



Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
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CAL/MJ

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Dear Dr Calman

Firstly, I would like to say how much we all enjoyed your Marsden lecture last night.

Following our discussion on the matter of high purity factor VIII and earmarked AIDS funds, I thought it might be helpful for you to have the relevant papers - particularly as it is likely that The Sunday Times will highlight the issue on 22nd November.

There is increasing evidence that monoclonally produced high purity factor VIII delays immunosuppression in the HIV-positive haemophilic patient. This was originally published by de Biasi (paper attached - see fig 1 page 1921) and there are now supporting studies presented as abstracts The World Federation of Haemophilia meeting in Athens (abstracts attached). I understand an American study showing the same effect will shortly be published in BLOOD.

We have shown in a longitudinal study of our haemophilic patients that the progression to AIDS can largely be explained by differences in rates of decline of CD4 lymphocyte counts (attached Lancet paper - figure 1, page 390). Furthermore, I have pointed out in a letter to The BMJ in March (attached) that the advantage described in the de Biasi paper is equivalent to a three year decline in CD4+ count for the average haemophilic patient. In essence, this is equivalent to a three year survival benefit.

It continues to be my view that providing optimal treatment for these HIV-infected haemophilic patients is a legitimate call on AID monies contrary to Dr Gwyneth Lewis' letter (attached). Treatment with clotting factor concentrate is mandatory for the management of haemophilic patients infected with HIV and it appears that the use of intermediate purity concentrate will reduce life-expectancy for these patients exclusively because of their HIV infection.

How much has been done to do with this
but what about other forms of high-purity FVIII? - accumulation refers to
- all types of HIV
- how good are the measures of CD4.

Dr Calman

This issue has some parallels with the recent judgement involving the French National Blood Transfusion Service: after all we had very limited proof of efficacy when heat-treated concentrates were introduced to prevent HIV transmission in 1985.

Professor Robin Carrell's comments quoted in The Health Service Journal of 5 November 1992 (attached), are relevant:

'The defect in my mind - not crime - was the failure of administrators and lower-level politicians to release the resources that were required to meet the recommendations of the health professionals.'

Yours sincerely

GRO-C

Christine A Lee

Interpretation of
I understand who
may not know all
the facts + who
has shown that he has
a strong interest in
Prof. Carrell.

Enc

✓
If this is Dr Lee's view is she truly independent on the Committee to look at Allan's
employment