# The London Hospital (Whitechapel)



HAEMOPHILIA CENTRE

Whitechapel, London E1 1BB. Telephone 01-247 5454 Extension GRO-C Prof. G.C. Jenkins

Dr. B.T. Colvin

4th July, 1985.

BTC/JDH

Mr. N. Pettet,
Product Services Manager,
Blood Products Laboratory,
Elstree,
Herts, WD6 3BX.

### 8Y NHS Concentrate for Children

#### Dear Norman,

As you know the majority of our children are still being treated with cryoprecipitate though some of the older ones on home treatment are given heat treated concentrate already. We now feel that the time has come to change over entirely to heat treated concentrate and I would very much prefer to give NHS 8Y to those who are receiving large pool material for the first time. I have analyzed the cryoprecipitate and concentrate usage from January to June 1985 and a list follows of the patients treated by me and their consumption of factor VIII. I have calculated each bag of cryoprecipitate to contain 100 units of VIII.

Name		Units of Cryoprecipitate	Units of VII Concentrate	<u>:I</u>
	GRO-A	2,000		,
	GRO-A	10,000		
	GRO-A	2,500		
	GRO-A	2,000		
*	GRO-A	-	70,000	
	GRO-A	2,000	1,000	
	GRO-A	2,500		
*	GRO-A		25,000	
	GRO-A	6,000		
	GRO-A	2,000		
	GRO-A	1,000		
	GRO-A	2,000		
		2132.	/cont	14/108

Name	Units of Cryoprecipitat	Units of VIII Concentrate
* GRO-A		25,000
GRO-A	1,000	
GRO-A	10,000	4,000
GRO-A	500	
GRO-A	500	
GRO-A	2,000	
TOTAL (for six m	months) 46,000	125,000

<sup>\* =</sup> known anti HTLV III positive.

In addition there will be some patients who rarely bleed but will need treatment from time to time and this might bring the total "cryoprecipitate" requirement for six months to say

## 50,000 units

The total yearly requirement would therefore be

"Concentrate" VIII 100,000

"Concentrate" VIII 250,000

Total annual requirement: 350,000 units - Positive = 230

Clearly the major consumers are the few children already being treated with concentrate and in the first instance it would seem reasonable only to treat the "cryoprecipitate" children with 8Y concentrate.

I would try to provide as much information as possible on the concentrate's effect but am likely to have problems for two reasons. Firstly I cannot reasonably take samples from children who do not need injections so that sampling will need to be confined to attendances for bleeding and secondly some of the children do not come to The London for treatment but are seen at their local hospital. Whilst I can try to control the issue of 8Y to them for specific patient use only it would be very difficult for me to coordinate the sampling for patients I am not seeing.

I shall be away until July 24th but I am very anxious to finalise arrangements as soon as possible and look forward to hearing from you.

With best wishes,

Yours sincerely,	
GRO-C	
B.T. COLVEN, M.R.C.P., M.R.C. Senior Lecturer in Haematolo	

## FACTOR VIII

Typical issue (unheated) per month 1984 = 9300

Planned issue for 1985 per month = 9384

Actual issue (HLH heated) 1985:

January (4600) unheated February (5406) unheated March (4613) unheated

April 4799 vials +(1378) unheated

May 5281 vials
June 6384 vials
July 7567 vials

Total units issued January - July

Unheated: 3.9 M iu

Heated: 4.3 M iu

8.2 M iu

August projected HLH issue = 7500

8Y issue to commence September at 7500 vials per month  $\underline{BUT}$  at 250 iu/vial.

Expected output 1985 in units = 17.1 M iu

Unheated: 3.9 M iu )
Heated HLH: 5.7 M iu ) 17.1 M iu

8Y: 7.5 Miu )

9.7.85.

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