other children and of course their marriage.
48. Haemophilia is an extremely painful and unbelievably cruel bleeding disorder that hunts my family. To watch my parents sacrifice themselves and my lovely brother bravely suffer horrendously over the years and to know that the medics whom we should all be able to trust and rely on could deliberately further complicate his life by contaminating his blood with nasty viruses is unbearable.
49. When Shea contracted HCV at around the age of 11 no matter how worried we were, we had been reassured that it was the best virus you could get and it would cause almost no problems. We were wrong to listen to that advice as Shea died from HCV related liver cancer at 45 years old (diagnosed at his age then of 44 years old and 6 months).
50. As a family we are devastated by Shea's death. I feel that I was duped into believing that he was safe from the affects of HCV, only to realise he actually had been neglected and forgotten about for 10 years.
51. Shea had one liver scan in 2008 and was never sent for again. In November 2017, Shea was told he had 3 to 6 months to live and that no treatment would help.

52. To further compound the devastation, his Consultant added insult by implying that this devastating form of cancer was most likely down to Shea's lifestyle (with little or no mention of the contaminated HCV blood that he was injected with as a child).
53. Poor Shea, being respectful, believed what he was told by the doctor and that if the doctor said it, it must be true. However the sole cause of my beautiful brother Shea's death was HCV related liver cancer from contaminated blood. Shea was not an alcoholic, not even close.
54. After successfully fighting an 11 year legal battle with my health trust in a need to get the truth about my own haemophilia status I am very aware, and terrified, of the lies and cover-ups health trusts without scruples, would do and say to cover themselves, even in this day and age.
55. As a mum of a 16 year old boy Luke with severe Haemophilia A and an 18 year old daughter Carla as a haemophilia carrier, I have first hand experience of my health trust putting my children's health at risk in order to cover-up themselves.
56. I now have to live with the anger and regrets from the death of my wee brother.

Anonymity, disclosure and redaction

57. I am not seeking anonymity and I understand that this Statement will be published and disclosed as part of the Inquiry. I would like to give oral evidence to the Inquiry.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed..

GRO-C

Dated...

22nd April 2019

MEDICAL SUMMARY

(This summary is not intended to be exhaustive but sets out key points in the records relevant to the Statement)

This witness statement has been prepared without the benefit of access to Seamus's full medical records.

- 23.12.1985 "During the last year, his mother and Seamus came up several times to the outpatient clinic for tuition in home treatment with Factor VIII." "Seamus has been tested for HTLVIII antibody and is negative." (*Letter Dr Maine to Dr Brady*)
- 08.11.1995 "Seamus has Hepatitis C infection and was PCR positive in July of this year. His sub-group was 3a and therefore suitable for a trial of Alpha Interferon. This was duly instituted but Seamus stopped it without reference to us. Last Friday he told me it made him nauseated and drove him mad. He was also convinced that his hair was falling out." "His last ALT was 187 u/l and I will send you his Friday results when they are available." (*Letter Dr Maine to Dr R Cuthbert*)
- 10.09.1997 "Mr Conway has also been infected with the Hepatitis C Virus as a result of his blood product treatment in the 1980's." "liver enzyme tests remain markedly elevated" "Although his blood tests are rechecked every three months the condition of his liver continues to give cause for concern and would need to be closely observed over the coming years." (*Letter O McNulty, Registrar to Haematology Department*)
- 02.02.2004 "Liver enzymes persistently elevated – needs to be offered combination therapy – needs USS of liver." (*Transfer from plasma-derived to Recombinant factor VIII concentrate Document*)
- 05.08.2004 Stage 1 Skipton Application Form completed
- 20.09.2004 Seamus receives letter notifying him that he may be at risk of vCJD
- Nov 2008 Liver ultrasound scan
- 05.03.2009 Anti-depressants suggested prior to Hepatitis C treatment. (*Letter Dr Benson to Seamus Conway*)
- 17.02.2011 "Seamus denies any alcohol problems". (*Letter Dr Benson to GP*)
- 13.02.2012 GP is asked to "check his bloods specifically in relation to his liver function tests" ... should he "pop in". (*Letter Dr Benson to GP*)

- 07.08.2012 "I remain very much concerned with regard to the state of his liver given both his alcohol intake and his concurrent infection with Hepatitis C." *(Letter Dr Benson to GP)*
- 27.01.2014 "History of chronic alcohol abuse" "His main issue has been ankle oedema which may be related to the fact that he has significant calf muscle wasting or indeed the status of his liver disease". *(Letter Dr Benson to GP)*
- 31.03.2014 "Further to the treatment that he received in the 70's and early 80's he is also unfortunately positive with Hepatitis C". *(Letter Dr Benson to Seamus Conway)*
- 24.11.2014 "Seamus is Hepatitis C positive and is treatment naïve due to his on-going trouble with alcohol". *(Letter Dr Benson to GP)*
- 16.08.2016 Reference to being informed that the Skipton Fund had sent out (compensation) letters (not done by the Haemophilia Centre). *(Letter Dr Benson to GP)*
- 17.10.2017 "Thank you for referring Mr Conway for assessment regarding chronic hepatitis C" "I have explained to Mr Conway that we now have some excellent tablet based therapies" "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 is 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". *(Letter Dr McDougall to Dr Benson, cc GP)*
- 15.11.2017 Fibroscan/liver cirrhosis confirmed (liver stiffness measurement 75kPA (IQR 0.7))
- 05.01.2018 "Previous excess alcohol intake" "arranged for blood tests and an ultrasound scan within the next few weeks. I have requested a screening OGD to look for varices. He will be reviewed in six months following his treatment and at this stage, we may ask colleagues in Altnagelvin to take over his hepatoma screening as this would be easier for the patient." *(Letter Dr **GRO-D** SHO to Dr Roger McCrory to GP)*
- 09.02.2018 "Liver cirrhosis secondary to alcohol and Hepatitis C" "Previous alcohol misuse" "Multifocal hepatoma throughout both lobes of the liver with evidence of tumour thrombus extending into the distal right portal veins" *(Letter Dr McCrory to GP).*