## The London Hospital (Whitechapel)



HAEMOPHILIA CENTRE

Whitechapel, London E1 1BB. Telephone 01-247 5454 Extension GRO-C Prof. G.C. Jenkins 22nd August, 1985.

Dr. B.T. Colvin

BTC/JDH

Factor VIII Concentrate and Cryoprecipitate

Dear

I have already made arrangements to supply selected children with a single batch of 8Y concentrate and this has been the subject of a separate letter.

I am also rather reluctantly recommending that we change from cryoprecipitate to heat treated concentrate for the treatment of patients with mild haemophilia A and I am enclosing two boxes of NHS heat treated concentrate for use in mild little transfused haemophiliacs who are not suitable for DDAVP. Please do not use this material if your patient has been transfused with commercial concentrate in the past. For these patients heat treated Profilate should be used. If you expect to need a substantial amount of material perhaps you could give me a call so that we can decide the best approach together. I would also be grateful for a chance to discuss previously untransfused patients who might be suitable for prospective studies of concentrate safety.

Patients with von Willebrand's disease are particularly suitable for DDAVP and tranexamic acid unless they are type III or IIB and there is some anxiety that the new freeze dried concentrate may not be fully effective in this condition due to a comparative lack of VIII RAg. If you feel that cryoprecipitate is indicated then perhaps we could discuss this together if time allows.

Would you please let me know when you have finished the first box so that I can resupply you.

With best wishes,

Yours sincerely,

B.T. COLVIN, M.R.C.P., M.R.C.Path., Senior Lecturer in Haematology.

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BTC/JDH

Factor VIII for Children

Dear

As you know we are moving towards the point where NHS heat treated concentrate may be a safer material than cryoprecipitate. I have negotiated with Elstree that The London Hospital Haemophilia Centre will be supplied with batch 8Y 3286 at 210 u/vial, one box of which I enclose. This should be used to treat

only unless we agree to use the concentrate for someone else over the telephone. In addition it is very important that no other batch of concentrate is given to these patients. This will need to be explained to your paediatricians and it might be worth keeping the batch in a safe place known only to them and you to prevent it being used for the wrong patients. If the children go on holiday it would be worth giving the parents a small supply to take with them.

Before the first treatment with this batch of 8Y a sample should be taken for LFTs to be performed locally and a small aliquot of serum should be sent to me through the post for viral studies. Blood should then be taken at each attendance for treatment for LFTs and viral studies, the viral sample being sent to me at The London. If you should have the opportunity to take a pre and post factor VIII level that would be very useful, but not essential.

Please contact me when you need to be supplied with another box of concentrate.

With best wishes,

Yours sincerely,

B.T. COLVIN, M.R.C.P., M.R.C.Path., Senior Lecturer in Haematology.

Dr. Mills.		GRO-A	
+ P.S.	a possibl	entrate may not s e lack of VIII F arry on with cry	top GRO-A bleeding due to Ag. If that happens we will oprecipitate.
Dr. Oxle	ey	GRO-A	
Dr. Boots		GRO-A	
Dr. Bau	gh	GRO-A	

	Children	Adults
Dr. Baugh	GRO-A	
P.S. I am still wa about G	iting to hear what you want	me to do
Dr. Boots	Nil	GRO-A
Dr. Edwards	GRO-A	
Dr. Oxley	Nil	
Dr. Oakey	Nil	

Dr. Mills

Nil