GRO-C

Cable File.

MEETING AT OXFORD HAEMOPHILIA CENTRE

12.6.75.

Dr. Rosemary Biggs, Director Research Laboratory
Dr. C.R.C. Rizza, Consultant Physician

The objective of the meeting was to explore the market for factor 8 and to investigate the reasons for choosing one commercial brand against another.

Incidence of Haemophilia

There are approximately 3,000 haemophiliacs in the U.K.. Whilst the incidence in the population does not increase lowered mortality since the introduction of factor 8, will mean a greater survival rate and rise in real numbers. Dr. Biggs expects that in 50 years a crisis will develop because of the marked increase in numbers. The 3,000 are all considered 'serious', i.e. needing treatment. Whilst the deficiency of factor 8 varies, when surgery is required or following trauma, then treatment is necessary.

The criteria for estimation of treatment is based on the aspirations of the patient. A child will want to be like other children, exposed to the knocks and dangers of play, therefore it is estimated that more than 20,000 units a year will be required to avoid excessive bleeding from trauma and intra-articular haemorrhage. An older patient content to remain in a wheel chair playing chess has a much smaller need.

The largest quantities are required for surgical cover which averages 25000 units per operation, but for a rare major procedure such as a hip replacement as much as 50-60,000 units. The annual estimate made by Dr. Biggs was 50,000,000 units per year.

Source of Supply

1. Cryo-ppt- prepared by the blood transfusion service. Plasma phoresis programme helps to make available.

2. Factor 8 from Govt. supplies, Lister Institute, Scottish Service and Oxford Institute.

3. Imported factor 8. Estimated 10,000,000 units, money available for only 3,000,000 units.

Method of Purchase

Material from Govt. sources is supplied to haemophilia treatment centres on an availability basis. There does not seem to be any clear accountability for this.

The commercial supplies are bought from suppliers (currently 2) at prices agreed by Government tender. One tender is at 12p per unit and the other at 10p. Price increases are expected. Payment is made from Regional funds.

Reasons for choosing between supplies

1. Cost
2. Incidence of hepatitis
3. Solubility
4. Protein Content
5. Tendency to frothing.

N.B. Both commercial forms are supplied with water for solution, 2 hypo needles, (one with filter) and disposable syringe.

Incidence & problem of hepatitis

The danger of hepatitis is outweighed by the undisputed advantages of factor 8. When a case is seen it is often very mild and because of other treatment it is difficult to pin point the source of infection. Dr. Biggs is conducting a pilot study into the source of infection ensuring that patients receive material from the same source. It will be difficult to gather any statistically significant results since the study is very small.

Availability of development of Government Supplies

The Blood Transfusion can not supply the 50-60,000,000 units needed for the U.K.. The short fall of 10-12,000,000 units needs to be supplied by outside contractors. Since payment for commercial supplies must come from Regional Funds, and since it is not Government policy to ear mark money to treat any one group of patients, there is only money available to buy approximately 3,000,000 units. Whilst no-one is allowed to die from lack of treatment, non acute surgery is delayed and the aspirations of young people to live normal lives is thwarted. The cost to the service of taking patients to hospital when a bleed occurs is not costed. The treatment of intra-articular bleeds is also delayed and this helps towards crippling in the long term.

As a result of publicity in the press, started by Dr. Biggs and colleagues, the problem has been raised in the House of Commons. The Minister concerned has made £500,000 available to increase supplies, but this will not have a real effect for some years.

The real problem is that there is a shortage of blood, and with the Regional structure which operates, no adequate machinery for bringing the material together. Dr. Biggs suggested that if commercial supplies could be purchased for one year in adequate quantities, then a bank of material could be established from Government sources. This would also be dependent on co-ordinating the Regional Transfusion Service, establishing plasmaphoresis programmes routinly etc.. Dr. Biggs thought that this may be done, but it would take 10 years.

In summary the Government Service is unlikely to be able to solve the problem in under 10 years.

Helsinki Congress

Dr. Rizza is attending, D.A.L. will arrange for H.B.A. to meet Dr. Rizza.

Konyne

Dr. Biggs considers that there is adequate Factor 9 complex available for number of patients.

Product Testing

Dr. Biggs department is prepared to test Koate in terms of solubility, frothing etc. and make a report.

Storage

Dr. Biggs commented that expiry dates printed on most commercial material is too short. Under normal conditions stability is considerably longer than time stated, and under freezing conditions, at least 5 years. We should investigate and discuss this.